



Safeguarding the welfare of refugee children in Ghana: Perspectives of practitioners in refugee camps

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ARTICLE INFO

Keywords:

Refugees
Safeguarding measures
Welfare of refugees
Ghana's refugee camps

ABSTRACT

Background and Purpose: Abuse and maltreatment within refugee camps remains a major concern. The situation is exacerbated in low-income countries due to the challenges associated with lack of available expert staff and limited financial resources necessary to safeguard the welfare of children. This study draws on the experiences of practitioners (including social workers, health workers and non-professional caregivers/volunteers) from refugee camps in Ghana, on measures to safeguard the welfare of refugee children.

Methods: Semi-structured qualitative interviews were conducted with 13 practitioners from three refugee camps in Ghana. Narratives from the practitioners were organized using NVivo, and analyzed following strategies of initial and focused coding from the constructivist grounded theory approach.

Results: Child sexual abuse (CSA) was identified as the most common maltreatment across the refugee camps and continues to increase due to the increased lawlessness and lack of response from refugees. The following key safeguarding measures emerged from the practitioners' narratives; community education; gendered-informed interventions; developing child inclusive practices, capability building of staff and tripartite collaborative approach between expert professionals, volunteers and senior community leaders.

Conclusion: The findings suggest the need to increase the understanding of social workers and professionals in refugee camps on the cultural nuances among refugees and develop collaboration with community leaders to respond to the multicultural needs of refugees.

1. Introduction

Emerging global and national child-centered frameworks reiterate the protection of children's rights, including refugees, as stipulated in article 22 of the United Nations Convention on the Rights of the Child (UNCRC) (Rousseau, Measham, & Nadeau, 2013; Ruiz-Casares, Collins, Tisdall, & Grover, 2017) and the refugee convention of 1951 (Nelson, Price, & Zubrzycki, 2016; Vaghri, Tessier, & Whalen, 2019). According to the United Nations High Commissioner for Refugees. (2021) (2021) 42% of the approximately 82.4 million individuals who were forcibly

displaced worldwide in 2021 were children. The report further indicates that more than one million children have been born in refugee camps since 2018. Common reasons influencing the displacement of people in and out of their country include the effects of violence and conflicts, famine, environmental issues and persecution or human rights violations (cf. Vaghri et al., 2019). Consistent with accepted international practices, the majority of refugees who flee their home countries to neighboring jurisdictions are provided with the necessary support in shelter homes called refugee camps (United Nations. (2019), 2019). However, studies have found refugee camps among the key con-

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<https://doi.org/10.1016/j.chilyouth.2022.106803>

Received 1 June 2021; Received in revised form 22 November 2022; Accepted 30 December 2022

0190-7409/© 20XX

texts or hubs for violence against women and children (cf. Syam et al., 2019; Ferris, 2007; Pittaway & Rees, 2006), including sexual exploitation, child prostitution and domestic servitude (Vaghri et al., 2019; Williams et al., 2018). The situation may compound for refugee children in refugee camps in Africa due to pre-existence of structural challenges, including lack of adequate institutional resources and measures to safeguard the welfare of refugees. Vinson and Chang (2012) reports that refugees in Africa encounter challenges with nutrition, and some children end up becoming child soldiers (Ferris, 2007) as means of survival in the mix of the failed protective systems. These challenges mandate urgent research response to inform the development of practical measures to ensure the safety and wellbeing of children in refugee camps in Africa. Research evidence on the wellbeing of children in refugee camps in Ghana and West Africa are limited. Generally, social workers and other social care professionals in refugee camps are entrusted with the mandate of safeguarding the welfare of children in the camps (Rousseau et al., 2013). This study aims to explore the perspective of practitioners in refugee camps on child safeguarding concerns in the refugee camps and highlight relevant practical safeguarding measures that are needed to promote the welfare of refugee children in Ghana. Espousing such measures will contribute to the child protection mandate of refugee camps in Ghana and Africa.

1.1. Challenges of safeguarding children in refugee camps

In a study among refugee children in South Korea, Choong and colleagues (2018) identified a language barrier to be a major challenge facing refugee children in camps. Kim, Lee, Lee, Shin, and Lee (2013) drew a connection between language challenges and child development. They posit that because of stigma and ridicule from host citizens, refugees prefer to be in their own space and not mingle with individuals in local communities, in order to protect themselves from feeling inferior. However, this limits their chances of learning the language of host countries and subsequently affects their development and integration in the culture of host countries (Tyler & Fazel, 2014). Children feel inferior in refugee camps due to the confined nature of camps which isolates them from their peers, and labeling associated with being a refugee. Refugee who are labelled as inferior often encounter challenges with adaptation, interpersonal relationships, security, confidence, and mental health problems (Kim et al., 2013). Lui (2002) posits that when refugees first enter a country, they are seen as threats to the security of the host country. This makes citizens in the host countries distant themselves, and often end up labelling them. After refugees settle in camps, they usually encounter challenges of being in a confined environment with limited social support, poor living conditions, struggle for food and income to care for themselves and their families (Syam et al., 2019). The challenges in the refugee camps could lead to refugees becoming aggressive, desperate and less responsible (Clark, 1985; Syam et al., 2019). Lack of adequate support to refugees and proper institutional structures to address their challenges could foster a sense of collective empathy among refugees, which may undermine their willingness to report abuse and neglect perpetrators. At the end, vulnerable children may suffer, especially when empathy shift towards the perpetrators. It is argued that empathy may motivate collective actions or helping behavior which may be costly to society (Zak & Barraza, 2009). It is more likely that victims would be reported if empathy centers on the child victim.

