EFFECTS OF CHILD ABUSE ON THE MENTAL HEALTH OF CHILDREN IN KAMUDA SUB-COUNTY, SOROTI DISTRICT.

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UGANDA CHRISTIAN UNIVERSITY

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DECLARATION

I **OPIO JULIUS** hereby declare that this research is my original work and has not been submitted for any academic award in any institution of higher learning.

Sign: .....

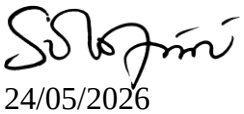
Date: ..2nd/06/2026.....

APPROVAL

This is to certify that this research was written under my supervision.

Supervisor

Solomon Mwije



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CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter include the background to the study, problem statement, research purpose, objectives, research questions, scope, justification, significance, conceptual framework and operational definitions. The study aims to examine the effects of child abuse on the mental health of children in Kamuda Sub county, Soroti District.

1.1 Background to the study

Child abuse is a global human rights and public health concern that affects millions of children every year. According to the World Health Organization (WHO, 2023), child abuse includes physical, emotional and sexual abuse as well as neglect and it has long term effects on children's mental health and well being. Children who experience abuse are more likely to suffer from depression, anxiety, post traumatic stress disorder and behavioral problems later in life. These mental health challenges can affect their school performance, relationships and ability to function normally in society (UNICEF, 2022).

Globally, studies show that children who grow up in abusive environments often struggle with low self esteem, fear, anger and emotional instability. Exposure to violence and neglect disrupts normal brain development and emotional regulation increasing the risk of mental illness during childhood and adulthood (WHO, 2023).

Many abused children also experience social isolation and stigma which further worsens their mental health outcomes.

In Africa, child abuse is influenced by factors such as poverty, harmful cultural practices, family conflict and weak child protection systems. Research conducted in countries such as Kenya, Tanzania and Uganda indicates that physical punishment, emotional neglect and child labor are common forms of abuse that negatively affect children's psychological well being (Kisakye et al., 2021). In many communities, abuse is normalized as a form of discipline making it difficult to identify and address its harmful mental health effects.

In Uganda, child abuse remains a serious concern despite the existence of child protection laws and policies. The Uganda Demographic and Health Survey (UDHS, 2022) reports that a significant number of children experience physical and emotional violence before the age of 18. In rural districts like Soroti, factors such as poverty, alcohol abuse, domestic violence and limited access to mental health services increase children's vulnerability to abuse. Reports from community development offices in Soroti District indicate rising cases of child neglect, physical abuse and defilement many of which are linked to family stress and poor parenting practices (Soroti District Local Government, 2023).

1.2 Problem statement

Ideally, children are expected to grow up in safe, caring and supportive environments that promote their mental and emotional well being. Parents, caregivers and communities are responsible for protecting children from harm and ensuring their

healthy development. However, this ideal situation is not always realized in Kamuda Sub county.

In reality, many children in Kamuda Sub county are exposed to various forms of abuse including physical punishment, emotional abuse, neglect and sexual violence. Poverty, family conflicts, alcohol abuse and weak child protection mechanisms have contributed to the persistence of child abuse in the area. As a result, many children suffer silently from fear, sadness, anxiety and trauma which affect their mental health and daily functioning. Even though Uganda has laws such as the Children Act (2016) and policies aimed at protecting children's rights, enforcement at the community level remains weak (MGLSD, 2021). There is limited documented research specifically examining how child abuse affects the mental health of children in Kamuda Sub county. This study therefore seeks to fill this gap by examining the effects of child abuse on children's mental health in the area.

1.3 Research purpose

The main purpose of this study was to examine the effects of child abuse on the mental health of children aged 5 to 17 years in Kamuda Sub county, Soroti District.

1.4 Specific objectives

1. To identify the common forms of child abuse experienced by children in Kamuda Sub county.
2. To examine the effects of child abuse on the mental health of children in Kamuda Sub county.

3. To explore community and family factors that contributed to child abuse in Kamuda Sub county.

1.5 Research questions

1. What forms of child abuse are commonly experienced by children in Kamuda Sub county?
2. How does child abuse affect the mental health of children in Kamuda Sub county?
3. What family and community factors contributed to child abuse in Kamuda Sub county?

1.6 Scope of the study

1.6.1 Content scope

The study focused on child abuse and its effects on children's mental health. It examined forms of abuse such as physical abuse, emotional abuse, sexual abuse and neglect as well as mental health outcomes including anxiety, depression, trauma and behavioral problems among children.

1.6.2 Time scope

The study reviewied literature from 2015 to 2024 to capture recent studies and developments related to child abuse and children's mental health at both national and global levels.

1.6.3 Geographical scope

The study was carrried out in Kamuda Sub county, Soroti District located in Eastern Uganda. The area is predominantly rural with most residents depending on subsistence farming. Kamuda Sub county has been selected due to reported cases of child abuse and limited access to mental health services for children (Soroti District Community Development Report, 2023).

1.7 Justification of the study

This study is important because child abuse has serious and long lasting effects on children's mental health. Research has shown that abused children are at a higher risk of developing mental health disorders and emotional difficulties that can persist into adulthood (WHO, 2023; UNICEF, 2022). By focusing on Kamuda Sub county, this study will provide specific information on how child abuse affects children's mental well being in a rural Ugandan communities.

The findings of this study will contribute to existing knowledge by highlighting the link between child abuse and mental health among children in Soroti District. The results will help inform the design of community based interventions, counseling services and child protection programs aimed at improving children's mental health. The study will also guide future researchers interested in child welfare and mental health in similar communities.

1.8 Significance of the study

To researchers and academicians, the study will add to existing literature on child abuse and mental health and provide a foundation for further academic research.

