Violence Against Children and Care in Africa

A Discussion Paper

Better Care Network

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Forewords

Marta Santos Pais

Special Representative of the Secretary-General on Violence against Children

Over ten years ago the United Nations General Assembly adopted the UN Study on Violence against Children. The Study provided for the first time a global overview of the pervasiveness of violence in children's lives, and it set forth in its recommendations an action-oriented policy agenda to prevent and address all forms of violence against children.

The UN Study gave special attention to the protection of children from violence in the home, and in care and justice institutions. Violence is often a continuum. It may force children to run away from home and be used as a reason for placing a child in an institution. When placed in residential care, children may be left with poorly-trained, ill-paid and frustrated staff, and at times be left unattended and unsupported often in inhumane conditions. Children with disabilities may be locked away or tied up allegedly for their own protection, and they may be beaten and medicated to avoid disturbing other children or the staff. The chances for physical, verbal and psychological abuse are high and yet more often than not there is no effective monitoring of their living conditions, or evaluation of the reasons for the children's placement.

Recognizing that incidents of violence taking place behind the walls of institutions are often hidden, concealed and under reported, as well as how seriously they compromise children's development and wellbeing, the Study urged all States to break this invisibility and address it as a priority in their policy agenda. The Study called upon States to prohibit by law all forms of violence against children in all settings, to consolidate data to assess the magnitude and incidence of child neglect, abuse and maltreatment, and to identify children most at risk, both to inform policy making and to monitor progress. It also called for investment in prevention, urging States to provide effective support to families in their child-rearing responsibilities to ensure a violence-free home and avoid the risk of child abandonment. Furthermore, it urged the provision of a range of family and community based alternatives to avoid the placement of children in institutions, and to ensure that such an exceptional option is truly used only as a measure of last resort. And for those children who may end up in alternative care, the Study called for effective measures for their protection to be put in place.

These measures are embedded in the UN Convention on the Rights of the Child and in the African Charter on the Rights and Welfare of the Child and to further advance their implementation, the UN General Assembly adopted the UN Guidelines for the Alternative Care of Children in 2009.

These legal instruments recognize the imperative of always safeguarding the best interests of the child, as well as the critical role of the family alongside States' responsibility to support parents in their child rearing responsibilities. Together, these treaties and guidelines help to promote a nurturing environment for each and every child, while preventing children's abandonment and separation in the first place.

As this report highlights, while much progress has been made, there is still a long way to go. In times of poverty and hardship and when other risk factors aggravate children's vulnerability, the separation or removal of children from their families is often not a measure of last resort and is rarely only temporary.

The harmful impact on the development of babies and infants from placement in non-family care is deep and long-lasting. Very young children

who are neglected and deprived of cognitive stimulation may suffer the severely negative and irreversible effects of "institutionalization". They lack the individual attention, parental warmth and interaction with supportive adults that every child needs for optimal development. Growing up deprived of a nurturing environment and exposed to high levels of insecurity affects children's ability to experience and explore their environment with confidence, living with increased anxiety and fear and being less able to deal with stressful situations and adversity. Children may live in poor physical conditions, deprived of safety and nutritious food, lacking quality education and genuine opportunities to develop their talents and abilities to their full potential.

Indeed, children in institutional care – already vulnerable as a result of the circumstances that led to their separation from their families – are at high risk of violence, neglect, abuse and exploitation. And yet, more often than not, safe, confidential and child-sensitive complaint and reporting mechanisms are weak or non-existent and they do not provide children with sufficient independent support to pursue their concerns. As a result, child victims feel pressured to conceal what has happened to them, fearing further stigmatization, harassment and reprisal.

Despite the significant national data surveys conducted in Africa on violence against children in many countries across the continent, we know little about children in alternative care. There is scarcely any data on the reasons and length of children's placement, about the facilities and providers of care services, or about those being reintegrated with their families or leaving care. We lack information on the mechanisms set up to ensure oversight and independent monitoring of children's conditions and wellbeing, or on how well the quality standards to secure children's care and protection are being enforced.

More robust legal frameworks on child protection and child care reform are being developed, or further strengthened to align them with international standards, but these efforts are insufficient when effective implementation and monitoring mechanisms and long-term predictable funding are lacking.

As this report highlights, it is urgent to end the conspiracy of silence and strong sense of impunity surrounding incidents of violence against children who lack parental care. Violence against Children and Care in Africa provides clear recommendations of how progress can be made in ensuring the comprehensive and effective implementation of the UN Guidelines in Africa. These recommendations are indispensable to secure the protection of children's rights and must be acted upon immediately.

And in this process, it is critical to join hands with the children concerned. Children are best placed to assess the effectiveness of implementation efforts, and their voices and experiences need to inform the work ahead.

Thanks to States' commitments and our collective action and advocacy over the past decade, the promotion of children's rights and their protection from violence has evolved from a largely neglected topic into a global concern; a concern that is now included as a clear priority and a distinct target in the 2030 Agenda for Sustainable Development.

Yet this is an area where much more action is needed to translate into reality the shared vision of the Convention on the Rights of the Child, the UN Guidelines, the 2030 Agenda, the African Charter on the Rights and Welfare of the Child, AU Agenda 2063 and the African Children's Agenda 2040.

We urge government, civil society, donors, partners and all other stakeholders to work together to realize the opportunity this report affords to improve the care and protection of all children in Africa and to build a continent that is truly free from fear and from violence.

Benyam Dawit Mezmur

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In 2006, the UN Study on Violence against Children recommended, “no violence against children is justifiable and all violence against children is preventable”. Such a statement neither contained a “but” nor an “if”. It did not need to make a differentiation of the various settings within which violence against children takes place. It was not made with a view to make it a “slogan” to serve as a “bumper sticker”, but more as a statement of fact, so that all policy and law makers, families, communities, civil society organizations including faith based organizations, persons that work for and with children, as well as children themselves can join hands in making this recommendation a reality.

More than a decade later today, the state of violence against children in care, including alternative care, still has significant room for improvement globally. In fact, truth be told, it still looks distressingly similar in some quarters. This is so despite the fact that what is contained in the Convention on the Rights of the Child (CRC), and the African Charter on the Rights and Welfare of the Child (ACRWC), as well as the UN Guidelines on Alternative Care, is directional enough to help us make tangible progress on the issue.

Violence against children is prevalent in all settings. The UN Committee on the Rights of the Child, for instance, has identified “children not living with their biological parents, but in various forms of alternative care” as one of the groups of children who are “likely to be exposed to violence”. Children in care in Africa are no exception in this regard, and no amount of deflection alters this inconvenient truth. One should just let the figures contained in the Discussion Paper speak for themselves to get a sense of the magnitude as well as nature of the challenges that we face. Just to take a leaf out of it, in Africa, at least 50 per cent of children between the ages of 2 and 17 years experienced one or more forms of severe violence in the past year in all settings (Hillis et al. 2016).

The links between violence and care are multifaceted. So are the potential solutions to preventing and addressing violence against children in all care settings.

This Disucssion Paper is informed by the international and regional child rights frameworks. If we agree that the CRC and the ACRWC are not a “wish list” but a “to do list”, States should pay close attention to the imperatives contained in these instruments that are aimed at preventing and addressing violence against children in all settings. The importance of prevention of the need for alternative care finds its rightful emphasis in the paper. An evidence based approach, including disaggregated data, for planning, programming, implementation, and monitoring is identified as a leitmotif for effective action. The provision of a functioning regulatory system, including gatekeeping, is critical. So is the extent to which the principles of “necessity” and “suitability” are followed and applied, as it has direct implications and links to the risk of violence against a child in alternative care. While many African countries operate in a resource constrained environment and need a more skilled and well-resourced social service workforce, there are a number of good examples from the region that can be replicated to address this gap.

Reading this Discussion Paper, I cannot help but ponder over the words of James Baldwin that “[n]ot everything that is faced can be changed, but nothing can be changed until it is faced”. This Discussion Paper helps us face our reality on violence against children and care in Africa, and it constitutes a stimulating and useful resource for decision makers, bureaucrats, service providers and practitioners alike.

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Acronyms

AC	Alternative care
ACPF	African Child Policy Forum
ACERWC	African Committee of Experts on the Rights and Welfare of the Child
ACRWC	African Charter on Rights and Welfare of the Child
AU	African Union
BCN	Better Care Network
CRC	Convention on the Rights of the Child
DHS	Demographic Health Survey
EAC	East African Community
FGM	Female genital mutilation
MICS	Multiple Indicator Cluster Survey
NGO	Non-governmental organization
NPA VAWC	National Plan of Action on Violence against Women and Children (Tanzania)
PoA	Plan of Action
SADC	Southern Africa Development Community
SDG	Sustainable Development Goal
SRSG	Special Representative of the Secretary General
UN	United Nations
VAC	Violence against children
VACS	Violence against Children Study
WHO	World Health Organisation

At least 50 per cent of children between the ages of 2 and 17 years experienced one or more forms of violence (excluding spanking, slapping and shaking) across Africa in the past year.[1] When including these forms of violent discipline, 82 per cent of children in the same age group had experienced violence across Africa in the past year.[2] Younger children, and particularly those between the ages of 2 and 14 years, experienced significantly higher rates of any form of violence (87 per cent) than children between the ages of 15 and 17 years (51 per cent).[3] Over the past several years across Africa, governments, civil society, and academia have aimed to generate understanding on the 'why', 'where', and 'how' of violence against children (VAC) in order to strengthen violence prevention interventions, and particularly to inform service delivery that is accessible, appropriate and effective to prevent and respond to VAC.[4]

1

INTRODUCTION

Research has shown that stable and secure family environments, and particularly where there is positive attachment between a child to a parent or caregiver, are powerful sources of protection from violence, neglect and exploitation.[5] They also strengthen resilience in children who have experienced violence.[6] Strong families translate to better outcomes for child well-being and development that last into adulthood, positively impacting on the health and productivity of societies. Stable and secure care environments can be provided by a range of different family types as well as in different care settings.[7]

When strong and positive family care is lacking, and bonding, attachment, and the resulting protective relationships are weak or do not exist, there is an increased risk of children being exposed to violence, abuse or neglect in the home and in other care settings. Being exposed to violence, neglect and exploitation can impact on children thriving in school or on school retention, physical and mental health, and difficulties in negotiating healthy interpersonal relationships in adolescent and adult life.[8] In particular, sustained exposure to violence has long-term negative impacts on a child's physical, cognitive, social / relational, and emotional health, and reinforces the argument that VAC can be cyclical: exposure to violence as a child heightens the risk of perpetrating or being a survivor of violence in adulthood, impacting on the quality of protection and care received by the next generation.[9] The risks of domestic violence and VAC pose a serious socio-economic and public health problem, impacting families, communities, and countries, and can reach across generations, undermining the gains made by rapid economic transformation in many African contexts.[10]

The high prevalence of violence against children in Africa, and globally, clearly points to the reality that families are not always safe and nurturing environments for children. In some instances, removing children from abusive or neglectful families is in the child's best interest. **The child who is exposed to violence at home can be, and frequently is, the child who is separated from the home and is moved into alternative care. A growing evidence base, however, demonstrates that removing a child from an abusive home and placing them into alternative care does not always result in improved and sustained wellbeing for that child; violence, neglect and exploitation can and does occur in all forms of alternative care.** Research has shown that children placed in institutions ('orphanages' or other types of residential care facilities) face a higher risk of violence and neglect, particularly the younger the child.[11] Violence in family based alternative care settings, including kinship placements and foster care has also been documented.[12] Accordingly, programmes and strategies to strengthen and support families and prevent unnecessary family separation are being designed and rolled out to varying degrees in Africa, with the aim of strengthening caregivers' capacity to care appropriately for their children and protect children from violence, neglect, and exploitation in the home. To prevent the child from being placed in inappropriate and harmful alternative care arrangements there has been increased investment in reforming childcare systems, promoting deinstitutionalization, and strengthening and expanding family-based alternatives.[13]

The recognition of the essential role a protective, stable, and nurturing family environment plays on a child's well-being and development is at the core of the **Convention on the Rights of the Child (CRC)** and the **African Charter on the Rights and Welfare of the Child (ACRWC)**. In 2009, the United Nations (UN) General Assembly adopted the **Guidelines for the Alternative Care of Children** (hereafter referred to as the AC Guidelines). The Guidelines provide essential policy and practice guidance to support the implementation of the CRC and other relevant international and regional standards regarding the care and protection of children deprived of parental care, or who are at risk of being so. Enabling children to remain in the care of their parents or extended families, or being returned to that care safely, is set out as a clear priority. To make this possible the Guidelines call for "the State to ensure that families have access to forms of support in the caregiving role" to decrease the likelihood for the child to be unnecessarily and inappropriately separated.[14] It is increasingly being recognized globally, and within the African region, that the general lack of family support services accessible to families can and does result in children being placed unnecessarily in out of family care.