Psychological trauma is also evident among children in refugee camps (Trentacosta, McLear, Ziadni, Lumley, & Arfken, 2016). Sirin and Rogers-Sirin (2015) indicated that 45% of refugee children from Syria in Turkish refugee camps had post-traumatic stress disorder (PTSD). Stress and psychological distress emanate from exposure to sexual assaults, violence and gruesome life situations that the refugees encounter in their journey to seek refuge and safety in other jurisdictions (Berthold, 2000; Vaghri et al., 2019). Ninety-eight of 144 refugee chil-

dren in Khmer, USA were found to be survivors of direct violence (Berthold, 2000). Similarly, about 57% of refugees in Belgium and the Netherlands have experienced sexual abuse and violence (Keynaert, Vettenburg, & Temmerman, 2012). The psychological consequences of the traumatic experience are severe particularly for unaccompanied children, whose parents were either declined refugee status or they were found parentless (Ahn, 2017). It was expected that practitioners within the refugee homes would provide refugee children with the needed parental care and support. However, both accompanied and unaccompanied children within refugee facilities are reported to be subjected to forms of violence including physical abuse and neglect (Kim et al., 2013). In refugee camps, children face challenges with their mental health as a result of neglect from their parents which makes them susceptible to abuse and polyvictimization experiences. A qualitative study of Syrian refugees in Shatila, Lebanon by Syam and colleagues (2019) highlighted that parents who become overwhelmed by the pressure, hardship and unfavourable living conditions in the camp, pay less attention to the physical and emotional needs of their children. The evidence suggests ways structural and systemic challenges negatively influence the behavior of refugees in their new settlements.

1.2. Mechanisms to promote the welfare of refugee children

In connection with the numerous challenges faced by children in refugee camps, Rousseau and colleagues (2013) recommended the need to develop collaboration among the social workers and other staff providing care and trauma-informed services to refugee children in schools, clinics and community-based refugee organizations in Canada. In South-Asia, it was recommended that integrative interventions should prioritize children's rights to participation by seeking their views on matters that affect their wellbeing (Wong et al., 2010). The UNCRRC perceived children to have both the rights to protection and the capacity to participate and make informed decisions about their lives and welfare (Ruiz-Casares et al., 2017; Authors, 2018). In a research among Syrian refugees in Turkey, Jordan and Lebanon Sirin and Rogers-Sirin (2015) found that refugees' lives were often affected by the disruption of education as children struggled in countries of first asylum. Therefore, they recommended that governments in host countries should put in educational measures to ensure that children continue to receive education in refugee camps. Schools in refugee camps operated through class tutors who provided emotional and psychological services for the refugee children, who often do not access therapy due to stigma (Hodes, Jagdev, Chandra, & Cunniff, 2008). Counsellors and clinical psychologists within the refugee camps are required to ensure that refugees experiencing emotional depression are provided with needed services (UNHCR, 2017). Amalie, Thommessen, and Todd (2018) document that there are caregivers in refugee camps in Denmark and England to care for children without biological parents in the camp. This kind of targeted care arrangement is to ensure that unaccompanied refugee children have adequate parental care. The feasibility of applying their findings in the Ghanaian context may be affected by the differences in structure and nature of refugee camps.

Johnson (2006) reports that some refugee camps in Africa resort to the use of security forces as measures to curb the increasing cases of sexual harassment and molestation of children within refugee camps. Increased psychological distress and developmental delays were some corollaries of the molestations and maltreatments experienced by children in refugee camps. As a result, recent studies (Chiarenza et al., 2019; Hek, Hughes, & Ozman, 2012) recommended that healthcare interventions such as providing refugee homes with health facilities and free health insurance programs could be essential measures to promote the welfare of refugees. Obtaining adequate nutrition was also a challenge in some camps in Africa (cf. Vinson & Chang, 2012). For example, children in refugee camps in Rwanda experienced malnutrition due to the difficulty in consuming foods they were unfamiliar with (Pickett et

al., 2013). As a result, practitioners in the study (Pickett et al., 2013) suggested that camp management and all stakeholders should prioritize providing children with food they are familiar with from their home country, at least until they become familiar with the host country's food.

Some countries are faced with financial constraints as they strive to realize their goals and commitments to safeguard the welfare of refugees (cf. Amalie et al., 2018). In Ghana, for example, there are over 9,120 refugees in the four refugee camps, excluding refugees on the streets of major cities across the country (Amalie et al., 2018). Out of this, over 4,000 are children and youth below 18 years who require education (pre-primary, primary, or secondary). These huge numbers make it difficult for the government of Ghana even with the partnering stakeholders of United Nations agencies and International nongovernmental organizations to fully promote the welfare of refugee children. The Ghana Education Service under the Free Compulsory Universal Basic Education was supposed to provide free school uniforms for children in the camps, but frequently, there were not enough uniforms for the children who required them.