To the community, the study will raise awareness about the harmful effects of child abuse on children's mental health and encourage positive parenting practices.

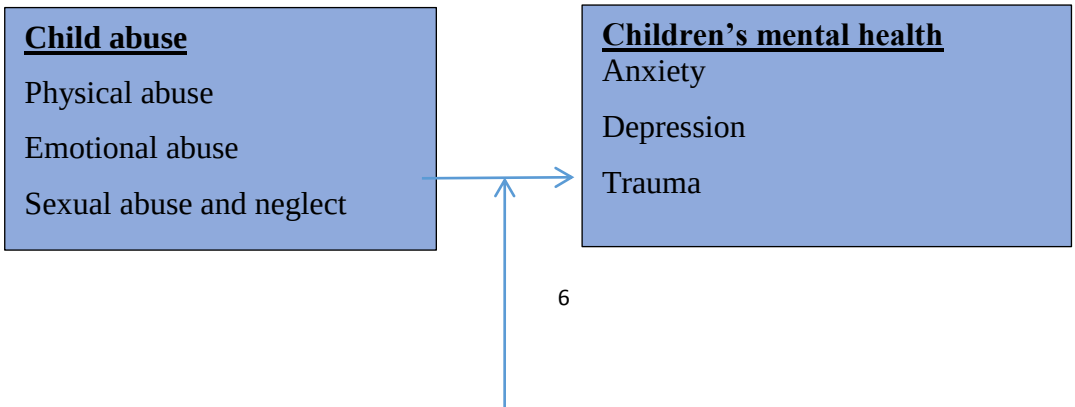
To social workers and practitioners, the findings will provide useful information for designing counseling, psychosocial support and child protection interventions.

To policy makers, the study will support government institutions and NGOs in strengthening child protection policies and improving mental health services for children.

1.9 Conceptual framework

The conceptual framework illustrated the relationship between child abuse and children's mental health. Child abuse in the form of physical, emotional, sexual abuse and neglect negatively affects children's mental well being leading to outcomes such as anxiety, depression and trauma. This relationship is influenced by moderating factors such as family support, community awareness, government policies and availability of mental health services which can either reduce or worsen the effects of abuse.

INDEPENDENT VARIABLE **DEPENDENT VARIABLES**



MODERATING VARIABLES

Family support
Community awareness
Government policies
Presence of mental health services

1.10 Operational definitions

Child abuse refers to any act of physical, emotional, sexual harm or neglect inflicted on a child by a parent, caregiver or any other person.

Mental health refers to a child's emotional, psychological and social well being including their ability to cope with stress and function normally.

Physical abuse refers to the intentional use of physical force that causes injury or harm to a child.

Emotional abuse refers to behaviors that harm a child's self worth or emotional well being such as insults, threats or rejection.

Neglect refers to the failure of parents or caregivers to provide basic needs such as food, shelter, education and emotional care.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews existing literature related to the effects of child abuse on the mental health of children. The review is based on information from books, journal articles, reports and previous studies conducted globally, in Africa and in Uganda.

2.1 Theoretical framework

Attachment theory by John Bowlby (1988)

Attachment theory explains that children need warm, stable and loving relationships with caregivers to develop emotional security and good mental health. According to Bowlby (1988), when children experience abuse or neglect from their caregivers, secure attachment is disrupted leading to emotional insecurity, fear and psychological distress. Abused children often develop feelings of worthlessness, mistrust and anxiety because the people meant to protect them become a source of harm. Studies show that insecure attachment resulting from abuse is strongly linked to depression, anxiety and behavioral disorders in childhood and later life (Bretherton, 2019). This theory helps to understand how family and community factors in places like Kamuda Sub county contribute to child abuse and poor mental health outcomes among children.

2.2 Empirical evidence

Globally, research has consistently shown that child abuse has severe effects on children's mental health. The World Health Organization (WHO, 2023) reports that children who experience physical, emotional or sexual abuse are at higher risk of developing depression, anxiety disorders, post traumatic stress disorder and suicidal thoughts. A study conducted in the United States by Gilbert et al. (2020) found that abused children showed higher levels of emotional distress, aggression and poor social functioning compared to non abused children.

In Africa, several studies confirm the strong link between child abuse and poor mental health. A study in Kenya by Mwangi et al. (2021) revealed that children exposed to physical punishment and emotional abuse experienced fear, low self esteem and persistent sadness. Similarly, research in Tanzania found that abused children were more likely to show signs of trauma, withdrawal and learning difficulties (Masanja et al., 2020).

In Uganda, evidence shows that child abuse remains a major mental health concern. According to the Uganda Demographic and Health Survey (UDHS, 2022), many children experience violence at home, school and in the community. A study by Kisakye et al. (2021) found that children exposed to violence in Uganda had higher rates of depression, anxiety and behavioral problems. Reports from Child and Family Protection Units also indicate that abused children often present with emotional trauma, fear and sleep disturbances yet access to mental health services remains limited (MGLSD, 2021).

2.3 Common forms of child abuse experienced by children

Globally, physical abuse, emotional abuse, sexual abuse and neglect are the most common forms (WHO, 2023). Physical abuse includes beating, burning or inflicting physical harm on a child often justified as discipline. Emotional abuse involves verbal insults, threats, rejection and humiliation which damage a child's self esteem and emotional stability.

In many African communities, physical punishment is widely accepted as a disciplinary method. However, studies show that harsh physical punishment often crosses into abuse and has negative psychological effects on children (UNICEF, 2022). Neglect is also common especially in poor households where parents fail to provide basic needs such as food, shelter, education and emotional support. Sexual abuse including defilement and exploitation remains a serious concern particularly for girls and often leads to severe psychological trauma.

