

The Hidden Survivors: Care Leavers and the Unspoken Crisis of Sexual Abuse

ACNA

Association for Care Leavers
Networks in Africa



**Children, Justice
and Peace Global**



Preface

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Above all, we honour the brave survivors who shared their stories with honesty and courage. Your voices and resilience continue to shape the path toward safety, dignity, and justice for every child in care – and every care leaver.



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Executive Summary

This report presents the findings of a global study on the sexual abuse and sexual exploitation of care leavers - young people who have transitioned out of institutional or alternative care. Conducted across multiple regions, the research brings forward the lived experiences of care leavers and highlights the systemic factors that expose them to abuse and exploitation both during and after care.

Despite increasing global awareness of violence against children in institutions, the specific vulnerabilities faced by care leavers remain poorly documented. This study responds to that gap by offering a comprehensive analysis of the patterns, enablers, and consequences of sexual abuse within the care-to-independence journey. It also provides evidence-based recommendations for governments, institutions, and child protection actors.

The findings reveal that many care leavers experience sexual abuse within institutional settings, often at the hands of individuals in positions of authority. Others face exploitation after exiting care, particularly through transactional sex, coercion, or manipulation linked to poverty and the absence of social support. The exploitation is often international – some children are trafficked across borders; in other cases, children and adults are exploited online by people who volunteered in or donated to the institutions.

Most victims of sexual abuse are girls, though boys are also at risk. Children with disabilities are at a higher risk of abuse, as are Black and minority ethnic children.

The research identifies recurring challenges including lack of accountability mechanisms, weak safeguarding systems, and inadequate transition planning that perpetuate cycles of vulnerability. At the same time, the report highlights resilience and agency among care leavers. Many have used their experiences to advocate for change, provide peer support, and challenge silence within institutions.

The lack of tailored, sustainable support systems for care leavers intensifies these

challenges, making them vulnerable to homelessness, insecure incomes, isolation and mental health struggles. This puts care-leavers at high risk of exploitative relationships, repeating the patterns of abuse from their childhood. At times, their childhood abuser continues to exploit them in adulthood. This cycle of abuse underscores the need to end institutionalisation and ensure comprehensive post-care support to mitigate the long-term consequences for care leavers.

The report calls for urgent, coordinated action to: prevent sexual abuse and sexual exploitation; strengthen protection systems; invest in aftercare services, and create survivor-centered justice and accountability mechanisms for care leavers. It emphasizes that ending sexual abuse and exploitation of care leavers is not only a matter of protection but also of justice, dignity, and human rights.

Introduction

Around the world, millions of children grow up outside family environments in orphanages, residential institutions and other forms of alternative care. A substantial body of global evidence highlights the significant harms caused to children by institutionalisation, with long-term effects on many care-leavers for the rest of their lives.¹ Despite the stated intention of providing care and protection, institutions expose children to an elevated risk of all forms of abuse, including sexual abuse.²

Under the **Convention on the Rights of the Child (CRC)**,³ children have the right to family care – to know and, as far as possible, to be cared for by their birth parents (Art. 7), not to be separated from their family unless it is in the child’s best interests (Art. 9). They have a right to an adequate standard of living (Art. 27) and the state must support parents so that children can access their rights. Children also have the right to protection against all forms of harm, abuse, neglect and exploitation – including from abuse committed by their parents (Art 19).

Where parents cannot fulfil their responsibilities and a child is without parental care, temporarily or permanently, children have the right to special protection (Art 20), including through the provision of alternative care, with a primary focus on family-based care – foster or adoptive families. If children are separated from families, the state must ensure that institutions and services responsible for the care and protection of children conform with standards established by the authorities (Art. 3). The widespread neglect, abuse, and exploitation occurring in orphanages and other institutional settings around the world constitute clear breaches of these obligations and violations of children’s rights under the CRC.

According to evidence from care leavers, this abuse is perpetrated not only by other children in the institution, but also by adults entrusted with their care, such as care workers, orphanage managers and other institutional personnel. Exposure to abuse compounds the impact of institutionalisation, increasing their risk of continued harm both during their time in the institution and after they leave.

The Centre of Expertise on Child Sexual Abuse defines institutional abuse as “the sexual, physical, or emotional abuse of a child (under 18 years of age) by an adult that works with him or her. The perpetrator may be employed in a paid or voluntary capacity; in the public, voluntary or private sector; in a residential or non-residential setting; and may work either directly with children or be in an ancillary role.”³

The absence of trusted reporting mechanisms, complex relationships with institution personnel, and a lack of awareness about sexually inappropriate behavior leave children in institutions highly vulnerable to exploitation and abuse. When they reach adulthood, many young people must leave the institutions and begin life on their own, often without social networks, financial support, or emotional guidance. Care-leavers’ networks have found this transition is often compounded by trauma linked to experiences of sexual abuse and exploitation while in care.

Over the past decade, the global movement towards family- and community-based care has gathered momentum, supported by governments, civil society and international agencies. Yet, there remains limited understanding of how sexual abuse manifests within – and after – institutional care.

¹ van IJzendoorn, MH Bakermans-Kranenburg, MJ Duschinsky, R et al. Institutionalisation and deinstitutionalisation of children 1: a systematic and integrative review of evidence regarding effects on development. *Lancet Psychiatry*. 2020; 7:703-720.

² See for example: OHCHR (2007) Report of the Independent expert for the United Nations study on violence against children. <https://docs.un.org/en/A/61/299>; Sexual abuse in orphanages in Kenya- The case of Gregory Dow abuse in a Kenyan Orphanage: <https://www.bbc.com/news/world-africa-55947570> Malawi: A south African pastor abuses a child/girl in care; <https://www.investigativeplatform-mw.org/show-story/hell-at-childrens-havenUkraine>: Disability rights international: <https://www.driadvocacy.org/reports/no-way-home-exploitation-and-abuse-children-ukraines-orphanages>

³ Convention on the Rights of the Child. 1989. United Nations. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child> McNeish, Di and Scott, Sara. March 2023. Key messages from research on child sexual abuse in institutional contexts. [https://www.csacentre.org.uk/app/uploads/2023/03/Key-messages-from-research-on-child-sexual-abuse-in-institutional-contexts-2nd-edition-English.pdf#:~:text=ancillary%20role%20\(Gallagher%2C%202000:797\).%20It%20is%20now,involve%20multiple%20perpetrators%20and%20multiple%20victims%2C%20and](https://www.csacentre.org.uk/app/uploads/2023/03/Key-messages-from-research-on-child-sexual-abuse-in-institutional-contexts-2nd-edition-English.pdf#:~:text=ancillary%20role%20(Gallagher%2C%202000:797).%20It%20is%20now,involve%20multiple%20perpetrators%20and%20multiple%20victims%2C%20and)

Care leavers continue to face stigmatisation, silence, and a lack of safe mechanisms to report abuse or seek redress. Often, they do not want to talk about it.

The Association for Care Leavers Networks in Africa (ACNA) with support from One Young World and Children, Justice and Peace (CJP) Global, initiated this research to help bring the issue to the attention of decision-makers, as part of ongoing advocacy for the rights and wellbeing of young people transitioning out of care.

The study aims to generate evidence that informs global care reform efforts, strengthens accountability and amplifies the voices of survivors. Led by care-leavers, this report contributes to a growing body of knowledge on the intersection between care systems and sexual violence. It seeks not only to expose the realities faced by care leavers, but also to inspire policy, practice, and cultural change, to ensure that no child or young person is left unprotected within or beyond the care system.

Orphanage trafficking as a complicating factor

In many of the countries featured in this report, orphanage-trafficking is a central feature of the care system. There is a long history of links between institutionalisation, refugee children, international adoption, and trafficking, particularly in times of war and natural disasters.

The Global Slavery Index reports that “an estimated 5.4 million children worldwide live in orphanages and other institutions. In many countries, only a small proportion of children’s institutions are registered with the government, which leaves many children invisible to necessary oversight and protections.”⁴

According to UNICEF, child victims of trafficking are “recruited, transported, transferred, harbored or received for the purpose of exploitation.” There are documented links connecting institutionalisation and child trafficking. In “orphanage trafficking”, children are

actively recruited from vulnerable families into residential institutions for the purpose of financial profit and other forms of exploitation.⁵

The Lancet Commission found that children residing in institutional care were “at risk of severe physical or sexual abuse, violation of fundamental human rights, trafficking for sex or labour, exploitation through orphan tourism, and risk to health and well-being after being subjected to medical experimentation.”⁶

Institutionalised children are often used to promote “voluntourism”, a type of tourism where people visit or volunteer in orphanages and raise funds for the institution from donor countries such as the United States and Australia.

The US State Department Trafficking in Persons Report finds that “orphanages facilitate child trafficking rings by using false promises to recruit children, then by exploiting them to profit from donations. This practice has been well-documented in several countries, including Nepal, Cambodia, and Haiti.” Volunteering in institutions contributes to funding an industry which separates children from their families in order to make a profit. Moreover, a constant stream of new volunteers can affect a child’s attachment and negatively impact their development.

The US State Department’s 2018 Trafficking in Persons Report states “children in institutional care, including government-run facilities, can be easy targets for traffickers.” Institutions often allow national and international individuals and groups access to children in exchange for financial or in-kind support. Background checks are not always required for volunteers, increasing the risk of harm for children in institutions.⁷

Profit is often the primary motivation for orphanage trafficking. “In countries where orphanage trafficking takes place, orphanages have become a lucrative business due to the high levels of tourist, volunteer and foreign donor interest in assisting orphaned children.”⁸

⁴ Global Slavery Index. 2025. Walk Free. <https://www.walkfree.org/global-slavery-index/>.

⁵ Kathryn E. van Doore and Rebecca Nhep. Orphanage Trafficking and the Modern Slavery Act in Australia, 13 July 2018, www.e-ir.info/2018/07/13/orphanage-trafficking-and-the-modern-slavery-act-in-australia/.

⁶ Call for input: Addressing the exploitation and sexual abuse of children in the context of travel and tourism; a closer look at the phenomena of voluntourism. 2024. United Nations Special Rapporteur on the sale and sexual exploitation of children. https://www.ohchr.org/en/calls-for-input/2023/call-input-addressing-exploitation-and-sexual-abuse-children-context-travel#_ftn4

⁷ “Trafficking in Persons Report.” United States State Department. 2018.

⁸ Kathryn E. van Doore and Rebecca Nhep. Orphanage Trafficking and the Modern Slavery Act in Australia, 13 July 2018, www.e-ir.info/2018/07/13/orphanage-trafficking-and-the-modern-slavery-act-in-australia/.

Africa, Asia-Pacific and Latin America account for over 90% of the locations offered by voluntourism sending and receiving organisations.⁹

There is increasing global concern regarding orphanage trafficking.

In a recent report, the Honorable Anne Musiwa, Special Rapporteur on Children Without Parental Care in Africa for the African Committee of Experts on the Rights and Welfare of the Child, said, “orphanage trafficking is a serious crime which is both a regional and global issue, and is also multifaceted...regional and international child rights treaty bodies have a responsibility of monitoring States and advocating for having children in families and their protection from all forms of exploitation.”¹⁰

In 2023, 189 parliaments worldwide adopted the Inter-Parliamentary Union (IPU) Resolution on Orphanage Trafficking, which states, in part, “condemns all forms of orphanage trafficking and orphanage tourism, including orphanage volunteering; emphasizes the importance of cohesive international efforts to combat orphanage trafficking amidst armed conflicts or other humanitarian disasters; and calls upon parliaments to cooperate and coordinate with their governments to introduce legal measures aimed at combating orphanage trafficking at the national level.”¹¹

When launching a campaign to advocate for family-based care for all children across the globe, former Foreign Secretary of the UK, David Lammy, said, “every child deserves a loving and safe family environment where they can thrive and get the best start in life. Too many children are facing a life of neglect and abuse in harmful institutions such as orphanages, which do not have children’s best interest at heart.”¹²

It is hoped that the findings of this research will assist these governments, parliaments and regional bodies in their efforts to legislate against orphanage trafficking.

Approach to the research

The evidence included in this report was

gathered through desk research, a survey of care-leavers and a series of in-depth interviews. It can be difficult to contact care leavers and to convince them to participate in the research. Many have had previous negative experiences with research and struggle to trust strangers. The research was designed and led by care-leavers, using their networks to connect with people who might want to be involved.

ACNA members (13 networks across the African continent) shared the survey with care-leavers they knew. As a result, 73% of the responses are from care leavers in 14 countries in Africa. However, the researchers aimed to reach care leavers across the world.

Through broader networks, they reached a further 27% from a wide range of countries in the Middle East, Asia, the Americas, Europe and Australia.

57

people from **25** countries participated in a survey

18

people from **11** countries - covering all regions of the world - were chosen for in-depth individual interviews

The report presents the quantitative data from the surveys, complemented by the stories told by care leavers in interviews.

Anonymity and confidentiality

Many of the respondents were afraid of retaliation from perpetrators or others who benefited if anyone found out they had disclosed abuse and exploitation.

Therefore, all the information is anonymised and identifying details have been removed. Specific countries are not named, apart from large countries. Instead, the region of the world is mentioned.

The names of the people who have allowed us to use their stories have also been changed.

