



# VAC IN RESIDENTIAL CARE IN AFRICA

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“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.”

UN General Assembly (2010). Guidelines for the Alternative Care of Children: resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142, (Section II Article 13).

# WHAT WE KNOW ABOUT RESIDENTIAL CARE IN AFRICA



- Residential care is **expanding with limited oversight** in many countries across the continent despite a relatively strong legal and policy framework.
- **National studies** in some countries help paint a portrait, although not complete, of residential care facilities, children in care, reasons for placement, existing care workforce, gatekeeping and reintegration efforts. Still lacking in majority of countries.
- **Considered the first response** rather than part of a range of care options. **Limited gatekeeping in place** to determine if placement is actually **necessary and appropriate**.
- **Children placed for various reasons** including poverty\*, access to education or health services, disabilities, abuse, and a belief that “things are better in an institution.”

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.

UN General Assembly (2010). Guidelines for the Alternative Care of Children. Adopted by the General Assembly, 24 February 2010, A/RES/64/142 (Article 96).

# WHAT WE KNOW ABOUT VAC IN RESIDENTIAL CARE

The nascent evidence base on VAC in residential care in Africa illustrates:

- **Physical and emotional maltreatment** of children by caregivers, peers and other adults is a **frequent occurrence** in residential care.
- Many **children entering** residential care have already lived through violence, abuse, exploitation or neglect. **Separation from families** can in and of itself be a traumatic experience.
- **Exposure to VAC before placement** and subsequent experience of VAC in residential care increases likelihood of engaging in violent behaviour. **Violence is cyclical.**



# WHAT WE KNOW ABOUT VAC IN RESIDENTIAL CARE



**Peer on peer violence:** “Lack of privacy and respect for cultural identity, frustration, overcrowding, and a failure to separate particularly vulnerable children from older, more aggressive children often lead to peer-on-peer violence. Staff may sanction or encourage peer abuse amongst children – either to maintain control or simply for amusement” (Pinheiro 2006).

**Risk is also posed by visitors and volunteers:** This includes the risk posed by people who are granted access to the children without any child protection measures.

**Higher rates of mental health issues** including depression and aggressive behaviour.

# INSTITUTIONAL CARE AS A FORM OF VAC

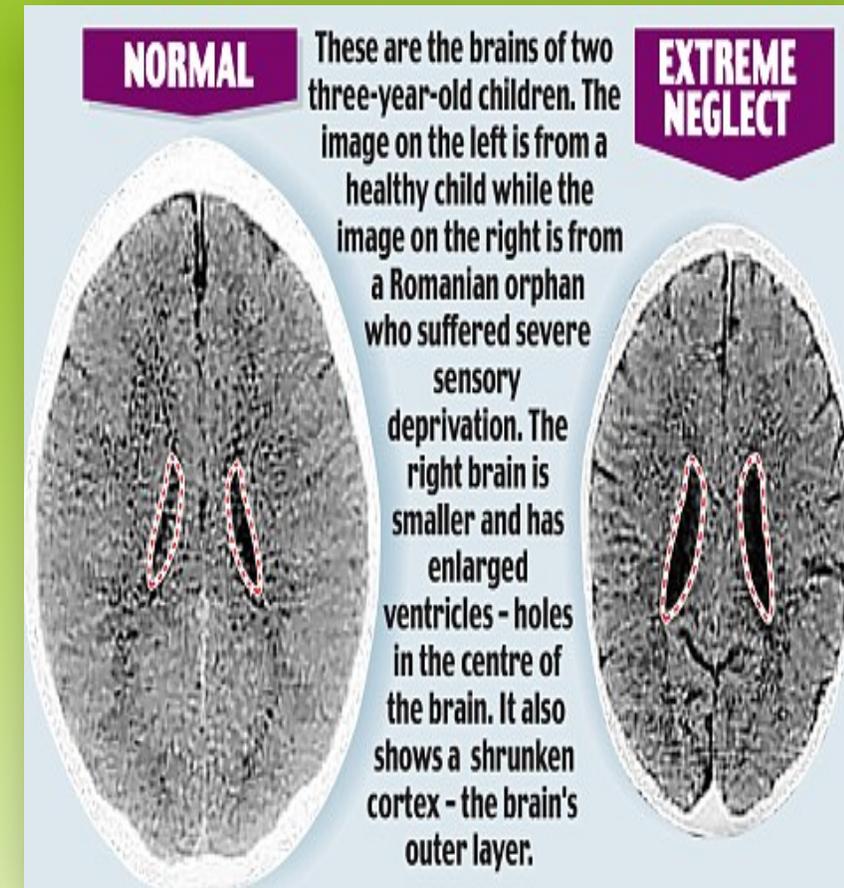
Sherr (2017) recognizes two types of violence against children.

- 1) Commission: VAC actively perpetrated; and
- 2) Omission: meaning the intentional withholding of attention and care as seen in neglect.

Globally, the topic of neglect, has been identified as a leading contributor to longer term negative impact on cognitive, emotional and physical development.

Van IJzendoorn (2011) has proposed the term “**structural neglect**” to describe what is often found in institutional care settings. 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.



# FAILURE OF THE REGULATORY FRAMEWORK TO PROTECT AND RESPOND

## **Violence against children largely underreported**

- Fear of repercussions
- Lack of child safeguarding procedures
- Who to report it to

## **Limited oversight by mandated authority**

- Unregulated expansion of RCFs
- Poor to non-existent gatekeeping mechanisms
- Weak structures and workforce to collect data, monitor and hold facilities and staff accountable.

Abuse in institutions is confirmed, yet the paucity of studies looking at this, monitoring this or even asking the children is lamentable.

(Sherr, 2017)

# WHAT TO DO

- **Registration of all residential care facilities** in order to ensure government oversight including ensuring **moratoria on the set up of new** institutional care facilities.
- Create effective **gate-keeping mechanisms** and prevention measures (family support, etc.) to avoid unnecessary placement of children in care.
- Place special attention to **ending the practice of residential care for children under the age of three.**
- **Ensure** all residential care facilities are meeting **the national accepted standards** and that there is **resourced and supported workforce to monitor and sanction.**
- **Conduct further research** to understand the magnitude of the issue of VAC and care in residential care facilities and its characteristics across the continent.

THANK YOU

