

# **The Child and the Abusive Context: Preventing Future Human Rights Abuses**

Witchcraft and Human Rights: Past  
Present and Future

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# What I am going to cover...

- Brief synopsis of the research
- Discussion of ongoing analysis
  - The abusive context
  - Disclosure - how children tell
  - What happens when they do?
  - Personal & organisational responses to cases

## Note on Abbreviations:

**CALFB** – Term used by the NWG meaning Child Abuse Linked to Faith or Belief

**CALWorSP** – Term used in my research meaning Child Abuse Linked to Witchcraft or Spirit Possession



# Research Synopsis...

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## **Research Question:**

What is Child Abuse specifically linked to beliefs in Witchcraft or Spirit Possession (CALWorSP) relative to children in the UK context, and how can potential harm and/or abuse be identified and prevented?

## **Sub-Questions:**

What happens in the abusive context, to and surrounding the child?

How do practitioners understand, interpret and respond in cases where this is of concern?



# Synopsis Continued...

## Multi Sited Ethnographic Approach to data collection

- Individuals – Experienced CALWorSP personally, under 18yrs, UK
- Practitioners – Dealt with case(s) involving CALWorSP in the UK
- Stakeholders – Organisational safeguarding responsibility / agenda over children at risk of abuse.
- Observations – Of CALFB related 'events'

## Constructivist Grounded Theory used for data analysis

Bottom up approach to formation of theory

## Situational Analysis

Mapping techniques used to account for non-human, political and societal elements involved in situations of action (Clarke, 2005)

## Data Collected:

- 3 x Individuals
- 6 x Practitioners
- 3 x Stakeholders
- 3 x Observations
- = 11 'Participants'

## 8 Survivors

- 3 x Individuals
- 5 x ID'd Cases
- 2 x Observations

# Who does the research include?



# Discussion of the data: Early emergent themes





# Disclosure of Child Abuse (CA)...

## When disclosure happens:

- In many cases this doesn't happen until many years after events
- Most often to Mother or close peer
- Hindered due to inability to recognise abuse

## Barriers to disclosure relevant minority communities

Kazarian & Kazarian (1998)

- Language Barriers, Immigration Concerns
- Lack of Knowledge regarding community support systems
- Cultural insensitivity in mainstream programs
- Collectivist values less likely to disclose for fear of shame or insult



# Barriers to disclosure; Network of abusers & open discussions

*“It would also be in conversation, like, her talking to other people. In the church, on the phone. I remember one time she was talking to her friend on the phone about me... I was just listening to what she was saying about me and it was like ‘boy! This is bad!’. What happened was her friend had a kid, he had the kindoki as well, so what happened is they sent that kid back to {COUNTRY OF ORIGIN}. I don’t even know what ever happened to that kid.”*

Data extract

*“I was in the park and three of my friends came to me and said ‘hey, {NAME}, did you kill your own mum?... Your auntie told us, she just start saying you killed your own mum, you eat people too’ I was like, wow! I went to, I think it was like a football pitch, and I was just walking up and down”*

Data extract



# Barriers to disclosure; Behaviours not understood as abusive

*“I think this is my father’s biggest mistake. Because I was having incapacity benefit and I was going through depression and, you know, there were times where I would self-harm or I would like sleepwalk and scream and shout and I don’t know, I have night terrors. So then he decided that it was okay for me to go for counselling. But I think it was his biggest mistake. Because that’s when I thought okay... no this isn’t right. And I started speaking out.”*

Data extract

# Barriers to disclosure; stigma and lack of knowing

*“...he said do you know what kindoki is? I said yeah... then he said you have it. I remember leaving the church and I was so awkward, all my auntie and the children they were going and I was just like behind them... Its like, what do you do? What do, you do now? (pause) What do I, do now?... And then after that everything just got worse and... they didn't want me around, wanted nothing to do with me. So I was just on my own really... I was hanging around. I was, going to school, but on a weekend I didn't want to be home I started running away... They are your own family members and they want nothing to do with me. So what do I do? I had nobody. I was just so alone! I was just stuck.”*

Data extract



# How do children tell..

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**Children don't always tell.**

**Those who did tell, did so predominantly to an educational professional**

**Those who told immediate family members were given rationalisations or asked to keep quiet to avoid immigration concerns.**

**Caregivers have spoken openly about their beliefs surrounding the child.**

**Discovery of the use of a 'remedy' or talisman**





# What Happens when they do tell?

*“I suppose a lot of cultural things present a barrier to us because they’re unknown, they’re different. They’re ‘other’. A bit like, particularly these kind of things. If you were to plot a diagram of how close this is in terms of western, say my western culture, it’s probably pretty far away from my norm. And so when it’s something like that then there’s a kind of, there’s a kind of fear response or ‘other’ response.”*

Data extract

*“...the police officer over the phone just told me, um, “this witchcraft thing, don’t believe it! Its crap! And Carbon Monoxide don’t believe it, its crap! Tell me more about the sexual abuse.” So, they just wanted to know physically, well not physically but, intellectually more about the sexual abuse. Than the reasons of why it happened.”*

Data extract



# What happens? Impact on recovery.

*“While I was there I realised that one of the reasons she was transferred out was because she’d had such a strong impact on the staff. And the staff there felt that she was a witch. And that they wanted to get rid of her... I think they she freaked them out um and partly that spooky quietness that I was telling you about. That state of mind. So, we, we had a couple of other cases that were kind of bringing these issues up. Around that time one of the members of staff, a Nigerian lady, went back to Nigeria. She had pectus cavus. It’s when your... sternum has caved in... So, it kind of goes in like that and you’ve got this kind of, it’s almost like a hole here. And it’s a birth defect basically that happens.... And they thought because she had that she had no heart and that she was a witch. So, she went to Africa and for some reason died in Africa... So, it created this massive thing on the ward about her being a witch and dying and her spirit and stuff... there were other kids with psychosis and who would see things. And so, the staff believed that they could really see things because they were witches and that they could really communicate with the spirits in the world. So, we had to explore this, and we did that with {NAME}. And it uncovered quite a few, you know, the reality of where a large proportion of the staff groups mind is and what they believe. Which is having an impact on the way we treat the young people in this unit. And also their ability to, to get better.”*



# Human Rights Abuses

## UNCRC

- Article 3 – Best interests of the child inc parental responsibility
- Article 6 – Right to life
- Article 19 – Protection from Violence Abuse and Neglect
- Article 27 – Meeting of physical & Social needs inc mental and spiritual development

## **But also....**

- Article 39 - Recovery from trauma and reintegration
- Article 8 - Preservation of identity
- Universal Declaration of HR (1948), Article 6 – The right to be recognised as a person



# Thank you for your time

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