⁹ Call for input: Addressing the exploitation and sexual abuse of children in the context of travel and tourism; a closer look at the phenomena of voluntourism. 2024. United Nations Special Rapporteur on the sale and sexual exploitation of children. https://www.ohchr.org/en/calls-for-input/2023/call-input-addressing-exploitation-and-sexual-abuse-children-context-travel#_ftn4

¹⁰ A Lawmaker’s Guide to Stopping Orphanage Trafficking. 2024. Interparliamentary Taskforce on Human Trafficking. www.taskforceonHT.org.

¹¹ Orphanage trafficking: The role of parliaments in reducing harm. 27 October 2023. Inter-Parliamentary Union. 147th UPU Assembly; Orphanage Trafficking: The Hidden Crisis and Australia’s Response. 2025. Linda Reynolds. <https://www.lindareynolds.com.au/issues/orphanage-trafficking/>.

¹² Children’s care reform an international priority on Foreign Secretary and Barry Keoghan visit to Bulgaria. 17 January 2025. <https://www.gov.uk/government/news/childrens-care-reform-an-international-priority-on-foreign-secretary-and-barry-keoghan-visit-to-bulgaria>

Definitions

The research uses the following definitions:

Sexual abuse includes any unwanted sexual contact or activity without consent, including coercion, force, manipulation, or when the person cannot consent.

Sexual exploitation includes being pressured or coerced to exchange sex for something of value, such as: money, goods, shelter, protection, grades, or privileges. It may also be known as transactional sex or survival sex.

The exploitation may have been perpetrated by staff, volunteers, family members, people in authority, members of the community, other children in the institution, or others.

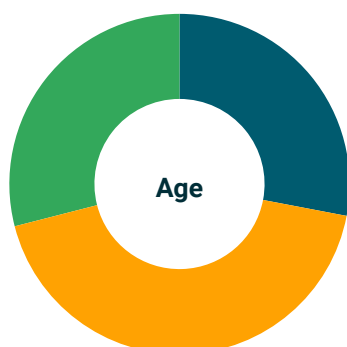
Content warning

This report contains real testimonies from care leavers across the world who have experienced sexual abuse or sexual exploitation as children or adults.

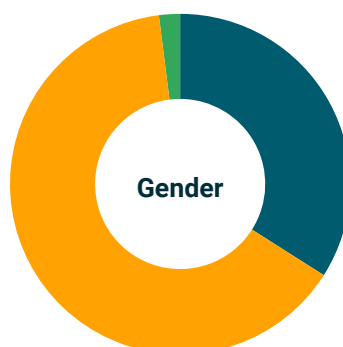
Some of the descriptions are graphic and some readers may find the content distressing.

Abuse and sexual exploitation – in care and after care

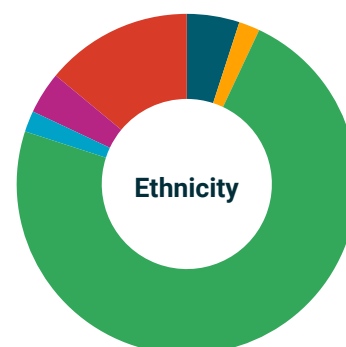
Who are the research respondents?



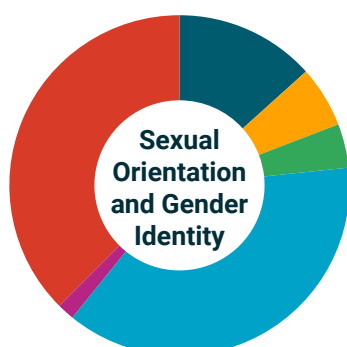
- 18 - 24 (28%)
- 25 - 34 (43%)
- 35 and over (29%)



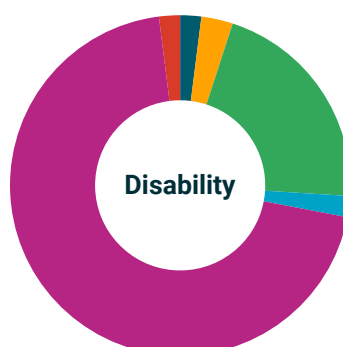
- Men (34%)
- Women (64%)
- Prefer not to say (2%)



- Afro-Caribbean (5%)
- Australian (2%)
- Black African (73%)
- Indigenous (2%)
- South-Asian (2%)
- White (14%)



- Bisexual (16%)
- Gay (7%)
- Gay and queer (5%)
- Heterosexual (45%)
- Intersex (2%)
- Prefer not to say (25%)



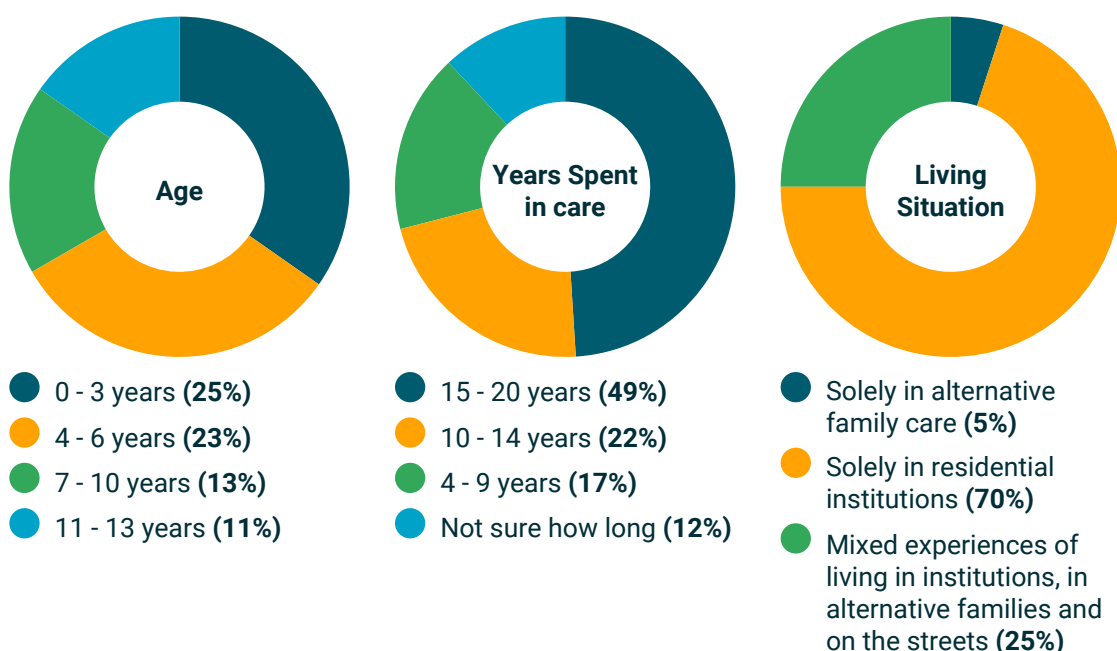
- Intellectual (2%)
- Physical (3%)
- Psychosocial or mental health (21%)
- Sensory (2%)
- None (70%)
- Prefer not to say (2%)



- African continent (73%)
- Australia (4%)
- Eastern Europe (7%)
- Western Europe (7%)
- Latin America and the Caribbean (5%)
- South-east Asia (4%)

Care-leavers' lives in care

Many of the care-leavers (28%) were not sure at what age they had entered care. However, most entered care at a young age. They spent many years in the care system, and most (95%) had lived in residential institutions, but some had also been in other forms of care – foster and adoptive families. Some also spent time on the streets. A significant number moved several times – from families, to institutions to the streets, or moved from one institution to another.



Life after care

Many of the respondents were living in challenging conditions: poverty, precarious income and a lack of stable housing were common. Only 30% of the care-leavers who answered the survey were currently living in stable housing; 25% were living in **temporary housing or a shelter**; 21% were living with a **partner or friend**; and 14% were **homeless**.

75%

had experienced some form of **violence** – **often multiple forms** after leaving care

63%

of care-leavers suffered **depression or mental health issues**

50%

never told anyone about the abuse; only **13%** tried to bring the perpetrator to justice

59%

were abused or exploited **by intimate partners**

37%

were abused or exploited **by their landlord**

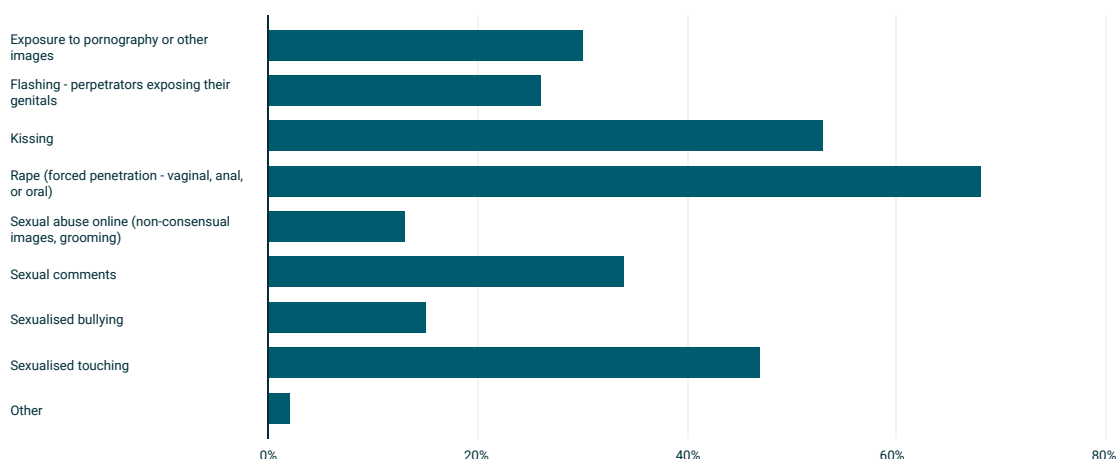
37%

were abused or exploited **by NGO representatives**; and **20% by government officials**

Care-leavers' experience of sexual abuse and sexual exploitation while in care

As seen in Graph A below, **most of the respondents (73%) experienced sexual abuse** while they were children living in institutions. Of those who experienced abuse, **more than two thirds (68%) experienced rape.**

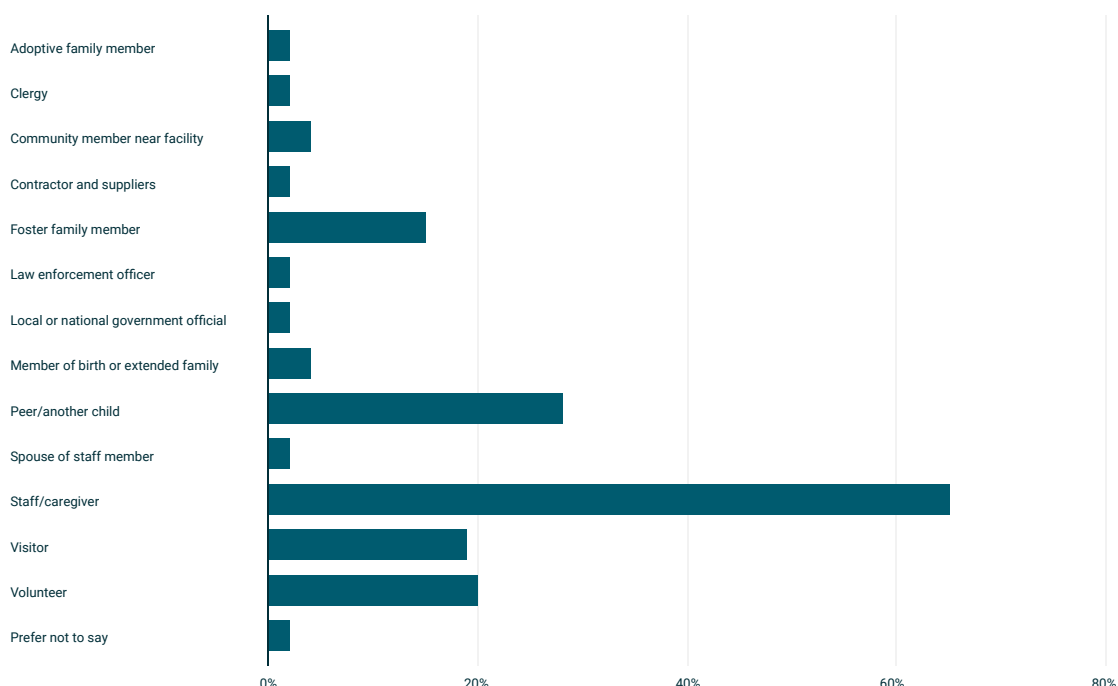
Graph A: Reported types of sexual abuse in care (%)



Perpetrators of abuse

When asked who perpetrated the abuse, as seen in Graph B, **63% of respondents said they were abused by a care-worker or other staff member** in the institution, **39% were abused by a volunteer or other visitor** to the institution, **15% were abused by a foster family member**, and **28% were abused by another child in the institution.**

Graph B: Reported perpetrators of abuse (%)



Smaller numbers of care-leavers mentioned abuse by other trusted adults – including local law enforcement, public officials and business people.

Children are blamed for the abuse they suffer

Respondents frequently disclosed that **they had been blamed for the abuse they had suffered**. And the **actions taken** by the orphanages to deal with the situations were **rarely in the best interests of children**. In some cases, they were **condemned to a lifetime of abuse**, like Fatima.

Fatima's story

I am a 23-year-old woman from a North-east African country and was placed in care in 2002 as a baby. That's what I know from what the orphanage told me. My parents had died, and the orphanage became my home. I grew up believing it was my family. I didn't know anyone else apart from the care workers and the people who ran the programmes. For a long time, I wasn't close to my extended family because I believed the orphanage was my real home, until only a few years ago when I began to see things differently.

