

## **Lived Experiences of Orphaned Children with Dehumanizing Orientations in Orphan Support Projects in Homa Bay County, Kenya**

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### **1. Introduction**

Dehumanization in the form of emotional abuse and maltreatment has been identified as one of the most under researched issues in child welfare systems (O'Hagan, 1993, Gabarino & Vondra, 1987; Wiehe, 1990). Whereas this form of dehumanization has not been seriously explored in child welfare systems and projects, O'Hagan (1993) argues that emotional abuse (maltreatment) is one of the most pervasive forms of dehumanization against vulnerable and disadvantaged children (O'Hagan, 1993). Emotional maltreatment reflects a caregiver's failure to provide a developmentally- appropriate and supportive environment, including persistent, pervasive or patterned acts such as frequent name-calling (emotional abuse; act of commission) and lack of affection (emotional neglect; act of omission).

Dehumanization of children may take many forms including emotional abuse. Emotional abuse is described as overtly rejecting behaviour of carers, and involves active hostility; verbal or emotional assaults, threatened harm, or close confinement (Gabarino & Vondra, 1987; Wiehe, 1990). Parents and carers who persistently criticise, shame, rebuke, threaten, ridicule, humiliate, put down, induce fear and anxiety, who are never satisfied with the child's behaviour and performance (and who show this deliberately to hurt a child) are emotionally abusive. Their behaviour towards the child can be described as overtly abusive, actively painful, and developmentally and cognitively damaging (Iwaniec, 1995).

As a form of dehumanization, emotional abuse has been described as overtly rejecting behaviour of carers, and involves active hostility; verbal or emotional assaults, threatened harm, or close confinement (Gabarino & Vondra, 1987; Wiehe, 1990). Parents and carers who persistently criticise, shame, rebuke, threaten, ridicule, humiliate, put down, induce fear and anxiety, who are never satisfied with the child's behaviour and performance (and who show this deliberately to hurt a child) are emotionally abusive (Gabarino & Vondra, 1987; Wiehe, 1990). Their behaviour towards the child can be described as overtly abusive, actively painful, and developmentally and cognitively damaging (Iwaniec, 1995). O'Hagan, (1993) identified six types of emotional abuse: (1) rejecting (e.g., constant criticism, belittling); (2) isolating (e.g., keeping family and friends from child); (3) ignoring (e.g., non-responding to child attentional bids, achievements etc.); (4) terrorizing (e.g., threatening abandonment or harm), (5) corrupting (e.g., child involvement in criminal activities); (6) exploiting (e.g., assigning caregiver role to child for parent or other children, expecting child to maintain family finances). Further, other forms of maltreatment – sexual and physical abuse, and physical neglect – are considered to have emotional maltreatment

components. Thus, emotional maltreatment may be a stand-alone form of abuse or neglect, as well as a frequently co-occurring form.

Many experts have considered emotional abuse to entail a repeated pattern of behaviour that conveys to children that they are worthless, unloved, unwanted, only of value in meeting another's needs, or seriously threatened with physical or psychological violence (Brassard, Hart & Hardy, 1991). A common feature of most definitions of emotional abuse is that isolated instances or incidences of inappropriate responses do not constitute sufficient emotional abuse to warrant intervention. Unlike physical and sexual abuse, where a single incident may be considered abusive, emotional abuse is characterized by a climate or pattern of behaviour occurring over time. Thus, emotional abuse is not an isolated event but rather a sustained and repetitive pattern of psychically destructive behaviour (O'Hagan, 1993).

Extant and recent studies in sub-Saharan Africa have documented the dehumanizing experiences that children believed to have been orphaned and made vulnerable by AIDS undergo in their families, schools, and communities (Skinner et al ,2006; Meinck, Cluver & Boyes, 2015; Thurman & Kidman, 2011; Soneson, 2005; Kotze ,2010; Petersen, Bhana and McKay, 2005; Tsegaye, 200 ). One of the worst forms of dehumanization that has been under researched in child welfare is emotional abuse and maltreatment (Glaser, 2002). However, studies conducted in high HIV and AIDS prevalent countries in developing countries, especially in sub-Saharan Africa, have underlined and confirmed that the distressing psychological harm that these children experience following the death of their parents are compounded further by the emotional abuse and maltreatment that they experience in the hands of their caregivers, peers and teachers (Meinck, Cluver & Boyes, 2015; Thurman & Kidman, 2011).