However, to date, **initiatives to address VAC and to reform alternative care systems have not been explicitly or directly linked in policy and programming**. Consequently, family strengthening interventions are often lacking coordination and missing important areas of synergies. VAC and care programs "work independently of each other...they are distinctly labelled as such [as a VAC or alternative care initiative], and there has been little merging of approaches to date."[15] This discussion paper explores the interlinkages between VAC and children's care in the African context, including in legal and policy frameworks, data collection and use for decision making, service delivery, and public awareness to ensure families can be supported and empowered to provide protective, stable, and appropriate care for children. The paper will do this by:

- Presenting the evidence from Africa about VAC in the family to highlight how violence is a key contributing factor to family separation and placement of children in alternative care.
- Discussing VAC in various forms of alternative care in Africa, as well as VAC after care, to inform and instigate strategic action to address it.
- Highlighting the gaps in knowledge and interventions that need to be addressed to ensure a stronger coordinated and multi-sectoral response to realise children's rights to care and protection.

This discussion paper is divided into four main sections:

1. Background, including an overview of the evidence on VAC in the African region, regional and international frameworks related to prevention and response to VAC, and the provision of alternative care.
2. VAC in different care settings, including a discussion of VAC in the home as a push factor for family separation and removal of children into formal care, VAC in alternative care, and the different types of violence facing care-leavers.
3. Considerations for policies, programs, and other interventions to ensure a coordinated approach between the VAC and care sectors to address violence in all care settings, strengthen family care, prevent unnecessary family separation, and support family reintegration or placement in family based alternative care.
4. Key findings and recommendations, including how the existing evidence base, as well as identified gaps in data and research on VAC and care in Africa can be utilized to help inform critical and coordinated actions at the continental, regional and national levels through the legal and policy framework; service delivery, training and supporting all levels of the social service workforce; and increasing public awareness and engagement at levels in efforts to addressing both prevention and response of VAC within all forms of care.

Methodology

The findings and recommendations included in the discussion paper are a result of a literature review of more than 140 documents. This discussion paper's primary limitation is that the evidence base on the direct linkages between violence in the home, family separation, and placement of children in alternative care is relatively weak. We do, however, know that different forms violence against children in the home exists, and there is a nascent evidence from Africa on the different types of violence that children can be exposed to in alternative care, as well as upon leaving care. Evidence about interventions to prevent violence and family separation is limited to small-scale projects or programs currently being piloted or scaled-up, but generally lacking in terms of rigorous research or evaluation. In addition, there is a paucity of evidence, lessons learned, or promising practices about interventions to address VAC in alternative care in the literature. To redress this limitation, in-depth key informant interviews with 16 people, the majority of whom are regional experts working in the field of VAC and/or alternative care were conducted to try to fill evidence and/or analysis gaps (see Annex 1 for the list of key informants).

Research has shown that stable and secure family environments, and particularly where there is positive attachment between a child to a parent or caregiver, are powerful sources of protection from violence, neglect and exploitation.

2.1 Understanding violence against children

The United Nations Convention on the Rights of the Child (CRC) and the **African Charter on the Rights and Welfare of the Child (ACRWC)** recognize every child's right to survival, development, protection, and participation. Article 19 of the UNCRC places the responsibility on States to take all appropriate measures to protect children against "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse while in the care of parent(s), legal guardian(s) or any other person who has the care of the child." The ACRWC, in Article 16, also places the responsibility on States to protect children from violence. All States in sub-Saharan Africa have ratified the CRC, while only six States in the region have yet to ratify the ACRCW.[16]

2

BACKGROUND

The **Optional Protocol to the CRC on the Sale of Children, Child Prostitution, and Child Pornography; the Optional Protocol to the CRC on the Involvement of Children in Armed Conflict; and General Comment 13 and General Comment 18 on the CRC** articulate States' obligations in relation to specific forms of VAC to "shift attitudes in many cultural settings towards respecting the physical and psychological integrity of children in order for violence against them to be reduced."[17]

Violence against children has been defined in the World Health Organisation's (WHO) World Report on Violence and Health (2002): "the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development or dignity".[18] WHO has specifically identified "all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation" to be forms of violence against children.[19] INSPIRE, a set of seven strategies that have a proven success record in reducing violence against children, highlights that violence against children takes different forms at different ages.[20] See Figure 1.

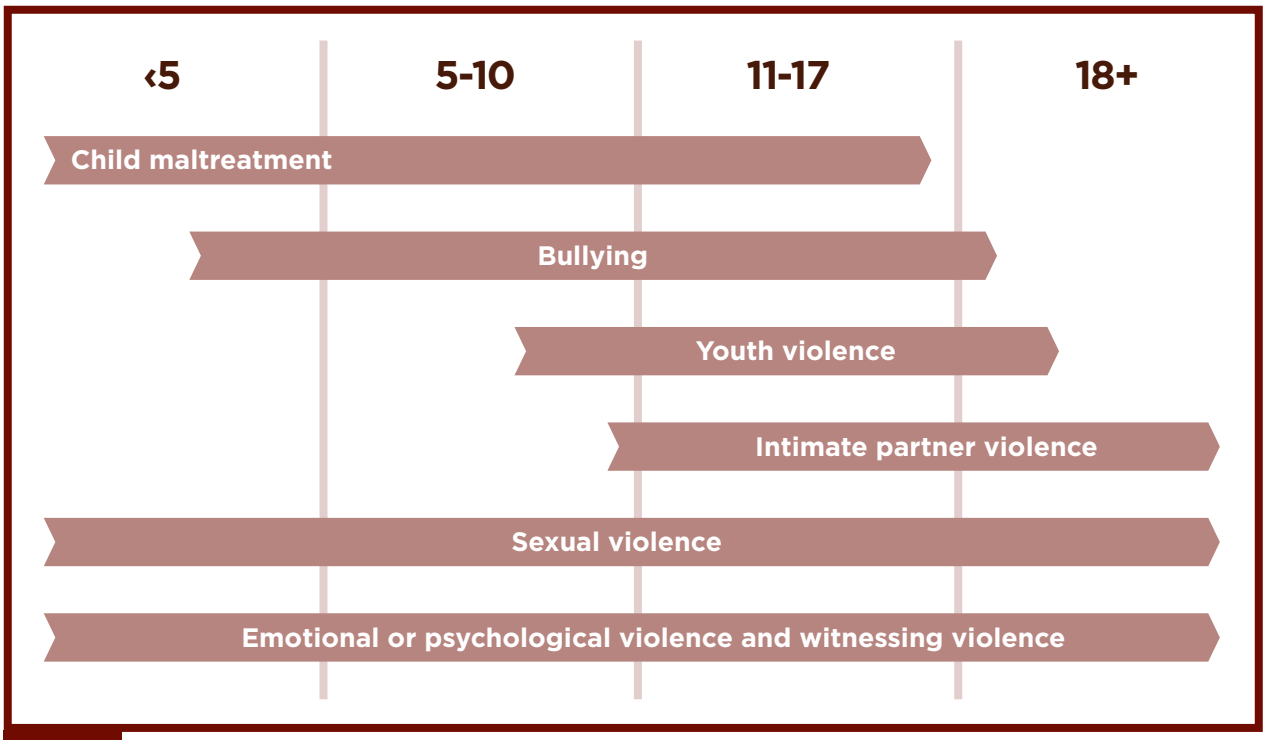

Figure 1 *Violence against children takes different forms at different ages*

Child maltreatment, as included in Figure 1, typically includes physical, sexual and emotional violence, as well as neglect. However, neglect is often overlooked in interventions to address VAC, despite evidence that it is the most prevalent form of child maltreatment. Neglect is particularly important to consider in terms of its relationship to care. Nelson et. al (2012) and Stoltenborgh et. al (2013) advocate for more time, attention, and resources to be placed on better understanding neglect as a particular form of child violence against children, especially in low income settings,[21] considering that chronic neglect has pervasive long-term impacts on children.[22] See Text Box A.

Text Box A

Understanding neglect as a form of violence against children

Nelson et. al (2012) describe neglect as understood by researchers to mean deprivation i.e., the absence of sufficient attention, responsiveness and protection appropriate to the age, stage and unique needs of the child.[23] In addition, several types of neglect have been identified and described: "Neglect or negligent treatment means the failure to meet children's physical and psychological needs, protect them from danger or obtain medical, birth registration or other services when those responsible for their care have the means, knowledge and access to services to do so. It includes:

- Physical neglect: failure to protect a child from harm, including through lack of supervision, or to provide a child with basic necessities including adequate food, shelter, clothing and basic medical care;
- Psychological or emotional neglect, including lack of any emotional support and love, chronic inattention, caregivers being 'psychologically unavailable' by overlooking young children's cues and signals, and exposure to intimate partner violence or drug or alcohol abuse;
- Neglect of a child's physical or mental health: withholding essential medical care;
- Educational neglect: failure to comply with laws requiring caregivers to secure their children's education through attendance at school or otherwise; and
- Abandonment."[24]

2.2 The CRC and ACRWC on the responsibility to care and protect children

Text Box B provides an overview of what the CRC and ACRWC establish in terms of responsibility to protect children from violence, exploitation and neglect in family and alternative care settings.

Text Box B

What do the CRC and ACRWC say about responsibility to protect children from violence, exploitation and neglect in the family and in alternative care settings?

The role of the family in protecting children from violence, exploitation and neglect in the family

- Articles 5 (CRC) and 20 (ACRWC) place the primary responsibility for the upbringing and development of the child on the family, including the responsibility by the family to protect children from all forms of violence, abuse, exploitation, and neglect.

The role of the State in protecting children from violence, exploitation and neglect in the family and alternative care settings

- Articles 18 (CRC) and 20 (ACRWC) require the State to provide support and services to parents and others responsible for the child in their child-rearing roles.
- Article 19(2) (CRC) and Article 16(2) (ACRWC) require the State to establish protective measures, such as through social protection programs, for both the child and those who care for the child, as a form of prevention, including against violence.
- Articles 20 (CRC) and 25 (ACRWC) note the role of the State to ensure and provide appropriate alternative care for children whose families are unable or unwilling to care for them.

