Social Welfare Services and Stakeholder Interventions for Survivors of Child Abuse in Lagos State, Nigeria: An Assessment of Service Availability, Roles and Effectiveness

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Abstract—This article draws on a broader qualitative thesis to examine two of its core objectives: (i) identifying the social welfare services available to survivors of child abuse and their expected roles, and (ii) assessing the roles played by stakeholders and the effectiveness of the interventions they provide. Using an exploratory qualitative design, data were generated through one Focus Group Discussion (FGD) with eight parents and guardians of child survivors and eight Key Informant Interviews (KIIs) with policymakers, social welfare officers, law enforcement, health, non-governmental organisation (NGO), and community leadership representatives in Lagos State. Data were analysed thematically following Braun and Clarke's six-step procedure. Findings show that available services cluster around five functions: psychosocial counselling and protection, inter-agency referral, medical and forensic examination, judicial representation and advocacy, and monitoring/follow-up. Stakeholders performing these functions operate through a multi-sectoral, referral-based system anchored by community leaders as first-contact coordinators, welfare officers as case managers, health institutions as medical-evidentiary partners, and the judiciary as the accountability mechanism. Institutional responsiveness to referred cases was rated positively by most respondents, yet post-intervention monitoring and follow-up were consistently described as weak, inconsistent, and under-resourced, revealing a system that is reactive rather than preventive. Interpreted through Ecological Systems Theory and Social Support and Protection Theory, the findings show that effectiveness is not a fixed institutional attribute but a conditional outcome shaped by inter-agency coordination, funding, and workforce capacity. The article recommends the formalisation of standardised follow-up protocols, investment in case-tracking infrastructure, and strengthened inter-agency coordination mechanisms to convert an already functional referral architecture into a sustainably protective system.

Keywords: child abuse; social welfare services; stakeholder roles; intervention effectiveness; Lagos State; child protection.

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INTRODUCTION AND BACKGROUND OF THE STUDY

Abuse in its many forms transcends geography, culture, and socioeconomic status, and has been recognised globally as both a public health crisis and a violation of fundamental human rights (World Health Organisation [WHO], 2022; UNICEF, 2023). Among the different manifestations of abuse, child abuse is particularly grievous because it targets the most vulnerable members of society. It is defined as any form of physical harm, sexual exploitation, emotional maltreatment, or neglect inflicted on persons under the age of eighteen (WHO, 2022), and its consequences, including developmental delay, mental health disorders, poor educational attainment, and heightened risk of later victimisation or perpetration, extend across the life course (UNICEF, 2023; Okonkwo et al., 2020).

In Nigeria, child abuse is sustained by an interaction of poverty, rapid urbanisation, unemployment, and cultural belief systems that normalise harsh discipline and discourage external interference in family affairs. Lagos State, as the country's commercial nerve-centre and most densely populated urban region, presents a uniquely instructive setting for examining these dynamics. The state combines one of Nigeria's most developed child-protection infrastructures, anchored by the Ministry of Youth and Social Development (MYSD) and the Lagos State Domestic and Sexual Violence Agency (DSVA), with intense socioeconomic stratification, informal settlement growth, and cultural diversity that together sustain both high incidence and high concealment of abuse (Adebayo & Ogunniyi, 2022).

Over the past decade, Lagos State has progressively built a service delivery architecture intended to prevent abuse, protect survivors, and support recovery. This architecture draws on national and international standards, including the United Nations Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, and the Child Rights Act of 2003 as domesticated in Lagos State. It comprises government ministries, specialised Child Protection Units, the DSVA as a coordinating body, health institutions, the police Family Support Unit, family courts, registered NGOs, and grassroots Community Child Protection Committees (CCPCs). On paper, these actors are expected to function as an interlocking system spanning prevention, protection, rehabilitation, advocacy, and monitoring.

However, the existence of a formal architecture does not, by itself, guarantee that services are available where survivors need them, that stakeholders understand and perform their expected roles consistently, or that interventions produce durable protective outcomes. It is this gap between institutional design and lived institutional performance that the present article investigates, focusing specifically on two of the five objectives that guided the parent study: identifying the social welfare services available to survivors of child abuse and their expected roles, and assessing the roles that stakeholders play and the effectiveness of the interventions they deliver.