Skinner et al (2006) argue that the dehumanization and vulnerability of orphaned children are caused by factors that include: direct experience of physical or sexual violence, or severe chronic illness, severe chronic illness of a parent or caregiver, poverty, hunger, lack of access to services, inadequate clothing or shelter, overcrowding, deficient caretakers, and factors specific to the child, including disability. According to Skinner (2006) orphaned children have been suffering from a lot of problems associated with these vulnerability factors. Some of the problems they face include hunger, lack of access to health and education, physical and psychological abuse, lack of love and affection and negative communities' attitude towards them. Because of these, orphans and vulnerable children require urgent basic needs and services supports that can be provided either within the community or institutionalized care.

In a very recent study by Meinck et al (2016) in South Africa among a sample of 3515 orphaned adolescents, 35.5% of the orphaned children reported life time emotional abuse, 31.6% reported past-year emotional abuse, and 20.7% reported frequent monthly emotional abuse victimization, with past-year incidence of emotional abuse at 12.1%. At follow-up, 14.8% of children reported lifetime sexual harassment and 12.8% reported sexual harassment in the past year. Up to 2.4% reported lifetime forced exposure to pornography, and 2% reported forced exposure to pornography in the past year.

In the same study nine per cent of children reported lifetime contact sexual abuse, 5.9% reported past-year contact sexual abuse exposure, and 2.8% reported frequent monthly sexual abuse

victimisation. Up to 3.3% of children reported lifetime rape, 0.8% reported past-year rape, and 0.3% reported frequent monthly rape victimisation. Past-year incidence of contact sexual abuse was 5.3%; past-year rape incidence was 2.1%. Since sexual harassment and exposure to pornography were not measured at baseline, incidence of either was not calculated. Multiple victimisations: Up to 27.1% reported being victims of two or more types of abuse victimisation in their lifetime, with physical and emotional abuse most commonly co-occurring. Up to 19.6% reported frequent multiple victimisations. At follow-up, 56.3% of children reported lifetime physical abuse, 37.9% reported past-year physical abuse and 16.6% reported frequent monthly physical abuse victimisation. Past-year incidence of physical abuse was 18.2%.

Thurman and Kidman, (2011) conducted a study in Kwazulu Natal among 1782 orphaned children ages 10-17 and their primary caregivers. They found that nearly half (43%) of orphans sampled reported experiencing some form of maltreatment from an adult in their household in the 12 months preceding interview. Orphaned children most commonly reported being disciplined with hard objects (31%); a smaller but still notable number reported having been slapped or punched by an adult (13%). One in four orphaned children experienced verbal maltreatment, such as name calling or threats of being expelled from the home. While analyses considered anything other than “not at all” as affirmative of maltreatment, it is notable that as many as 21% of orphaned children in the sample reported more frequent maltreatment: 14% reported experiencing at least one form of maltreatment “some” and another 7% reported experiencing at least one form “a lot.”

While reliable estimates of child maltreatment are non-existent and available data represent only a small proportion of the true magnitude of the problem, Soneson (2005) posits that available data in South Africa suggests that a staggering number of orphaned children in South Africa face maltreatment including severe corporal punishment and sexual abuse. Rates of emotional maltreatment are even harder to discern, but of equal importance as a social problem. According to Soneson (2005) child maltreatment has serious immediate and long term consequences for orphaned children’s healthy development. Maltreated orphaned children experience a myriad of adverse emotional, cognitive, academic, and social impacts in childhood and suffer from long term effects on adult functioning and mental health. Sadly, a recent study in South Africa also found that children who experience emotional abuse and physical punishment are more likely to contract HIV in adulthood.

Sexual violence is one of the most perverse forms of dehumanization against children. According to Kotze (2010), sexual violence is defined as any sexual act, attempt to obtain a sexual act, unwanted sexual comments, or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. Sexual violence takes place in various settings and under different circumstances. Sexual violence perpetrated on children include: sexual abuse of children, forced sex, sexual abuse of people with mental and physical disabilities as well as sexual exploitation (Kotze, 2010).

Petersen, Bhana and McKay (2005), state that sexual violence is aimed at the most vulnerable members of society, namely orphaned children, increase their risk of HIV infection. South Africa has one of the highest rates of sexual violence against vulnerable children in the world

and that adolescent girls between the ages of 12-17 years are particularly at risk. Rape and child sexual abuse directly increases children's risk of contracting HIV, since it usually involves unprotected sex. It is not known how many children have been infected with HIV as a result of sexual abuse but the violent nature of rape may result in genital injury and bleeding which increases the risk of HIV transmission. In addition, many children do not have access to post-exposure prophylaxis medication after they have been sexually assaulted.