2.3 The AC Guidelines on ensuring children outside of parental care are protected from violence, exploitation and neglect

The Guidelines for the Alternative Care of Children, endorsed by the UN General Assembly in 2009, provide guidance on how children under the age of 18 years without parental care, or who are at risk of being so, should be provided care. Alternative care decisions should be based on the principles of necessity and appropriateness, i.e., whether it is necessary to place a child in alternative care and whether the particular alternative care option is appropriate for the individual child.[25] The AC Guidelines are clear in placing the *"responsibility on the State, through competent authorities, to ensure the supervision of the safety, wellbeing and development of any child placed in alternative care, and the regular review of the appropriateness of the care arrangement provided."*[26]

The AC Guidelines also recognize that children can be exposed to violence in alternative care, and accordingly, make specific recommendations for States to address VAC in all alternative care settings. They make clear that the State and other actors are responsible for the quality of care and fulfilment of their rights: *"children must be treated with dignity and respect at all times, and must benefit from effective protection from abuse, neglect, and all forms of exploitation, whether on the part of care providers, peers or third parties."*[27] They require a strict prohibition of all disciplinary measures and behaviour management constituting torture, cruel, inhuman or degrading treatment as well as other forms of physical or psychological violence.[28] Accommodation provided should protect children against abuse,[29] trafficking and all other forms of exploitation[30], stigmatization[31], without placing unreasonable constraints on their liberty.[32] In addition, children in alternative care should never be sanctioned from seeing or having contact with family or people of special importance[33] and should have access to a person of trust in whom they may confide in total confidentiality.[34]

The general environment and quality of care in all alternative care settings should meet the developmental needs, secure the well-being, and ensure the rights of all children of all ages, maturity, and degree of vulnerability.[35] The AC Guidelines further emphasize the need for the State and other actors to consider HIV and other 'special needs' of children in alternative care in the assessment and development of an individualized response for children requiring specific care and protection measures.[36]

2.4 The legal and policy framework in Africa on protecting children from violence, exploitation and neglect in the home and alternative care settings

The legal and policy framework in Africa is also very clear on the role of the State in supporting families to prevent family separation. **The African Union Plan of Action on the Family in Africa** (hereafter referred to as the AU PoA on the Family) also underlines the role of families as the "prime mechanism for coping with social, economic and political adversity."[37] It recognizes that some families are under "unprecedented strain," including those caring for orphans, vulnerable children, abused or neglected children, and accordingly "urgent attention" is needed by States to strengthen these families' resiliency.[38] The **AU's Social Policy Framework for Africa** accordingly recommends States to provide social protection programs to support poor or otherwise vulnerable families to strengthen the capacity of the family to holistically care for their children.[39] This has been restated by the **Addis Ababa Declaration on Strengthening the African Family for Inclusive Development**, which calls on member states to define a minimum package of social protection and allocate resources for social protection for families with children, in the form of cash and services, to strengthen the capacities of families to care for children.[40] **Africa's Agenda for Children 2040** has also established goals to support vulnerable families and children to care for children, and particularly families with unemployed parents, orphans, and children with disabilities.[41]

Several countries across the region, including Ghana,[42] Kenya,[43] Liberia,[44] Morocco,[45] Namibia,[46] Rwanda,[47] Tanzania,[48] Uganda,[49] and Zambia[50] have developed **national frameworks, policies, or guidelines** recognising the impact of VAC on children's care, and placing the responsibility upon the State and other actors to ensure the availability and accessibility of preventive and family support services to reduce factors, such as violence, exploitation and neglect that lead to unnecessary family separation. They further call on the State to implement effective gatekeeping measures, to ensure placement in alternative care, and particularly residential care, is appropriate and necessary. However, more progress needs to be made to ensure children are fully protected under the law against corporal punishment in all care settings. Only 8 per cent of children in Africa are fully protected from violent punishment in their home and all other settings. Seven states out of 55 in the region have outlawed corporal punishment in all settings; 48 States have yet to prohibit corporal punishment of children in the home and 47 States have yet to outlaw corporal punishment in alternative care.[51] On a hopeful note, 18 African states have expressed commitment to prohibition in all settings.

The **UN Secretary-General's Study on Violence against Children (2006)** (hereafter the UN Study on VAC) was the first comprehensive global study to document the reality of the different forms of violence against children around the world in all settings, including in the family and in alternative care.[52] As a direct outcome of the UN Study on VAC, and spearheaded by the *Together for Girls partnership*, over the past decade several countries in Africa[53] launched national population-based studies to generate much needed evidence on the numbers of boys and girls exposed to the various forms of violence within different contexts. The **Violence Against Children Surveys (VACS)** apply an ecological framework to highlight that there are underlying interpersonal, community, and institutional factors that contribute to and influence how VAC is played out, understood and affects members, including children, of the household. See section 3.1 for data and discussion on VAC in the family.

3

VIOLENCE AGAINST CHILDREN IN FAMILY AND ALTERNATIVE CARE SETTINGS

As the VACS are household based surveys, they do not reflect the situation for children who are outside of households, either living on the streets or in residential care facilities, even though research has shown that these children are often most at risk and exposed to violence. Some efforts are ongoing in the region to map who these children are, where they are, and their situations and experiences, as in Burundi, Ethiopia, Kenya, Rwanda, Uganda, and Zambia, but evidence of the numbers, characteristics, and experiences of children on the streets and in alternative care continues to be very limited.[54] The considerable gaps in data on children outside family care, despite clear obligations on States to ensure and oversee their care and protection, means their situations are often hidden, undermining efforts to effectively influence policy and programming interventions, and further increasing their exposure to violence.[55]

The data that is available highlights that across Africa, as in the rest of the world, VAC happens across race, gender, ethnicity, religion, and income levels. This indicates that there remains a general social acceptance of violence,[56] as evidenced by VAC occurring in all settings where children should be cared for, including biological and extended families, alternative care settings, and for children and young people after exiting care.[57] Violence in these settings can take on varying forms to include physical violence, including harmful corporal punishment; sexual violence, including harassment and abuse; emotional violence, including verbal abuse and bullying; and neglect.[58] **The age and gender of children can and will affect their level and type of vulnerability to violence, yet few rigorous studies unpack the disparities of violence.**

Some children are more likely to experience violence; children with disabilities face a distinct and increased risk for VAC in both the family and alternative care settings, as Text Box C highlights.

Text Box C

Children with disabilities are at increased risk for violence

The World Health Organisation has noted that disability and violence often go hand in hand, with up to one quarter of disabilities being a result of injuries and violence.[59] Children with disabilities are far more likely to experience physical, psychological or sexual violence than children with no apparent disability, including infanticide,[60] beatings, bullying and emotional and verbal abuse.[61] Children with physical and emotional (e.g., those considered aggressive, withdrawn or stubborn) disabilities can be at risk for being accused of witchcraft.[62] There are reports of child witchcraft allegations from Nigeria where children are "burnt, poisoned, slashed, chained to trees, buried alive, or beaten and chased off into the bush."[63] Children suffering from mental illness or intellectual impairments appear to be among the most vulnerable, and are five times more at risk of sexual violence compared with non-disabled peers.[64] In Kenya, it is estimated that 15 to 20 per cent of children with disabilities experience severe levels of physical and sexual abuse, with girls who have intellectual impairments being particularly vulnerable.[65] A study of child disability in Cameroon, Ethiopia, Senegal, Uganda, and Zambia revealed that children with disabilities reported only 45 per cent of physical abuse and rape and that only 12 percent of these perpetrators were held accountable.[66] Children with disabilities are overrepresented in residential care facilities, likely because of the added financial burden, stigma and social isolation facing families in caring for a child with disabilities.[67] A study on placement of children in residential care in Zambia highlights

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that approximately 40 per cent of children in the accessed Catholic-affiliated residential care facilities had a disability, while an additional 10 percent suffered from a chronic illness.[68] Additional studies have shown that disability-related behavioural patterns are often mistaken for misconduct, leading to corporal punishment and emotional abuse. For instance, in situations where staff are not properly trained, apparent behavioural patterns – which are otherwise linked to the child's impairment – such as not paying attention, poor learning performance, hyperactivity, non-compliance, stereotyped mannerisms, persistent screaming, and eating inedible objects may lead to staff/carers' stress. Impaired communication among hearing-impaired children might often be a source of considerable frustration for staff.[69]

The 2013 State of the World's Children clearly called for the end of institutionalization of children with disabilities, and stressed the UN Convention on the Rights of Persons with Disabilities that "in no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents." Community-based rehabilitation is increasingly being considered as a promising practice to support families who are affected with a disability, and seen as an intervention to prevent the separation of families affected by disabilities.[70]

3.1 Violence against children in the home[71]

Figures 2 to 4 below use data from the VACS to highlight the degree to which boys and girls in several countries across Africa witness physical violence in the home; boys and girls are sexually abused in the home; and parent, family members or adult caregivers are perpetrators for physical and sexual violence against boys and girls.

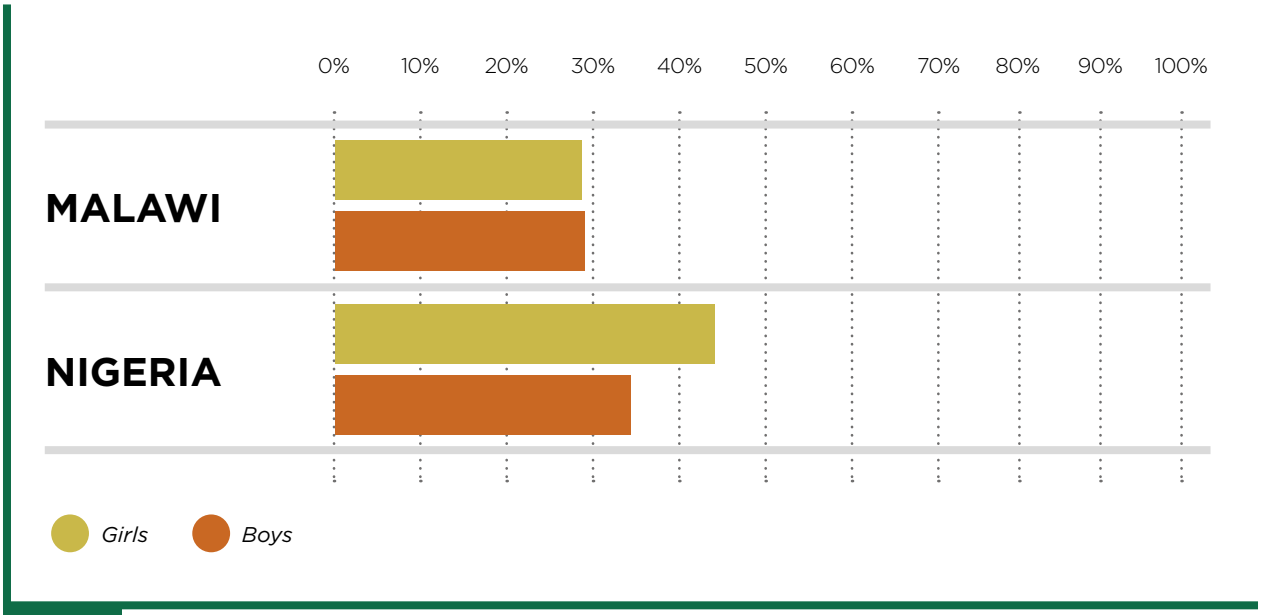


Figure 2 *Percentage of boys and girls who witness physical violence in the home, in Malawi and Nigeria[72]*