STATEMENT OF THE PROBLEM

Despite the progressive legislative frameworks represented by the Child Rights Act (2003) and its domestication in Lagos State, child abuse remains a persistent and, according to institutional data, an escalating social crisis. Reports from the Lagos State Domestic and Sexual Violence Agency point to year-on-year increases in physical assault, sexual exploitation, emotional maltreatment, and neglect (Lagos State DSVA, 2023). Survivors frequently carry long-term psychological trauma, including depression, anxiety, low self-esteem, and post-traumatic stress (Okonkwo et al., 2020), consequences that translate into poor academic performance, school dropout, and diminished future productivity.

The burden of responding to this crisis falls on government ministries and social welfare agencies that confront chronic capacity constraints: limited funding, shortages of trained social workers, inadequate shelter facilities, and weak inter-agency coordination (Eze & Oladipo, 2021). Non-governmental and community-based organisations fill critical gaps but rely on unstable donor funding, while the justice system is hampered by slow judicial processes and cultural attitudes that discourage reporting or encourage out-of-court settlement (Ajayi & Olamide, 2019).

What remains insufficiently documented, at least in a form that can inform local policy and practice, is a grounded account of precisely which services exist, what roles institutions are expected to play in delivering them, how those roles are actually performed by the range of stakeholders involved, and how effective the resulting interventions are perceived to be by the people who use and deliver them. Without this empirical clarity, efforts to safeguard children in Lagos State risk remaining fragmented and reactive rather than coordinated and preventive. This article addresses that gap by examining, through qualitative evidence gathered directly from survivors' caregivers and front-line stakeholders, the availability and expected roles of social welfare services (Objective Two) and the roles played by stakeholders together with the effectiveness of their interventions (Objective Three).

LITERATURE REVIEW

Conceptualising Social Welfare Services and Stakeholders in Child Protection

Social welfare services are organised, publicly or privately administered measures designed to promote human well-being and social justice (UNICEF, 2023). Within child protection, they are conventionally grouped into preventive services (community education, parenting programmes, early-warning systems), protective services (emergency shelters, foster care, rescue operations, legal intervention), and rehabilitative services (trauma counselling, medical treatment, psychosocial therapy, and reintegration support). In Lagos State, the Ministry of Youth and Social

Development, the DSVA, and licensed NGOs operate these services with the shared goal of rescuing, rehabilitating, and reintegrating abused children into safe family or alternative-care settings.

Stakeholders are the diverse actors who influence, deliver, or are affected by child protection efforts. In the Lagos context these include government agencies (the Ministry of Youth and Social Development, the Ministry of Justice, the DSVA, and Child Protection Units), NGOs and civil-society organisations (such as Project Alert on Violence Against Women and the Child Protection Network), health providers offering medical and forensic care, the judiciary and prosecutorial authorities, schools, law enforcement (notably the Nigeria Police Force Family Support Unit), and community leaders and religious institutions operating through structures such as Community Child Protection Committees. Effective child protection requires coordinated action among these actors, with clear role delineation, timely information-sharing, and sustained funding (Eze & Oladipo, 2021).

The Functional Scope of Social Welfare Services

The literature converges on five interconnected functions performed by social welfare services for child abuse survivors. Prevention functions include public education campaigns, parenting education, and school-based safety programmes designed to reduce risk factors before victimisation occurs (Akinwale, 2021). Protection and crisis-intervention functions cover case identification, reporting, rescue, and temporary shelter provision; evidence suggests that prompt protective interventions significantly reduce the risk of repeated victimisation (Eze et al., 2022). Rehabilitation and recovery functions address the medical, psychological, and educational consequences of abuse, with psychological rehabilitation particularly emphasised given the elevated risk of depression, anxiety, PTSD, and low self-esteem documented among survivors (Mensah & Owusu, 2021; Okeke et al., 2022). Enabling, rights-based, and advocacy functions include case management, legal aid, and policy advocacy intended to strengthen institutional accountability. Finally, monitoring, evaluation, and data-management functions, increasingly supported by the Child Protection Information Management System (CPIMS), are meant to track cases from first report through rehabilitation and closure, generating evidence for resource allocation and policy development (Inter-Agency CPIMS Steering Committee, 2021).