Tsegaye (2001) argues that in Ethiopia, early initiation of orphaned children into sexual activity, exploitation, abuse and sexual violence and female are some of the dehumanizing conditions and experiences that orphaned children go through. These expose them to greater risk of becoming infected with HIV in most cases. Tsegaye (2001) further added that the probability of becoming victims of violence, exploitation, trafficking, discrimination and various types of abuses is high among orphans and vulnerable children.

## **2. Effects of Dehumanization/ Emotional Abuse on Children**

A number of studies have documented the debilitating and dehumanizing effects of emotional abuse and maltreatment on children (Martinez, Piff, Mendoza-Denton, & Hinshaw, 2011; Marquis et al. 2008; Gibb, Chelminski and Zimmerman, 2007; Bastian and Haslam, 2011; Castano and Giner-Sorolla, 2006; Ryan and Deci, 2000; Sappington, 2000; Oates, 1996; Morrison et al, 1999; Siegfried, 2004; Widom, 2000). Martinez, Piff, Mendoza-Denton, & Hinshaw (2011) have provided overwhelming evidence for the wide-reaching negative consequences of relatively mild dehumanizing attitudes and behaviors. Dehumanizing others leads to increased anti-sociality towards them in the form of increased aggressive behaviors such as bullying and harassment as well as hostile avoidance behaviors such as social rejection. This increased hostility and aggression is accompanied by reduced moral worth attributed to those who are dehumanized; and they are therefore judged less worthy of protection from harm.

Marquis et al. (2008) found that maltreatment may lead to higher rates of conduct problems, physical and verbal aggression towards peers and adults, and noncompliance. They also found behavioral problems such as aggressive play, oppositional behavior, delinquency, criminality, self-injurious behavior, suicidal behavior, substance abuse, and fighting with peers. Children who have experienced maltreatment may also display hyper-alertness, hyper-vigilance, increased physical arousals, exaggerated startle responses, and angry or aggressive outbursts.

Gibb, Chelminski and Zimmerman, (2007), argue that although emotional abuse has been studied less frequently than physical and sexual abuse, evidence suggests that emotional maltreatment is associated with long-term deleterious consequences in adulthood. In studies with adult samples that rely on retrospective self-reports of maltreatment, a childhood history of emotional maltreatment is associated with low self esteem, depression, anxiety, trauma symptoms, and the perpetration of or victimization from interpersonal violence.

Bastian and Haslam, (2011) argue that the negative consequences for those who are dehumanized are also striking. According to them, everyday interpersonal maltreatments can leave its victims feeling degraded, invalidated, or demoralized, being denied autonomy, feeling betrayed, humiliated, socially excluded or not recognized as a person – all situations that are likely to be experienced as dehumanizing.

According to Castano and Giner-Sorolla, (2006), the perpetrators of such interpersonal maltreatments themselves may experience negative emotions such as guilt and shame which may lead to even stronger dehumanizing attitudes towards their targets in an attempt to downplay their suffering and justify their maltreatment. Thus, a vicious cycle may emerge, whereby dehumanization promotes maltreatment and aggression, which further promote dehumanization.

Ryan and Deci, (2000), argue that dehumanizing maltreatments are likely to have a detrimental effect on psychological wellbeing. According to self-determination theory psychological wellbeing requires that the basic psychological needs of autonomy, competence, and relatedness are met. Dehumanizing maltreatments, however subtle, lead to impaired ability to satisfy these needs and may therefore directly contribute to mental illnesses such as depression, anxiety, and stress-related disorders. Ryan and Deci (2000) argue that the scientific evidence does not support the view of everyday dehumanization as an innocent and inconsequential phenomenon; on the contrary, the evidence clearly demonstrates a range of significant negative consequences.

Sappington (2000) reviewed evidence regarding the behaviour of abused children and found that child emotional abuse and neglect appear to increase the likelihood of children and young people presenting behavioural difficulties. Dysfunctional behaviours are considered to be coping mechanisms adopted by victims of abuse in an attempt to overcome the trauma of past experiences. Increased aggression, abusive behaviour (including to family), increased likelihood of alcohol and substance misuse and teenage pregnancy are all made more likely, subsequently increasing the risk of offending behaviour (as young people and adults) and custody.

Oates (1996) found that Children exposed to emotional maltreatment can experience chronic stress that leads to physical and/or emotional impairment. Beyond a stand-alone form, emotional maltreatment co-occurs with sexual abuse, physical abuse and neglect, given the harmful aspects of these other types (e.g., feeling betrayed by the caregiver). However, Oates (1996) argues that while children may recover from the pain and injuries sustained through physical abuse, it may take a considerably longer period of time to recover from the fear or humiliation involved in emotional maltreatment.