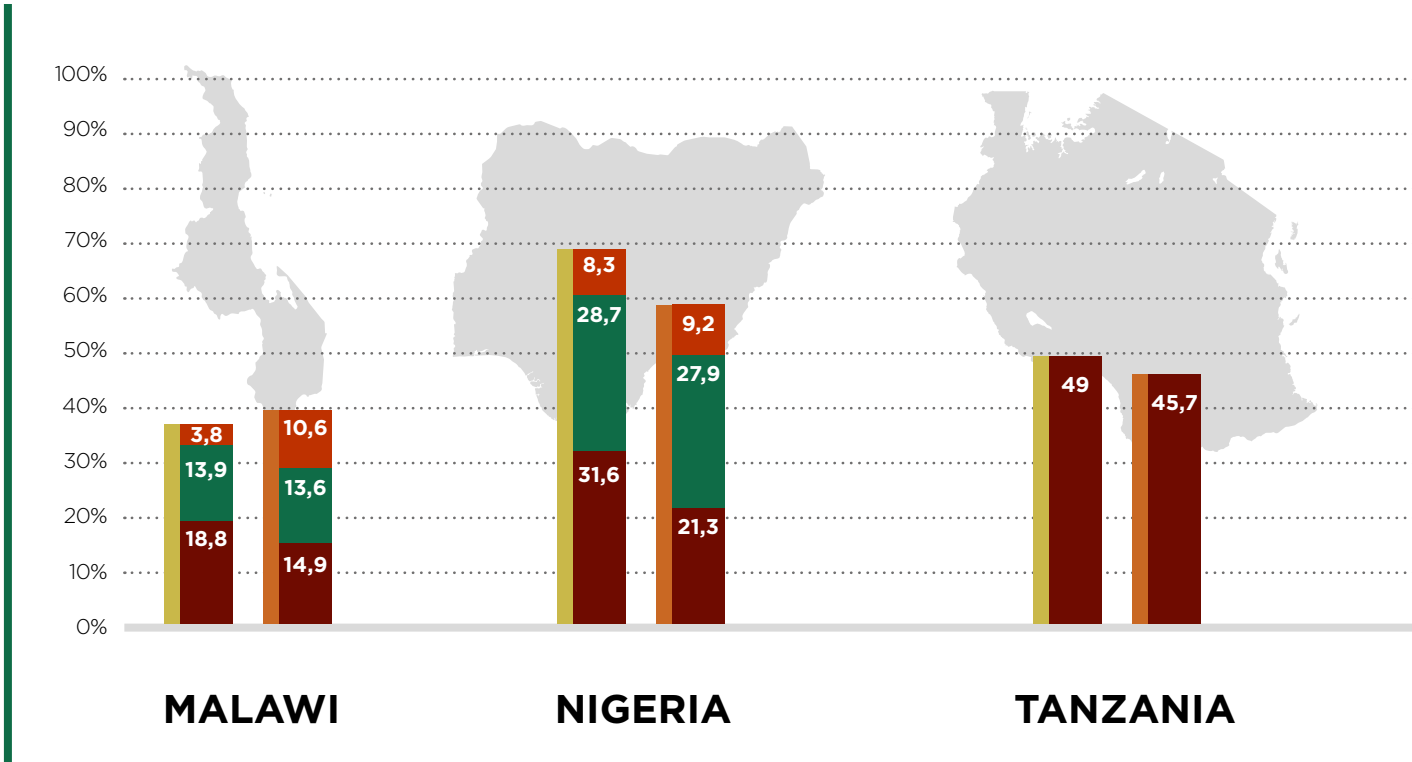


Figure 3 *Percentage of boys and girls who are sexually abused in home settings[73]*

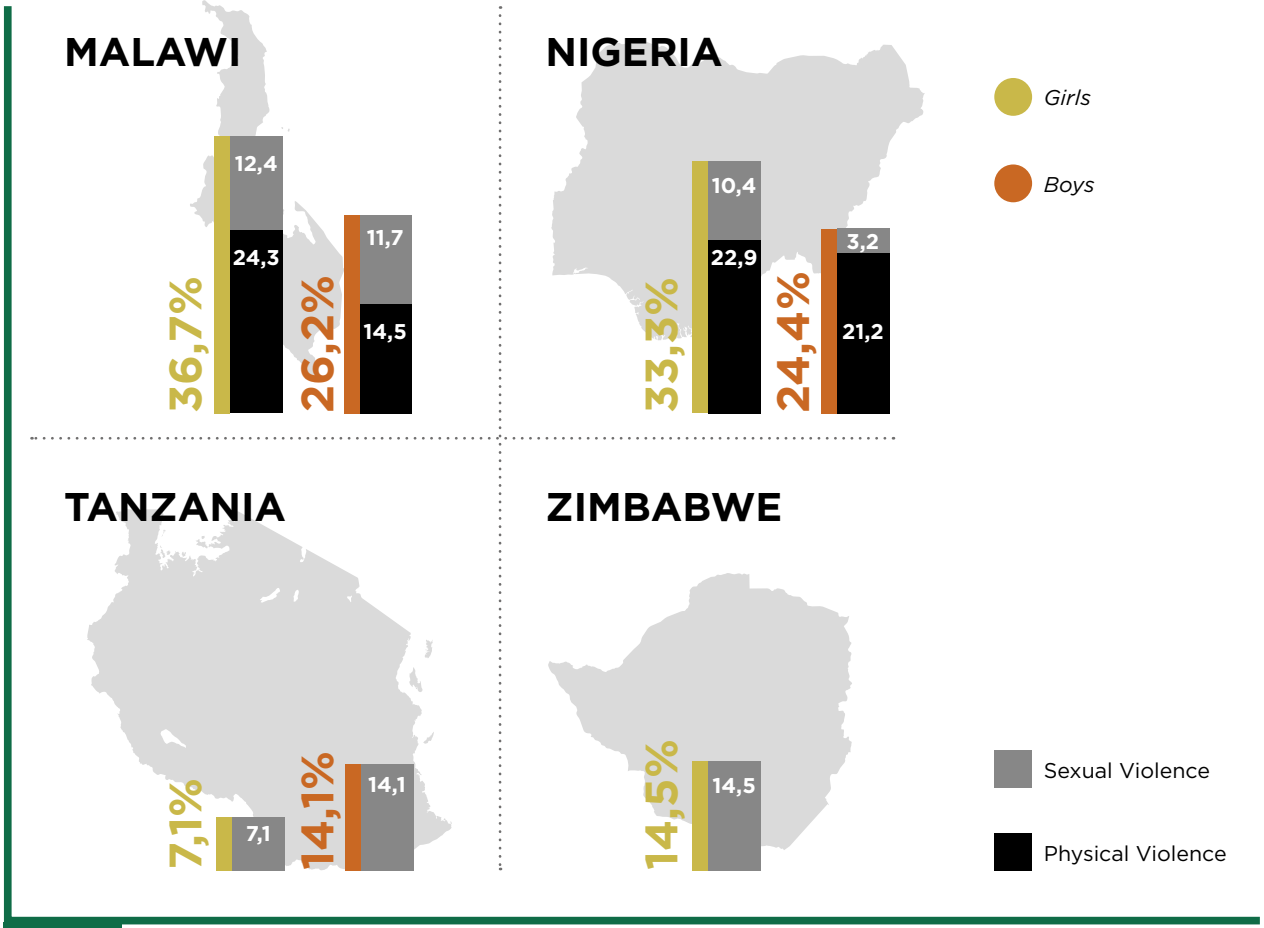
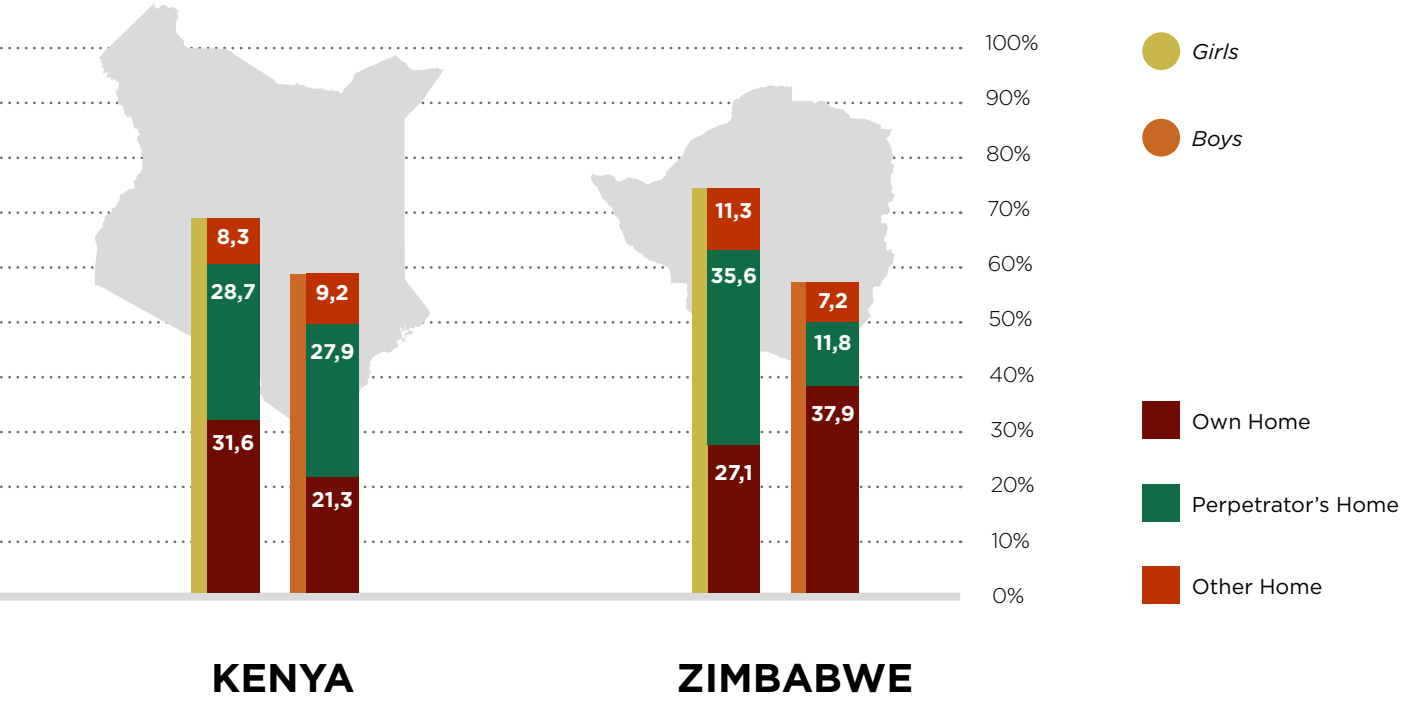


Figure 4 *Percentage of boys and girls who identify parents, family members or adult caregivers as the perpetrator of physical and sexual violence*[74]



The African Report on Violence against Children[75] looked at social, cultural, and economic trends in the region in order to understand how boys and girls are raised to determine if and how care arrangements can lead to VAC. Financial insecurity, lack of community support systems and family-focused services, and societal attitudes and practices around VAC are all factors that can influence or exacerbate violent behaviour, including neglect of children, by family members and in alternative care settings. Politically and environmentally insecure environments, migration, changing family structures, harmful cultural practices including child marriage and initiation rites, and harmful attitudes, particularly towards children with disabilities, are key institutional drivers of VAC within the family. Coupled with nascent and often weak violence prevention and response mechanisms, particularly at the community level, unemployment, poverty, and health epidemics, these stressors can negatively impact on families' resiliency, and can increase the likelihood of VAC occurring within the family.[76] See Text Box D for additional evidence on VAC in the family.

Text Box D

Evidence on violence against children in the family

Physical abuse in family settings

In Ghana, an estimate of 90 per cent of children have experienced physical violence in the home and at school.[77]
In the United Republic of Tanzania, 74 per cent of females aged 13 to 24 said they experienced physical violence before age 18 at the hands of a relative or intimate partner.[78]

Neglect in family settings

In Botswana, 56% of working families living on less than $10 a day cannot afford to leave their children in safe day care or hire a caregiver during the day, raising the risk of child neglect and household accidents.[79]

A qualitative study on sexual violence against children with disabilities in Burundi, Madagascar, Mozambique, and Tanzania (Zanzibar) suggests that it was often the fact that children with disabilities were left alone at home, which gave perpetrators the opportunity for sexual abuse.[80]
A study testing the association between parental absence and sexual violence in 13 countries in Sub-Saharan Africa, noted that paternal orphaning or paternal absence is significantly associated with girls experiencing sexual violence.[81]

Understanding how VAC in the family psychologically impacts on boys and girls highlights the link to possible future exposure or perpetration of violence. For example, young adolescent boys tend to leave their homes as a result of being a victim of violence; more often than not, they end up on the streets where they might resort to crime and participate in violent acts primarily as a means of protecting themselves, which then further exposes themselves to police violence and possible placement in detention centres or residential care. Conversely, girls tend to internalize violence, negatively impacting on their confidence levels and ability to negotiate healthy relationships.[82] A study from Burundi further found that the more violence and adversity experienced by both boys and girls during childhood, the higher the likelihood that they would become a perpetrator of violence as adults.[83] See Text Box E on the nascent evidence base from Africa as to how VAC in the family can be considered a key contributing factor to family separation and placement of children in alternative care.