In Lagos State specifically, the DSVA functions as the central coordinating node of this system, receiving reports, coordinating emergency responses, easing access to healthcare, providing psychosocial support, and ensuring referral into the wider welfare network (Lagos State DSVA, n.d.). Shelter facilities such as Eko Haven exemplify an emerging "one-stop" service model that combines housing, medical care, counselling, and reintegration planning within a single coordinated setting, reflecting

international recommendations for reducing service fragmentation (UNICEF, 2023; PM News, 2023).

Coverage, Accessibility, and Service Gaps

Notwithstanding this architecture, the literature identifies substantial gaps in coverage and accessibility. Only a fraction of children who experience abuse are identified, reported, and linked to appropriate interventions, with the disparity between estimated prevalence and documented cases pointing to a significant coverage gap, particularly among marginalised communities and informal settlements (UNICEF, 2023). Psychosocial counselling is repeatedly described as one of the most under-resourced components of survivor care, owing to shortages of trained psychologists, social workers, and mental health professionals (Mensah & Owusu, 2021).

Accessibility barriers extend across physical, financial, and socio-cultural dimensions. Specialised services are unevenly distributed across Lagos's twenty Local Government Areas, concentrating in selected metropolitan locations and leaving peri-urban and informal settlement residents underserved (Okeke et al., 2022). Indirect costs associated with transportation, medical treatment, and repeated visits can be prohibitive for low-income households, while deep-seated cultural beliefs about family privacy and disciplinary authority continue to discourage disclosure and formal reporting (Akinwale, 2021). Institutional capacity constraints, including high caseloads and workforce shortages, further limit the depth and consistency of interventions.

Stakeholder Roles, Coordination, and Data Systems

Effective child protection depends on the interaction of complementary stakeholder roles rather than the performance of any single institution. Government agencies, NGOs, health providers, the judiciary, schools, and community leaders each contribute a distinct piece of the protection continuum spanning prevention, rescue, medical and psychosocial care, legal redress, and reintegration (PM News, 2023). The strength of this system rests heavily on inter-agency referral pathways and case-management mechanisms, supported increasingly by CPIMS, which is designed to improve case documentation, coordination, and evidence-based decision-making (Inter-Agency CPIMS Steering Committee, 2021).

Even so, the literature documents persistent fragmentation: different institutions maintain separate databases and reporting formats, information generated by health providers is not always accessible to welfare officers, and data collected by law enforcement is not fully integrated into welfare systems (Eze et al., 2022; Chukwuemeka et al., 2023). Long-term outcome tracking, covering psychosocial recovery, educational reintegration, and rates of re-victimisation, remains particularly weak, meaning that

intervention "success" is frequently measured by service outputs rather than survivor well-being over time.

Effectiveness of Intervention Programmes

Intervention programmes addressing child abuse and gender-based violence in Lagos State have evolved into coordinated, multi-sectoral systems that combine emergency response, healthcare, legal services, and long-term reintegration support, with the DSVA playing a central coordinating role (PM News, 2023; Lagos State DSVA, n.d.). Crisis response mechanisms, including 24-hour hotlines and rapid-response teams, function as immediate access points, while rescue operations and temporary shelters such as Eko Haven provide secure accommodation during the critical post-rescue period.

Nonetheless, the literature cautions that effectiveness is conditional rather than uniform. Interventions succeed where inter-agency collaboration is strong and resources are adequate, and falter where coordination is weak, resources are limited, or judicial processes are delayed (Berkoff, 2008). Nigeria's justice system in particular is described as prone to systemic inefficiencies that reduce the deterrent impact of prosecution (Alemika, 2013), a finding consistent with Social Learning Theory's proposition that inconsistent punishment weakens deterrence (Bandura, 1977).

Institutional Architecture of Service Delivery in Lagos State

The strength of any child protection system is determined not only by the existence of services but by the institutions, policies, and inter-agency mechanisms that deliver them. In Lagos State, this architecture is coordinated primarily through the Ministry of Youth and Social Development (MYSD), the lead government agency responsible for child welfare administration, policy implementation, supervision of residential care facilities, and collaboration with both governmental and non-governmental stakeholders. Within the Ministry, specialised Child Protection Units function as frontline structures responsible for case identification, assessment, referral, monitoring, and family support.