In Uganda, child abuse is reported both in homes and communities. According to MGLSD (2021), physical abuse and neglect are the most commonly reported cases followed by sexual abuse. In rural areas like Soroti District, poverty, alcohol abuse and domestic violence increase the likelihood of child abuse. Community reports indicate that many cases go unreported due to fear, stigma and cultural silence leaving children to suffer mental health effects without support (Soroti District Local Government, 2023).

2.4 Effects of child abuse on children's mental health

Abused children often experience fear, sadness, anger and confusion which interfere with their emotional development. According to WHO (2023), exposure to abuse

increases the risk of depression, anxiety disorders and post traumatic stress disorder. These children may also experience nightmares, difficulty concentrating and emotional numbness.

In Uganda, studies show that abused children frequently display behavioral problems such as aggression, withdrawal and poor school performance. Kisakye et al. (2021) found that children exposed to violence were more likely to suffer from low self esteem and emotional instability. Sexual abuse has been found to have particularly severe mental health consequences including shame, guilt and long term trauma. Many abused children also struggle with trust and forming healthy relationships later in life (UNICEF, 2022).

When mental health problems are not addressed early, they can continue into adolescence and adulthood. Kyomuhendo (2020) notes that untreated childhood trauma increases the risk of substance abuse, risky behaviors and mental illness in later life.

2.5 Family and community factors contributing to child abuse

Family related factors play a major role in child abuse. Globally, poverty, parental stress, alcohol abuse and domestic violence are strongly associated with increased child abuse (WHO, 2023). Parents experiencing financial hardship may become frustrated and emotionally unavailable increasing the risk of neglect and harsh punishment.

In Uganda, studies show that alcohol abuse among parents significantly increases cases of physical and emotional abuse. MGLSD (2021) reports that many child abuse cases occur in households affected by alcohol misuse and domestic conflict. Low

levels of education and lack of parenting skills also contribute to abusive practices. Parents who experienced abuse during their own childhood are more likely to repeat similar behaviors (Kyomuhendo, 2020).

Community factors such as harmful cultural beliefs, weak law enforcement and limited access to child protection services also contribute to child abuse. In rural areas like Kamuda Sub county, limited awareness about children's rights and mental health leads to acceptance of abusive practices. Poverty and lack of mental health services further worsen the situation leaving abused children without proper support (Soroti District Community Development Report, 2023).

2.6 Literature gap

Although several studies have examined child abuse and its effects on children, there is limited research focusing specifically on how child abuse affects the mental health of children in rural communities in Eastern Uganda. Many studies in Uganda focus on prevalence of abuse or general child protection issues without deeply exploring the mental health outcomes of abused children at community level (WHO, 2023; Kisakye et al., 2021). In particular, there is limited documented evidence on the mental health experiences of abused children in Kamuda Sub county, Soroti District. This study therefore sought to fill this gap by examining the effects of child abuse on the mental health of children in the area provide evidence to inform interventions, policy and practice.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter describes the methods that guided this study. It include the research design, study approach, area of study, study population, sample size and sampling techniques, data collection methods and instruments, data quality control measures, data processing and analysis, ethical considerations and methodology constraints.

3.1 Research design

The study adopted a descriptive survey research design. According to Jain (2023), a research design refers to the overall plan that guides how data are collected, measured and analyzed in a study. The descriptive survey design was appropriate because it allowed the researcher to collect detailed information about the nature of child abuse and its effects on children's mental health as they occur in the community. This design enabled the researcher to describe existing conditions, experiences and perceptions of children and caregivers in Kamuda Sub county without manipulating any variables.

3.2 Study approach

The study used a mixed methods approach combining both quantitative and qualitative approaches. The quantitative approach helped to measure the prevalence of different forms of child abuse and common mental health problems such as anxiety, depression and behavioral difficulties among children. Quantitative data captured background characteristics such as age, sex and schooling status. The qualitative approach provided an in depth understanding of children's lived experiences of abuse and its psychological effects. According to Creswell and Creswell (2018), combining quantitative and qualitative approaches allowed for triangulation which improved the credibility and completeness of the study findings.

3.3 Area of study

The study was carried out in Kamuda Sub county, Soroti District located in Eastern Uganda. Soroti District is largely rural with most residents depending on subsistence farming and small scale trading for their livelihoods. Kamuda Sub county was been selected because of reported cases of child abuse, domestic violence and limited access to child mental health services (Soroti District Local Government, 2023).

3.4 Study population

The study population included children aged 5 to 17 years who have experienced different forms of abuse as well as parents or guardians of these children. Community

leaders, social workers and child protection officers was also included to provide professional and community level perspectives on child abuse and children's mental health. According to records from the Community Development Office (Kamuda District Local Government, 2024), approximately 100 households in the selected parishes have reported cases related to child abuse. Therefore, the estimated target population for the study is 100 respondents.

3.5 Sample size and sample determination

Using Krejcie and Morgan's (1970) sample size determination table at a 95% confidence level and 5% margin of error, a population of 100 requires a sample size of 80 respondents.

Table for Determining Sample Size of a Known Population

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	1000000	384

Note: N is Population Size; S is Sample Size *Source: Krejcie & Morgan, 1970*

3.6 Sampling techniques

The study employed purposive and simple random sampling techniques. Purposive sampling was used to select children who have experienced abuse and adults who are knowledgeable about child protection issues such as social workers and local leaders. This technique ensured that participants with relevant information are included in the study. Simple random sampling was used where possible when selecting children from identified households to reduce selection bias and enhance fairness in participant selection (Etikan et al., 2016).