1.3. Context: Refugee camps in Ghana

The ratification of international migration and refugee laws brought into existence the Ghana refugee law 1992, which set the pace for Ghana's participation in redressing the world's refugee crisis. In Ghana, however, safeguarding the welfare of refugee children is a challenging task, in part, due to the absence of empirical evidence showing the mechanisms in safeguarding the rights and welfare of refugee children. Ghana currently has four refugee camps, namely Ampain and Krisan Camps in the Western region, the Egyeikrom camp in the central region, and the Fetentaa camp in the Brong-Ahafo region. The National Disaster Management Organization (NADMO) has the utmost administrative responsibility for the camps. Under the Ministry of the Interior in Ghana, the Ghana Refugee Board (GRB) works closely with NADMO from a political-administrative standpoint (Board, 2019). GRB advises the Government on refugee management policy and ensures that there is adherence to policies and directives in refugee management (Ministry of the Interior, (2022), 2022). The United Nations High Commission for Refugees (UNHCR) in Ghana is also actively involved in the daily management of refugee camps. All the camps host nationals from singular countries except Krisan which has a mixture of refugees from different countries. As of 2016, there were a total of about 11,262 Ivoirians, 5,262 Liberians, 3,212 Togolese, and 1,352 refugees from other countries (Addo, 2016). About 2,300 of these refugees do not live in the camps but live independently in and around the capital city, Accra. It is unclear the total number of refugee children currently living in the refugee camps due to unavailable documentation.

A report from Masudi (2021) indicated that members of refugee communities in Ghana live with trauma due to difficulties in navigating ways to obtain resources for their survival. Reporting on the experience of a former refugee from the Buduburam refugee camp, Masudi (2021) posited that some reasons refugees have to strive to survive themselves is because of limited access to health care, food and good sanitation in the camps. In addition to camp conditions, a report by Coffie (2020) reiterated language barrier as a condition in refugee camps in Ghana which makes it difficult for the refugees to receive adequate services. Tanle (2013) single study in refugee camps in Ghana explored the antecedents and history of the development of the refugee camps and the reflections of refugees in Ghana (Tanle, 2013). This does not however highlight measures to safeguard the welfare of refugees, particularly children. Amid multiple reports on the challenges, it is important to examine the welfare of children in the camps from the perspectives of practitioners and their suggestions on required safeguarding measures and practices.

2. Method

2.1. Participants and procedure

We sought the views of practitioners including professionals from selected refugee camps in Ghana on strategies needed to safeguard the welfare of children in refugee camps. Participants were purposively selected from three refugee camps in Ghana. Research participants were identified after institutional clearance was obtained. Contacts were initially made with managers of the institutions and potential participants to introduce them to the study. The process of contacting and establishing rapport building with potential participants lasted three weeks. The rapport building process enabled the researchers to gauge the participants against the study inclusion criteria. Specifically, to be eligible for the study, practitioners were expected to have a minimum of 12 months working experience at the refugee camp. We anticipated that participants with at least 12 months experience would have had enough exposure and experiences on the state of the children to offer relevant suggestions. Both frontline and administrative staff of the camps were targeted for inclusion. The inclusion of both administrators and frontline workers provided diverse positions and viewpoints and enabled the researchers to understand the phenomenon especially from experts and non-experts' perspectives. Also, the inclusion of administrators compensated for the limited frontline workers in the agencies. Thirteen workers meeting these criteria were included in the study. Detailed characteristics of the study participants have been provided in Table 1. From Table 1, at least one practitioner was recruited in three out of the four refugee camps in Ghana. The average practice experience for the participants was four years. The rich practice experience of the participants strengthens the study findings.

2.2. Ethical considerations

In addition to agency-based approvals from the camps, institutional approval was obtained from the XXX University. Other ethical protocols including the participants' rights to participation and informed consent were ensured before participants were engaged. Particularly, each participant signed an informed consent form detailing their rights about their participation and to withdraw from the study at any time if they wished. The process ensured that participant's voluntary decisions and rights to participation were observed (Silverman, 2013).

Table 1
Participant demographics.