A defining milestone in this architecture was the establishment of the DSVA under the Lagos State Protection Against Domestic Violence Law. The Agency operates as a specialised coordinating body addressing domestic violence, sexual abuse, gender-based violence, and child abuse through a survivor-centred, multidisciplinary approach that aligns with internationally recognised best practice emphasising integrated service delivery, victim support, and evidence-based intervention (WHO, 2020). Through its twenty-four-hour reporting mechanisms, counselling services, and case-management systems, the DSVA functions as a critical entry point into the broader child protection network.

This architecture rests on a multi-sectoral coordination model premised on the recognition that no single institution can address the multidimensional consequences of child abuse alone (Gilbert et al., 2009). The healthcare sector often serves as the first point of contact for abused children, particularly in cases involving physical injury, sexual assault, or psychological trauma, with hospitals and primary healthcare centres conducting medical examination, forensic evidence collection, and referral to appropriate support services. The justice sector, comprising family courts, magistrate courts, the police, and legal aid institutions, works to investigate cases, prosecute offenders, and secure legal remedies, with specialised Family Courts established under the Lagos State Child Rights Law designed to minimise secondary victimisation. Educational institutions occupy an equally important position, given that teachers and school counsellors are often best placed to detect behavioural changes, physical injury, or disclosure of abuse that might otherwise remain hidden, making schools an important referral pathway into the formal protection system.

An important innovation within this architecture is the development of integrated shelter and rehabilitation services. Facilities such as Eko Haven provide immediate accommodation for survivors who cannot safely remain within their family environment, combining temporary housing, medical care, counselling, educational assistance, legal aid, and reintegration planning within a single coordinated setting. This shelter-based approach reflects international recommendations advocating "one-stop" service centres that reduce fragmentation and improve continuity of care (UNICEF, 2023), and research indicates that such integrated models contribute to improved psychological recovery and better long-term outcomes for survivors (WHO, 2020; Gilbert et al., 2009).

A further critical dimension is the referral system itself. Standardised referral pathways have been developed to ensure that cases move efficiently between healthcare institutions, social welfare departments, law enforcement, shelters, schools, and judicial bodies, minimising delay and duplication of services. Case-management systems further strengthen this integration by enabling coordinated planning, monitoring, and follow-up through multidisciplinary case conferences in which social workers, psychologists, healthcare professionals, law enforcement officers, and legal practitioners jointly develop intervention plans, an approach that reflects contemporary ecological models of child protection recognising that abuse is shaped by interaction among individual, family, community, and societal factors (Bronfenbrenner, 1979).

Data Systems, Case Management, and Monitoring

Because child protection cases typically involve multiple stakeholders and service providers operating across different sectors, the absence of coordinated information systems increases the risk of duplication, service gaps, and delayed intervention. Lagos

State has sought to address this through the gradual implementation of the Child Protection Information Management System (CPIMS), which enables stakeholders to document cases systematically from identification through referral, intervention, rehabilitation, reintegration, and closure, in line with international best practice for standardised information management in child protection programming (Inter-Agency CPIMS Steering Committee, 2021).

An effective information-management system performs several functions central to this study's objectives: it supports case identification and registration, facilitates case tracking and referral management across the multiple providers a single case may require, and generates the data needed for monitoring and evaluating programme effectiveness. Despite these advancements, the literature identifies persistent challenges of incomplete or inconsistent documentation, arising because different agencies collect data using different formats, definitions, and procedures, which complicates aggregation and undermines accurate assessment of the scale and character of child abuse (Eze et al., 2022). Critically for the present study, considerably less information is generated regarding survivors' long-term trajectories than regarding immediate crisis response: indicators such as psychosocial recovery, educational reintegration, family reunification, and rates of re-victimisation are inadequately tracked, meaning that stakeholders often have limited visibility into whether interventions achieve sustainable outcomes once a case file is closed (UNICEF, 2023; Eze et al., 2022).

Case management serves as the operational bridge between these data systems and service delivery, with social workers responsible for risk assessment, care planning, referral coordination, family engagement, progress monitoring, and outcome documentation. However, the quality of case management depends heavily on workforce capacity: staffing levels, professional training, supervision structures, and workload distribution all shape whether case managers can sustain the follow-up demanded by comprehensive protection (Chukwuemeka et al., 2023). Where social workers manage caseloads exceeding recommended standards, as is common in rapidly urbanising environments, the quality of assessment and the consistency of follow-up activity are both placed under strain, a dynamic that recurs directly in this study's empirical findings on monitoring and follow-up.