3.7 Data collection methods

Data was collected using questionnaires and interviews. Questionnaires was used to collect quantitative data from children and caregivers regarding forms of abuse and mental health experiences. Interviews was used to collect qualitative data from selected children, parents, social workers and community leaders. According to Purl (2024), interviews allowed participants to freely express their experiences, feelings and perceptions making them suitable for exploring sensitive issues such as child abuse and mental health.

3.8 Data collection instruments

Data were collected using questionnaires and interviews

Questionnaires were used to collect quantitative data from children and caregivers concerning the forms of abuse and mental health experiences. The questionnaire

contained closed ended questions using a Likert scale table to measure participants' agreement with statements about child abuse and mental health.

Interviews were used to collect qualitative data from selected children, parents, social workers and community leaders. According to Purl (2024), interviews allow participants to freely express their experiences, feelings and perceptions which make it suitable for exploring sensitive issues such as child abuse and mental health.

3.9 Data quality control measures

The study ensured data quality through validity and reliability measures.

Validity refers to the extent to which the instruments accurately measure what they are intended to measure (Drost, 2011). To enhance validity, the research instruments was reviewed by the supervisor and pre tested in a nearby community.

Reliability refers to the consistency of results when measurements are repeated under similar conditions (Baingan & Watson, 2009). To ensure reliability, the questionnaire was administered consistently to all respondents with the same instructions and question order. Triangulation was applied by using diferent data sources such as children, parents, social workers, community leaders, health workers and methods to improve the trustworthiness of the findings.

For qualitative data, credibility, dependability and confirmability were ensured through careful documentation and consistent interpretation of responses (Lincoln & Guba, 1985). The researcher maintained a detailed research journal, recorded interviews with permission and transcribed the responses.

3.10 Data processing and analysis

Quantitative data was edited, coded and entered into a computer for analysis. Descriptive statistics such as frequencies and percentages was used to summarize forms of child abuse and mental health outcomes among children. The results was presented in tables and narratives for easy interpretation. Qualitative data from interviews was transcribed, organized and analyzed thematically. According to Braun and Clarke (2006), thematic analysis involves familiarization with the data, coding, identifying patterns and developing themes that relate to the study objectives.

3.11 Ethical considerations

The study adhered to ethical principles such as informed consent, confidentiality and protection of participants. Ethical approval was obtained from the School of Social Sciences at Uganda Christian University and permission was sought from Soroti District authorities. Parents and guardians provided consent for their children to participate and assent was obtained from the children themselves. Participants was informed about the purpose of the study and assured that their information would be kept confidential. Names and personal identifiers was not recorded and all information was used strictly for academic purposes.

3.12 Methodoly constraints

The study may faced challenges such as reluctance of participants to discuss sensitive issues related to child abuse, language barriers and limited time and financial resources.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

This chapter presents the findings from the field. The research was carried out to identify the common forms of child abuse experienced by children, to examine the effects of child abuse on the mental health of children and to explore community and family factors that contribute to child abuse in Kamuda Sub county, Soroti District.

4.1 Rate of response

The rate of response was good. Out of 80 questionnaires distributed, 78 were completed and returned and all the 7 key informants who were scheduled for interviews participated.

4.2 Background characteristics of respondents

Age of respondents

Age group	Frequency	Percentage
5-9 years	6	7.7%
10-13 years	12	15.4%
14-17 years	14	17.9%
18-25 years	18	23.1%
26 years and above	28	35.9%
Total	78	100%

The results show that majority of respondents (35.9%) were between the ages of 26 years and above, followed by 23.1% between the ages 18-25 years, 17.9% were between 14-17 years, 15.4% between 10-13 years and 7.7% between 5-9 years. This indicates that most respondents were mature enough to understand the issues related to child abuse and give give reliable information based on their experiences and observations. The children who participated ensured the perspectives of children who have experienced abuse were recorded.

Sex of respondents

Sex	**Frequency**	**Percentage**
Male	29	37.2%
Female	49	62.8%
Total	78	100%

The results in show that majority of respondents were female (62.8%), males were 37.2%. This shows that females were more involved in child care and family matters and were more available to give information regarding child abuse and children's well being.

Level of education

Level of education	**Frequency**	**Percentage**
None	8	17.0%
Primary	19	40.4%
Secondary	12	25.5%

Tertiary	8	17.0%
Total	47	100%

NB, education level was not assessed for children under 18 years

The findings show that among adult respondents, most of them had primary education (40.4%) followed by secondary education (25.5%), 17.0% had no formal education and 17.0% had tertiary education. This shows that even though most adults had some level of education, (17.0%) had never attended school which may affect their awareness of child rights, positive parenting practices and available support services.

4.3 Common forms of child abuse experienced by children in Kamuda sub county

Statement	**Agree**	**Neutral**	**Disagree**
Children are often beaten or physically punished at home	89.7%	5.1%	5.2%
Children are abused verbally through insults or threats	83.3%	7.7%	9.0%
Some children are neglected and lack basic needs	87.2%	6.4%	6.4%
Sexual abuse of children happens in this community	52.6%	20.5%	26.9%
Child abuse is sometimes accepted as discipline	79.5%	10.3%	10.2%
Many cases of child abuse go	91.0%	5.1%	3.9%

unreported			

NB. Agree combined Strongly agree and Agree, Disagree combined Strongly disagree and Disagree

The results show that physical abuse was the most commonly reported form of child abuse with 89.7% of respondents agreeing that children are often beaten or physically punished at home. This finding is consistent with the high rates of physical punishment reported in UDHS (2022). One parent explained during the interview ….." In our culture, beating a child is how we discipline them. If you do not beat a child, they will become stubborn and disrespectful. Many parents here do not know that beating too hard can harm the child." ……..KII-O2-2026