Text Box E

VAC as a push factor to family separation and placement into alternative care

- A two phased, mixed methods study in Tanzania highlighted mistreatment, defined as neglect, discrimination and physical and emotional abuse, as reasons children left parents to go and live on the streets.[84] Poverty, alcohol, stress and discrimination of children led to violence in the home which resulted with the child running away to live on the street.[85]
- Similar findings were identified in a study in South Sudan, which asked approximately 200 children who sleep on the streets to fill out a questionnaire as to why they are there: 81% of the children had one or both parents alive but domestic violence; physical aggression between parents and physical punishment of children, was found to be directly linked with children working and sleeping in the streets.[86]
- Retrak, an organization specializing in work with children on the streets, asked a selection of children who have been part of their programs in Uganda and Ethiopia on the reasons why children leave home and come to the streets. Of the boys interviewed in Uganda, 63 per cent and 57 per cent left home because of emotional and physical abuse respectively.[87] In addition, 20 per cent left home because of abuse by a stepparent. In Ethiopia, 43 per cent cited emotional abuse, 30 per cent cited physical abuse, and 30 per cent cited abuse by a step-parent.[88]
- A recent study of Catholic-affiliated residential care in Zambia found that abuse, maltreatment or neglect in the household was one of the top six reasons provided for placement of the child in residential care.[89]
- Escaping abuse in the household was also a self-reported reason noted by children who had self-referred to residential care in Malawi.[90]
- The African Child Policy Forum (ACPF) noted that nine per cent of girls of interviewed girls in a number of residential care facilities cited violence, and eight per cent noted family breakdown.[91]
- A study of residential care in Sierra Leone found that five per cent of all children in residential care were there due to abuse, abandonment or neglect in the household,[92] findings which were mirrored in a study of children in residential care in the Western Cape in South Africa.[93]

Although the data in Textbox E illustrates that **violence, exploitation or neglect in the home can contribute to family separation and subsequent placement of children into alternative care, families not being able to access social services is often the starting point that creates vulnerability within a family context**; household poverty can compound reasons that can lead to family separation. For example, poverty can impact on the emotional wellbeing and stability of the caregiver; negative coping mechanisms such as alcohol abuse can consequently increase the risk of violence in the household, whether in the form of domestic violence or violence against children.[94] It is critical, especially when trying to understand the push factors that result in a child being separated from the family, that a holistic approach be taken to understand how vulnerabilities are interlinked and compounded, and consequently influence or compound reasons for children being separated from their families.

Research on kinship care globally has illustrated that care within family networks, especially where it is part of the social and cultural norm, can provide better opportunities for lasting attachments and continuity, and better health, education, and wellbeing outcomes, than many other forms of alternative care.

3.2 VAC and care in alternative care

Kinship care

Kinship care[95] is the most common form of family-based alternative care in Africa. Extended family members have supported children of kin for millenia, and it offers an informal socio-economic support system in many African communities.[96] Research has increasingly focused on the role of kinship care across Africa as family structures have changed and been put under increasing strain as a result of the socio-economic impact of HIV and AIDS.[97] In addition to the impact of HIV and AIDS, and other epidemics, such as Ebola, conflict, instability, food insecurity, and natural disasters, have impacted access to resources such as land and water, challenging traditional rural livelihoods and lifestyles, resulting in high levels of migration and rapid urbanisation. Much of the migration is that of individual parents, as the mother or father searches for employment, and not of entire families.[98] This impacts on traditional family structures, as children are left in the care of a single parent, a step-parent or care of another caregiver, when parental attention is diverted to job seeking and survival. Access to education is also a common reason for children being placed in kinship care, with children from primarily rural areas moving to live with wealthier relatives in towns and cities.

Protection and risk factors which influence positive and negative outcomes for children living in kinship care include:

- choice or obligation to care for a child which is influenced by patriarchal or matriarchal decision making processes (i.e. choosing to foster vs. being forced to foster);
- maternal vs. paternal relatives;
- strength of kinship relationship;
- whether the child is welcomed in the family;
- motivation to care for the child and the degree of "closeness" between the child and caregiver;
- families' financial situation;
- child's behavior – being polite and hardworking or undisciplined;
- regular communication and support with parents or other relatives;
- relationship between the parent and caregiver; and
- a child's individual circumstances (e.g. child born out of wedlock, child with disability, whether or not the child has been living with parents) and community reactions

Research on kinship care globally has illustrated that care within family networks, especially where it is part of the social and cultural norm, can provide better opportunities for lasting attachments and continuity, and better health, education, and wellbeing outcomes, than many other forms of alternative care.[99] Kinship care with grandmothers has been documented as being particularly positive, in most cases, with attachment (i.e., companionship) a sense of belonging and continued connections with family identified as positive factors.[100] In addition, a qualitative study on alternative care practices in Ethiopia found that Ethiopian families appear to be willing to provide care and support to orphaned nieces and nephews, as long as a formal agreement is not insisted upon, illustrating a preference for the informal approach commonly being utilized.[101]

Despite kinship care being the most common form of alternative care, the focus within legal frameworks is on formal alternative care options, including foster care (by relatives or non-relatives), guardianship, adoption, and placement of a child in a residential care facility, with less guidance being given to regulating informal kinship care.[102] That said, the AC Guidelines do prioritise informal kinship care over other forms of alternative care, and particularly spotlight kinship care by close family members as the ideal form of alternative care.[103] The AC Guidelines recognise that particularly kinship carers need to be supported to ensure they are able to adequately care and protect for their kin, as it can be challenging for kinship carers to access social services and support as they are not "formally" recognised in their caregiving role by the State. The AC Guidelines call on States to encourage kinship or informal carers to notify the State of informal care arrangements to ensure informal carers' access to all available and necessary services and benefits likely to assist them in their role.[104] In addition, the AC Guidelines call on States to "devise special and appropriate measures to protect children in informal care from abuse, neglect, child labour, and other forms of exploitation", with a particular focus on informal care arrangements with distant and non-relatives, out of recognition that the vulnerablity of children in kinship care to abuse, neglect and exploitation increases the less related the child is to their caregivers.[105] (See Text Box F).

As a result of kinship care's informal nature, States do not routinely collect statistics on the number of children in this type of care. However, data gathered by the Demographic and Health Surveys (DHS) and Multiple Indicators Cluster Surveys (MICS) illustrate the scale of kinship care across Africa: in 40 out of 54 countries in Africa, an average of 15% of children under 15 in households are living outside of parental care.[106] The clear majority (95.2%) of these children living in households and outside of parental care are in kinship care, and mostly live with their grandparents or uncles/aunts. Highlighting further the significant and complex role that kinship care plays for children, most of these children (92%) have at least one biological parent alive, and 72% have both parents alive. In Eastern Africa, over 19 million children are living in kinship care (14%) and 89% of them have a living parent.[107] In West and Central Africa, an estimated 16% of children do not live with their biological parents. While, only a very small number (0.002%) of these children live in formal alternative care the majority is considered to live in kinship care.[108] In other words, kinship care is clearly not the result of parental death or 'orphanhood' for the majority of these children; other factors are at play in those care arrangements.

While kinship care plays a significant role in ensuring children who cannot be cared for by biological parents remain in family care, children in kinship care can also be at risk for exposure to violence, abuse, neglect, and exploitation.[109] This concern may be elevated especially when family resources are stretched thin. See Text Box F for examples of VAC in kinship care.

Text Box F

VAC in kinship care

Kinship care for labour purposes was studied in Ethiopia and differences related to gender and rural/urban contexts were found.[110] There is a preference for girls in urban areas primarily for labour purposes. Older boys are not preferred in urban areas as they are associated with "trouble." Conversely, girls in rural areas are not preferred as they do not come with an inheritance, whereas boys in rural areas are preferred as they are seen as able to help with farming, and potentially come with an inheritance.[111]

Evidence suggests that the vulnerability of children in kinship care to abuse, neglect and exploitation increases the less related the child is to their caregivers, as they may resent care for orphans, or prioritize their own children.[112] Research found that a significant number of children and their caregivers in kinship situations can go through 'cycles of misunderstanding,' if they do not already know each other well. Deeply distressed children becoming withdrawn and aggressive, and caregivers feel resentful at children's lack of gratitude, consequently withdrawing their love and affection, and increasing the likelihood of the child being neglected or abused.[113] Children living with disabilities and children affected by HIV are especially shown to face stigma and discrimination within kinship households, as well as subject to abuse and neglect.[114] Conversely, a study on differential treatment between children being raised by kin and biological children in the caregiver's household in Uganda shows that the closer the biological relationship of the child to the caregiver, the least likely the child is to experience violence by the caregiver, the more evenly distributed the work is among children living in the household, and the equal opportunity for the child of kin to attend school.[115]

A study estimating the lifetime prevalence and annual incidence of potentially traumatic events by orphaned or separated children living in institutional care and family-based care in five different lower and middle income countries, which include Ethiopia, Kenya, and Tanzania, suggested that annual incidence of physical or sexual abuse was higher in family-based settings (19%) than in institutions (13%), although this finding has been questioned due to the fact that the comparison was made with vulnerable families that did not receive any support. The same study also found that over half of orphaned or separated children in institutions (50%) and family-based care (54%) had experienced physical or sexual abuse by age 13.[116]

The informal nature of kinship care also limits any type of monitoring or oversight by bodies mandated to protect children. Mathamboa and Gibbs (2009) described the informal kinship care system most aptly when they describe it as a "social safety net with holes" illustrating that it plays an important role in child care but many variables influence the kind of response provided.[117] This tension between informal care practices, and the inherent benefits and challenges that it presents versus how much to formalise the practice, is something which many governments and practitioners across Africa and beyond are grappling with. There is nascent evidence base from the African region on efforts to strengthen linkages between community-based child protection mechanisms and statutory structures as a means to support kinship carers to care and support the children in their care.[118]

Foster care

Foster care[119] is another form of family-based alternative care for children, which is increasingly being used across Africa. As care reform efforts across Africa take root, foster programs are being piloted to strengthen family based care interventions as part of a response to deinstitutionalise care systems and reintegrate children from residential care. Formal foster care programs are being piloted primarily by non-governmental organizations (NGOs) in coordination and with oversight from relevant government authorities. There are some examples of how foster programs

have acted as a response intervention for children who have experienced violence; children affected by violence, either in the home, on the streets or in residential care, have been identified as potential beneficiaries of foster care. In Benin, for example, child survivors of trafficking and sexual abuse were identified as in need of foster care.[120] In Ethiopia, Bethany Christian Services has piloted a foster to adopt program, utilising the faith based network to identify, recruit and support foster families and potential adoptive ones.[121] In Rwanda, orphaned children as a result of the genocide, or in the most recent care reform effort, were also identified as in need of foster care.[122] Other examples include Retrak's work to link children living on or who had been living on the streets, and children affected by HIV and AIDS in South Africa, to foster carers.[123] In Sudan, 500 emergency families, i.e. foster care givers, were identified as part of the process to deinstitutionalise children under the age of three years, as per the AC Guidelines.[124] Foster care can also play a crucial role in emergency settings where short-term family based care is needed, or when family reintegration is being assessed, such as was the case of linking Burundian unaccompanied refugee children in Rwanda to foster parents.[125] In all of these cases, there was a recognised need to provide an alternative family-based environment for children whom had suffered violence, either at the household and / or community level, to prevent their exposure to further violence and strengthen their resiliency and wellbeing.