Participants	Camp Name	Gender	Age Range	Years workinserved in camp	Educational Level	Role in camp
P1	Krisan	Male	29	2	1st Degree	Protection Officer
P2	Krisan	Male	35	5	Diploma	Distribution officer
P3	Krisan	Male	26	5	Diploma	Nurse
P4	Krisan	Male	40	5	1st Degree	Camp Director
P5	Krisan	Female	46	6	none	Caregiver
P6	Ampain	Male	44	3	Diploma	Nurse
P7	Ampain	Female	42	9	1st Degree	Camp Director
P8	Ampain	Female	49	4	None	Caregiver
P9	Ampain	Male	54	6	WASSCE	Police Officer
P10	Fetentaa	Male	37	5	Diploma	Social Worker
P11	Fetentaa	Male	45	7	Degree	Psychologist
P12	Fetentaa	Female	43	1	Diploma	Nurse
P13	Fetentaa	Female	28	1	1st Degree	Child Care Volunteer

2.3. Study design

The constructivist grounded theory (CGT) approach was used to explore the different ways that represent the participants' descriptions of safeguarding children in the context within which they work. Essentially, a relativist ontological position was taken where we posited that what constitutes a safeguarding mechanism was the participant's own construction of reality influenced by their culture, history, professional background, education and training. Because such realities are social constructions of the mind, there exist many of such constructions as there are individuals (Guba & Lincoln, 1989). However, simultaneously, we posited that many of these constructions would also be shared among the participants. Emphasis was placed on the construction of meaning and subjective interrelationship between researchers and participants, most evident during the interviews. In line with strategies of CGT (Charmaz, 2006), simultaneous data collection and analysis was done. In doing so, coding of initial interviews informed subsequent interviews in the same way as interactions with participants were used to revise data analysis. This ensured that the whole process was data-driven.

2.4. Data collection

In-depth interviews were conducted with the 13 participants to explore their perspectives on safeguarding strategies for children in refugee camps. The interviews were guided by a semi-structured interview guide. The semi-structured interview guide ensured that the interviews were organized and questions were in line with the study objective. Silverman (2013) argued that a semi-structured interview approach enables qualitative researchers to obtain detailed and diverse information from participants. The approach was deepened through probing of participants' narratives. Common questions on the interview guide included; What is your impression on the general wellbeing of children living in this camp? In what ways do you think children can have a better life in the refugee camps? Do you identify any basic developmental need for children that are not being met in the camp? The open-ended questions sought to provide an open environment for the practitioners to share their views and experiences on issues of child safeguarding concern. The open-ended nature of the questions also ensured that the participants directed the interviews based on their responses, thereby creating an environment for the researchers to explore diverse issues at different levels within the camp.

Interviews with the participants commenced in late January 2020 and ended in early March the same year. Due to the COVID-19 pandemic and the requirements of maintaining adequate physical distancing, five of the interviews were conducted via telephone. The use of telephone interviews impacted the depth of information collected as there was no face-to-face interaction. However, the researchers ensured most relevant information related to the study were collected. Interviews spanned an average of 55 min per session. All interviews were conducted in the English language and audio recorded following the participant's consent. Researchers did not encounter any challenge with the use of the English language, rather, it facilitated the transcription of interviews and minimized potential translation biases. Interviews were facilitated by two members of the research team.

2.5. Data coding

Interviews were transcribed using Microsoft Word 16 and proofread by four members of the research team. The process of proofreading enabled the researchers to become familiar with the content of the interviews and generate initial ideas. The final transcripts were coded by three of the researchers following initial and focused coding strategies of CGT. First, researchers obtained deep insight into the data by reading the interview transcripts and audio records. Initial coding started by

creating open codes for each line of the interview transcript. The open codes were descriptive words representing participants' responses. The codes were close to the data to ensure that participants' meanings were not lost. In some cases, special terms used by participants were also used as open codes. After this, focused coding was done which was more abstract and conceptual. This was done by sifting through the open codes and looking to develop categories from the open codes. The categories were formed by putting together open codes presenting similar issues. The categories have been presented in the findings section and they relate to the participants' accounts of safeguarding strategies for children in refugee camps. Throughout the research process, memos were kept along the way to reflect on thoughts, ideas and possible codes or categories.

3. Findings

3.1. Punitive and correctional measures for abuse perpetrators

Narratives documented from participants suggested CSA as the dominant form of abuse against children in the refugee camps. In an attempt to protect children from CSA, research participants (12 of 13) emphasized the need for the application of strict measures, such as uncompromised enforcement of the country's laws and punishment of perpetrators of CSA. The participants opined that most sexual abuse incidence within the camps was not reported due to the increased lawlessness in the camps. Thus, enforcing strict measures to prosecute perpetrators of CSA who get their cases reported could serve as deterrents to others. A volunteer at the refugee camp shared her opinion on the kind of measures required:

"there should be clear cut sanctions for perpetrators who commit all forms of sexual abuse in the camp. Very rigid laws that will even deport them back to their country or sentence them to prison, no matter the condition of their country. Issues of rape and child sexual abuse are high degree felony and perpetrators shouldn't be left walking around the camp as if nothing happened like they normally do in the camp" (P13, Child Care Volunteer, Female).

A police officer added;

You see, there are so many criminal sexual activities that take place here, but we never get to know. The problem is that people will not report. Even though sometimes we embark on patrols, we need the full support of the refugee community to first identify and punish these people. The underreporting of cases is so bad (P9, Police Officer, Male).

Some participants avouched that such stringent mechanisms were necessary due to the increased lawlessness, which is evident in the refugees' efforts to discharge perpetrators of CSA who have been prosecuted.