THEORETICAL FRAMEWORK

This study is anchored on Ecological Systems Theory (Bronfenbrenner, 1979), complemented by Social Support and Protection Theory (Cohen & Wills, 1985; Devereux & Sabates-Wheeler, 2004).

Ecological Systems Theory conceives of child development and well-being as shaped by nested, interacting environmental systems: the microsystem (family, school, immediate caregiving relationships), the mesosystem (interconnections among these

immediate settings, such as coordination between families, schools, welfare agencies, and law enforcement), the exosystem (institutional and structural factors such as government policy, funding, and welfare institutions that indirectly shape outcomes), the macrosystem (overarching cultural, legal, and ideological context), and the chronosystem (the dimension of time, including the timing and consistency of interventions). Applied to this study, the theory frames social welfare services as microsystem- and mesosystem-level interventions whose effectiveness depends on the strength of coordination between institutional actors, and frames stakeholder fragmentation as a mesosystem weakness that undermines protective outcomes. The theory is, however, more explicit about the "where" and "why" of risk than about how supportive relationships and institutional responsibilities are mobilised once abuse has occurred.

Social Support and Protection Theory addresses this gap by focusing directly on the mechanisms through which individuals and institutions provide care, safety, and recovery pathways for survivors. Social Support Theory emphasises the role of emotional, informational, and instrumental support from family, peers, and professionals in buffering trauma and promoting resilience (Cohen & Wills, 1985); in the context of social welfare services, this translates into structured interventions such as psychosocial counselling and community-based support networks. Read together, the two frameworks allow this study to examine both the structural conditions that produce vulnerability to abuse and the institutional mechanisms through which stakeholders are expected to protect and support survivors once abuse occurs, and to interpret the coordination gaps identified in the findings as breakdowns at the mesosystem level of an otherwise functioning ecological system.

METHODOLOGY

Research Design

The parent study adopted an exploratory, descriptive qualitative research design intended to generate an in-depth understanding of how social welfare services and stakeholder-led intervention programmes influence the experiences and recovery outcomes of child abuse survivors in Lagos State. A qualitative approach was considered most appropriate because it allows exploration of survivors' caregivers' lived experiences alongside the attitudes and practices of service providers, capturing depth and contextual nuance that quantitative measurement alone would not reveal (Creswell & Poth, 2018).

Study Area

The study was conducted in Lagos State, Nigeria's most populous and urbanised state, with an estimated population exceeding twenty million residents spread across

twenty Local Government Areas and thirty-seven Local Council Development Areas. Lagos combines one of the country's more developed child-protection infrastructures, anchored by the DSVA and facilities such as Eko Haven, with significant socioeconomic stratification, making it a particularly information-rich setting for examining both the strengths and limitations of intervention programmes.

Study Population and Sampling

The study population comprised two groups: parents and guardians of child survivors of abuse who had interacted with formal child-protection systems, and stakeholders directly involved in the design, implementation, and coordination of child protection interventions, including policymakers, social welfare officers, law enforcement, legal practitioners, health professionals, NGO representatives, and community leaders. A purposive sampling strategy was employed to ensure that only participants with direct, relevant experience were included. One Focus Group Discussion (FGD) was conducted with eight parents and guardians of child survivors of abuse, and eight Key Informant Interviews (KIIs) were conducted with a member of the Lagos State House of Assembly Youth and Social Development Committee, two social welfare officers from the Ministry of Youth and Social Development, a senior DSVA officer, an officer of the Nigeria Police Force Family Support Unit, a representative of a child-protection-focused NGO, a medical or psychosocial professional, and a community leader heading a Community Child Protection Committee.

Data Collection and Instruments

Data were collected in two phases using semi-structured guides. The FGD, held in a neutral, child-friendly venue in Ikeja and lasting approximately ninety minutes, explored reporting experiences, service accessibility, satisfaction with interventions, and recommendations. The KIIs, each lasting forty-five to sixty minutes, explored institutional roles, perceptions of service effectiveness, coordination challenges, and policy suggestions. Sessions were conducted in English or Yoruba according to participant preference and audio-recorded with informed consent.