Morrison et al, (1999) argue that the social impacts of emotional abuse exist not only for the victims of abuse, but for the society as a whole. Immediate social consequences for victims of abuse can include the inability to form secure attachments. Poor social, cognitive and language skills and a 'distrust of others' render young people unable to form friendships with peers, further presenting difficulties in the forming of relationships in adult life. For society there is also a price to pay for child abuse and neglect both in terms of the immediate costs (child welfare systems, law enforcement, health, mental health and statutory and voluntary services) and the long-term economic consequences of supporting victims of abuse (studies have shown that physically abused children are at a greater risk for mental illness, homelessness, crime, and unemployment). All of these affect the community and society in general and are the social costs of physical abuse, continuing awareness raising and preventative work.

Perry (2002) posits that the physical impacts of abuse on children are considerable. Physical abuse itself can manifest itself in a number of ways – hitting, shaking, choking, biting, kicking,



punching, burning, poisoning, suffocating, or being held underwater may be inflicted on a child, resulting in a number of injuries that cause pain, suffering, medical problems (such as ‘shaken baby syndrome’) and, in the most extreme cases, death. These problems can last long into a child’s adult life, especially when such abuse can leave physical and mental scarring, sometimes including brain damage. Beyond the physical trauma experienced by children are the emotional and psychological sequelae of physical abuse. Abused children often experience a number of emotional disturbances. Low self-esteem and depression are common, as well as emotions of anger, hostility, fear, humiliation, and an inability to express feelings – all of which impact on children and young people’s mental health.

A review of research conducted by Siegfried (2004) investigated the role of abuse and trauma experienced by young people in the development of aggressive behaviour. They described the role of Post Traumatic Stress Disorders (PTSD) in perpetuating violence by disrupting the daily lives of young people and often triggering the reliving of trauma, thus impacting on behaviour. They also believed that exposure to violence and abuse and pervasive feelings of not being safe would encourage the use of aggressive behaviour in young people through adjusting to feelings of living under ‘chronic threat’.

Widom (2000) argues that children who suffer abuse are at a greater risk of poor school behaviour, being bullied in school, having special educational needs, exclusion from school, and are increasingly likely to be absent from school. In addition the young people are more likely to finish education at, or before, the minimum leaving age. While Widom (2000) states that it is not known why the academic and intellectual performance of children who have experienced abuse is impaired, but speculates that intellectual impairment may be caused by the result of physical abuse, such as injury to the brain, or from malnourishment, dehydration, or failure to thrive caused by neglect. It is also believed that the range of psychiatric conditions that often occur as a result of abuse, such as PTSD, depression and anxiety, cognitive distortions, dissociation, low self-esteem, and a number of behaviours such as self-harm and eating disorders, contribute to problems experienced at school.

Turney and Tanner (2005), pointed to a link between child neglect, poor performance at school, discipline problems at school, and associated exclusions and repeat years. The impact of impaired academic performance can be far-reaching, including lowering young people’s feelings of self-esteem and self-worth and leading to a lack of a sense of control over their lives. It also has consequences for the future impacting on young people’s ability to gain employment and avoid poverty – factors that also compound the incidence and levels of abuse experienced by children and adults alike.

### **3. Statement of the Problem**

Numerous studies conducted in sub-Saharan Africa have provided compelling evidence that children believed to have been orphaned and made vulnerable by HIV and AIDS are dehumanized and that a number suffer from emotional abuse and maltreatment Skinner et al ,2006; Meinck, Cluver & Boyes, 2015; Thurman & Kidman, 2011; Soneson, 2005; Kotze ,2010; Petersen, Bhana & McKay, 2005; Tsegaye, 2001 ).

The common narrative in these studies is that these children experience these dehumanizing conditions in within their families and school, and in the hands of known caregivers. However, while there is emerging evidence in other parts of the world that child welfare systems and projects have the capacity to institutionalize and perpetuate oppressive and dehumanizing conditions and practices (Dumbrill, 2012, 2011), and in view of the fact that millions of orphaned children are enrolled into and support by a wide range of orphan support projects and institutions, it is incongruous that very few studies have been conducted on the concept of dehumanization and emotional abuse and maltreatment in these projects.

The research silence on the potential contributions of these projects in reinforcing feelings dehumanization and emotional abuse of the orphaned children have the untoward capacity to reduce the effectiveness of these projects and the services they provide, and ultimately the required positive outcomes for orphaned children. Moreover, there is an emerging requirements for child welfare policy makers and manager to design and implement anti-oppressive policies and interventions that humanize and value disadvantaged children and their families (Dumbrill, 2012, 2011).