"Refugees especially those from the same community conspire to bail those who commit the worse of crimes like rape. It is sad that even with a criminal offense such as rape, individuals don't care about the harm caused. They rather protest and contribute money to bail perpetrators of the crime. I think that is part of the reasons the issue of rape and CSA keep rising and happening" (P2, Distribution Officer, Female).

Research participants elucidated further that the lack of action against the perpetrators frightens children, signaling their insecurity in the camp and hindering their freedom of movement;

"Sometimes children fear to go out after 6:00 pm for fear of being raped. You barely see children around because the thing is that, people who have been prosecuted for a sexual offense and rape will be walking around the camp in less than a week as if nothing happened; it's sad. When children see the abusers set free what do you think they will feel? The laws are not working here. I don't know if it's because they are refugees" (Pa6, Nurse, Female).

When asked about parents' response to their children's CSA experience, some participants argued that the parents usually did not recognize the early signs of emotional and psychological trauma that children experience. The following quote summarizes their assertion;

"Parents fail to recognize early stages of emotional and psychological issues of children in the camp because they do not even have time for themselves. They are always on the move to make some money to at least provide for their family so the psychological and emotional needs of their children are secondary for them, which is a big challenge for children in the camp." (P10, Social Worker, Male)

The parents' inattention to their children's emotional needs may be attributed to their lack of knowledge on children's developmental needs, or overly focus on their personal adjustment and struggle to make a living in the camp.

3.2. Gender and Age-Appropriate intervention

A substantial number of the participants (11 of 13) cited the implementation of age and gender appropriate interventions as necessary mechanisms in protecting children against CSA. Participants inferred that reducing direct contact between children and adults could help reduce the incidence of CSA. A participant who has been working in the camp for nine years stated;

"To prevent these rape case, I suggest that children should be given separate rooms to stay so that the workers can monitor them. The same should be done for the grown-ups, unmarried men should be allowed to stay in different places from the unmarried women." (P7, Camp Director, Male).

To buttress this claim, other practitioners reiterated;

"I think there should be clear cut boundaries of the residents in the camp. So, it should be more or less like a boarding school in Ghana, where females' place of abode is distanced from that of the males. That way it becomes very difficult to get access to the females in the camp and even harm them" (P10, Social Worker, Male).

It appears that the need for physical distancing in the camp is as a result of the potential of CSA incidence when there is proximity. The situation compounds when males are under the influence of drugs or have psychological issues. The narratives below summarize this assertion:

"...perpetrators of rape are usually the thick stout guys in the camp so far, some of the cases experienced here were caused by refugees battling psychological problems such as those under the influence of drugs." (P3, Nurse, Male).

3.2.1. Mismatch of clothing provided and Children's preference

Not limited to issues of sexual violence, the participants (8 of 13) narrated instances of unmet basic needs arising from the provision of resources that did not meet the preferences of the children. As a result, to ensure resources provided meet the needs of children, promoting child inclusive practices was recommended and the importance of advocacy.

"...rather than dumping clothes for their use, children should be allowed to have a say and also make their choice amongst alternatives and say, at this point we need clothes..." (P11, Psychologist, Male).

Some participants recommended the need for children in the camps to be allowed to attend schools in ordinary house clothing.

"Children should be allowed to wear their house attire to school to prevent instance where children are forced to stay at home because of challenges with uniforms, be it torn or not having at all. With this, I believe that no child will be inconvenienced, and every child gets the chance to be in school, despite uniform challenge" (P9, Police Officer, Male)

The lack of adequate consultation with children to identify their preferred choices and needs was identified as a major factor affecting the decisions of funding agencies that provide essential resources for the children:

"Agencies such as the United Nations High Commission for Refugees have stopped providing such services partly because of the attitude of the children. They have realized that children do not cherish these clothes they give them. After two weeks, you see the clothes torn and even on the floor. You know, providing such services amounts to huge sums of money you cannot misuse it just like that" (P1, Protection Officer, Male).

The argument on destroying of clothing by children requires further exploration. It appears that in the experience of the majority of participants' children misused the clothing provided by the Camp because the clothes were not perceived by children to meet their preferred needs.

3.3. Multicultural training in child welfare

Participants (9 of 13) opined that frontline practitioners must be given training to master the art of working with refugee children as the work is complex. Children in the camps come from different countries, may have behavioral issues relating to trauma, personal histories, and have diverse cultural beliefs. Because of this, it is considered imperative by participants that staff in refugee camps had adequate knowledge of child development, how children react to trauma, and culturally appropriate measures required to work with such children.

"You can't work with children as difficult as those in refugee camps without having a skill or training in working with children. If you don't have the patience and skill of working with children, you might hit a child because of one thing they might have done which is very unprofessional. Children come from different cultural backgrounds, with different life circumstances, perspectives and have adjustment qualities. This makes it important for, some of us to be trained to develop our skill-set to be able to understand and provide support to meet the needs of these children." (P13, Child Care Volunteer, Female).

Operationalizing these facets of practice rely fundamentally on effective communication. Some participants asserted that the language barrier between practitioners and refugees makes effective communication difficult.