Violence, exploitation and neglect within the context of foster care has not been readily documented in African contexts. Evidence from the United Kingdom and the United States shows that children in foster care can be at risk of physical, sexual, and emotional abuse by their caregivers as well as potential stigma and discrimination.[126] However, there remains very little information on VAC within foster care in the African context illustrating a clear need to address this evidence gap.

Residential care

The AC Guidelines recognise residential care as part of the continuum of alternative care options but underline that its use "should be limited to cases where such a setting is specifically appropriate, necessary and constructive for the individual child concerned and in his/her best interests."[127] In recognition of the particular harm placement in residential care can cause to babies and infants at their critical stage of development, the AC Guidelines also state that residential care should only be used for children under three in emergency situations and for a very short time duration.[128]

Research has consistently shown that the majority of children in residential care are not orphans.[129] *"One of the biggest myths is that children in orphanages are there because they have no parents. This is not the case. Most are there because their parents simply can't afford to feed, clothe and educate them. For governments and donors, placing children in institutions is often seen as the most straightforward solution."*[130] A review of national level studies on residential care aimed to identify the top reasons for placement of children into residential care. The reasons included poverty (which is specifically mentioned in the AC Guidelines as not a valid reason for placement of children into alternative care);[131] violence, abuse or neglect of children in the household and / or conflict in the household; abandonment; the 'pulling effect' of residential care; and the death of a parent. Figure 5 highlights the full list of reasons reported in five countries across Africa, and shows that VAC in the family can and does result in children entering residential care.[132]

Reason for placement in residential care	RWANDA	UGANDA	GHANA	MALAWI	MADAGASCAR
Poverty	●	●	●	●	●
Recruitment by care centre or "pulling effect" of residential care because they are present	●			●	●
Violence, abuse, neglect of child/children in household, conflict in household	●	●		●	
Abandonment	●	●			●
Death of parent(s)	●		●		●
Children lack access to education, education available is of poor quality				●	●
Reconstituted household (e.g., following divorce, remarriage/ new partnership)			●		●
Disability of child or in household				●	●
Children are affected by harmful traditional practices/ stigma**[133]	●				●
Death of breadwinner				●	●
Inadequate shelter/insecure housing			●		
Migrant parent(s)			●		
Incarcerated parent	●				
Elderly caregiver	●				
Caregivers face challenges in managing children's behaviour			●		
Illness/mental illness in household, i.e. HIV/AIDS	●				
Child illness or malnutrition	●				
Child in conflict with the law				●	

Figure 5 *Reasons reported for children being placed in residential care*

In resource-constrained contexts where services and social support may not be available or accessible by families, the establishment and maintenance of residential care facilities 'pull' or 'recruit' children from vulnerable families into residential care.[134] Public opinion, often propagated by the media and religious institutions, present residential care centres as offering care, support, and services, where families, communities, and governments cannot. Although many individuals, communities, agencies, donors and States act with the intention of protecting and caring for these children, a clear understanding of what that means is often lacking; there is a common belief that the provision of basis services including food, shelter, education and some form of health care is all the care needed by children.[135] Families caring for children with chronic illnesses and who require support and medical attention, such as children affected by HIV and children living with disabilities, are often referred to these facilities by case managers or by caregivers themselves when other options do not seem to be available.[136] For example, a desk review on children with disabilities in Zambia noted that approximately one-third of children placed in residential care in Zambia have a form of disability, as a result of limited community support for families caring for such children.[137] In Uganda, institutional care is deemed to have become an "industry", with boarding school facilities masquerading as orphanages to attract funding from donors through school sponsorship.[138]

The funding of residential care in Africa is often from private or faith based groups, and more rarely government based. Donor support tends to be focused on providing material support or supporting individual children's access to basic services, rather than contributing to the strengthening of systems that would enable these services to be delivered to children in their families. *"Rather than supporting a quality system to care and protect for children, sponsors are encouraged to give money for materials…While materials are certainly important in a context where there is little, there is no focus in fundraising strategies on ensuring overall quality of care is high. Because how do you report back on that? Sponsors don't want to hear about trainings that staff have undergone, they want to see that 'their' child is now clothed and fed thanks to their donations. They want to see that they have saved a child from poverty."*[139]

As such, the resources that have gone into creating and sustaining these residential care centres takes the pressure off States' responsibility to deliver services that families and communities need like education, health, social protection, etc.[140] Instead, the pulling effect of residential care creates a gap by drawing resources away from families and communities. This reduces the investment and emphasis on developing community-based services, which can keep families together, and deprives children of their right to grow up in their family.[141]

Despite a solid evidence base from Eastern Europe and burgeoning one from Africa on the negative and long-lasting impacts of residential care on the physical, emotional and cognitive development of children, children continue to be pulled into residential care across Africa for a range of reasons as highlighted in Figure 5.[142] See Text Box G for examples of the type and magnitude of violence that children in residential care can face.

Text Box G

Examples from Africa of VAC in residential care

A study of children in institutional care in Tanzania highlighted that 93% of children and 87% of caregivers reported physical and emotional maltreatment of children by the institution's caregivers.[143] A longitudinal study of prevalence and incidence of traumatic experiences among orphaned and separated children in five low-and-middle income countries, to include Ethiopia, Kenya, and Tanzania highlighted that there was no difference between boys and girls experiencing physical or sexual abuse in institutional care; rather younger age groups experienced both more physical and sexual abuse than their older peers.[144]

These findings are also supported by a study of children in an institution in Tanzania, which compared reports for children who were institutionalised between 0 to 4 years with those of 5 to 14 years: 89% of 5 to 14 year olds reported at least one experience of abuse while in the institution, while children institutionalized from birth reported more adverse experiences during their time in institutional care and a greater variety of mental health problems; they reported more depressive symptoms and more aggressive behaviour.[145] Yet another study of children in a residential care centre in Tanzania showed that children who had experienced violence and / or neglect prior to their placement in the residential care centre were more likely to engage in violent and aggressive behaviour when in care than those children who were not exposed to violence or neglect before their placement.[146]

A study undertaken in Morocco on quality of care in residential care centres highlights that "physical violence is the most used means of discipline."[147]

Some studies have found that violence in residential institutions is six times higher than violence in foster care, and that children in group care are almost four times more likely to experience sexual abuse than children in family-based care.[148] Meintjes et. Al (2007)[149] and Brown (2009)[150] have argued that cases of abuse are largely due to untrained staff members as perpetrators of abuse, in addition to staff instigating abuse amongst peers.[151]

A careleaver noted his experience that children in residential care are often lumped together regardless of whether they are a survivor of sexual abuse, a juvenile offender, a child living with HIV, or a child that has special needs, impacting on how the emotional needs of children are being addressed. Due to the low staff to children ratio, the weak capacity of staff to comprehensively address the needs of already traumatized children with psychosocial care and counselling, and coupled with the attitudes and behaviours of staff working with vulnerable, stigmatized or marginalised children, staff can fuel humiliating and degrading treatment of children in residential care.[152] Frequently staff within residential care are themselves from vulnerable settings and have not necessarily been trained, supported or invested in to enable them to do their job properly.

Rampant peer-on-peer bullying has also been noted by a careleaver to take place in residential care, increasing the risk for children to be exposed to emotional abuse in addition to physical and sexual abuse.[153]

While not considered common, there is some evidence from Kenya that residential care centres can act as a source and transit point for the trafficking of children.[154]

Despite the seriousness of these findings, it is likely that violence against children in residential care is widely underreported due to the lack of or weak child protection policies and mechanisms, non-existent, non-functioning or inaccessible reporting and complaint mechanisms, as well as fear by children of the repercussions of reporting.[155] For example, a government audit of social services in Ghana found that "*approximately 96 per cent of the children's homes in four sampled regions were unlicensed, operating illegally and were not monitored to ensure that they were operating within national minimum standards, placing children at risk of abuse and neglect.*"[156] In addition, A study assessing residential care institutions in Uganda showed that of the 40 institutions surveyed,

80% did not have safeguarding or child protection policies, 98% had no social worker, 48% had poor or very poor child care standards, 52% of the institutions had children without a current care order, and 53% lacked any resettlement plan.[157] Weak or non-existent regulatory systems to ensure all residential care facilities are registered and a system of independent oversight is in place, leaves children in these facilities without any protection.

Ignoring the fact that violence, exploitation and neglect can take place in residential care can heighten the harm of residential care on children's mental health; children face a double burden of being placed in residential care if exposed to abuse and the abuse being ignored.[158] As one key informant summed up, *"the institutionalization of children is in itself an act of abuse, and abuse, including its impacts, will be propagated the longer the child is institutionalized."*[159] This has led some experts to argue that institutionalization could be considered to be a form of neglect and as such a form of violence against children.[160] See Text Box H for more on neglect in residential care.

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Text Box H

Neglect and institutional care

While there has been some initial evidence of the different types of violence against children within residential in Africa, this has primarily focused on physical and sexual abuse. Sherr (2017) recognizes two types of violence against children. The first is 'commission' wherein violence is actively perpetrated and the second is 'omission, meaning the intentional withholding of attention and care as seen in neglect.[161] Globally, the topic of neglect, especially the type found within residential care, especially large institutional type settings, has been identified as a leading contributor to longer term negative impact on cognitive, emotional and physical development.[162]

Van IJzendoorn (2011) has proposed the term "structural neglect" to describe what is often found in institutional care settings and captures many elements of the aforementioned definitions. This includes the trifecta of: 1) infrastructure issues (i.e., the structure of a building such as large scale dormitory like settings; 2) staffing patterns (i.e., shifts); and 3) limited and inadequate child and caregiver interactions frequently due to low caregiver to child ratios. For example, in Tanzania, specific Temporary Holding Centers have been established to be safe houses for children with albinism, to keep children with albinism safe from the widespread but underground practice of ritual attacks and killings.[163] However, these centres were deemed by the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) to propagate marginalization, social exclusion, and ultimately neglect of children with albinism.[164]

The **First International Conference in Africa on Family-Based Care** (2009) recognized that VAC in alternative care, particularly in residential care, is a serious concern and called on governments in the region to "enact appropriate minimum standards to regulate institutional care, as well as other forms of alternative care".[165] The Declaration adopted at the conference also strongly emphasised the need to ensure accessible and appropriate services to prevent family separation, and highlighted the importance of family and community-based care as a means of supporting children when initial families are not able to.[166] Accordingly, increasing efforts to deinstitutionalize children are taking place in Africa, out of recognition of the detrimental impacts on children's wellbeing. The experience in Rwanda has shown, in particular, that government ownership and commitment to the reform process through a single implementation framework is crucial to advocate for stronger investments, and to increase awareness of all actors of the benefits of family-based care over institutionalized care.[167]

3.3 VAC upon leaving alternative care

While we know that children's exposure to VAC within alternative care negatively impacts their wellbeing, less robust evidence is available, both globally and from Africa, about how violence in care impacts on young people's health and socio-economic outcomes after they leave care. There is some research and documented experiences from care leavers that highlight the risk of being exposed to violence after leaving care, but these do not differentiate between care leavers who experienced violence when in care and those that did not.

The available evidence shows that care leavers are likely to be among the most socially excluded young people in society, and are more likely to be underemployed, homeless or living below the poverty line.[168] Economic factors and lack of social support may predispose care leavers to become victims of violence while looking for income, such as participating in sex work or being forced to live on the street. Other studies have highlighted care leavers to be more likely to become young parents, to be dependent on social assistance, have a higher risk of mental illness and substance abuse,[169] be more vulnerable to stigma and discrimination,[170] in addition to having a higher chance in experiencing violence.[171]

> *"I have unpleasant memories of life in the Gambella child care institution. I saw with my own eyes an adult member of the institution rape a four-year-old friend of mine. Boys and girls also had to share rooms. Given all that I have seen, I do not trust men and have not had a good relationship with any man."*
>
> Family Health International, Children's Investment Fund, & UNICEF (2010). Improving Care Options for Children Through Understanding Institutional Child Care and Factors Driving Institutionalization.