87.2% of respondents agreed that some children are neglected and lack basic needs such as food, clothing, shelter and medical care. A community leader said, ……"I have seen children who go to school without eating anything, wearing torn clothes and sleeping on empty stomachs. Some parents drink alcohol and spend all their money on drinking while forgetting about their children."…..KII-03-2026

83.3% of respondents agreed that children are abused verbally through insults, threats, rejection and humiliation. A social worker explained that "Emotional abuse is very common but often overlooked because it leaves no physical marks. Children are called by names like stupid, worthless and told they will never succeed in life which destroys their self esteem and makes them feel rejected." ……KII-01-2026

Sexual abuse reported by 52.6% was acknowledged as a serious problem in the community. The lower reporting rate may reflect the sensitive nature of this form of abuse and the reluctance of community members to discuss it openly. A health worker said, ….. "sexual abuse happens especially to girls but many cases are not reported

because families fear shame. Some families settled the issue privately without involving police and other authorities." …….KII-05-2026

The findings also showed that 79.5% of respondents agreed that child abuse is sometimes accepted as discipline in the community which reflects cultural norms that normalize physical punishment. Most concerning, 91.0% of respondents agreed that many cases of child abuse go unreported. A community leader said, "People do not report child abuse because they fear and think it is a family matter that should be handled at home. Some do not know where to report, others fear that reporting will make things worse for the child." ……. KII-04-2026

4.4 Effects of child abuse on children's mental health in Kamuda sub county

Statement	Agree	Neutral	Disagree
Abused children often feel sad or depressed	92.3%	5.1%	2.6%
Child abuse causes fear and anxiety in children	89.7%	6.4%	3.9%
Abused children show aggressive behavior	84.6%	9.0%	6.4%
Child abuse affects childrens school performance	88.5%	6.4%	5.1%
Abused children have difficulty trusting others	85.9%	7.7%	6.4%
Child abuse causes emotional trauma in children	91.0%	5.1%	3.9%

The finding show overwhelming agreement that child abuse negatively affects children's mental health. 92.3% reported depression with respondents emphasizing that abused children often appear persistently sad, withdrawn and hopeless. A social worker explained that ….. “When I visit homes, I see children who have lost their spark. They sit quietly, do not play with other children and look sad all the time. Some have given up on life and believe they are worthless.” ……. KII-01-2026

Emotional trauma was reported by 91.0% of respondents. A health worker said, ….. “The trauma from abuse stays with children for a long time. They have nightmares, can not sleep and are always afraid. Some have flashbacks where they relive the abuse.” …… KII-05-2026

Fear and anxiety were reported by 89.7% of respondents. A child respondent explained ……..“I am always afraid when my father comes home drunk. I hide in my room and pray he does not come to beat me. Even when am at school, I worry about what will happen when I go home. I can not concentrate in class because I am always thinking about the beatings.” ……. R-07-2026

88.5% of respondents reported poor school performance. A teacher who participated as a community leader explained that ……. “Abuse children often perform poorly in school. They can not concentrate, miss school frequently and are too tired to learn because they do not sleep well at night, some are too hungry to focus because they have not eaten.” …… KII-03-2026

85.9% of respondents reported difficulty in trusting others. A social worker explaine that…… “Abused children learn that the people who should love and protect them are dangerous. They have difficulty trusting others, teachers, friends and even social

workers who try to help them. They build walls around themselves to avoid getting hurt again.” …… KII-01-2026

84.6% of respondents reported aggressive behavior. A parent explained that …… “Some abused children become aggressive. They fight with other children, break things and talk back to adults. They are hungry about what happened to them and they act out of that anger towards others.” ……. KII-02.2026

A health worker also explained that ……. “Child abuse affects every part of a child's life, their emotions, behavior, relationships, their school work. The mental health effects are long lasting and without help, these children grow into adults who struggle with depression, anxiety and difficulty in forming a healthy relationships. Some turn to alcohol and drugs to cope with the pain.” ……. KII-05-2026

4.5 Family and community factors contributing to child abuse in Kamuda sub county

Statement	Agree	Neutral	Disagree
Poverty increases child abuse in this community	88.5%	6.4%	5.1%
Alcohol abuse by parents leads to child abuse	91.0%	5.1%	3.9%
Domestic violence contributes to child abuse	85.9%	7.7%	6.4%
Lack of parenting skills leads to abuse	82.1%	10.3%	7.6%
Weak law enforcement encourages child abuse	79.5%	11.5%	9.0%

Limited child protection services worsen the problem	84.6%	9.0%	6.4%

Findings identify different factors that contribute to child abuse in Kamuda Sub county. Alcohol abuse by parents was reported as the leading factor with 91.0% of respondents agreeing that it leads to child abuse. A community leader explained that …… "When parents drink, they become violent and lose control. They beat children for small mistakes. Some spend all their money on alcohol leaving children and without school fees. Alcohol is destroying many families." …… KII-04-2026

88.5% of respondents reported poverty as a contributing factor. A parent explained that…… "Life is very hard here. We struggle to get food and pay school fees. When I am stressed about money I get angry easily and sometimes take it out on my children. I know it is wrong but I do not know how to manage my stress." …… KII-02-2026

85.9% of respondents reported domestic violence. A social worker said, ……. "In homes where parents fight and beat each other, children are also more likely to be beaten. They learn that violence is normal. Some children get injured when trying to stop their parents from fighting."……. KII-01-2026

84.6% reported limited child protection services. A health worker explaine…….. "There are no social workers and counselors in this area. If a child is abused, there is no where to go for help. The police station is far and many people do not know where to report cases of abuse."……. KII-05-2026

82.1% of respondents reported lack of parenting skills. A community leader explained that …… "Many parents here were beaten when they are children, so they think beating is the only way to discipline children." …….. KII-03-2026

79.5% of respondents reported weak law enforcement. A social worker explained that…… “Even when people report abuse, the police may not take action especially if the abuser is a family member or a big person with influence in the community. There are no consequences so people continue to abuse children.”……. KII-01-2026

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.0 Introduction

This chapter discusses the findings in relation to the literature reviewed in chapter two.