When I was 14 years old, one of the care workers raped me one evening. I couldn't tell anyone because, in my country, men are highly respected, and speaking about such things is considered shameful. I became pregnant. I used to sleep a lot, and that's when the teacher sent me to the house mother, who questioned me. When I admitted I was pregnant, I was beaten and warned to keep quiet, as it was forbidden to discuss such matters publicly. She also asked me why I was 'playing with men'. She told me she will talk to the management about what to do with me.

She informed me that, because I was pregnant, they had decided I should leave the orphanage and they made me marry the man who had raped me. That is how I left the orphanage. The other children never knew what happened to me or where I went. He is a respected man in the community and now I am his second wife and a mother of three children.

I cannot report what happened because I do not know how or where to start. I also don't want to lose my community. Here, girls from the orphanages are not able to get married because men do not want to marry them because of stigma. Marriage here is a big thing. And when you are in the orphanage, most of us do not have a community or do not know who their community is.

Reporting him would work against me, especially now that I am married to him. Of course, the impact is that this disrupted my education and this is not how I would have envisioned my life.

73%

experienced **sexual abuse while they were children** living in institutions. Of those who experienced abuse, **more than two thirds (68%) experienced rape**.

Abuse in an adoptive family

In a small number of cases, research participants were **abused by their adoptive families** – like in Naomi's situation.

Naomi's story

I am a 30-year-old woman from a Caribbean country. I grew up in an orphanage before being internationally adopted by a family and being raised in the United States. My story is complex, but for this research, I will focus mainly on the sexual abuse I experienced, though I also endured physical and emotional abuse.

At first, my adoptive family seemed kind. However, over time, I realised I didn't fully belong. Being a Black child in a white family made me feel like an outsider. Still, I was grateful to have left the orphanage, where life had been extremely difficult. I was 9 years old then, filled with hope for stability, education, and a brighter future. When I arrived here, I noticed strange behavior from some members of my extended family and the community in general. Life moved quickly, and I was often allowed to attend family gatherings or stay with relatives. During one of those week-long visits, when I was 13, a male relative sexually assaulted me several times.

I carried this trauma in silence for a long time. My school performance began to decline, but I couldn't bring myself to tell anyone. One day, during a Sunday school lesson on forgiveness, I felt the urge to forgive him, but something inside me couldn't. Instead, I confided in my Sunday school teacher. She listened with compassion and encouraged me to speak to my adoptive mother.

Since I was hesitant, she offered to arrange a three-way conversation, to which I agreed.

During the meeting, my adoptive mother appeared disturbed and promised to handle the matter.

However, once we got home, her tone changed. She scolded me for speaking about such issues in church and reminded me of how much they had “done for me.”

She questioned why I would want to shame her family, warning that if people found out, it could ruin their reputation, especially since my adoptive father was a respected figure in the church both in the U.S. and abroad. She told me that if I continued to spread such “stories,” I could be sent back to my home country to live in poverty again.

At one point, she even doubted my experience, asking why I had stayed silent for so long. She said what I had gone through was “nothing compared to the pain of poverty” and that I should be grateful for the life they had given me.

Abuse or exploitation by women

Most of the care-leavers who experienced **abuse** and participated in this research **were women**. And **most perpetrators were men**.

However, there were also **cases where boys and young men were abused**. And in a few situations, their **abusers were adult women** – often who came **from other countries** as volunteers, donors or visitors.

Ayaan's story

I am a 30-year-old man from South-east Asia, though I am not sure of my exact age because my birth records were lost. When I was a small boy, I ran away from home to escape two uncles who had raped me several times.

Life on the streets was brutal. I was repeatedly raped by other children and even strangers who would chase us away, calling us dirty. I was rescued from the streets and taken to an orphanage when I was about seven years old. I found it hard to adjust. I was described as stubborn and was often beaten. Having lived freely on the streets - even if that ‘freedom’ was filled with danger – being confined within walls and fences felt unbearable.

After a year, I ran away again, then a family helped me and took me to a different orphanage. They assigned me a mentor who helped me change, and over time I began to

do better. I became more disciplined and was often chosen to speak to visitors and donors as an example of transformation.

Among the frequent visitors were two foreign women who seemed particularly fond of me. They brought gifts, praised me, and always requested that I accompany them on trips outside the orphanage.

When I was 16 years old, during one of these overnight trips, they invited me to their hotel room “to play cards.” That night, they initiated sexual contact with me. I felt confused, ashamed, and powerless. In my culture, men are expected to be strong, and the idea of a man being sexually violated by women is seen as weakness.

Each time they returned to the orphanage, the same abuse happened again. I once tried to tell a teacher what had happened, but he told me to stay quiet because the women were donors. He said, “You’re a big boy, don’t complain like a child. Didn’t you enjoy it?” Those words silenced me and made me question myself. Then another thought came, what if I report to the police? But there was no way of reporting to the police or any system because you are locked in and rarely leave the building. The only time you do leave, you are accompanied.

After leaving care at 19, I struggled to survive. The orphanage said they had supported me enough and refused to take me back. I had no home and was moving from one friend’s place to another. Eventually, I began relationships with older women I met online who gave me money in exchange for sex. I used that money to pay for vocational training and living expenses.

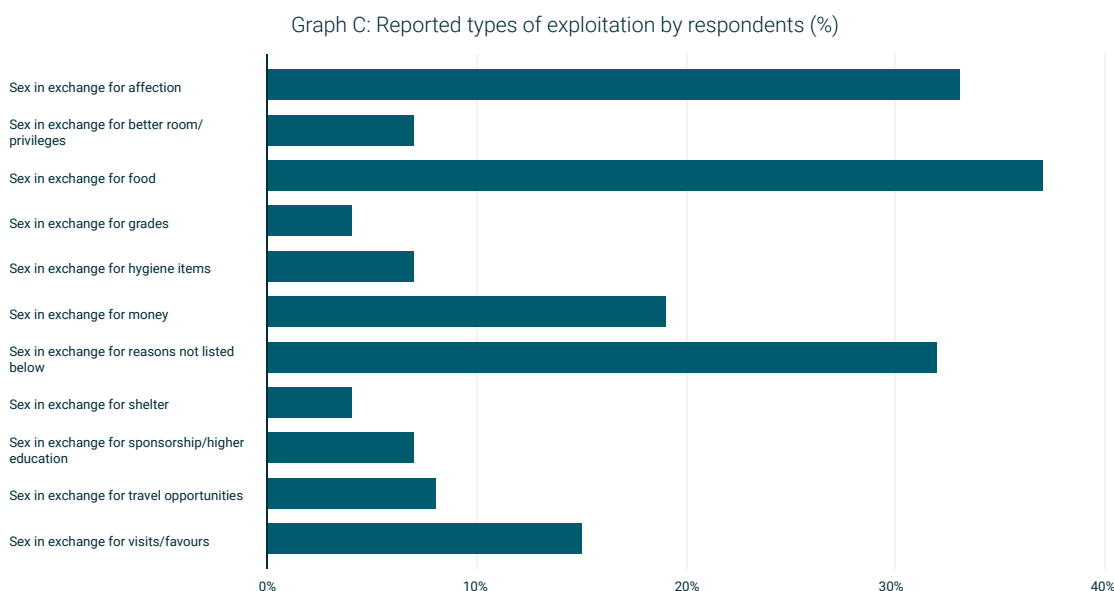
I am currently on antidepressant medication. There are days when I feel empty and without purpose, unable to leave my room or carry out simple tasks. I often can’t explain exactly what triggers these feelings, but the memories of my past still disturb me deeply. At times, life feels like chasing the wind.

65%

of cases of abuse in care, **the perpetrator was a care-worker or other staff member** in the institution; **39% were abused by a volunteer or other visitor**.

Sexual exploitation while in care

Fewer of the respondents had experienced sexual exploitation than sexual abuse while they were in care. Graph C shows that **44% of care-leavers were not sexually exploited**, while **36% had been sexually exploited** and **14% did not know**. This might be because of the more complex nature of sexual exploitation, making it more difficult for care-leavers to identify.



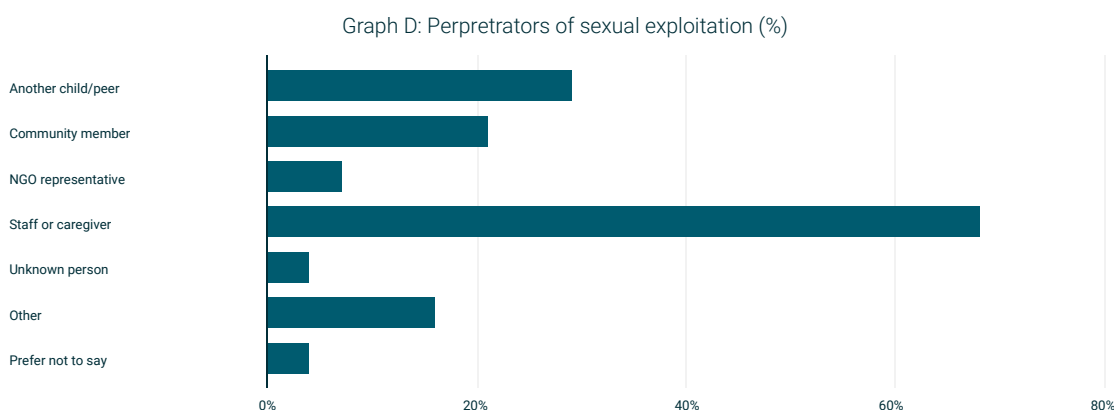
The reasons for the sexual exploitation were alarming. **37%** were engaging in **sex in exchange for food** and **33%** were engaging in **sex as a way to receive affection**. **11%** engaged in **sex so they would get good grades** or be sponsored in their education.

“I never reported what happened, but after leaving care, I shared it with a friend. She told me she had gone through the same thing... She said he used to give her good marks in exams. They always told us that if we didn’t perform well, we wouldn’t be supported, so she felt pressured to have sex in order to get good marks. She said the first time she got higher marks was after she had sex with him.”

It should be remembered that most of this exploitation was taking place when they were children – and our case studies show that this sometimes began at a very young age.

Perpetrators of sexual exploitation of children while in care

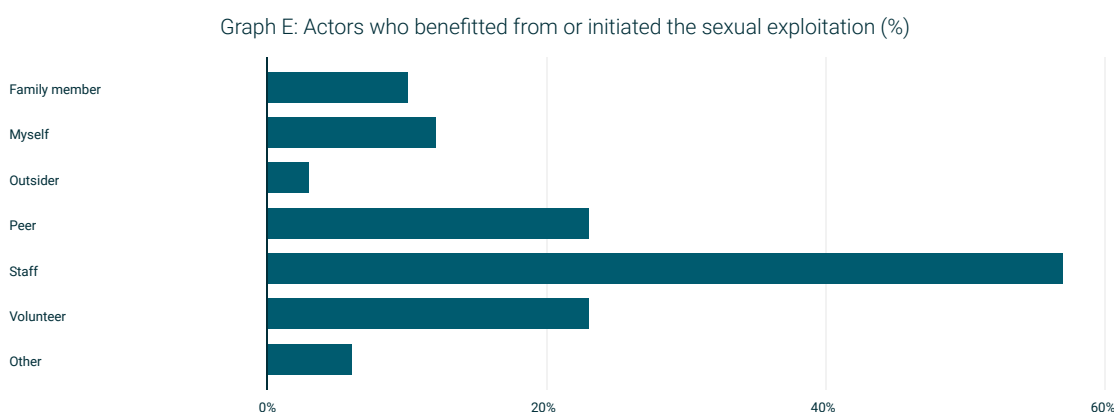
Again, as Graph D shows, the **perpetrators were overwhelmingly the adults that children should most be able to trust.**



In **68%** of cases, the **perpetrators were care workers or other staff members of the institution**, while **21%** were members of **the community**; and **7%** were **representatives from NGOs**. **29%** of perpetrators were **other children and young people** in the institution.

“Later, after the volunteers had returned to the USA, they sent us gifts through a teacher at the orphanage. They sent him a phone so that he could help us communicate with them. They began asking for sexual videos, including group sex. They would call the teacher, who would set up a live video feed with them on the other end and then he would take us into a room and leave us with the phone so that we could have sex live on video. In return, they sent money and other small gifts.”

However, as Graph E shows below, when asked who benefitted from this sexual exploitation, the care-leavers’ perceptions were of concern.



It is not surprising that **57%** of respondents said that **staff benefitted** and **23%** said a **volunteer** had benefitted. However, it is worrying that **12%** of respondents believed **they themselves had benefitted**.

Abuse perpetrated by donors

Often, the abusers were care workers, but some were abused by **donors to the institution**, as Amal experienced.

Amal's story

I am 26 years old and I grew up in a care centre when my parents died. I was young and we had people coming and donating to our shelter. There is this one donor who has been with me and has seen us grow from being young babies. At around 14 years, this donor started seeing me differently and started seeing me sexually.

This was because my body had begun to change. He started befriending me and saying I am beautiful and he would want to marry me one day. When visitors came to the orphanage, as long as they talk to the management, they could take you away on vacations and bring you back. So he started taking me out to fancy places and buying me things and expensive gifts.