Data Analysis

Audio recordings were transcribed verbatim and, where necessary, translated into English. Data were analysed thematically following Braun and Clarke's (2021) six-step procedure: familiarisation, coding, theme generation, theme review, theme definition, and report writing, supported by NVivo 14 software to ease triangulation of themes emerging from both the FGD and the KIIs.

Ethical Considerations

Ethical approval was obtained from the Lagos State University Faculty of Social Sciences Research Ethics Committee. Informed consent was obtained from all participants, pseudonyms were used and data stored on encrypted devices to preserve confidentiality, a professional counsellor was available during the FGD given the sensitivity of the subject matter, and the study adhered to the Child Rights Act (2003) and the Lagos State Child Protection Law (2007) in handling any secondary child-identifying information.

FINDINGS

Social Welfare Services Available to Survivors and Their Expected Roles

Findings relating to service availability reveal a structured child-protection response system that moves through community-based detection, inter-agency referral, medical assessment, judicial escalation, and monitoring.

Direct Child Protection and Psychosocial Support Services

Respondents consistently identified survivor-centred, confidential counselling as a foundational service. One civil servant KII respondent explained that welfare officers "provide child-focused protection and support services for survivors of abuse, including confidential counselling," while an FGD participant emphasised that "when a child reports abuse, the first thing that should happen is proper counselling to help the child process the trauma." Another participant added that "the child needs emotional support because many of them are afraid and ashamed after the incident." These accounts indicate that services are deliberately child-centred, oriented toward emotional stabilisation rather than case processing alone. A further respondent described structured crisis management extending beyond counselling into "immediate safety planning," indicating that intervention functions simultaneously as an emotional support mechanism and a proactive risk-reduction safeguard.

Inter-Agency Referral as the Core Service Mechanism

Respondents described child protection as operating through a structured, multi-agency referral system rather than a centralised authority. A civil servant KII respondent detailed that welfare officers "do referrals to all those, like Citizen mediation centre, DSVA, OPD, welfare office under the Ministry of Youth and Social Development," illustrating an interconnected network spanning mediation, health, and government welfare institutions. A community leader further explained that where abuse "is equal to child abuse, like sexual abuse, defilement or physical abuse, they will refer the case to the law enforcement agency," confirming that serious criminal cases are formally escalated for prosecution rather than resolved through informal mediation alone.

Medical and Forensic Services

Medical evaluation was identified as a service performed in sequence with referral, both to treat injuries and to document forensic evidence. A civil servant KII respondent explained that "from there, the child will also go for medical so that they can do a medical evaluation," indicating that health institutions are formally integrated into the response pathway, supporting both survivor recovery and subsequent judicial processes.

Judicial Representation and Survivor Advocacy

The judiciary was positioned as central to accountability and deterrence. An FGD participant stated that "the government is expected to ensure that perpetrators are prosecuted so that justice is served," while another respondent warned that "if offenders are not punished, it sends the wrong message to society." A civil servant KII respondent described active collaboration with law enforcement "to ensure that cases are properly documented and taken to court," indicating that welfare and legal actors jointly sustain the case through to prosecution rather than leaving survivors to navigate the justice system alone.

Monitoring and Follow-Up Mechanisms

Post-intervention monitoring emerged as an expected but weakly delivered service. While one community leader affirmed that "they have always monitored the child up to now," an FGD participant cautioned that "reintegration without monitoring can put the child back at risk, especially if the underlying issues like poverty or substance abuse have not been addressed." This divergence between institutional expectation and lived caregiver experience indicates that although a monitoring function exists in principle, its practical delivery is inconsistent.

Roles Played by Stakeholders and Effectiveness of Interventions

Community Leadership as Coordinators of Intervention

Community leaders and traditional authorities were consistently described as the first point of institutional activation. A civil servant KII respondent explained: "We work in collaboration with the traditional leaders. I have to call the community leader to introduce myself before we can move forward with any case." The same respondent described the deliberate involvement of neighbourhood security actors: "I've already notified the neighbourhood safety within that area to join us, because we cannot go there alone without informing the people responsible for security." Together, these accounts show that community leaders perform coordination, notification, and

mobilisation functions that serve as the operational bridge between families and formal institutions.