"The difficulty in working with these refugees is that most of them are from francophone countries but for one of them who volunteer to translate what we tell them, it would have been impossible to communicate. I think teaching them the English language and employing more professionals who are fluent in French and familiar with the refugee context should be intensified to support the integration of children." (P11, Psychologist, Male).

Perspectives from practitioners suggest that multicultural training in child welfare, as well as intensive teaching of English language and employing professionals who are fluent in French will improve communication and promote child welfare practices. In addition, the engagement of refugees in the camps as paraprofessionals who can communicate with refugee children in their own language can help improve safeguarding practices in the camps.

3.4. Tripartite collaboration between Community, Professionals, and Non-Professionals

The study participants (9 of 13) called for the promotion of a tripartite relationship between leaders of the communities; where the camps were located, and professional, and non-professional workers in the camps. They stated that this tripartite relationship would have a positive outcome for children in the camps. Participants emphasized the need for professionals to team up with community leaders because

refugees felt more comfortable sharing their problems with local community people rather than the professional practitioners whom they often label as strangers. Participants believed that this was because the refugees could perceive professional's (counselors and psychologists) involvement as interference in their private lives.

"I don't know for Africans it seems we don't trust the system when it comes to counseling and psychotherapy. That is why they do not even ask for help from workers until it's critical. In their minds, they think they can solve all their issues till they realize not all issues can be solved by them, but professionals. I think it's normal, they feel opening up to counselors and psychologists is like washing their dirty linen outside. Worst case scenario, they will move to a community leader who is one of them but a senior colleague they respect for counsel" (P4, Camp Director, Male).

The participants proposed the involvement of community leaders in interventions for refugees since community leaders were usually the ones refugees seek recourse from when faced with challenges. Therefore, when these community leaders collaborate with professionals, children would have the best of protection and welfare support.

"...the community leaders mostly communicate with the refugees because they see them as part of them and they open up to them easily. And most of these leaders only try to solve problems that individuals face based on their knowledge and experiences... I think, knowing how well refugees go with the community leaders, if there is an understanding where the community leaders and the camp counsellors can work together, it will really help (P11, Psychologist, Male)

Despite the positive remark on the essential role of professionals collaboration with the local community, some of the practitioners highlighted that one factor hindering the opportunity to foster good collaborations is the absence of key professionals in some camps. It appears that children are more inclined to talk with community members due to this absence. One practitioner corroborated this and called for the need to make human service professionals available in the camps. And this measure should be accompanied with the establishment of office spaces to provide counseling and other therapeutic support to people in the camps;

"I think there should be a counseling center at the camp so that children and other adults in the camp, who face issues either in school or home, can just walk straight to the center and trust for a positive outcome. Instead of this center being staffed by professionals, we can take advantage of the influence of community leaders in the camp by employing some of them to work hand in hand with professionals. That way, I think residents in the camp will be more comfortable opening up to their problem" (P8, Caregiver, Female).

"The problem is that there are few professional workers here. There is the need to bring more support experts on board, especially those who understand the culture of the predominant group to offer counselling and other important services at the camp (P4, Camp Director, Male).

4. Discussion

We explored in this study measures to safeguard the welfare of children living in refugee camps in Ghana from the perspective of practitioners working in the camps. Evidence from the practitioners including professionals and volunteer workers corroborated the wide held global beliefs and research evidence on the prevalence of CSA and sexual violence in refugee camps (Berthold, 2000; Fenning, 2020; Choong, Sukyoung, & Yoonb, 2018). A possible contribution to the increased incidence of sexual violence was ineffective enforcement of anti-sexual violence laws of the host country which has resulted in increased lawlessness in the refugee camps. This ineffectiveness has often provided the space for some refugees to shield perpetrators, thus preventing them from facing the full wrath of the law. While it is not reductive, it could be argued that some refugees who otherwise would rise against

camp offenses will remain silent for the obvious reason of "action will not be taken" even if they opposed. Such attitudes may emanate from the refugees' extreme empathy towards perpetrators (Zak & Barraza, 2009) and their commitment to engage in collective helping practices. For instance, Zak and Barraza (2009) contend that people may engage in costly collective actions due to empathy, and empathy is a key psychological factor that explain individual's participation in costly collective actions (cf. Sautter et al., 2007). Also, the refugee's involvement in collective actions to free perpetrators of CSA could be motivated by the normative expectations from their loyalty to kinship values and culture (cf. Durkheim, 1768). Commitment to kinship and cultural values is established to be counterproductive when it is modelled to enforce negative practices or legitimize undesirable behaviors. We argue that these possible factors may underpin the refugees' collective actions such as contributing money to bail perpetrators of abuse.