Around the same time, he would give me a hug and touch my breasts inappropriately. He would also hold me so tight and not let go of me. He said many times he wanted to have sex with me but I did not consent to it and so we never had sex. But he did touch me and put his hands in my private parts. This continued throughout my time in care.

He would take me to expensive hotels by the beach and everyone knew he was my donor. I left care at 24 years of age and I am grateful that my home allowed me to stay longer than many other children. When I left care this situation with him carried on.

When I tried to end contact, he turned violent. He threatened me not to get married to someone else, saying that he had invested in me since I was a young girl and there is no way I can repay that apart from being his wife. It's turned out to be emotionally abusive.

If he learns of me talking with other men, he finds a way to call them and threaten that he will have them beaten by strangers and asks every man to stay away from me because I am his wife.

77%

of respondents **knew about other children being sexually abused or sexually exploited** in care.

Abuse perpetrated by volunteers from abroad

In other cases, the people **abusing or exploiting** the children were **volunteers** or donors **from abroad**.

They were **groomed and abused** during their **childhood** – then the **same perpetrators continued the exploitation in adulthood**, such as in the case of Mary.

Mary's story

I am a 26-year-old woman from West Africa. Following the death of my parents as a young child, I grew up in an orphanage. Later, I was informally 'adopted' by a white, American missionary couple who were working in the church in my country. I hoped that I would have a chance to live in America. However, we moved to a neighbouring country. After four years of living with them and other Black children in their family home, everything suddenly changed.

The missionaries were accused of stealing children and being involved in illegal activities, including the disappearance of a child who still had living parents. We were taken away and placed in another orphanage. That was the beginning of another stage in my life. I felt that my American dream had been cut short.

As a confident girl who could easily communicate with white people, something I learned from spending time alone and reading books, I found it easy to fit in, because the staff liked to have me talk with all the white visitors. I also began changing myself to appear more attractive to white people, trying to speak and act like them, believing it would help me travel abroad one day and live the 'American dream'. We had frequent white visitors who stayed in guest houses within the orphanage compound. They often invited me to spend time with them.

One evening, when I was 14 years old, there was a group of five university students from the USA who were volunteers – three women and two men. They encouraged me to drink alcohol, which I had never done before. Once I was drunk, they asked if I had any sexual experience, which I didn't. They told me about the concept of polyamory and said that three of them were in an open, polyamorous relationship. It seemed like they were trying to reassure me that this was ok. They encouraged me to invite my best friend, a girl the same age as me.

That night, they sneaked us out of the orphanage in their car and took us to a bar with a private VIP room. We were excited because we never got to leave the orphanage. They bought us alcohol, encouraged us to dance, and told us to “act like adults.” One of the men kissed me – and I had never had this experience before. After they took us back to the orphanage, the two men made me and my friend have group sex with them, while the women were present in the room.

The next day, the five of them laughed about it and showed us videos of what had happened, saying it was “funny.” They told us we were not the first girls to have been involved in group sex. That made me feel less alone and confused about whether it was wrong. They later convinced me to bring another friend, John who was my age. They were always kind but manipulative. They told us to have sex with each other and eventually, we gave in – and they watched. The women then made John have sex with them.

Later, after the volunteers had returned to the USA, they sent us gifts through a teacher at the orphanage. They sent him a phone so that he could help us communicate with them. They began asking for sexual videos, including group sex. They would call the teacher, who would set up a live video feed with them on the other end and then he would take us into a room and leave us with the phone so that we could have sex live on video. In return, they sent money and other small gifts. At 17 years old, I left the orphanage, but I stayed in contact with the volunteers. When I was 19, they told me to meet some of their “friends” who were visiting the country and had brought gifts from America. A white man picked me up and took me to a private house where other white people gathered.

That day, five white men raped me and filmed everything. When I later contacted the volunteers who had sent me there and told them what had happened, they said it was I who had made a mistake and that I had gone to the wrong address. They sent me \$500 to help cover my rent.

For a long time, I believed that I had made a mistake, but I now know that was not true, because later, they asked me to go again, this time with my friend John, to another house. There were different white men there, including one I recognized from a video call. They provided food and clothes but forced us to make sexual videos that involved violence.

One night, the abuse became so violent that I screamed. A woman pastor who lived nearby heard the screams and came to our rescue. She called the police and took us to her home.

At first, she seemed kind and respected in the community. Many important people visited her for prayers and spiritual advice. But soon, strange things began happening – and we witnessed terrible physical abuse of other children, some of whom died. We were always supervised and not allowed out of the house, but one day, the pastor asked me and John to open the gate for some guests because the security guard was ill. We saw our chance to escape and we both ran as fast as we could and never looked back.

Today, I do menial jobs, and so does John. I am grateful to be alive. I no longer seek justice because I think about those children who lost their lives and I feel lucky. I find comfort knowing that I am not alone. Many of us who grew up in orphanages have been left alone in the community, struggling to survive without anyone to turn to.

Abuse in a foster family

Although **most** of the respondents experienced **abuse in residential institutions**, some were **abused** or exploited in **foster families**, like Emilia.

Emilia's story

I am 38 years old and live in a Western European country. The government took me away from my mum because of alcohol abuse. They put me in the care of a foster family. Years of abuse followed – physical abuse from my foster mother and sexual abuse from my foster father.

The abuse began when I was 11 years old and carried on for four years. My foster father also had relationships with men. He would travel with me and his male partners would also rape me. I don't think my foster mother knew about this. I had no support after I left foster care, so I went on to work at a brothel. It was a way of earning an income for me and crafting the life I wanted for myself. At least now I was getting paid for being a sex worker and in turn I could pay my bills. I am now a successful business person. I live in the US and I do consulting work for companies. But achieving this was at a huge price – it almost cost me my life.

Age at which the sexual abuse or sexual exploitation began

When asked their age when the abuse began, more than **30%** either did not know or did not respond. However:

30%

of children were aged
**7 - 10 when the abuse
started**

33%

of children were aged
**11 - 13 when the abuse
started**

6%

of children were aged
**14 - 15 when the abuse
started**

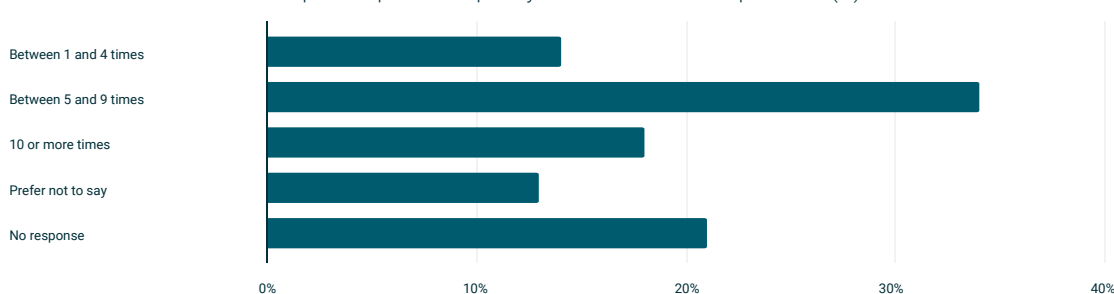
Therefore, these were clearly young children – and there can be no suggestion of any choice or consent on their part.

Frequency of the sexual abuse or sexual exploitation

Many care leavers experienced multiple incidents of abuse – in some cases, with more than one perpetrator. **13%** preferred not to respond.

However, as Graph F shows, only **14%** of children reported abuse between 1 and 4 times; whilst **34% were abused between 5 and 9 times**; and **18% were abused 10 or more times**.

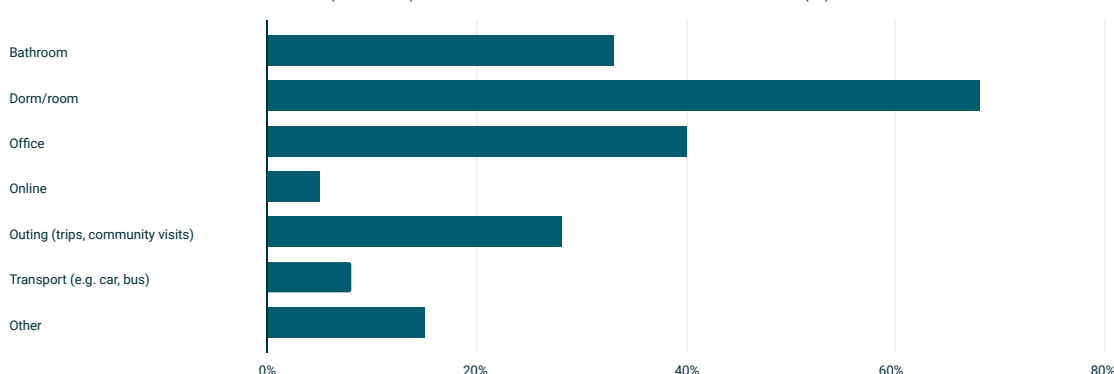
Graph F: Reported frequency of sexual abuse or exploitation (%)



Location of the abuse

It would appear that **few locations were safe for children**, but most care-leavers (**68%**) were **abused in dormitories or bedrooms**. Staff offices were also **common sites for abuse (40%)**, with **33% experiencing abuse in bathrooms**. In **28%** of cases, **abuse took place on outings and visits to the community**.

Graph G: Reported locations of where abuse occurred (%)



Thus, it is clear that residential institutions were not a safe place for children, most of whom were subjected to some form of sexual abuse or sexual exploitation, where no space appeared to be safe, and where abuse took place on multiple occasions – sometimes over many years – and, at times, with multiple perpetrators.

Disclosure or reporting of abuse

Only 23% of respondents told someone about the abuse they suffered, with **50% saying they did not report the abuse**, like Maryam.

Maryam's story

I am a 22-year-old woman from a North African country, and I was placed in a shelter when I was an infant. The owner of the shelter lived within the compound, and he often invited some of the older girls to help clean his house. In our culture, girls are usually expected to take responsibility for household chores, so volunteering to help was seen as normal. I was among three girls who regularly went to his house to clean. I was 13 years old, my friend was 14 and the other girl was 16. Sometimes his wife would be away for the weekend.

One day, while I was washing the dishes, he asked me to start cleaning his bedroom. When I began, he came in, grabbed me and forced himself on me. I was bleeding so much afterward that I could hardly walk. He called the matron and told her I was sick and had a headache. Later, he warned me to stick to that story and never tell anyone the truth. He said that if I spoke up, he would have me expelled from the shelter, reminding me that there were many other orphans waiting for a space and a chance to be admitted at the orphanage.

So, I stayed silent. I remained in the orphanage until I was 18, when I was finally released into the community. Many girls did not receive any support after leaving, but I was among the few who did.

However, my connection to him never really ended. I am still involved with him not because I want to, but because I depend on his support until I can get a stable job. He continues to provide me with things I need and certain opportunities that others don't have. I later learned that another girl who used to help clean his house is also being supported by him and is in a similar relationship.

Here in my country, orphans are often viewed as children born out of sin. It feels like society sees our situation as a punishment. This

stigma makes it even harder to speak out or hold anyone accountable – and I am still dependent on him, as are many other girls.

Until I become financially independent and capable of standing on my own, I feel I cannot report him or walk away. Part of me also feels conflicted because despite everything, he has supported me, and now that I am an adult, I sometimes feel guilty even thinking about reporting him.

This experience resonates with international evidence. Disclosure is one way child sexual abuse comes to light, but many victims delay reporting or stay silent into adulthood.⁹ While no culture is defined by a single value, recognizing values commonly held within a culture can help address barriers to disclosure.

Research on how such values influence disclosure is limited, but certain cultural factors may silence victims and include “shame; taboos and modesty; sexual scripts; virginity; women’s status; obligatory violence; honor, respect, and patriarchy; and others.” In cultures where discussion of sexuality is suppressed, children and adults often struggle to speak out.

“The values of haya (modesty) and sharam (shame/embarrassment) in Arab cultures and pudor (shame, modesty) in Spanish silence both sex education and disclosures.” Emphasis on female virginity and the shame surrounding its loss may discourage girls from disclosing or seeking help.¹⁰

33%

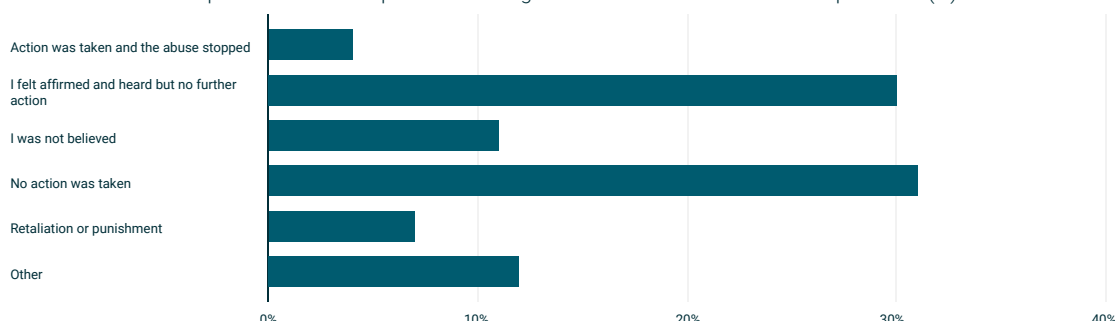
of respondents said that they felt **too embarrassed or ashamed** as a reason for not seeking justice

⁹ Fisher, Cate; et al. July 2017. The impacts of child sexual abuse: A rapid evidence assessment. Independent Inquiry into Child Sexual Abuse (IICSA); Perez-Gonzalez, A., and Pereda, N. 2015. Systematic review of the prevalence of suicidal ideation and behavior in minors who have been sexually abused. *Actas Espanolas De Psiquiatria*; Fergusson et al. 2013.; O’Riordan and Arensman. 2007. Institutional child sexual abuse and suicidal behaviour: Outcomes of a literature review, consultation meetings and a qualitative study. <https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/research/childsexualabuse.pdf>.