Institutional Responsiveness to Referred Cases

Stakeholders reported generally high confidence in institutional responsiveness once a case is formally referred. A community leader stated that welfare institutions "immediately act on any case we refer to them, and they do not waste time before taking action," while an FGD respondent rated institutional performance at "85 in Lagos State, because they respond quickly and they follow up on the case." A further community leader offered a broader endorsement: "In Lagos state, the social welfare they are doing well, because whenever we call them for any child abuse issue, they respond." Timeliness of response emerged as the central criterion by which stakeholders judged institutional effectiveness.

Multi-Sectoral Rescue and Medical Coordination

Findings indicate coordinated, protocol-driven mobilisation between community actors and health institutions. A civil servant KII respondent described that "the medical and social workers at the hospital are immediately aware, and all of them came out to attend to the child when we brought the case," while another explained the procedural sequence: "From there, the child will also go for medical so that they can do a medical evaluation, and after that, the case can continue." These accounts demonstrate that medical professionals perform a dual role of treatment and documentation, reinforcing both survivor recovery and evidentiary integrity.

Judicial Advocacy and Representation

Stakeholders confirmed that legal representation extends institutional protection into the courtroom. An NGO representative explained: "They always come to the court to represent the interests of the survivor, so that the child will not be left alone in the process." This continuity of representation from detection through prosecution strengthens the protective chain and reflects recognition of survivors' vulnerability within legal settings.

Monitoring and Sustained Follow-Up

Consistent with the findings on Objective Two, monitoring and sustained follow-up emerged as the weakest link in stakeholder performance. An FGD participant explained that "most of the time, after the child has been removed from the abusive environment and taken to a shelter or returned to relatives, there is no consistent follow-up to check whether the child is still safe or whether the situation has improved." A civil servant KII respondent acknowledged resource constraints directly: "Sometimes we close a case

because on paper everything looks settled, but we do not always have the resources to keep monitoring the family long term." A community leader added that "in some communities, once the authorities leave, the family may go back to their old ways because there is nobody consistently checking what is happening in that home," while an NGO representative summarised that "follow-up is very important, but it is not as strong as it should be because there is no proper system that tracks every case from beginning to full rehabilitation." Collectively, these accounts indicate that child protection efforts in Lagos State are predominantly reactive, delivering strong initial response but limited longitudinal protection.

DISCUSSION OF FINDINGS

Social Welfare Services and Their Expected Roles

The findings confirm that counselling functions as the primary and most consistently described intervention available to survivors, aligning with trauma-focused treatment frameworks that emphasise early psychological intervention (Cohen et al., 2006). Stakeholders' recognition that emotional wounds persist even after physical injuries heal demonstrates institutional awareness of the psychological dimension of abuse; however, high caseloads and limited personnel suggest that while counselling exists as a service category, its accessibility in practice may be uneven. Interpreted through Ecological Systems Theory, counselling functions as a microsystem-level intervention embedded within broader structural constraints, meaning that its effectiveness cannot be assessed independently of workforce capacity at the exosystem level.

Shelter services were described as effective emergency containment mechanisms but were also understood by stakeholders as short-term solutions vulnerable to resource limitation, consistent with broader literature indicating that shelter systems in developing contexts often struggle with sustainability and funding (Wessells, 2015; WHO, 2014). Within Ecological Systems Theory, shelters function as an ecosystem buffer, protecting children from harmful microsystems while longer-term placement decisions are made, but their temporariness underscores the need for parallel investment in sustained reintegration pathways.

Legal intervention was viewed by respondents as essential for accountability and deterrence, yet findings also revealed delays and procedural bottlenecks that may weaken deterrent impact, consistent with documented inefficiencies within Nigeria's justice system (Alemika, 2013). From a Social Learning Theory perspective, inconsistent punishment weakens the deterrence mechanism (Bandura, 1977); the present findings confirm this dynamic while illustrating its specific manifestation, procedural delay, within the Lagos context.

Stakeholder Roles and Effectiveness of Interventions

The findings demonstrate structural recognition of child abuse as a multi-actor issue, with government agencies, NGOs, law enforcement, health institutions, and community leaders each performing complementary functions. However, coordination gaps were repeatedly reported, manifesting as fragmented referrals and inconsistent inter-agency collaboration. Within Ecological Systems Theory, this pattern reflects mesosystem weakness, insufficient integration between institutional actors positioned to jointly manage a case, a dynamic that mirrors broader child-protection literature emphasising that coordination, more than the mere existence of institutions, determines system effectiveness (Berkoff, 2008).