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In a survey with Child and Youth Care Centres (CYCCs) in Western Cape, South Africa, 91% of CCYCs noted high levels of concern for children who leave care, as there are no appropriate support systems available in communities for these children after they leave care, especially as CCYCs' capacities to care for children once they leave are extremely limited.[172] As a care leaver noted, *"at the age of 18, institutions terminate their relationship with young people as children, and they instantly lose any support they may have had when in care."* [173] Care leavers in Ethiopia from residential care also highlighted that a lack of informal social support systems, limited access to educational opportunities, and financial social skill deficits increased the risk of violent victimization.[174]

A recent study in Zimbabwe highlights what can be done before children leave care, to ensure care leavers successfully transition into the community: the authors argue for the need to develop a service delivery model that provides a continuum of support specifically to adolescent girls when they are still in residential care, to ensure they have the skills to meet their livelihood needs, and not resort to risky behaviours, after leaving care.[175]

4.1 Preventing VAC in the family and the need for placement of children in alternative care

The most common approach used to date to implement policies, guidelines and standards to prevent VAC in the home and to strengthen families focus on combined parenting and family support interventions. Research has taught us to date, that social protection schemes can prevent family separation,[176] as it addresses household poverty, which is one of the factors contributing to family separation. However, social protection does not impact on the capacity of families to protect their children from violence and abuse; they do not reduce harsh discipline practices, improve positive discipline, or reduce the risk of children being exposed to violence within the home.[177]

4

CONSIDERATIONS FOR POLICY AND SERVICES

A combination approach to strengthening families financially and through parenting programs i.e., 'cash plus care' interventions are increasingly generating evidence on decreasing children's risk to exposure of violence, abuse and neglect within the home.[178] A combined approach can increase parenting skills and knowledge of child development (through training), link parents to professionals or para professionals (the training facilitators), and connect parents to support groups to encourage peer to peer learning. For example, data from Retrak Ethiopia's mid-term review of reintegration of street children and community-based child protection reflects that involvement by caregivers in both saving and loan groups, and self-help groups increases the parenting and child protection skills of caregiving, resulting in children being less prone to child labour and increasing school attendance rates.[179]

An increasing amount of evidence is being generated about what successful combination approaches to family strengthening in low-and middle-income countries can look like.[180] Lessons include that they must address the culture, values and norms within which the family and broader community operates, to change attitudes towards violence, neglect and exploitation, as well perceptions of the role of residential care.[181] That said, a UNICEF Innocenti Research Brief discussing whether parenting interventions to reduce VAC can be transported across countries, notes that interventions should be selected firstly because of their evidence base and the extent to which they uphold social learning theory principles, rather than their cultural specificity.[182] Other successful combination approaches identify an appropriate entry point to involve both men and women caregivers to address cultural norms around child rearing and child protection, and particularly around reintegration of children.[183] This is particularly true for parents and other caregivers who are under particular stress, such as those affected by HIV, poverty, who are young and/or single mothers, who are aged, who have or who take care of a child living with a disability, and who are socially isolated, to reduce the risk of children being neglected and abandoned.[184] Certain programs are taking these lessons into consideration and are focusing on scaling-up a combined household economic strengthening and parenting approach, such as by the Catholic Relief Service project 4Children in Nigeria, Uganda and DRC.[185] The evidence and promising practices generated by these programs will be valuable in informing future approaches to preventing and addressing violence against children within family-based care.[186]

At the same time, deinstitutionalization programs are picking up speed across Africa, and there is an increasing evidence base on the positive change in protection and wellbeing of reintegrated children. Research from Ghana[187] and Zimbabwe[188] on child wellbeing between children in residential care and reintegrated children underscores that reintegration has clear positive impacts on children: reintegrated children are generally happier, and report fewer emotional, conduct, hyperactive and peer problems, and greater agency and attachment than children who remain in residential care. To address the unique needs of children being reintegrated into a family based setting, caregivers need to be supported with better access to social services, appropriate training, supervision and ongoing monitoring. For example, Terre des Hommes developed and utilized a caregiver training that specifically addressed the unique needs of children who had experienced violence in care.[189] Plan International did the same when training their community volunteers and caregivers in providing alternative care to children affected by the violence in Burundi.[190] Research from Tanzania noted that providing a manualized training workshop for caregivers in institutional care improved the caregiver-child relationships, decreased physical maltreatment of children by caregivers, improved children's behaviour, and decreased mental health problems amongst the children in the institution,[191] facilitating reintegration for both children and caregivers to family-based care. The 4Children project in Uganda, together with Clowns without Borders, has developed a parenting curricula to deliver to parents of children who are being reintegrated from residential care. The study is still in the early stages, but the research has the potential to inform reintegration efforts in the future.[192]

Family strengthening and parenting initiatives should not be implemented without linkages to existing **family support structures and services**, particularly at the sub-national level. The INSPIRE package, developed by the World Health Organization together with nine other global partners, also identifies the need to link and coordinate support services to ongoing prevention initiatives, to ensure a comprehensive, quality, and sustainable approach to addressing VAC and preventing family separation. There is increasing recognition and acceptance of the roles and responsibilities by various sectors, to include social welfare, health, education, justice, and finance, to contribute to such support mechanisms, encouraging discussions with respect to coordination of delivery and monitoring of family support services. For example, the **Minimum Standards on Comprehensive Services for Children and Young People in the East African Community**,[193] which supports the operationalization of the EAC Child Policy, calls for a multi-sectoral approach to implement five strategies. These strategies, packaged as the S.C.A.L.E.,[194] have been identified to strengthen the availability, accessibility, and sustainability of family-support services at the community level to both prevent and respond to VAC as a means of keeping children within stable and supportive families.

4.2 Generating a stronger evidence base on VAC in alternative care settings

The growing body of evidence on violence against children in the family setting across Africa and the different forms of violence that children experience in their families is the result of concerted efforts by government and civil society to generate reliable and robust data on the magnitude and scope of this violence. **More robust data on the scope, nature and magnitude of violence against children in alternative care must be generated, to ensure these children are not left behind in the development of policy frameworks and child protection systems strengthening interventions**. The fact that many countries in the region do not have updated and accurate national level data on children in residential care raises serious concerns about how governments can fulfil their responsibility towards them.

More research is also needed to identify and understand the different vulnerabilities girls and boys in alternative care experience across different age cohorts; both the age and gender of children can affect the level and type of vulnerability to violence. The ACERWC has called for the need to *"disaggregate data on alternative care to inform the development and monitoring of critical laws, policies and programs."*[195] Understanding better children's experiences of abuse, neglect and exploitation in alternative care settings can inform (re)integration efforts to ensure they are successful, and have positive and long-lasting impacts on children's wellbeing.

4.3 Adopting policies that address the links between violence in the home, family separation, and placement of children in alternative care

The evidence that is available points to a high prevalence of violence against boys and girls, and particularly amongst younger age groups, including within the home, in alternative care and after children leave care. This has mobilized policy makers, practitioners and service-providers to advocate to governments in the region, including to the African Union, on the importance of strong and harmonised statutory and community based child protection systems to ensure families are supported, strengthened and empowered to care for and protect their children. The **Inter-Agency Statement on Strengthening Child Protection Systems in Sub-Saharan Africa** (2013),[196] the P**arenting in Africa Call to Action on "Restoring Families as the Pillar of Development in Africa"** (2014),[197] and the **African Partnership to End Violence Against Children**[198] all further highlight the crucial role of healthy and stable families in preventing both violence within the home and family separation, and the need to ensure the availability and accessibility of family-support services to strengthen household resilience.

The Special Representative of the Secretary-General (SRSG) on Violence Against Children has also underlined that multi-sectoral agendas are crucial for promoting coordinated action across government departments and between central and local authorities to prevent and address VAC: *"A clear message through legislation is crucial for legitimizing action by the authorities and mobilising social support for changes in perceptions, attitudes, and behaviour."* [199] To support the ACERWC to monitor the process and progress in implementing interventions to strengthen families and protect children from violence, abuse, exploitation, and neglect, the *Inter-Agency Work Group on Strengthening Child Protection Systems in Africa* has developed a framework for the ACERWC to analyse State Party reports using a child protection systems lens. This framework is supporting the ACERWC to more effectively assess to what extent States are implementing measures to extend services to prevent violence, neglect, and exploitation to prevent unnecessary separation of children from their families.

Regional Economic Communities across Africa such as the **East African Community** (EAC),[200] **Southern African Development Community** (SADC),[201] and the **Economic Community of West African States** (ECOWAS)[202] have developed regional policies, frameworks or action plans on children's rights, and have included within them, to a varying extent, family strengthening and prevention of violence against children initiatives. The regional and sub-regional frameworks are clear on the role of stable and healthy families in protecting children from violence, exploitation and abuse, as well as the need to ensure the safety and protection of children in alternative care. The impetus must now lie on ensuring their domestication and operationalization.

There are few national policies that explicitly link violence in the family, including VAC, to the risk of family separation, or that recognize that strengthening family care and parenting support are also a means to decrease the risk of violence in the household. There are some notable exceptions, however, such as the Public Policy for Child Protection in Morocco[203] and the 2017/18- 2021/22 Tanzania National Plan of Action to End Violence Against Women and Children,[204] which may reflect the increasing awareness of the linkages between VAC as a push factor out of the home and VAC as a pull factor into alternative care. Supporting governments to put in place such policies, together with the plan of actions and strategies needed to implement them, should be a priority.

4.4 Establishing effective regulatory systems to oversee the use of alternative care

While policy efforts should be explicit in the need to prevent family separation, so too should they be clear in identifying measures that address violence in alternative care, particularly residential care. As highlighted earlier, the CRC and the AC Guidelines clearly articulate the responsibility of the state to ensure children are placed in alternative care only when strictly necessary, and that the care provided is both appropriate and protective. In order to fulfil this responsibility, States must establish a functioning regulatory system to oversee the provision of alternative care.[205] The following components have been identified as central to an effective regulatory system:

- a recognised and systematic **gatekeeping** procedure to ensure placement decisions are vetted, authorized, and in the best interest of the child;
- development and implementation of **minimum standards of care**, to include the registration and licensing of residential care providers, provisions for preventing, identifying, reporting and addressing VAC in the facilities, and for residential care centres to have safeguarding policies to include clear reporting mechanisms and disciplinary measures;
- **data for each child in care** to maintain a *"thorough knowledge of the characteristics of children in care, the reasons they are there, and thus the situations and conditions that need to be tackled."* [206]
- access to legal remedies and independent and **confidential complaints reporting mechanisms** by children in alternative care;
- genuine opportunities **for children and young people to participate in decisions affecting them in care**, including about their placement in care, and opportunities to share their experiences and recommendations to improve the quality of care as well as the broader regulatory system; and
- an **independent inspectorate** that can monitor and review children's protection in care, including publications of monitoring reports for facilities and ensuring closure of facilitates that do not meet national minimum standards within a given time frame.

In order to address the systemic challenges relating to the care and protection of children in alternative care, the regulatory systems should be clearly linked to broader statutory and community based child protection systems.[207]

Several countries in the region have made significant efforts to strengthen their regulatory systems. Liberia, for example, has developed the Guidelines for Kinship Care, Foster Care and Supported Independent Living, that aim to *"promote harmonized national regulations for child welfare practitioners to improve the quality of family-based alternative care services"*.[208] Kenya has designated a government body responsible for coordinating and overseeing the quality of care in alternative care. Rwanda has made gatekeeping central to the country's efforts to reform the care system and community level gatekeeping committees are linked directly to support services at that level, including preventive services for vulnerable children and their families.[209] Practical tools on the implementation of guidelines for improving the quality of childcare provision are also available, including case studies showing how these standards have been applied in various contexts in the region.[210]

Yet the lack of effective mechanisms to monitor whether children in alternative care are placed there appropriately, are safe and receiving quality care continues to be problematic across the region. When institutions are not registered, oversight is simply not possible. The ACERWC has noted its *"concern about unregistered residential care institutions, children in both registered and unregistered residential care who do not have a court order placing them there, the reported weak enforcement of minimum norms and standards aimed at the protection of children from violence, neglect and abuse in residential care, and the inadequate implementation and monitoring of quality assurance processes."* [211] Policies and procedures must be in place to ensure all providers of alternative care services, including residential care facilities, are registered by the competent national authorities and authorized to operate.