Even studies that have attempted to examine the dehumanizing conditions and suffering that orphaned children experience as a result of their interactions with these projects and the services, have been expert dominated and have excluded the voices of these children and have not examined the experiences of these children with dehumanizing conditions in the very projects that are purportedly designed and implemented to protect them. The purpose of this study therefore is to examine how orphaned children experience dehumanization in orphan support projects.

## **4. Research Methods**

### **4.1. Research Design**

The study uses Interpretive Phenomenological Analysis (IPA), an approach to qualitative research concerned with exploring and understanding the lived experiences of a specified phenomenon (Smith, 2004). IPA involves the detailed examination of participants' 'lifeworlds'; their experiences of a particular phenomenon, how they have made sense of these experiences and the meanings they attach to them (Smith, 2004). Although firmly embedded in psychology, Smith, Flowers and Larkin (2009) have welcomed and encouraged those without formal psychology training to use IPA to answer questions of importance to their discipline.

A growing body of IPA work has enabled the voices of under researched groups to be heard e.g. orphaned children (Petals et al, 2009). The key theoretical perspectives of IPA are phenomenology, interpretation (hermeneutics) and idiography (Smith, 2004, 2007, Smith, Flowers & Larkin, 2009). While these three features are not unique to IPA, they have been combined and the specific emphases and techniques used within the method identify IPA as an affiliate but distinct approach in the field of phenomenological enquiry.

### **4.2. Research Participants**

Eight (8) male and female orphans aged between 15-17 years enrolled in three orphan support Projects in Mbita sub-county, were recruited through the help of the Projects' social workers.

The social workers contacted the guardians of the enrolled orphaned children and explained to them the purpose of the study, and requested them to allow their orphaned children to participate in the study. The social workers informed the guardians/ parents that the information was for academic purposes only and not for internal use by the project.

### **4.3. Ethical Issues**

After the consent of the parents and guardians of the twelve orphans had been sought, the purpose of this study was further explained to the orphaned children and their assent received. Laws and Mann (2004), state that it will be necessary to seek the consent of parents and carers to work with individual orphaned children. However, the literature demonstrated that this process can be negotiated in a way that respects orphaned children's competencies and empowers them to make choices for themselves. For example, Mahon et al (1996) stated that in their study orphaned children were approached directly for their consent, with parents first being asked only for permission to make contact with the child. Thomas and O'Kane (1998) in their study of 12 year olds in the care and protection system empowered the child participants by seeking active agreement from the child and passive agreement from the parent.

Each child was informed individually that the information shared would be kept confidential and that participation in the study would not in any way affect their project sponsorship. The orphaned children were asked to share their experiences in the language they were most comfortable with and were reminded that each one of them was free to stop participating in the study at any time without giving any reasons and without penalty.

Articles 12 and 13 of the UNCRC require that orphaned children should be informed, involved and consulted about all decisions that affect their lives, and that this helps to increase involvement of orphaned children as participants and co-researchers (Johnson et al., 1998; Nieuwenhuys, 2001; Lansdowne, 2002; Kirby and Bryson, 2002; Sinclair, 2004) . Majority of the orphaned children were comfortable with the Luo language (their mother tongue), while a few said that they would mix both Luo and English languages if they and when they found it necessary.

### **4.4. Data Collection Method**

Significant time was invested in constructing an interview guide in English that ensured that the wording and sequence of questions were simple, easy to understand and well constructed. The final interview guide had one open- ended question: 1. *Tell me, in what ways, if any, have you felt mistreated in the project or by the project staff?* Asking this type of question allowed the children the freedom to tell their story without constraint. During the interview prompt questions were used for clarification and focus. Wilson and Powell (2001) posit that open-ended questions are questions that do not make assumptions or assume a particular answer, and encourage more than a two or three word response. According to them open ended questions commonly use the six helpers of *Who? What? Where? Why? When?* and, *How?* Pretty (1995) advises those conducting research with children to use brief open ended questions to allow the children to describe their views in their own words.

These three questions avoided mentioning the phrases dehumanization, or emotional abuse, or words similar to oppression, because of their complexities and also to enable for deeper



exploration of the lived experiences of the orphaned children with the Projects, and to empower the children to freely explore their experiences with these projects. Pretty (1995) argues that to not only meet ethical obligations, but to improve the validity and reliability of the research data, a consensus has developed around the belief that the ethics, tools and roles employed in qualitative children's research should empower the children.

Eight in-depth individual interviews and an additional four focus group discussions were conducted with the recruited children in their schools at games times (when pupils are not in their classes) to avoid disruption of classroom instructional learning. A number of researchers have advised that to fully engage children in the research, the process of data collection should consist of more than a 'one off encounter' with children (Thomas & O;Kane,1998; Mason & Urquhart, 2001; Save the Orphaned children, 2001) .