Within the context of this study, such collective actions compromise the welfare of children who are victims of sexual violence and signal a lack of stringent enforcement of laws. Thus, it is not surprising that children in camps were reported to be careful about their movements, especially in the nights, as part of their personal protective measures, because the systemic protective mechanisms appear to fail them. The children's personal protection mechanisms are necessary, as the study found they may not have parents at the camp or that their parents were often unable to identify children's emotional needs and traumatic experiences. Parents within the camps may have to deal with their own coping mechanisms and adjustment to the new setting, as such may lose focus on their children's immediate needs. The evidence suggested the need to strengthen correctional measures within the refugee camps and educate refugees about the reasons for resorting to stringent measures such as prosecution for some sexual violence conducts. Also, efforts that shift attention towards the plight of the victims of CSA will be useful to increase reportage of perpetrators of violence and abuse in the refugee camps. Even though some practitioners in this study recommended the application of stringent measures such as prosecution and even deportation of perpetrators of CSA, such actions should be considered as last resort after exhausting therapeutic and correctional measures. Stringent measures, such as deportation of refugees back to their home countries, could be counterproductive, a breach of the non-refoulement clause of the Refugee Convention and may counteract the goal of establishing refugee camps.

As part of the measures to address the CSA and violent behaviors within the camps, this study found that provision of age and gender appropriate separate accommodations for boys and girls, and separation of non-related adults from children could be useful in the protection of children and prevent maltreatment. While these recommendations are useful, additional resources maybe required to expand the accommodation facilities at the Camps to meet these targeted structural demands. Already, refugee camps in many African countries have been found to face a lot of challenges including lack of adequate finance and structural resources (Amalie et al., 2018). Practitioners believed that most children within the camps have unmet basic needs including lack of counselling services, education and adequate clothing due to the lack of consultation prior to resource provision. In connection with developing age and gender appropriate interventions, practitioners in this study called for the inclusion of the views of children to identify their prioritized needs. The evidence corroborates research on the issue of children's rights to participation which is a widespread problem in low-income countries. In low-income countries, children's rights to participation may be sidestepped in developing community development programs due to socio-cultural conceptions of adult-child relationship and communication (Ruiz-Casares et al., 2017; Authors own, 2019). In many Africa countries, adults are culturally labeled as the most experienced and knowledgeable who are required to make decisions for children (Authors own, 2018; 2020). Thus, children are required to be recipients of adults' instructions and decisions and not as active contribu-

tors to decisions. These cultural conceptions violate children's rights to participate in decisions and may partly explain why some children in the refugee camps misused the clothing provided to them, as there was a mismatch between what is provided and their preference. Therefore, congruent with provisions in the United Nations Convention on the Rights of the Child, it is important that practitioners within the refugee camps consider children's views in developing interventions that affects their lives, as there has been evidence on children's capacity to participate and contribute to decisions that affect their wellbeing, safety and survival (Wong et al., 2010). In Botswana for example, Diraditsile, Maphula and Setambule (2019) found that efforts have been made to involve children in ways that they are able to influence policies relating to them.

Further, the study findings suggest that practitioners lack adequate multicultural knowledge and skills to work with children from different cultural backgrounds. The issue of cultural difference among refugees and their workers are global issues that require redress (Choong et al., 2018). It is manifested in terms of the practitioners' ability to communicate with the refugees and establish rapport with them. A similar pattern of results was found among Korean refugees and their workers (Choong et al., 2018). Addo (2016) contends that issues of cultural differences between refugee children and their host culture, especially in the case of language barrier, affect the integration of refugees into the culture of host countries. The majority of refugees in Ghana come from neighbouring countries; Ivory Coast, Togo, and Liberia (Addo, 2016), and may have different cultural values from the host country. Thus, efforts in promoting the multicultural expertise of practitioners should consider the cultural nuances among the refugees and seek to strike a balance against the value of retaining one's own cultural identity when promoting their integration in the culture of host countries.

Even though the study found that practitioners encountered culturally informed challenges such as language barriers in their practice with the refugees, a circumstance identified was the fact that the refugees appeared to be comfortable with local leaders and felt comfortable sharing their problems with them. This means that establishing a collaborative relational practice between the community leaders and practitioners could be an important strategy to enhance practice with the refugee children. The children's ability to establish rapport with the local people in the community could be explained by the collective sense of identity (Durkheim, 1893/2004), which is common among Africans (cf. Mabovula, 2011). However, their inability to establish rapport with the practitioners who are also local people could be justified by Africans' perception of professional social service practice (Avendal, 2011). Professional social service providers including social workers, especially those who are not indigenes of the dominant group in the camp, are perceived as upholding alien western principles. As a result, anyone associated with it is perceived as alien to the indigenous culture of Africans. Further, the practitioners called for the implementation of informal measures such as allowing children to wear house attires to schools within the refugee camps. In addition, we suggest that home schooling could be another avenue to address challenges with school uniforms among the refugees. In line with UN standards, the practitioners recommended the need for trained psychologists and counsellors to provide professional psychosocial services to address children's trauma, emotional and adjustment difficulties in the camps.

The narrative of the participants identified the importance of providing training for all camp staff. These staff work with people from cultures and countries with which they may not be familiar. Thus, there is a danger that the refugee was perceived as an 'other' and there was a risk they were not provided with appropriate understanding. Staff may be judgemental of the actions of refugees without understanding the impact of trauma. Thus, what they perceive as refugees condoning CSA may be the refugees' inability to challenge lawlessness. The complex intersection of the challenges in Ghanaian refugee camps, and the role various stakeholders have to play towards safeguarding children's wel-

fare, as revealed in this study, essentializes the need to reject single-blaming in support of collaborative stakeholder-victim inclusive community efforts to understand and collectively address safeguarding concerns in refugee camps.