¹⁰ Fontes, Lisa & Plummer, Carol. 2010. Cultural Issues in Disclosures of Child Sexual Abuse. *Journal of child sexual abuse*. 19. 491-518. 10.1080/10538712.2010.512520.

Of those who did tell someone, **48%** told a friend, with **only 35% telling a trusted adult**. In most cases, the outcome of disclosing the abuse was not satisfactory, as seen in Graph H. Action was taken that **stopped the abuse in only 4% of cases**, **11%** of respondents said they were **not believed**, and **7%** of respondents were **punished or faced another form of retaliation**. **31%** of respondents said that **no action was taken**, while **30%** felt affirmed and listened to, but **no action was taken to stop the abuse**.

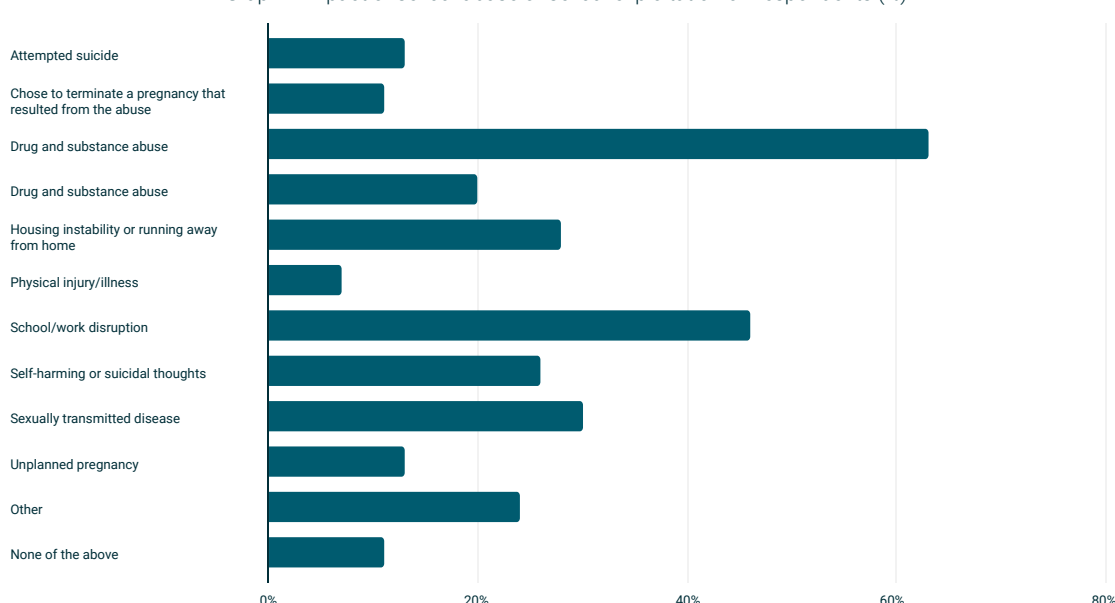
Graph H: Outcomes reported following disclosure of sexual abuse or exploitation (%)



The impact of sexual abuse or sexual exploitation experienced as a child

Graph I shows that most of the respondents experienced a range of **serious negative effects** due to the abuse or exploitation they suffered whilst living in care.

Graph I: Impact of sexual abuse or sexual exploitation on respondents (%)



63% of care-leavers suffered depression or negative impacts on their mental health, **30% contracted sexually transmitted infections (STIs)**, **13% resulted in unwanted pregnancy** and **11% terminated the pregnancy**, **20%** turned to drug or **substance abuse**, **26%** engaged in **self-harming or had suicidal thoughts**; and **13% attempted suicide**.

Respondents' experience of effects on their mental health is consistent with global evidence. A 2019 umbrella review of long-term outcomes of childhood sexual abuse by Lancet Psychiatry found that "childhood sexual abuse is associated with elevated risks of long-term psychosocial, psychiatric, and physical health outcomes.

In particular, there is high-quality evidence for associations between childhood sexual abuse and two psychiatric disorders (schizophrenia and post-traumatic stress disorder) and one psychosocial outcome (substance misuse)."¹¹

¹¹ Hailes, Helen P et al. 2019. Long-term outcomes of childhood sexual abuse: an umbrella review. The Lancet Psychiatry, Volume 6, Issue 10, 830 - 839

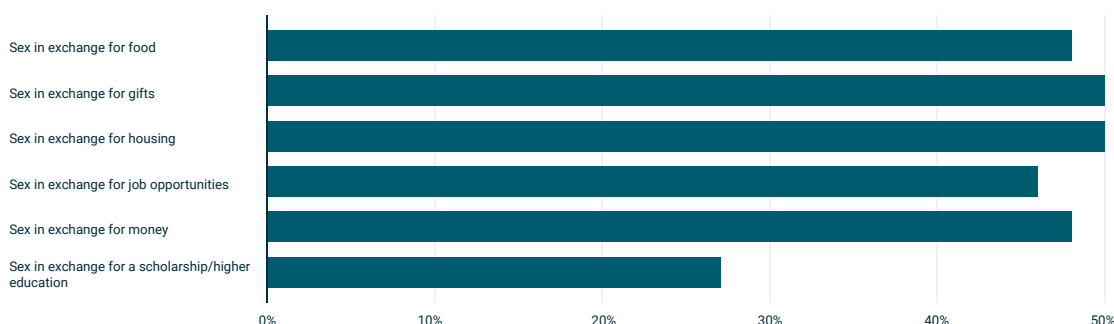
Care-leavers' witnessing of the abuse of other children

Many care-leavers were also aware of abuse of other children with whom they lived in care.

77% of respondents had **witnessed** – or heard from – **other children being sexually abused** or sexually exploited in care. Overwhelmingly, the abuse they witnessed or was disclosed to them took place in residential institutions (**71%**).

Again, the **majority** of these children had **experienced rape (64%)**. Of those experiencing sexual exploitation, the main types were **exchanging sex for: food, housing, sponsorship for education, money or job opportunities** as shown in Graph J.

Graph J: Types of sexual exploitation experienced based on respondents' knowledge (%)



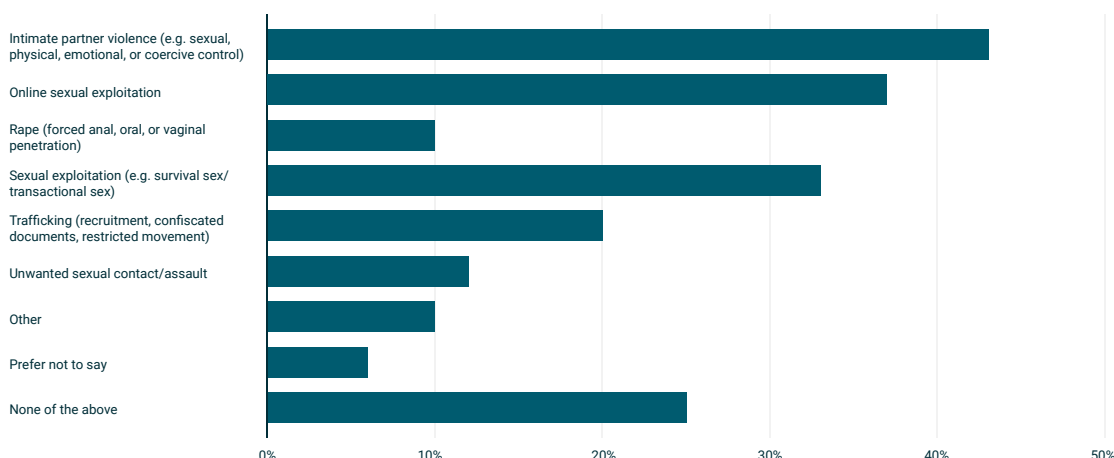
Most respondents (**57%**) **never reported the sexual abuse or sexual exploitation** that they had witnessed.

Experience of sexual abuse or sexual exploitation after leaving care

Only **25%** of respondents reported not experiencing violence, abuse or exploitation since leaving care, with **6%** preferring not to answer. **69%** had **experienced some form of violence**, with many respondents experiencing multiple forms.

As Graph K shows, **43%** of respondents had experienced or were experiencing **violence, abuse or exploitation from their intimate partners**, **37%** were being exploited **sexually online**, whilst **33%** reported sexual exploitation such as **survival sex or transactional sex**, **20%** of respondents had experienced **trafficking**, and **10%** of respondents had been **raped**.

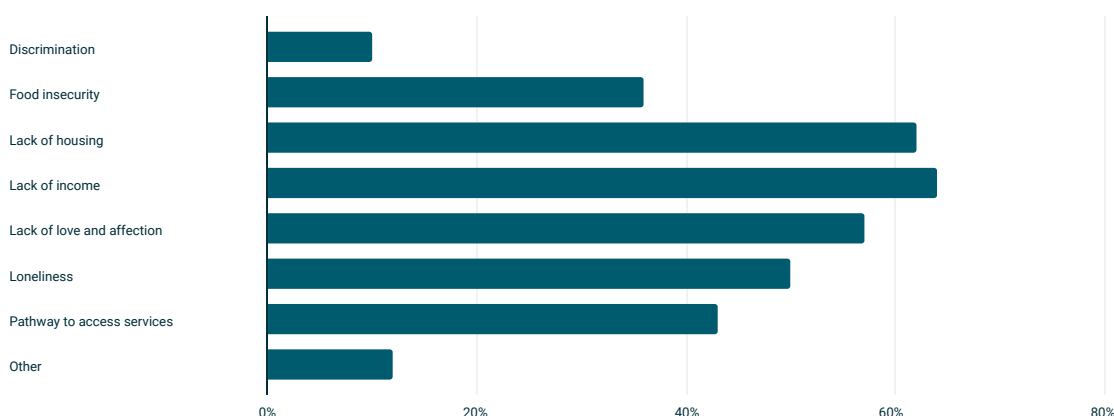
Graph K: Reported experiences of abuse, exploitation, and violence since leaving care (%)



Push factors behind the abuse and exploitation after leaving care

For most respondents, the abuse and exploitation post-care relates to existential issues. As Graph L shows, **36%** of care-leavers are being exploited due to **food insecurity**, more than **60%** are exploited or abused because they **lack an income or lack housing**, and **43%** are exploited **when trying to access support services**.

Graph L: Reported push factors contributing to sexual exploitation since leaving care (%)



However, **50%** of respondents are being exploited or abused due to **loneliness** and **57%** due to a **lack of love and affection**.

These findings highlight a complex set of the key challenges faced by care-leavers:

- Due to trauma and the impact of institutionalisation during their childhood, they are less likely to do well in education and more likely to struggle to find employment. In many countries, this is compounded by the lack of a family support network, which is usually the pathway to employment. Thus, they are more likely to go hungry, live in insecure accommodation, or be homeless – making them more vulnerable to abuse and exploitation
- Children who are raised in institutions from a young age have usually not formed a secure attachment with a trusted adult caregiver. This means they have no model of appropriate boundaries and healthy relationships. This is compounded by the impact of sexual abuse or sexual exploitation in childhood, meaning that many young care-leavers have experienced multiple traumas over many years. As adults, this is likely to make them more insecure, more prone to mental health issues, such as depression and heightened anxiety.

- Moreover, they may view exploitation and abuse as ‘normal’ or something they have brought on themselves. Without support networks, and due to the lack of early childhood attachment, they are likely to be desperate for love and affection.

Evidence from many respondents suggested they tended to **minimise the severity** of their experiences or to **feel they were partially to blame** for the sexual exploitation they experienced. This resonated with international research. According to the Independent Inquiry into Child Sexual Abuse (IICSA), **many studies have highlighted a link between child sexual abuse, self-blame, and low self-esteem.**¹²

A review of studies of adults coping with child sexual abuse found that “all child abuse victims evidenced a greater tendency to use distancing and self-blame to cope, and child sexual abuse victims engaged in self-isolation to a greater degree than did victims of child physical abuse and nonvictims.”¹³

This combination of factors makes care-leavers exceptionally vulnerable to sexual abuse and exploitation – and, for many, it becomes a cycle from which they feel

¹² Fisher, Cate; et al. July 2017. The impacts of child sexual abuse: A rapid evidence assessment. Independent Inquiry into Child Sexual Abuse (IICSA); Perez-Gonzalez, A., and Pereda, N. 2015. Systematic review of the prevalence of suicidal ideation and behavior in minors who have been sexually abused. *Actas Espanolas De Psiquiatria*; Fergusson et al. 2013.; O’Riordan and Arensman. 2007. Institutional child sexual abuse and suicidal behaviour: Outcomes of a literature review, consultation meetings and a qualitative study. <https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/research/childsexualabuse.pdf>.

¹³ Walsh K, Fortier MA, Dilillo D. Adult Coping with Childhood Sexual Abuse: A Theoretical and Empirical Review. *Aggress Violent Behav.* 2010;15(1):1-13. doi: 10.1016/j.avb.2009.06.009. PMID: 20161502; PMCID: PMC2796830.

unable to escape. This is reflected in the characteristics of the perpetrators of sexual abuse and sexual exploitation – and this is confirmed by global evidence.