Most of these researchers found that it was helpful to conduct a series of interviews or focus groups with children, especially when dealing with sensitive issues. The use of a series interview encounters assisted with things such as; developing rapport and trust, providing opportunities to follow up on issues and further explore or confirm participants' ideas and thoughts. This process helped in eliciting the children's subjective frames of reference and increased the reliability of the collected data (Kortessluoma et al 2003).

#### ***4.5.Data Analysis Process***

The analysis of the qualitative data followed a sequential manner, beginning with analysis of individual-level information (person-by-person) for each of the 8 children before proceeding to a group-level analysis that brought together data for all the 8 children. Each interview transcript was entered into NVivo 10 computer software project and subsequently coded through this software. Smith (2004, 2007) noted that a meticulous case-by-case analysis of individual transcripts can be a lengthy process. IPA dictates that each interview should be analyzed separately to find emerging themes before examining across the interviews (Smith, 2004). For the group level analysis, a list of all the themes was recorded in each transcript. After this, operational definitions of all the themes were examined to find ones that were similar across all participants. Similar themes were combined under four broad higher-order themes. Smith (2011) recommends four or five themes, in order to give justice to each theme in writing manuscripts.

Next the themes were reorganized in NVivo 10 to fit a developed coding chart, which created a "code book" of all the freely translated quotes in each higher-order theme according to the sub-theme that the quotes supported. Operational definitions were subsequently carefully created to account for the various sub-themes. During group-level analysis, time was spent in expanding, delineating and delimiting operational definitions pertaining to these higher-order themes to ensure their alignment with constituent supporting quotes. Through NVivo's Node Summary Report, the number of quotes and number of participants who were quoted were recorded in each theme to provide evidence of the prevalence and density of themes, as recommended by Smith (2004, 2007).

## **5. Research Findings**

### ***5.1. Children's Experiences with Terrorizing/ Threatening Orientations***

The children reported instances when the project staff made statements that in their view (orphaned children's) made them feel threatened (terrorized). Majority of the children reported that a number of times they have been reminded by some of the staff working in the projects that, in a threatening manner, that their parents died of AIDS. The children said that they have been constantly warned by some of the project staff that they have to be very careful with their lives to avoid also being infected by HIV like their late parents.

According to these children, the constant references to their parents having died of AIDS, and being warned to be careful lest they also get infected and eventually die of AIDS has threatened and scared them. The children said that the reference made by project staff to what had killed their parents when they (the orphaned children) make mistakes, brings back painful memories of their dead parents. They reported that reference to AIDS having been the cause of their parents' death not only humiliates them, but also makes them scared about their life and constantly worry if they will also die of AIDS. In their view, this reminds them of a painful past they wish to forget.

The children reported that they have heard of cases where some of their peers, perceived by the project staff to be HIV positive, have been pressurized and in some cases forced to get tested for HIV. The children said that the being forced to get tested for HIV and the fear of being stigmatized if found positive have made some of them to be apprehensive, fearful, stressed and worried about their fate. The children reported that while they have been taught in school that get tested for HIV is important, they also reported that they have equally been taught that they should not be forced to get tested and that they have to be counseled first before getting tested for HIV.

The children said that being forced or pressurized to get tested for HIV scares them and makes them to be very afraid since they don't know what the results may be like. They said that the fear of getting tested for HIV is threatening because they know that some of the project staff are not confidential and might start telling other people about their HIV status. Coupled with the humiliation that some of them have experienced in the projects when they are reminded that their parents died of AIDS, and the sanctions that some of them have experienced in the hands of the project staff for alleged gross misconduct, the children said that being forced to get tested for HIV is a terrifying and stressful experience for a number of the children.

Arrogance of some of the project staff was identified by a number of the children as one of the issues that make them feel unhappy. A number of the orphaned children said that some staff are rude, abuse them, do not listen to them and at times misjudge them, even when they have done nothing wrong. *"Some people in the project treat you so bad, and make you just wonder what bad thing you have done"*. While a number of project staff were seen as friendly, some were reported as seeing the children as a bother and having little or no time for the orphaned children. The children also said that some of the project staff give them derogatory nicknames.

A number of the orphaned children reported that they have been publicly rebuked and abused by some project staff for making mistakes: “ *Some of the staff will abuse you in the presence of your friends or even strangers , when they meet you when you are going home from school or church, for a mistake that you made*”, one orphaned male child aged 16 and in class six reported, while referring to an incident where he was abused by a social worker for failing to take his report form for filling by the project.