4.1. Practice implications

Findings from this study have implications to safeguard the welfare of children in refugee camps. Multi-pronged intervention with contributions from each professionals included in this study, as well as the community stakeholders and the refugees will be needed to ensure proper safeguarding in the refugee homes. First, community education to enhance refugees' awareness of the risk of and adverse consequences of CSA and maltreatment behaviors is required so they can identify behaviors which put children at risk. There is the need for social workers to intensify community-wide education within the camp and enlighten refugees to prioritize the welfare of children and to understand the rationale behind some stringent measures taken against perpetrators of CSA, such as arrest, which is to correct them and not to punish them. Thus, community education programs that encourage refugees' reportage of sexual violence perpetrators, should be developed within the refugee camps. Recognizing the possibility of the effects of shame in preventing reportage, we suggest efforts to aim at creating awareness on the benefits from reportage and cost associated with failure to report observed cases of sexual abuse or violence. Local community leaders should be used as lead advocates and direct practitioners in education and behavioral change programs. The involvement of senior community members in the development of child welfare-oriented programs has proven to instill some degree of trust among local people which predict successes of intervention (Butterfield et al., 2015). Also, the findings, having revealed the widespread nature of CSA in the camps, we recommend the need for practitioners (including social workers, psychologist and protection officers) in the camps to intensify Trauma-Focused Cognitive-Behavior Therapies (TF-CBT) for the victims of CSA (Cohen, Deblinger, Mannarino, & Steer, 2004). TF-CBT is a comprehensive effective treatment for CSA victims that include aspects on exposure, cognitive-behavioral, affective, humanistic, attachment, family, and empowerment therapies. Also, there is the need for camp managers and directors to conduct structural changes in the accommodation arrangements of the refugees. It is apparent that proximity among adults and adolescents contributes to the increased sexual abuse incidence.

In light of the limited financial and material resources of the refugee camps, findings from this study suggest that using informal measures and developing context-specific solutions such as allowing children to attend school in their house clothing should be promoted to address the unmet needs of children. Also, social workers and professionals within refugee camps should develop child inclusive practices and ensure that children's views are prioritized when conducting needs assessment. Professionals should have regular interactions with children to ensure children's participation in the definition of their own needs (Ruiz-Casares et al., 2017; Wong et al., 2010; Authors own, 2019). In promoting child participation, attention should be paid to some potential negative consequences of adult-driven participation.

4.2. Conclusion and limitations

This study provides refugee staff perceptions of the challenges and risks facing refugees' children and identifies practical measures required to safeguard the welfare of children in refugee camps in Ghana. The study highlights the need to enhance education on correctional services and implement trauma-focused interventions for victims of CSA and their families. Developing collaborative practice among senior community leaders and practitioners as well as enhancing the cultural

capacity of practitioners to attend to the cultural and psychological needs of children, are some cogent measures required.

However, evidence from this study should be interpreted with caution due to the qualitative, non-random sample adopted. That said, the inclusion of practitioners from three out of the four refugee homes in Ghana, provide some degree of confidence to draw analytical generalization from the study findings. Also, the study findings are limited to the views of volunteers, professional practitioners and administrators in the camps. Studies exploring the experiences of children and parents in the refugee camps, and local community members would be useful in deepening the extent of the current findings. Such studies should explore the reasons behind practices such as collective actions by refugee communities to support perpetrators of abuse. Our approach to the analysis followed the flexible CGT approach, hence the categories are not meant to develop a theory or build a theoretical framework. However, insight from the categories can be used as basis for follow-up studies using the traditional grounded theory approach or tested quantitatively using large sample.

Uncited references

Alfadhli (2019), Baer et al., 2021, Butterfield, Scherrer, and Olcon (2017), Lewin (2016), Patton (2014), Prickett, Moya, and Muhorakeye (2013), Smith and Postmes (2011), Thomas, McGarty, and Louis (2014), Thomas, McGarty, and Mavor (2015).

CRedit authorship contribution statement

Alhassan Abdullah : Conceptualization, Methodology, Validation, Formal analysis, Project administration, Writing – original draft. **Crispin R. Mbamba** : Conceptualization, Methodology, Validation, Formal analysis, Writing – original draft. **Enoch B. Amponsah** : Methodology, Data curation, Validation, Formal analysis, Writing – original draft. **Margarita Frederico** : Conceptualization, Validation, Writing – original draft. **Ebenezer Cudjoe** : Conceptualization, Validation, Formal analysis, Writing – original draft. **Hajara Bentum** : Methodology, Validation, Data curation, Writing – original draft. **Clifton R. Emery** : Conceptualization, Validation, Writing – original draft.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

Data will be made available on request.

Acknowledgements

We acknowledge the effort of Associate Professor Emery Keddell for providing pre-submission peer review of the article.

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