For example, IICSA found that survivors of child sexual abuse are more likely to experience abuse again in childhood or adulthood and may be two to four times more likely to become victims of sexual, physical or emotional abuse again in their lifetime compared with their peers.¹⁴

However, the Centre of expertise on child sexual abuse adds that “the complex relationship between sexual abuse and other aspects of an individual’s life experiences means that, while a particular outcome may be strongly associated with child sexual abuse, it is not usually possible to state that the abuse is the sole cause of that outcome – especially where someone has also experienced other forms of child abuse or neglect.

It is common for victim-survivors to experience multiple forms of victimisation in childhood.”¹⁵

Links between abuse in childhood and exploitation in adulthood

Many respondents were **abused or exploited both as children and as adults**. Some, like Caroline, were driven to **accept unwanted sex**, as they had **no other source of income** or support.

Caroline’s story

I am 32 years old now. I left care when I was 26. Because of my disability, when other children went out to play, I was always left behind. We only had two wheelchairs, yet there were about 20 of us who needed support. Some children had intellectual disabilities and couldn’t talk. There was an old man who used to come by whenever the others were outside playing. He would talk to me from time to time, and we grew fond of each other. I genuinely thought he cared for me because I felt comfortable telling him when I had problems, and he was always helpful and hands-on, especially because of my disability. When I was tired, I would ask him to help me onto the bed so I could stretch.

One day, when I was 11 years old, he told me that my breasts had grown and that I was now a big woman, ready to marry. That day, he started touching me and kissed me for the first time. Two weeks later, he did the same thing again.

At night-time, they used to inject us with something to make us sleep because we were considered naughty. When the others were being injected by the care worker, he said I shouldn’t get the injection because he wanted to talk to me. I now know he did that intentionally to isolate me. A little later, when I got into bed, the others were beginning to fall asleep and that is when he first raped me.

It happened many times after that, more than ten times. When I missed my period, I suspected I was pregnant. I told him and he brought me some drugs and told me to insert them “down there.” I bled heavily afterward and the pain was excruciating. He told me to say I was having painful, heavy periods. I was given painkillers and told to rest on the floor. He promised me he wouldn’t tell anyone because, in that home, if a girl got pregnant, she would be sent away.

I never reported what happened, but after leaving care, I shared it with a friend. She told me she had gone through the same thing with the same man and also with another teacher at the home. She said he used to give her good marks in exams. They always told us that if we didn’t perform well, we wouldn’t be supported, so she felt pressured to have sex in order to get good marks. She said the first time she got higher marks was after she had sex with him.

When I left the orphanage, I was given money to cover three months of rent for my hostel, but I didn’t have a job. I was in university and struggling financially. I told another girl about my situation, and she told me about an app where you could find men who paid if you recorded yourself touching yourself or masturbating.

I met one man on that website who later came to my country to see me. He moved me to a better house and paid for one year’s rent, but he made me promise to find other girls for him and his friends. The house had two bedrooms. Some girls stayed in one room and others in the other. I invited girls I knew were struggling,

¹⁴ Fisher, Cate; et al. July 2017. The impacts of child sexual abuse: A rapid evidence assessment. Independent Inquiry into Child Sexual Abuse (IICSA).

¹⁵ McNeish, Di and Scott, Sara. March 2023. Key messages from research on child sexual abuse in institutional contexts. [https://www.csacentre.org.uk/app/uploads/2023/03/Key-messages-from-research-on-child-sexual-abuse-in-institutional-contexts-2nd-edition-English.pdf#:~:text=ancillary%20role%20\(Gallagher%2C%202000:797\).%20It%20is%20now,involve%20multiple%20perpetrators%20and%20multiple%20victims%2C%20and](https://www.csacentre.org.uk/app/uploads/2023/03/Key-messages-from-research-on-child-sexual-abuse-in-institutional-contexts-2nd-edition-English.pdf#:~:text=ancillary%20role%20(Gallagher%2C%202000:797).%20It%20is%20now,involve%20multiple%20perpetrators%20and%20multiple%20victims%2C%20and)

as did the other girl who had recruited me.

The men used to come about every two months, sometimes they were white, other times they were from another African country.

Eventually, they stopped coming because someone told the police. The men ran away, and we were stuck in that house without rent money. My sponsorship also ended. I was told that donors were no longer supporting people who had already left the orphanage, so I couldn't finish my studies. Now I have a young child. I don't like sex, but my partner forces me. He supports me and the child, so I feel I can't say no because he's everything I depend on.

I feel like I can't report what happened, because it doesn't always feel like a crime because I benefited from it in some ways.

71%

spent between **10 and 20 years** living in care

63%

of cases, abuse and exploitation started between **ages 7 and 13 years**

57%

are being exploited or abused due to **lack of love and affection**

50%

of respondents are being **exploited or abused due to loneliness**

43%

of respondents are being **exploited when trying to access support**

68%

of perpetrators of **sexual exploitation were caregivers or staff**

Increased risk of abuse for children with disabilities

Caroline's story also highlights two other issues of considerable concern – there is an increased risk of sexual abuse for children with disabilities – and there is a disturbing increase in such abuse taking place online.

According to global evidence, "Children and youth with disabilities face an elevated risk of experiencing various forms of abuse, specifically sexual abuse. This abuse occurs in both physical and online spaces, with the latter becoming increasingly prevalent due to technological advancements.

Despite challenges in accurately estimating the prevalence of this phenomenon due to variations in definitions and measurement methods across countries; studies have indicated a worrying increase in reported cases."

Children with disabilities are 4.6 times more likely to experience sexual abuse than their peers without disabilities. Abuse is likely to be more violent and children with disabilities are more likely to be abused by multiple perpetrators. "This heightened vulnerability is linked to their reliance on others and frequent contact with adults such as caregivers and professionals."

Several factors contribute to the increased risk of online child sexual abuse among children with disabilities, particularly children with cognitive and intellectual disabilities. "These include heightened social isolation, rejection, and limited opportunities for offline relationships, leading them to seek solace and connections. Consequently, they may be more susceptible to perpetrators who employ grooming techniques to establish relationships.

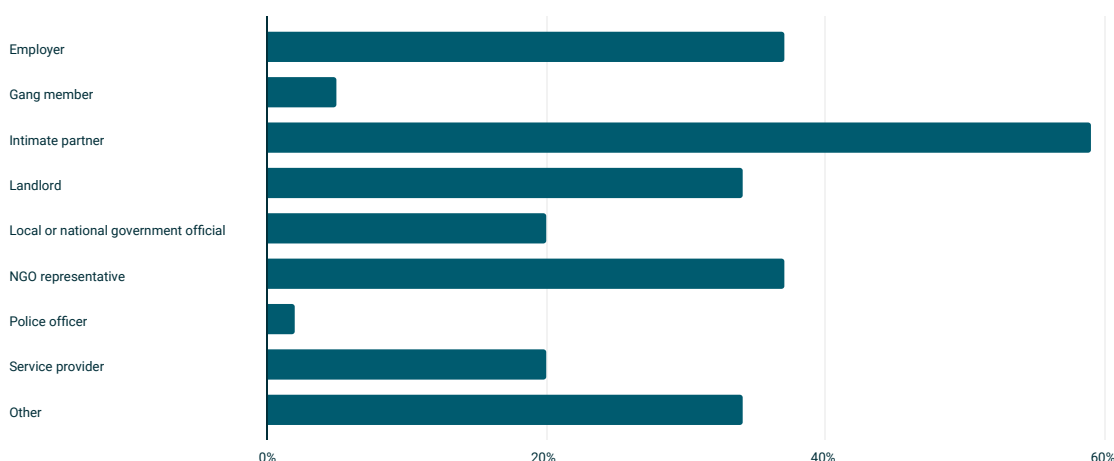
Additionally, children often exhibit decreased abilities in online risk management compared to their peers without disabilities, as they struggle to translate safety measures from the offline to the online world. Characteristics such as a higher tendency to comply and difficulty in expressing disagreement or understanding situations of consent and abuse further exacerbate the risk of OCSA among these children."¹⁶

¹⁶ Gal Friedman-Hauser, Carmit Katz. 2025. Where is the disability? A critical analysis of case reports of online sexual abuse of children with disabilities, Child Protection and Practice. Volume 6. 100207, ISSN 2950-1938, <https://doi.org/10.1016/j.chipro.2025.100207>.

Perpetrators of sexual abuse and sexual exploitation of adult care-leavers

Given the push factors, the findings on perpetrators are perhaps unsurprising. Graph M shows that **34%** of respondents were being exploited or abused **by their landlord**, **37%** were exploited or abused by their **employer**, and **20%** were abused by another service provider. However, **59%** of respondents were abused or exploited by their **intimate partner**.

Graph M: Reported perpetrators of sexual abuse or exploitation after leaving care (%)



It is of great concern that **20%** of respondents are abused or exploited by **local or national government officials** and **37%** by **NGO representatives**.

Professionals perpetrating abuse of adult care leavers

Many adult care leavers faced **exploitation by people in positions of authority**, who had a **professional duty to protect** them, like Judith.

Judith's story

I am 22 years old and I live in an East African country. I grew up in a children's home that had many children and a lot of donors. Each year we would receive missionaries who visited and supported us financially. I did very well in my school exams, but when I was sixteen, the home told me they wouldn't be able to give me full support for my future studies.

I got into university, but I faced many challenges that I had to face on my own- the children's home would not let me come back to stay with them. They paid my school fees and accommodation, but I was struggling with other basic needs. Sometimes they paid late and I constantly got into very difficult situations because of this.

One of the lecturers asked me what was wrong because he had noticed that sometimes I missed lessons, so I told him about my difficulties. He offered to support me – but that began with a sexual relationship.

He supported me until I completed my university. I don't have a job yet and he still pays all my bills. I don't have any way out.

One respondent, Angela, told of a situation where the **abuse and exploitation** was **perpetrated by a senior leader** from an **international NGO** – in the context of a process that was **supposed to ensure the meaningful participation** of care leavers in **improving the care system**.

Angela's story

I was placed in an orphanage after being separated from my parents. Our home often received visits from missionaries, locals, companies and organisations. So there was always a lot of movement and activity.

While in care, I experienced sexual abuse from one of the care workers and I know many cases like mine. When I left the institution, I received no support, no accommodation, no preparation for independent living and no opportunity to continue my education. There was no structured way to support children and care leavers after they exited.

I faced many challenges during this period. My comfort came from joining an organisation that supported young people who had grown up in care; it became

the family I never had. At one point, the government, supported by international organisations, was reforming the care system and developing new plans.

A group of care leavers, including myself, were invited to participate in a conference in shaping a future free from violence. Many care leavers were eager to be involved.

Upon arrival that evening, we were informed that funds for our meals would only be released the following day due to delays on the host's side. We didn't have any money to buy food. That evening, a leader from one of the international organisations offered to buy dinner for us care leavers, outside the hotel where all participants were being accommodated. He asked who was willing and most of us went, because we were hungry. On that occasion, he took us to a strip club and bought alcohol, but didn't buy us dinner.

For many of us, it was the first time we had ever been in such a place. We were very embarrassed, but the man told us it was normal and that all men do this. He paid one of the women to have a 'lap-dance' while he was sitting right beside us. Later he paid another woman for sex. He told us he would take her out to his car, as he did not want to have to pay for a room.

Months later, during a similar conference, he again invited a group of care leavers out for dinner but took us to another strip club. The incident was reported to the relevant NGOs, who took the matter very seriously and an investigation followed. The leader was dismissed immediately. However, soon after, he secured employment with another organisation that also worked with vulnerable children.

It should be noted that most international organizations' safeguarding policies would not permit employees to attend such clubs, due to the high risk that the women working there are being exploited and may have been trafficked. They certainly would not allow them to invite or take vulnerable adults with whom they work.

For example, UNICEF's Policy on Safeguarding states that the organization has zero tolerance of sexual exploitation and abuse and is committed to safeguarding "all persons as a result of their contact with UNICEF or the work of the organization." Although UN

policies do not list every conceivable scenario of prohibited behaviour, the broad definitions of exploitative behaviour and misuse of power make it clear that taking a vulnerable adult met through programme work to a strip club would contravene UNICEF's standards of conduct and safeguarding obligations.

Feelings of safety

Respondents were asked how often they feel safe in their daily lives. It is of concern that:

26%

of respondents rarely or never feel safe

58%

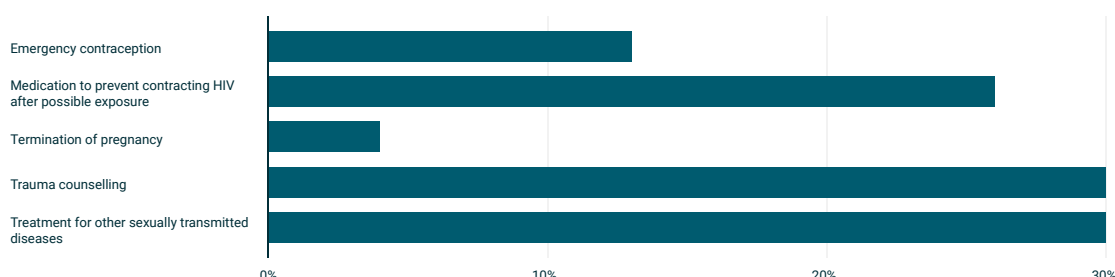
only feel safe sometimes; while only **16%** feel safe often and always

Although concerning, these findings are unsurprising, given the level of sexual abuse and sexual exploitation that care-leavers continue to suffer and the trauma they suffered as children.