Some of the orphaned children reported that they have been threatened with deregistration from the project by some project administrators, allegedly for poor performance in school. The children reported that their poor performance in school is caused by the challenges that some of them face as orphans. They reported that the daily struggles that they face as orphans, including sometimes being out of school for long because their parents or guardians cannot pay school levies, have contributed to their poor performance in school.

Most of the orphaned children reported that a number of orphans do not do well in school because of the challenges that they face at home, including being involved in domestic chores after school like cooking, fetching water, not having kerosene for the lamps for evening homework, and even being forced by some of their guardians to go to the lake beaches to beg for food. The children said that these threats make them to be fearful, stressed and afraid.

### ***5.2.Children’s Experiences with Rejection***

One of the emerging themes in the interviews with the children is the experience of rejecting behavior and practices in the projects and by the project staff. The children reported that statements that were made by some of the project staff made them feel rejected. For instance, one of the recurring rejecting statement or phrases in discussions with the orphaned children was the fact that some of those who work in these projects keep referring to them as “AIDS orphans’ or as ‘children orphaned by AIDS’. The children said that the constant reference to AIDS when referring to orphaned children made them feel rejected stigmatized and humiliated. While a number of the orphaned children reported that HIV and AIDS is a major challenge in their villages, they argued that they honestly do not know what actually killed their parent or parents, and that it is unfair to call them by the ‘AIDS’ label, instead of just calling them children or at orphans.

Due to heavy stigma that those with HIV and AIDs experience in their villages, the children felt that the constant reference to orphans as AIDs orphans, or as children orphaned by AIDS, is not only embarrassing and humiliating them, but is a painful reminder that they will also die soon of the disease. They said that this affects their self esteem and makes them to be constantly worried that they have the disease and may not live long.

One female orphan in class seven had this to say: “*One day I was called by one of the social worker to go to the office to meet some people.... I think they wanted to sponsor more orphans... I was shocked when she told the two visitors that I am one of the AIDS orphans in their project... that I am very bright and need a lot of support. I just stood there hoping for a big hole to come and swallow me alive.....why would she call me that?*”

The children reported that the constant reminder from some of the project staff that they are being helped makes them powerless and feel bad about their helpless situation. While it is true that the Projects and the project staff have helped a number of them, the children said that they are in this situation not because they want and like being helped, but because their parents who could have provided this help and support have died.

The constant reference to being helped by some of the staff is a source of humiliation *and* makes the children sorely miss the love and support of their departed parents. One of the girls, who reported that she has been constantly reminded that she is being helped by the project, said that at times she has completed getting married so that she can escape from this constant reminder. She said that it will be a lot better if she stopped going to school and getting married, even if she becomes a second or third wife, instead of the being reminded that she is being helped because most of the time.

### **5.3.Lived Experiences with Ignoring Orientations**

The issue of inconsistent and at times unreliable services for the children by the project featured among some of the matters that make the orphaned children unhappy, and feel like that the project is ignoring them and their needs. Majority of the children reported that the Projects take too long to provide them with some of the critical services and materials like uniforms and sanitary pads. They reported that unreliable nature of support for learning materials like uniforms, sanitary pads for girls and school levies affects their learning as they are frequently sent away from school, while the other children continue with learning.

A fifteen year old double orphaned girl in class six reported that for girls who have started experiencing monthly periods and those who have no one to support, they experience the pain of shame and humiliation when they cannot have sanitary pads when they are experiencing their periods, *“you really ashamed and embarrassed when you start having (monthly period) while in school and you don’t have sanitary pad. You get worried and cannot play with your friends in school and even pay attention in class when it (monthly flows) comes and you have no sanitary pads’*.

To address this challenge, girls reported that some of the girls that they know who have nobody to buy for them the pads are forced to use old clothes (rags) as sanitary pads, while some are forced to have boyfriends ( mostly older sexual partners) who can give them money to buy sanitary pads . A number of orphaned children said they are worried that they cannot have support from the Projects when they need it, while some said that they believed that their supplies are given to other less deserving children who could be related to senior people in the Projects.

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The quality of some of the services that children get from the Projects is reported to be of very low quality and embarrassing to the beneficiaries. Materials like sanitary pads and in some cases school uniforms were reportedly of very poor quality and reduce the children’s self-esteem. While the children agreed that the number of orphaned children may be many and thus making it difficult for the project to adequately meet the needs of all the enrolled orphans, the children said that the project staff should just try and give them things that make them feel like they are valued. Some of the girls said that the uniforms that they have been given by the project are of poor quality and that they get torn faster than the uniforms that other children use, and wondered where some of these things are bought.