5.1 Common forms of child abuse in Kamuda sub county

The first objective of the study sought to identify the common forms of child abuse experienced by children in Kamuda Sub county.

The findings from this study showed that physical abuse 89.7%, neglect 87.2% and emotional abuse 83.3%) were the most common forms of child abuse reported. These findings are supported by WHO (2023) which reports that physical abuse and neglect are the most common forms of child abuse globally. Similarly, UDHS (2022) found that physical violence (42%) and emotional violence (35%) are common among Ugandan children.

The high prevalence of physical abuse in Kamuda Sub county 89.7% is higher than the national average reported by UDHS (2022). This difference may be explained by the rural location of the study area where poverty is more severe and cultural norms that accept physical punishment may be stronger. In many rural Ugandan communities, physical punishment is deeply embedded in child rearing practices and is frequently used as the primary disciplinary method (Kisakye et al., 2021).

The finding that neglect 87.2% is highly common is consistent with the studies by Kyomuhendo (2020) who found that neglect is common in poor, rural Ugandan households where parents struggle to meet basic needs. In Kamuda Sub county, where most families depend on subsistence farming, food insecurity and lack of resources

for school fees, clothing and medical care contribute to neglect. The Soroti District Community Development Report (2023) reported that neglect is a major child protection concern in the district.

Emotional abuse 83.3% was also highly reported in this study. This finding is consistent with Mwangi et al. (2021) in Kenya who found that emotional abuse is common and often under reported because it leaves no physical marks. In Kamuda Sub county, respondents reported that children are frequently called names, threatened and told they are worthless. This form of abuse damages children's self-esteem and emotional well being although it is often not recognized as abuse by community members who view it as normal discipline.

Sexual abuse 52.6% was less commonly reported in this study compared to other forms of abuse. This finding aligns with the pattern in Ugandan national statistics where sexual abuse is under reported beause of stigma, fear and cultural silence (MGLSD, 2021). The UDHS (2022) found that while 42% of children experience physical violence, only 5% of reported child protection cases involve sexual abuse which suggest a significant under reporting. In Kamuda Sub county, respondents acknowledged that sexual abuse occurs but explained that many cases go unreported because families fear shame and prefer to settle matters privately. This finding is consistent with research by Kisakye et al. (2021) who found that sexual abuse is highly under reported in rural Ugandan communities.

The finding that 91.0% of respondents agreed that many cases of child abuse go unreported is a critical finding of this study. This aligns with global literature showing that child abuse is significantly under reported because of fear of retaliation, shame, lack of awareness about reporting mechanisms and cultural norms that treat child abuse as a private family matter (UNICEF, 2022). In Kamuda Sub county,

respondents noted lack of knowledge about where to report, fear of perpetrators and belief that family matters should be resolved at home.

The finding that 79.5% of respondents agreed that child abuse is sometimes accepted as discipline shows the cultural normalization of physical punishment in the community. This finding supports MGLSD (2021) which explained that in many Ugandan communities, physical punishment is seen as necessary for proper child upbringing. This cultural acceptance makes it difficult to prevent child abuse because many parents and community members do not recognize harsh physical punishment as abuse.

5.2 Effects of child abuse on children's mental health

The second objective sought to examine the effects of child abuse on the mental health of children in Kamuda Sub county.

The findings showed that child abuse has negative effects on children's mental health as respondent reprted depression 92.3%, emotional trauma 91.0%, fear and anxiety 89.7%, poor school performance 88.5%, difficulty trusting others 85.9% and aggressive behavior 84.6%. The WHO (2023) reports that childhood abuse increases the risk of depression by 2-3 times compared to non abused children. Gilbert et al. (2020) found that abused children in the United States showed higher levels of emotional distress, sadness and hopelessness. In Uganda, Kisakye et al. (2021) found that 56% of abused children showed signs of depression.

Emotional trauma 91.0% was also highly reported. This aligns with the research by Norman et al. (2019) who found that childhood abuse causes lasting psychological trauma such as nightmares, flashbacks and hyper vigilance. In Kamuda Sub county,

respondents reported that abused children experience persistent fear, difficulty in sleeping and intrusive memories of the abuse. This finding is particularly alarming because untreated trauma in childhood can lead to long term mental health problems in adulthood such as substance abuse, self harm and relationship difficulties (Kyomuhendo, 2020).

Fear and anxiety 89.7% reported by respondents is consistent with Masanja et al. (2020) who found that abused children in Tanzania showed high levels of fear, worry and nervousness. In Kamuda Sub county, children reported living in constant fear of further abuse especially when parents were intoxicated and angry. This chronic anxiety interferes with children's ability to relax, sleep, concentrate, and engage in normal childhood activities.

Poor school performance 88.5% is a well documented consequence of child abuse. Research shows that abused children have difficulty concentrating, miss school frequently and fall behind academically (Masanja et al., 2020).

Difficulty trusting others 85.9% is consistent with Attachment Theory (Bowlby, 1988) which explains that abusive experiences disrupt children's ability to form secure attachments and trust caregivers. When the people who should love and protect children become sources of harm, children learn that relationships are dangerous. This finding is supported by Bretherton (2019) who found that abused children often develop mistrust and difficulty in forming healthy relationships later in life. In Kamuda Sub county, social workers reported that abused children are often reluctant to accept help because they fear being hurt again.