Recovery and access to services

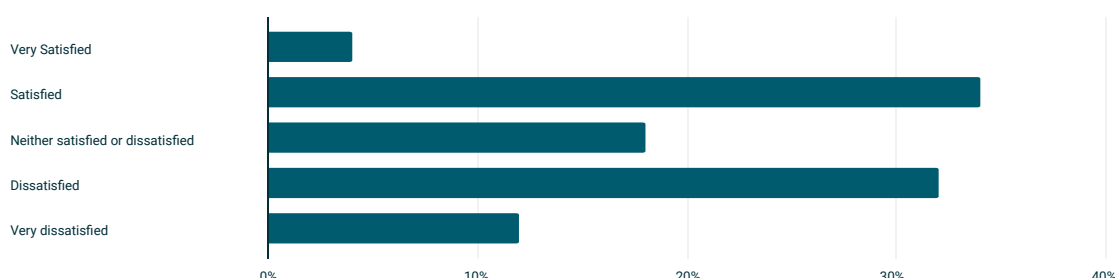
Following sexual abuse and sexual exploitation, care-leavers struggled with accessing services. However, as shown in Graph N, **50%** did manage to **access medical care**. **26%** received medication to **prevent HIV infection**, **30%** received treatment for other STIs, **13%** received emergency contraception and **4%** terminated a pregnancy. **30%** of respondents received trauma counselling.

Graph N: Reported medical services received following sexual abuse or exploitation (%)



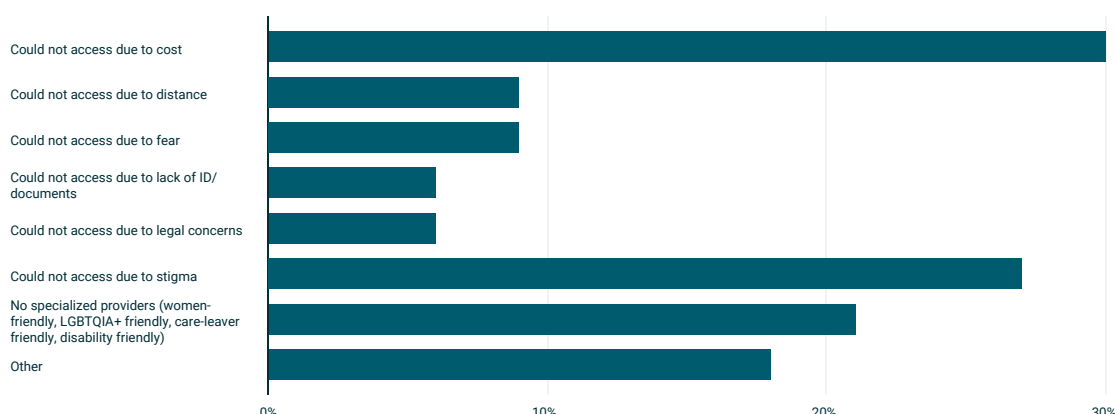
Graph O shows that care-leavers' satisfaction with the support services they received was mixed. **38%** of respondents were **satisfied or very satisfied**, **18%** were neutral, while **44%** were dissatisfied or very dissatisfied.

Graph O: Respondents' satisfaction with support services (%)



Those who could not access satisfactory support services highlighted the following barriers shown in Graph P.

Graph P: Reported barriers to accessing support services following sexual abuse or exploitation (%)

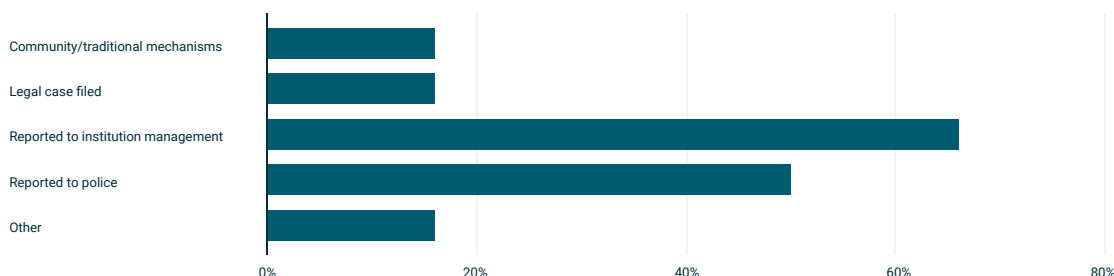


30% could not access services **due to the cost**, whilst **9%** lived too **far away from the services**. **21%** could not find services where **they would have felt safe** – women-friendly, disability-friendly or LGBTQIA+ friendly services. However, **27%** could not access services because they **felt stigmatised or ashamed**, and **9%** were too **afraid**.

Access to justice following abuse or exploitation

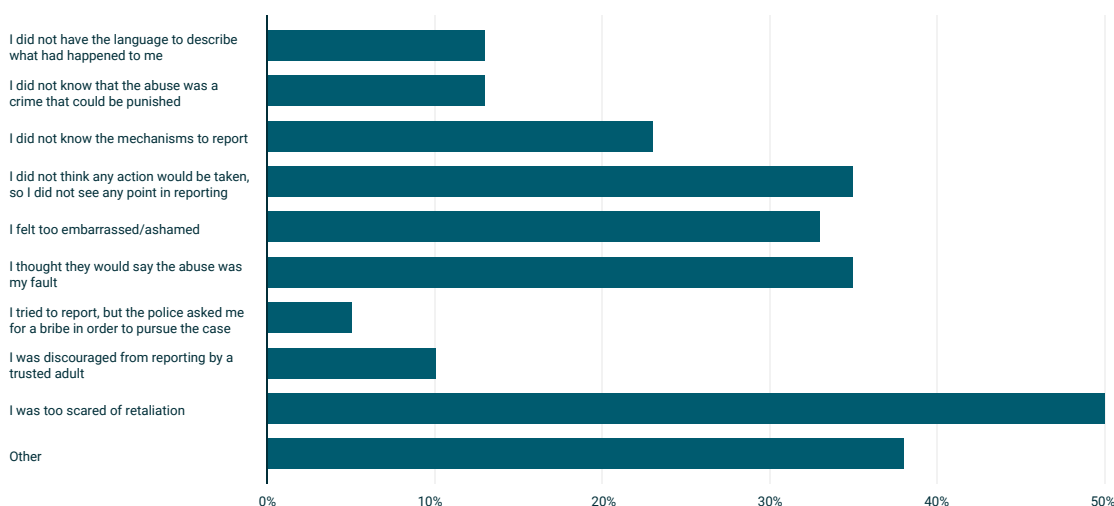
As Graph Q shows, only **13%** of respondents said they attempted to bring the perpetrator to justice. **33%** reported the abuse to the manager of the institution, with **25%** reporting to the police and **8%** filing a legal case. **8%** used traditional community justice mechanisms.

Graph Q: Reported actions taken after experiencing sexual abuse or exploitation (%)



However, outcomes in terms of justice were poor. Just **17% of cases** where respondents sought justice **resulted in a successful prosecution** of the perpetrator. No action was taken in **50% of cases**. **8% of respondents** who sought justice **faced some form of retaliation**.

Graph R: Reported reasons for not pursuing justice for sexual abuse or exploitation (%)



For those who did not seek justice, the reasons were as follows, as shown in Graph R, **50% were too scared** of retaliation and **35%** thought that people would **blame them**, rather than the perpetrator, **for the abuse**.

“I feel like I can’t report what happened, because it doesn’t always feel like a crime because I benefited from it in some ways.”

33% of respondents felt **embarrassed or ashamed**. **35%** did not see the point in reporting as they **did not believe action would be taken**, whilst **13%** did not know that the **abuse was a crime** and **13%** did not have the language to describe what had happened. **23%** did not know the mechanisms to **report the crimes against them**.

Access to Justice

Some respondents did **manage to receive justice** – but often **after many years of abuse** or exploitation – such as in Natalia's case.

Natalia's story

I am a 22-year-old woman from an Eastern European country, although I am not certain that is my real age. I was adopted from my orphanage at the age of seven by an American family, living in my country, that already had many other children. When I was about 11 years old, my adoptive parents told us that we would be moving to live with our aunties to a country in the Middle-East.

They said we would also enrol in school there because education was cheaper, and that the city we would live in was the best city in the world, a place where "everything is available and affordable." Four of us girls were taken to this new country, believing we were going for schooling. However, it was not a normal school.

When we arrived, we were taken to a hostel that housed many other girls, most of whom appeared to be from Asia, India, or the Philippines. One of them told me she had also come from an orphanage in India. We stayed there for several days. My adoptive parents told us they were leaving us in the care of "teachers" who would guide us through a girls' empowerment training program.

One day, we had what they called a "sexual health session," delivered by a Muslim woman. She spoke about what happens when girls grow up and what to expect with men. It felt uncomfortable and suspicious, but we didn't fully understand what was happening.

That day marked the beginning of six years of sexual exploitation. My adoptive parents left and were never heard from again. We were forced into sex work with wealthy men. None of us attended school. The so-called "empowerment program" was just a front. Eventually, the operation was exposed, and I was rescued.

I am now in the UK under special protection, and our case is ongoing. I have not seen my adoptive parents or the "aunties" in the Middle-Eastern country for over seven years.

I am currently under the care of an organization that provides safety and support. The people involved in trafficking us have reportedly been arrested. I am now recovering

mentally and physically, including from the effects of the drugs that were regularly injected into my body during that time. When I am healed and stable, I hope to contribute to global efforts to help other survivors of trafficking from the care system.

Some care-leavers **begin the process of accessing justice much later in life** – it might take a long time before they are in a **stable enough situation** to be able to do that, like Maggie from Australia.

Maggie's story

I am a 46-year-old woman and grew up in a Catholic-run orphanage in Australia. Being Aboriginal, I was particularly vulnerable, and abuse was tragically common. From a young age, I witnessed and experienced exploitation. I remember how some people would offer drugs and money to manipulate children like us.

My first experience of sexual abuse occurred when I was 10, and it continued repeatedly until I was 16. Much of this abuse took place in cars of the visitors in our orphanage. They came to visit the nuns and they would take us away with them back to their homes and sometimes to isolated locations, and we were treated as objects rather than children. Sexual materials were circulated among us at an early age, grooming us for abuse over time.

Last year, I filed a legal case last year, which is still ongoing, along with three other women from the same orphanage, who experienced similar abuse as children. There was a combination of physical abuse – beating us – and sexual abuse.

After leaving care, I did not experience abuse of the same nature, but I struggled in relationships and was involved with an abusive man for six years. I was really struggling to belong and I wanted a real bond with someone, but this did not happen. He was abusive and unfaithful while demanding sex.

Life remained challenging as I tried to support myself. Anger became one of my main ways of coping. During a particularly difficult period, I went into sex work for five years as a way to earn a living. I was heavily using drugs and could not focus on rebuilding my life. I used drugs to stay away from the reality of my shattered life.

During this time, I met someone who became a pivotal support in my life, providing a safe space for me to speak, offering guidance and supporting me to stay off drugs and rebuild my life. I eventually returned to university, well after turning 30 despite the expectation in Australia that people attend university much earlier. I went on to study human rights because no child in care should have to endure what we went through. Life was incredibly challenging as I worked to support myself and anger became one of my primary coping mechanisms.

You see, it is inhuman to keep children trapped, sexually abused and isolated from society and from real human connections – only for you to discard them when they approach adult years.

It goes against the very reason why you had those children there in the first place. The discarding of care leavers is a human rights abuse that is yet to receive the attention it deserves. Today, I am doing well, with a stable job and the ability to pursue my legal case.

Current or ongoing risk of abuse or exploitation

When asked, most of the respondents said they were not currently at risk of sexual abuse or sexual exploitation, however, **5%** said yes, and **11%** preferred not to say.

Several of the people we interviewed were **still involved in sexually exploitative situations**, like Joe.

Joe's story

My name is Joe and I am 25 years old. I live in a Southern African country. My parents died, when I was 4 years old and I went to live with my aunt. My uncle raped me when I was 10 years old. I told my aunt about it and, in response, she wanted to remove me from the community. That is how I ended up in care.

At the orphanage, I was sexually abused multiple times by a teacher. It started when I was 14 years old. One day, when he was the only staff member in the orphanage, he asked me to help him in the staff room. He asked me why I was wearing tight shorts and told me to remove them as punishment. I thought he wanted to beat me, so I took off my shorts, leaving only my underpants. He walked around me and said, "Why are you this big and still a child?" Then he started touching me and

asked me to turn around and close my eyes. He locked the staff room door and then he raped me. From that day, the abuse continued every Saturday, when most of the students were usually busy washing clothes, doing their hair, or occupied with other activities – so no one noticed.

I left care when I was 21 after being told that my sponsor preferred to support younger boys. I spoke to this sponsor, and he agreed to pay for my accommodation for six months while I looked for work. He visited me every weekend and had sex with me. I could not leave him. When I said it was painful and that I was exhausted, he gave me drugs that later became addictive and expensive. One day, I felt ill and my neighbours took me to the hospital. The doctor said there was cocaine in my system, even though I don't remember taking it willingly. My sponsor used to inject me with something that made me feel energetic.