As a result, the girls said that they have been forced to use torn uniforms that expose parts of their bodies thus making them feeling embarrassed and humiliated. One of the girls had this to say: *“ I was one day give uniform that I think had been used... it was also poorly made and it did not take long for this uniform to be torn.... so I had to go to school with torn uniform and I was being laughed at by my school and class mates... I had to keep on stitching the torn parts of the uniform and it was not very good... you really wished that your parents were alive to buy you good clothes and good uniforms”*.

#### **5.4.Lived Experiences with Exploitation**

Most of the orphaned children said that rumours in their villages that some of the support materials that the project buy for them are given to children or relatives of some staff working in the project, make them to be unhappy. Whereas the orphaned children said they have no means of verifying some of these rumours, the fact that they take too long before they get support from the projects, in spite of the assurances they receive that their needs are being taken care of, make them to believe some of these rumours. In cases where the materials are procured, a number of the orphaned children said that these materials reach them too late when some of them have despaired, or in some cases, what they really need is not being procured and distributed by the project. These issues make the orphaned children to feel very unhappy with the project and the project staff.



The issue of inconsistent and at times unreliable services for the orphaned children by the project featured among some of the matters that make the orphaned children unhappy. Majority of the orphaned children reported that at times the Projects take too long to provide them with some of the critical services and materials that they are entitled to, and that in some cases they donor the services and materials that the project staff had promised them. The unreliable nature of services and educational support including support for learning materials like uniforms, sanitary pads for girls and other related learning materials badly affects the learning of these orphaned children. A 15 year old double orphaned girl in class six reported that for girls who have started experiencing monthly periods and those who have no one to support, they experience the pain of shame and humiliation when they cannot have sanitary pads when they are experiencing their periods, *“you really get worried and cannot socialize and even pay attention is school when it (monthly flows) comes and you have no sanitary pads”*.

Most of the orphaned children said that they have had rumours circulating in their villages that some of the support materials that the project buy for them are given to orphaned children or relatives of some staff working in the project, make them to be unhappy. Whereas the orphaned children said they have no means of verifying some of these rumours, the fact that they take too long before they get support from the project, in spite of the assurances that their needs are being taken care of, make them to believe some of these rumours. In cases where the materials are procured, a number of the orphaned children said that these materials reach them too late when some of them have despaired, or in some cases, what they really need is not being procured and distributed by the project. These issues make the orphaned children to feel very unhappy with the project and the project staff.

While the children had been promised by the project that they will be regularly visited by the social workers and home visitors at school and in their homes to enable the project know their situation and the challenges they face, the children reported that the home visitors and social workers rarely visit them and doubted if some of the social workers and home visitors really knew them and their situation well. Due to the erratic and infrequent home and school visiting, the children said that the project and the project staff are not in constant touch with them and this may explain, in their views why it took long for their needs to be addressed by the project, or why the project gave them materials that they did not really need at the time of distribution.

### ***5.5.Children’s Experiences with Isolation***

The children said that if they were visited frequently they would be in a position to share some of the challenges that they meet daily in their homes and in school, and that this would make the project to know their needs and thereby get timely support and intervention from the project and the project staff. Some of the children reported that they don’t know who should be visiting them and that they don’t know some of the home visitors who should be supporting them when in need. For children without adequate care giving support at home, due in part to the fact they are being cared for by aging grandparents or by ailing parents or caregivers, they have no trusted adult person to turn to for support and even advice when in need.

### **5.6. Lived Experiences with Corrupting Orientations**

The issue of inconsistent and at times unreliable services for the children by the project featured among some of the matters that make the orphaned children unhappy. Majority of the children reported that the Projects take too long to provide them with some of the critical services and materials like uniforms and sanitary pads. They reported that unreliable nature of support for learning materials like uniforms, sanitary pads for girls and school levies affects their learning as they are frequently sent away from school, while the other children continue with learning.

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## **6. Brief Discussion and Conclusion**

The purpose of this study was to explore the lived experiences of orphaned children with dehumanization and emotional abuse and maltreatment in orphan support projects. A key finding in this formative study is that orphaned children perceive these projects as rejecting, ignoring, terrorizing/threatening, isolating, corrupting and exploiting. These findings confirm the presence of O’ Hagan’s (1993) six types of emotional abuse, namely rejecting, isolating, ignoring , terrorizing/threatening, corrupting, and exploiting in orphan support projects. Since the study used a small sample of orphaned children, it is strongly recommended a compressive survey tool should be developed using these six types of emotional abuse and administered in large sample surveys in community based orphan support projects.

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