Aggressive behavior 84.6% was reported as a common effect of child abuse. This finding aligns with research showing that abused children may externalize their distress through aggression, fighting and destructive behavior (Kisakye et al., 2021).

In Kamuda Sub county, respondents explained that some abused children act out their anger and frustration on peers, siblings and even adults. This aggression often leads to further punishment and social rejection which worsen the child's situation.

5.3 Family and community factors contributing to child abuse

Objective three sought to explore community and family factors that contribute to child abuse in Kamuda Sub county.

The findings identified alcohol abuse by parents 91.0%, poverty 88.5%, domestic violence 85.9%, limited child protection services 84.6%, lack of parenting skills 82.1% and weak law enforcement 79.5% as the major contributing factors. These findings are supported by WHO (2023) which estimates that 30-50% of child abuse cases involve alcohol or substance use by the perpetrator. In Uganda, MGLSD (2021) reports that alcohol abuse is a major contributor to child neglect and physical abuse. In Kamuda Sub county, respondents reported that intoxicated parents become violent, neglect their children's needs and spend household money on alcohol instead of food and school fees. This finding aligns with the Soroti District Community Development Report (2023) which reported that many child abuse cases in the district are linked to parental alcohol abuse.

Poverty 88.5% as a major contributor is supported by global research showing that children from low income families are 3-5 times more likely to experience abuse (Norman et al., 2019). In Uganda, Kyomuhendo (2020) found that poverty increases parental stress which can lead to frustration and harsh discipline. In Kamuda Sub county where most families depend on subsistence farming, respondents reported that financial stress makes parents irritable and more likely to use physical punishment.

Domestic violence 85.9% is consistent with Gilbert et al. (2020) who found that children who witness domestic violence are at increased risk of being abused themselves. In Kamuda Sub county, respondents reported that homes with domestic violence often involve children being caught in the crossfire or being abused by the same perpetrator. Children may also be injured when trying to intervene in adult fights.

Limited child protection services 84.6% reflects the reality of rural Uganda where social services are mostly underfunded and understaffed. MGLSD (2021) acknowledges that child protection services in rural areas are inadequate with too few social workers to serve large populations. In Soroti District, there are only a handful of social workers assigned to cover different sub counties which makes it impossible to identify and respond to all child abuse cases.

Lack of parenting skills 82.1% is consistent with research showing that parents who lack knowledge about child development and positive discipline are more likely to use harsh punishment (Kisakye et al., 2021). In Kamuda Sub county, respondents reported that many parents do not know alternatives to physical punishment. Parents who were beaten as children often repeat the same patterns with their own children. This inter generational transmission of abuse is documented in (Kyomuhendo, 2020) and was confirmed by respondents in this study.

Weak law enforcement 79.5% as a factor contributing to child abuse is supported by MGLSD (2021) which explains that enforcement of child protection laws in Uganda is weak especially in rural areas. In Kamuda Sub county, respondents reported that even when child abuse is reported, perpetrators often face no consequences because of lack of evidence, corruption and reluctance to arrest family members and neighbors.

CHAPTER SIX

SUMMARY, CONCLUSION AAND RECOMMENDATIONS

6.1 Summary

6.1.1 Common forms of child abuse in Kamuda sub county

The study found that physical abuse 89.7% was the most common form of child abuse in Kamuda Sub county, followed by neglect 87.2%, emotional abuse 83.3% and sexual abuse 52.6%. 79.5% agreed that child abuse is sometimes accepted as discipline in the community which reflects cultural norms that normalize physical punishment. 91.0% of respondents agreed that many cases of child abuse go unreported which indicate that official statistics likely underestimate the true prevalence of abuse.

6.1.2 Effects of child abuse on children's mental health

The most commonly reported effects were depression 92.3%, emotional trauma 91.0%, fear and anxiety 89.7%, poor school performance 88.5%, difficulty trusting others 85.9% and aggressive behavior 84.6%. These findings indicate that abused children in Kamuda Sub county experience different overlapping mental health problems that affect their emotional well being, behavior, relationships and academic performance.

6.1.3 Family and community factors contributing to child abuse

The study identified different factors that contributes to child abuse in Kamuda Sub county. Alcohol abuse by parents 91.0%, poverty 88.5%, domestic violence 85.9%, limited child protection services 84.6%, lack of parenting skills 82.1% and weak law enforcement 79.5%. These factors creates an environment where child abuse is common, normalized and un addressed.

6.2 Conclusion

The study concludes that child abuse is highly common in Kamuda Sub county with physical abuse, neglect and emotional abuse being the most common forms. The cultural acceptance of physical punishment as discipline and the high rate of under reporting mean that many children suffer in silence.

Abused children in Kamuda Sub county experience depression, emotional trauma, anxiety, poor school performance, relationship difficulties and behavioral problems.

Child abuse in Kamuda Sub county is caused by different intersecting factors at the individual, family, community and policy levels. Poverty, alcohol abuse, domestic violence, lack of parenting skills, weak law enforcement and inadequate child protection services all contribute to the problem.

6.3 Recommendations

The government and policy makers should strengthen child protection services in Soroti District and Kamuda Sub county and recruit and deploy more social workers to rural sub counties, establish child protection committees at the village level.

Social workers should conduct community sensitization programs to raise awareness about child abuse, its effects on children's mental health and the importance of reporting abuse.

References

Baingan, M., & Watson, R. (2009). Reliability and validity in quantitative research. Nursing Standard, 23(16), 51-57.