The establishment of an independent monitoring mechanism is highlighted in the AC Guidelines as an important state responsibility, with *"frequent inspections comprising both scheduled and unannounced visits, involving discussion with and observation of the staff and the children."* [212] Yet accessing residential care centres, including those that are officially registered, can be particularly difficult for independent bodies.[213] To the extent that monitoring visits do take place, they focus on the quality of the physical facilities, rather than interacting with the children.[214] The lack of or inaccessible complaints mechanisms, including guidelines on children's participation in developing and monitoring their own care plans compounds this challenge.[215]

4.5 Investing in a skilled and well-resourced social service workforce

Intrinsically linked to regulatory systems, is the social service workforce. **The social service workforce plays a key protection and gatekeeping role to prevent children from unnecessarily and inappropriately being placed in alternative care, as well as to respond to VAC in those settings**. While the AC Guidelines mention the key competencies that are needed by staff at the various levels working in care, there are few training institutes in Africa that offer accredited courses for professional or auxiliary level workers that address the competencies outlined in the AC Guidelines. However, there are efforts to promote increased awareness, skills and knowledge related to protection and alternative care within different cadres of the workforce such as in Makarere University in Uganda. The *Tubararere Mu Muryango* program in Rwanda, led by the National Commission for Children, provides the guiding framework for care reform in the country and includes pre-service and in-service training for district social workers and psychologists combined with monitoring and supervision to build capacity. The program has worked closely with social work university programs to recruit staff and develop curricula.[216] These provide important examples from the region of approaches to strengthen the social service workforce as an integral part of care reforms efforts.


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This discussion paper has explored the linkages between VAC and care by highlighting that the child who experiences violence in the home is likely to be the same child who is separated from his or her family, and pushed into alternative care. While the media, faith based communities and initiatives, and public perceptions – both globally and within Africa – often propagate placement in alternative care, and specifically residential care, as a means out of poverty or a protection mechanism from harmful families, the increasing evidence base shows that children can and are exposed to violence, abuse, neglect, and exploitation in kinship, foster, and residential care in Africa. Exposure to violence, including neglect, in alternative care settings has negative and long-lasting impacts, impacting on child and young peoples' ability to navigate healthy, safe, and productive lives well after they leave care.

5

CONCLUSION

Global, regional, and national instruments recognise that the family has primary responsibility for the care and protection of children, but they also underline the responsibility of the State to enable these caregivers to care adequately for their children and provide alternative care for children when families are not able or willing to. However, there are few policies that explicitly link violence in the household, including VAC, to risk of family separation, or that recognize that strengthening family care and parenting support are also a means to decrease the risk of violence in the household. Discussions and actions to link more effectively the VAC and care reform agendas, particularly in terms of the legal and policy framework, data collection and use for decision-making, service delivery and public awareness are necessary to inform a coordinated and multi-sectoral approach to the VAC and care agendas.

The evidence discussed in this paper highlights that VAC in alternative care can and does happen, and that younger children are often at higher risk of abuse. However, there are considerable gaps in the data available, demonstrating the marginalisation of children in alternative care, which places them at greater risk of violence and neglect, resulting in this violence being ignored and unaddressed. If we are to ensure that all children are protected, and that no child is left behind, we need to strengthen regulatory systems that monitor children's wellbeing in alternative care, and particularly residential care, to prevent and address children's exposure to violence. Furthermore, minimum quality standards in all forms of alternative care should be implemented, to include principles of zero-violence, positive parenting/caregiving, and primary care attachment,[217] in addition to challenging policies that do not outlaw corporal punishment in all care settings.

A coordinated and multi-sectoral approach should be used to inform both prevention and response interventions, and particularly to support, strengthen and empower families to provide protective, stable and appropriate care for children. Where children do need alternative care, such an approach should ensure the care they receive is appropriate to their specifics needs, and they are able thrive in a protective and nurturing family-based setting. When children grow up in safe and nurturing families, children are less likely to be separated and placed in alternative care.

When children grow up in safe and nurturing families, children are less likely to be separated and placed in alternative care.

Glossary of Terms

Alternative care: A formal or informal arrangement whereby a child is looked after at least overnight outside the parental home, either by decision of a judicial or administrative authority or duly accredited body, or at the initiative of the child, his/her parent(s) or primary caregivers or spontaneously by a care provider in the absence of parents.[218]

Care leavers: Children or young people who are or have transitioned from alternative care to independent living or back into family.

Care reform: The Better Care Network defines care reform as the actions by government and other recognized actors to bring about changes to social welfare institutions mandated with child welfare and protection, and practices to improve outcomes for children who are especially vulnerable to risks, such as those living outside of family care.[219]

Child defined as boys and girls under the age of 18 years.[220]

Child abuse is a deliberate act of ill treatment that can harm or is likely to cause harm to a child's safety, well-being, dignity and development. Abuse includes all forms of physical, sexual, psychological or emotional ill treatment.[221]

Child protection system: A comprehensive system of laws, policies, procedures and practices designed to ensure the protection of children and to facilitate an effective response to allegations of child abuse, neglect, exploitation and violence. The child protection system must have certain core functions, capacities, and structures to go along with processes and service continue that ultimately define what a specific community does to protect its children.[222]

Emotional abuse includes the failure of a caregiver to provide an appropriate and supportive environment, and includes acts that have an adverse effect on the emotional health and development of a child. Such acts include restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment.[223]

Exploitation is the use of a child for someone else's advantage, gratification or profit often resulting in unjust, cruel and harmful treatment of the child. These activities are to the detriment of the child's physical or mental health, education, moral or social-emotional development.[224]

Family support services include a range of measures to ensure the support of children and families – similar to community based support but may be provided by external agents such as social workers and providing services such as counselling, parent education, day-care facilities, material support, etc.[225]

Foster care: Formal foster care can be described as arrangements that have been ordered or authorized by an administrative body or judicial authority; it usually involves an assessment of the family to determine which family is best placed to care for the child and the provision of some kind of continuing support and monitoring. Informal foster care is a private arrangement made between the two families. The lines between kinship care and informal foster care are frequently difficult to differentiate. For the purpose of this paper, informal foster care is recognized as the child being with someone outside of the extended family such with a neighbour, a community member, etc.

Kafala: A form of family based care used in Islamic societies that does not involve a change in kinship status, but does allow an unrelated child, or a child of unknown parentage, to receive care, legal protection and inheritance. Islam prohibits breaking the blood tie between children and their birth parents. As a result, change of parental status, name, inheritance rights, guardianship requirements (including for marriage purposes) are not allowed and adoption is rarely accepted in Islamic societies. Some Islamic countries and countries with large Muslim communities do have adoption legislation, but these tend to stipulate that the blood tie to the birth parents is not severed by adoption.[226]

Neglect is failure of a parent to provide for the development of the child- where the parent is in a position to do so – in one or more of the following areas: health, education, emotional development, nutrition, shelter and safe living conditions. Neglect is thus distinguished from circumstances of poverty in that neglect can occur only in cases where reasonable resources are available to the family or caregiver. In addition, abandonment, inadequate supervision, poor hygiene and being deprived of an education have all been considered as evidence of neglect.[227]

Physical abuse of a child as those acts committed by a caregiver that cause actual physical harm or have the potential for harm.[228]

Prevention interventions: to prevent child maltreatment, prevention interventions are typically classified on three levels: primary prevention (universal services aimed at the whole population); secondary prevention (targeted services for families with risk factors, identified as being in need of further support); and tertiary prevention (specialist services offered once child maltreatment has been detected, and aimed at preventing re-victimization).[229]

Separated child: A child separated from both parents or from his/her previous legal or customary primary caregiver, but not necessarily from other relatives.[230]

Sexual abuse is defined as those acts where a caregiver uses a child for sexual gratification.[231]

Social protection: A wide range of activities undertaken by societies to alleviate hardship and respond to the risks that poor and vulnerable people face and to provide minimum standards of well-being. This includes services and financial transfers.[232]

Social Services: provided by public or private organizations aimed at addressing the needs and problems of the most vulnerable populations, including those stemming from violence, family breakdown, homelessness, substance abuse, immigration, disability and old age. These can include day and residential care, income support, home visiting, and specialist services such as drug and alcohol rehabilitation, etc.[233]

Social service workforce: the social service workforce is comprised of many cadres of trained workers who address economic and social vulnerabilities across multiple sectors including child protection, social protection, health, justice, education, gender, community development, immigration and labour. Where there are vulnerabilities, this workforce is necessary. They provide tangible assistance such as cash, food, medication, and clothing; in-kind assistance such as medical services, birth registration, and housing support; social services such as case management, referrals, counselling, and community empowerment; and administrative and managerial services such as supervising, coordinating, advocating, mediating and planning.[234]

Violence against children: the definition in the *World Report on Violence and Health* (2002) is also frequently used in addition to Article 19 of the CRC: "the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development or dignity.[235]

Violence within the household is defined based on the definition of child abuse established by the *WHO Consultation on Abuse and Child Abuse Prevention*, which describes it as "...all forms of physical and/or emotional ill-Ðtreatment, sexual abuse, neglect or 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."[236]

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[74] 0% of boys in Zimbabwe identified parents, caregivers, family members or other relatives to be the perpetrator of sexual violence; VACS in Tanzania (2009), Zimbabwe (2011), Malawi (2013), and Nigeria (2014); VACS data on perpetrators of physical violence is only available for Malawi and Nigeria.

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[193] These Regional Minimum Standards have been validated by the health, education and social welfare technical experts of the 6 Partner States of the EAC. They await final approval by the Sectoral Council on Youth, Children, Gender, and Community Development, which will meet in August 2017.

[194] S.C.A.L.E. is an acronym that stands for social service workforce strengthening, coordination of services, accessibility of appropriate services, long-lasting and sustainable impact of services, evaluation and learning of services.

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Annex 1: List of Key Informants

NAME	POSITION
	TECHNICAL EXPERTS ON VAC AND / OR CARE IN AFRICA
Clare Feinstein	Africa representative for the Child Protection Initiative, Save the Children
Mark Riley	Alternative care consultant, Uganda
Geoffrey Oyat	Regional Child Protection Specialist, East and Southern Africa, Save the Children
Stephen Ucembe	Regional Advocacy Advisor, Hopes and Homes
Professor Julia-Sloth Nielson	Former member of the African Experts Committee on the Rights and Welfare of the Child; Dean of Law at the University of Western Cape, South Africa
Jonna Karlsson	Violence against children specialist, UNICEF ESARO
Joanna Wakia	M&E Specialist, Retrak
Wambui Njuguna	Regional Advisor, ANPPCAN
Shimelis Tsegaye	Head, Child Protection and Development Program, African Child Policy Forum
Beatrice Ogotu	Regional Program Manager, Child Protection, Investing in Children and their Societies
Malika Ait SiAmeur	SOS Children's Village, Morocco
Mariama Diallo and Shohei Kawabata	Child Protection Specialist and Social Protection Specialist, UNICEF Morocco
Insaf Zitouni	Senior Psychologist, Studies and Research Service at the National Institute of Child Protection, Tunis, Tunisia
	GLOBAL TECHNICAL EXPERTS ON VAC AND / OR CARE
Maria Herczog	Former member of the Committee on the Rights of the Child
Dr. Victoria Schmidt	Know Violence in Childhood

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