After the hospital visit, I told him what had happened and what the doctor had said. He beat me and insisted that he had never done anything to me, saying that all he had done was try to help me. He warned me never to tell anyone or he would kill me. He also said I should be grateful for the help at the orphanage. He then blocked me. I hardly feel safe. I have never reported what happened, and I would not. I don't have proper shelter right now and have gone back to live on the street multiple times.

Sometimes I find small jobs, but they are not consistent. I don't live in a safe area. He could easily find me and kill me. Part of me feels terrible that things ended, but another part is relieved that I'm no longer being forced to do things with him. I was diagnosed with chronic depression. Some days are hard, and others I feel hopeful. Right now, I am in a small home where I don't pay rent. I met a group of three people, and we had sex with gay men who gave us a little money, just enough to survive and buy food. The owner of the apartment met me at the gate one day and said I looked stressed. I told him yes, and he invited me into his house, saying things would be fine. He told me I could continue staying there and only pay when I got money as long as I remained "a good boy." He later began coming to my room.

Over time, I invited a friend who was also homeless and gay and we were together at the home and he was also kicked out and later, the landlord brought another boy.

Now, the three of us share the apartment, and he takes care of our bills. I cannot report this because, you see, although it is unwanted sex, I have agreed to it because it keeps me alive. If I reported him, I would lose the only shelter I have. Besides, I am an adult and they will say I am not a child. What will I do after that?

I didn't go to university because my sponsor stopped supporting me, and I have no family ties apart from my uncle, but I can never go back to their home. The problem is that if I speak about what happened to me in the orphanage, no one will believe me. They will ask why it always seems to be me.

I reported the situation about my uncle, and later about the orphanage, and no one believed me then either. People often find it hard to believe that orphanages can have cases of rape of boys, especially in places meant to be safe.

All I want is to study and have a chance to rebuild my life. But I think and I have come to believe that for you to get something you must give something and I have made peace with my situation.

Conclusions

1. The scale and nature of sexual abuse and sexual exploitation – both in care and after care

The findings reveal that sexual abuse and sexual exploitation are widespread in care – particularly in institutions. They occur across multiple stages of care within institutions, during transition and after leaving care.

Children with disabilities are at higher risk

Children and care leavers with disabilities are at a much higher risk of abuse and exploitation. They need additional protection while in care – and additional support when leaving care, to ensure they have an income and stable housing.

Girls are more likely to be abused than boys

It is not surprising that girls are at a higher risk of abuse than boys. They may also suffer additional consequences, such as unwanted pregnancies, terminations - including unsafe terminations not performed by a medical professional. In some cultures, they are at risk of forced marriage, to avoid the 'shame' associated with having been sexually abused.

Boys are also at risk

A significant number of boys and young men also suffer sexual abuse and sexual exploitation – and it is equally traumatising for them.

Black and other minority ethnic children are at a higher risk of abuse

This is particularly the case in developing countries, where institutions are the site of 'experiences' for tourists, volunteers and missionaries.

Sexual abuse and exploitation are serious crimes

Most of the respondents had been subjected to rape as children – on multiple occasions. In most cases the abuse starts when the children are very young and continues for years. However, respondents tended to minimize the seriousness of the crimes against them.

Adoption, abuse and trafficking

Several respondents highlighted cases where international adoption had led to child-trafficking, sexual abuse and exploitation.

2. Perpetrators and power dynamics

Multiple perpetrators

Some children are abused by many perpetrators throughout their life in care.

Most abusers were institution personnel

While some children were abused by family members, in most cases, the abusers were staff in the institution. In nearly all cases they were adults known to the children, who had been entrusted with their care.

Perpetrators are mostly men

They are usually in some position of authority, entrusted with the care and protection of the children.

Some women also perpetrate abuse

From the experience of the respondents, these tended to be white women from abroad, who were volunteers or donors to the orphanages.

Sexual exploitation for survival

Many respondents who were sexually exploited – as children or as adults – were exchanging sex for things essential to their survival, like food and shelter. Most also craved affection, because they had no-one who loved them unconditionally – as most children would have in a family.

Colonial power dynamics

Many of the respondents reported abuse by foreigners – usually white people, who were missionaries, volunteers or donors. Some respondents highlighted that their abusers would tell them they wanted to experience sex with a black person. Often, children felt the foreigners would save them and give them access to a new life.

Collusion of the institution staff and management

Where the abuser was an influential local person, or a foreign volunteer or donor, many

respondents reported that institution staff and management actively colluded with the abuser. They even told children to accept their abuse as a price for their place in the orphanage.

3. Reporting and response systems

Few respondents reported the abuse

Due to feelings of shame and fear of retaliation. Some who did report were punished. Reporting the abuse rarely resulted in stopping the abuse.

Some were not even aware that a crime had been committed

They were not aware that the perpetrators could be prosecuted. They felt they did not have the language to describe what had happened to them.

Effectiveness of services

Many survivors of abuse needed services to help them recover – medical care, trauma counselling, support with housing and income. In many cases, survivors could not find these services – and if they could, often they could not afford them.

Access to justice

Only a small minority of respondents achieved justice, where the perpetrator was successfully prosecuted. In many cases, perpetrators carried on working in a position of authority where they continued to have access to vulnerable children and adults.

4. Impact on survivors

The impact of abuse and exploitation was severe:

Crucially, all respondents reported they were still feeling the impact today. Some were still trapped in exploitative situations as their only means of survival.

Mental health:

Many respondents reported mental health issues as a primary concern. Long-term depression and anxiety, self-harming, suicidal ideation and even attempted suicide were reported. Some turned to alcohol or substance misuse as coping mechanisms.

Relationships

Many respondents struggled to form healthy relationships. The majority reported intimate partner violence.

Education

Most respondents highlighted that sexual abuse and sexual exploitation disrupted their education, making it more difficult for them to secure an income. In many instances, respondents were trapped in exploitative relationships with people who were paying for their education.

Secure employment, income and housing:

These were challenges for most respondents, leaving them at risk of continued sexual exploitation.

Lack of trust in systems: Most of the respondents had been abused at the hands of people who were entrusted with their care. Managers of institutions often colluded in the abuse – and pressured children to stay silent.

Some care leavers experienced further abuse when trying to access services and support. In one instance, a representative of an organisation leading care reform subjected care leavers to sexual exploitation. Due to these experiences, care leavers had a high level of distrust in all systems.

5. Cycles of sexual abuse and sexual exploitation

The abuse continues into adulthood:

For many respondents, the abuse did not stop when they left the institution. The same perpetrators continued to abuse and exploit them. In one instance, a girl was forced by the institution management to marry her abuser.

In another case, volunteers who had sexually abused children while they were visiting the institution, continued to abuse the children online after they had returned to the United States, with the same perpetrator

Victims normalise and minimise abuse:

Children who are sexually abused in institutions come to believe this is normal. They have no role models to help them understand healthy relationships and safe boundaries. They expect relationships to be abusive.

Care leavers often live in poverty: Trauma, the impact of institutionalisation, disrupted education and lack of support systems mean that many care leavers have no stability of income or housing. Often, they feel they have no option but to enter into exploitative relationships in order to survive.

These factors combine to form continuous, repeated cycles of abuse and exploitation.

6. Online abuse and exploitation

The research found that children in care and care leavers were subjected to a **disturbing level of online sexual abuse and sexual exploitation**.

Perpetrators included volunteers and donors from abroad, who began abusing children in the institutions, then continued the abuse online, once they had returned to their home countries.

In other instances, care leavers were encouraged to sell sex online. Some of the men who found them online would then fly into the country to abuse them in person.

Some children and adult care leavers were coerced to recruit other children and young people to participate in the sexual abuse and sexual exploitation.

In summary, the scale and impact of sexual abuse and sexual exploitation of children in care and of care leavers are vast and long-lasting. It is hoped this research will help in making this crime more visible – and persuading those in positions of authority to take action.

Call to action

As care-leavers, we call on governments, donors, international decision-makers and civil society organisations to urgently address the large-scale sexual abuse and sexual exploitation faced by children in care – and adults who have left care. We have four key demands.

1. Focus on prevention:

- Establish robust child protection systems across all care settings, including mandatory safeguarding training for staff and care workers and an obligation to report abuse
- Provide age-appropriate education for children on sexual abuse prevention and create safe, confidential reporting channels they can trust.
- Enforce strict vetting, supervision, and regulation of visitors, staff and volunteers who interact with children. Prohibit volunteering in institutions by people who do not have a relevant skillset.
- Support independent monitoring bodies to oversee compliance and investigate concerns within care institutions.
- Prioritise deinstitutionalisation – move away from institutional care towards services that support children to live in families.
- Provide support services for care leavers, to help them transition to independent living – including extra support for care leavers with disabilities.

2. Support and services

- Create specialised survivor support services, including trauma-informed care, counseling, and sexual and reproductive health services for care leavers.
- Build structured transition programs that ensure that abuse survivors leaving care have continued access to mental health, housing and financial support.
- Integrate care leavers into national child protection and social welfare systems to reduce isolation and vulnerability to further abuse.
- Organise communication campaigns to help survivors recognise sexual abuse and sexual exploitation – and to explain

how they can access services.

- Prioritise access to education and skills development for survivors and care leavers. Ensure they have pathways to higher education, vocational training, and digital literacy, recognising education as both a right and a powerful protection mechanism against exploitation and poverty.

3. Access to justice

- Destigmatise survivors of sexual abuse and sexual exploitation. Ensure that laws are clearly defined, so that the blame and shame of abuse are placed squarely on the perpetrators.
- Fund accessible justice mechanisms to help survivors safely report abuse, access legal aid and seek accountability.
- Protect survivors of abuse and exploitation. No survivor should ever have to choose between their safety and the truth. Survivors who speak out against abuse must be legally and socially protected from retaliation, intimidation, or loss of opportunities. Protection should extend both to those still within care systems and care leavers.
- Ensure governments and institutions investigate and address historical and ongoing abuse within care systems.
- End outdated approaches in some countries, where the victims of abuse are punished for having been involved in sexual acts, despite the fact that they did not consent.
- Commit to acknowledgment of care-leavers' experiences, as well as reparations, truth-telling and institutional reform to restore dignity and rebuild trust.
- Organise an international commission on abuse in institutions – and abuse of care leavers, with care-leaver leadership.

4. Survivor leadership

- Fund survivors to lead the work outlined above. Invest in survivor- and care leaver-led initiatives to design and implement solutions.
- Ensure survivors have a seat at every policy and reform table, not just as beneficiaries but as experts.
- Build resilience, as well as leadership and advocacy skills among care leavers to drive systemic change.
- Strengthen accountability and representation. Establish mechanisms to ensure care leavers (survivors) shape funding priorities, monitoring frameworks, and government commitments at both national, regional and international levels.

Annex: Methodology

Designed as a mixed-methods study, the research incorporated both qualitative and quantitative approaches. The use of multiple methods provided a comprehensive and multifaceted approach, assisting in providing concrete evidence on the prevalence and nature of sexual abuse and sexual exploitation among care leavers, including their historical experiences of sexual abuse in institutions and the connections between historical and current abuse. Three data collection methods were employed: desk research; interviews; and a survey.

The research was carried out by The Association for Care Leavers Networks in Africa (ACNA). Children, Justice and Peace (CJP) Global provided guidance and support in research design and safeguarding. The researchers received training on the study's objectives, ethical considerations, safeguarding protocols, and the administration of research tools.

Sampling and participation:

Globally, care leavers can be difficult to contact. Moreover, many find it difficult to trust people, particularly when sensitive issues are involved. In addition, many care leavers are wary of research – they feel they are asked to participate in research and that the statistics are used to forward other people's agendas – not to solve their problems.

Therefore, it was not possible to introduce a randomised sampling approach. Instead, ACNA members (13 networks across the African continent) shared the survey with care-leavers they knew. As a result, 73% of the responses are from care leavers in 14 countries in Africa. However, the researchers aimed to reach care leavers across the world. Through broader networks, they reached a further 27% from a wide range of countries in the Middle East, Asia, the Americas, Europe and Australia.

- 57 people from 25 countries participated in a survey
- People from ten countries were chosen for in-depth individual interviews.

Ethical Considerations:

The research followed strict ethical guidelines to ensure the privacy and safety of participants. Informed consent was obtained from all participants, and measures were taken to guarantee anonymity and confidentiality.

All safeguarding issues were reported through appropriate channels. In addition, a member of the ACNA board – a qualified psychologist – provided pro bono counselling to any participants who asked for support, as well as to the researchers.

Confidentiality, informed consent and data management:

Prior to data collection, all participants were informed of the study's purpose, the voluntary nature of their participation, and confidentiality provisions prior to data collection. Verbal informed consent was obtained from all individuals participating in interviews or surveys. Participants were assured that their names and other identifying information would not be recorded or disclosed in any report.

Qualitative data from interviews were documented through detailed notetaking. Analysis was applied to identify recurring patterns and insights. Quantitative data from the surveys was entered into a secure database and analysed using descriptive statistics to identify trends across the sample. All data was anonymised and stored in secure files accessible only to the research team.

Research limitations. The study acknowledges certain limitations, including potential underreporting due to stigma and trauma, language barriers in some contexts, and limited representation in regions where data collection was constrained by logistical challenges. Despite these, the consistency of themes across diverse contexts strengthens the validity of the findings.