Bhandari, P. (2021). Questionnaire design: Methods, question types and examples. Scribbr.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101.

Bretherton, I. (2019). Attachment theory: Retrospect and prospect. Guilford Press.

Bronfenbrenner, U. (1994). Ecological models of human development. In T. Husen & T. N. Postlethwaite (Eds.), International encyclopedia of education (Vol. 3, 2nd ed., pp. 1643-1647). Elsevier.

Bowlby, J. (1988). A secure base: Parent-child attachment and healthy human development. Basic Books.

Creswell, J. W., & Creswell, J. D. (2018). Research design: Qualitative, quantitative, and mixed methods approaches (5th ed.). SAGE Publications.

Drost, E. A. (2011). Validity and reliability in social science research. Education Research and Perspectives, 38(1), 105-123.

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. American Journal of Theoretical and Applied Statistics, 5(1), 1-4.

Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2020). Burden and consequences of child maltreatment in high-income countries. The Lancet, 373(9657), 68-81.

Jain, A. (2023). Research design: Meaning, types and importance. Research Methodology Journal.

Kisakye, P., Van der Wal, D. M., & Van Reeuwijk, M. (2021). Child abuse and neglect in Uganda: A systematic review. Child Abuse & Neglect, 112, 104897.

Krejcie, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. Educational and Psychological Measurement, 30(3), 607-610.

Kyomuhendo, G. B. (2020). Childhood trauma and psychosocial wellbeing in Uganda. Makerere University Press.

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. SAGE Publications.

Masanja, J., Mkumbo, K., & Msuya, S. (2020). Child abuse and psychological wellbeing of primary school children in Tanzania. Journal of Child & Adolescent Mental Health, 32(2), 89-102.

Ministry of Gender, Labour and Social Development (MGLSD). (2021). National child protection system strengthening strategy. Government of Uganda.

Mwangi, M., Mutiso, V., & Odhiambo, G. (2021). Physical punishment and mental health outcomes among children in Kenya. African Journal of Social Work, 11(3), 45-58.

Purl, J. (2024). Qualitative interviewing techniques in social research. ResearchGate Publications.

Soroti District Local Government. (2023). Community development and child protection annual report. Soroti District.

Soroti District Community Development Office. (2023). Report on child welfare and mental health services in Soroti District. Soroti District.

Uganda Bureau of Statistics (UBOS) & ICF. (2022). Uganda Demographic and Health Survey 2022. UBOS and ICF.

UNICEF. (2022). Violence against children: Global and regional estimates. UNICEF.

World Health Organization. (2023). Child maltreatment: Key facts and prevention strategies. WHO.

QUESTIONAIRE

(For parents and children in Kamuda sub county)

The questionnaire has sections A, B, C and D.

In sections B, C and D, please tick (✓) only one option

SECTION A

Demographic information

Age

☐10-13 years

☐14-17 years

☐18-25 years

☐26 years and above

Sex

☐Male

☐Female

You are

☐Child

☐Parent/Guardian

☐Community leader

☐Social worker

Highest level of education

☐None

☐Primary

☐Secondary

☐Tertiary

SECTION B

To identify the common forms of child abuse experienced by children in Kamuda Sub county.

Statement	**Strongly agree**	**Agree**	**Neutral**	**Disagree**	**Strongly disagree**
Children are often beaten or physically punished at home					
Children are abused verbally through insults or threats					
Some children are neglected and lack basic needs					
Sexual abuse of children happens in this community					
Child abuse is sometimes accepted as discipline					
Many cases of child abuse go unreported					

SECTION C

To examine the effects of child abuse on the mental health of children in Kamuda Sub county.

	Strongly agree	**Agree**	**Neutral**	**Disagree**	**Strongly disagree**
Abused children often feel sad or depressed					
Child abuse causes fear and anxiety in children					
Abused children show aggressive behavior					
Child abuse affects childrens school performance					
Abused children have difficulty trusting others					
Child abuse causes emotional trauma in children					

SECTION D

To explore community and family factors that contribute to child abuse in Kamuda Sub county.

	Strongly agree	**Agree**	**Neutral**	**Disagree**	**Strongly disagree**
Poverty increases child abuse in this community					
Alcohol abuse by parents leads to child abuse					
Domestic violence contributes to child abuse					
Lack of parenting skills leads to abuse					
Weak law enforcement encourages child abuse					
Limited child protection services worsen the problem					

INTERVIEW GUIDE

(for social workers, community leaders and health workers)

SECTION A

Demographic information

1. Age: ……..
2. Position: ……..
3. Years of experience: ……..

SECTION B

To identify the common forms of child abuse experienced by children in Kamuda sub county.

1. What do you understand by child abuse?

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……

……

2. What forms of child abuse are common in this community?

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……

3. Where do most cases of child abuse occur (home, school, community)?

……

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……

4. Why do you think child abuse continues in this community?

……

……

……

5. Are cases of child abuse reported? Why or why not?

……

……

……

SECTION C

To examine the effects of child abuse on the mental health of children in Kamuda sub county.

1. How does child abuse affect children emotionally?

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2. What mental or behavioral changes do abused children show?

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……

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3. How does abuse affect children's schooling and concentration?

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……

……

4. Do abused children show signs of fear, sadness or trauma? Explain.

……

……

……

5. What long-term effects can child abuse have on children's mental health?

……

……

……

SECTION D

To explore community and family factors that contribute to child abuse in Kamuda sub county.

1. What family factors contribute to child abuse in this community?

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……

……

2. How does poverty influence child abuse?

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……

3. What role does alcohol abuse play in child abuse?

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4. How does the community respond to child abuse cases?

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……

……

5. What can be done to reduce child abuse and protect children's mental health?

……

……

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