Effectiveness itself emerged as conditional rather than uniform: interventions were reported as more successful where agencies coordinated promptly, and weaker where referral pathways broke down or resources were insufficient. This finding reinforces systems-based literature emphasising integrated service delivery and indicates, theoretically, that child protection requires synchronised functioning across ecological layers; fragmentation at any one layer, whether in funding at the exosystem level or communication at the mesosystem level, disrupts the equilibrium of the entire protective system.

The particularly consistent finding of weak monitoring and follow-up across both objectives is theoretically significant. Social Support and Protection Theory frames sustained, structured support, not only crisis response, as essential to recovery and resilience (Cohen & Wills, 1985); the absence of reliable follow-up mechanisms in Lagos State suggests that the system currently privileges initial protective response over the sustained support pathways that Social Support Theory identifies as necessary for durable recovery. This gap also corresponds to the chronosystem dimension of Ecological Systems Theory: because the timing and consistency of intervention shape long-term outcomes, a system that performs well at the point of crisis but weakly over time is, by this framework's own logic, only partially effective.

SUMMARY OF FINDINGS

With respect to social welfare services, this study finds that Lagos State has established a recognisable, multi-component intervention architecture comprising psychosocial counselling, inter-agency referral, medical and forensic assessment, judicial representation, and monitoring and follow-up. Counselling functions as the cornerstone of survivor-centred response, with stakeholders demonstrating clear awareness of the psychological dimensions of abuse and the importance of trauma recovery. Referral operates as the connective mechanism binding mediation centres, the DSVA, health institutions, and government welfare offices into a coordinated pathway, while serious criminal cases are formally escalated to law enforcement. Medical

institutions are integrated as both treatment and evidentiary partners, and judicial representation extends institutional protection into the courtroom. Monitoring and follow-up, although recognised as an expected component of the service continuum, is the function most consistently reported as weak or absent in practice.

With respect to stakeholder roles and intervention effectiveness, the study finds that child protection in Lagos State operates through a genuinely multi-sectoral system in which community leaders serve as first-contact coordinators, welfare officers as case managers and referral agents, health institutions as rapid-response medical partners, and the judiciary and NGOs as sustained legal advocates. Institutional responsiveness to formally referred cases is perceived positively by most stakeholders, with respondents citing prompt action and procedural seriousness as markers of effectiveness. However, this same body of evidence shows that effectiveness is conditional on the strength of coordination between actors, and that fragmentation in referral processes, inconsistent communication, and resource limitations reduce systemic responsiveness. Sustained monitoring and follow-up emerge, across both objectives, as the most significant and consistent shortfall in the system, indicating that Lagos State's child protection response is currently oriented toward reactive crisis management rather than longitudinal, preventive protection.

CONCLUSION

This article has examined two central pillars of the child protection system in Lagos State: the social welfare services available to survivors of child abuse and their expected roles, and the roles played by stakeholders together with the effectiveness of the interventions they deliver. The evidence establishes that Lagos State possesses a functioning, multi-sectoral child protection architecture that performs well at the point of initial response, community leaders mobilise promptly, welfare officers activate referral pathways efficiently, health institutions respond rapidly, and the judiciary and NGOs sustain legal advocacy through prosecution. This represents a genuine institutional achievement relative to many other Nigerian states and reflects sustained investment in coordinated, multi-agency child protection infrastructure.

At the same time, the study establishes that this architecture is structurally weighted toward crisis response rather than sustained protection. Monitoring and follow-up, the function most directly responsible for preventing re-victimisation and supporting durable recovery, is consistently under-resourced and inconsistently delivered, producing a system in which cases are frequently closed "on paper" while underlying vulnerabilities, including poverty, family instability, and unresolved trauma, remain unaddressed. Read through Ecological Systems Theory and Social Support and Protection Theory, this pattern reflects a mesosystem and chronosystem weakness: institutions coordinate effectively at the point of crisis but lack the structural

mechanisms to sustain protective relationships over time. Sustainable improvement in outcomes for child abuse survivors in Lagos State therefore depends less on creating new institutions than on strengthening the coordination, data infrastructure, and resourcing that would allow the existing architecture to sustain protection beyond the point of initial intervention.

RECOMMENDATIONS

Grounded in the study's findings on service availability and stakeholder effectiveness, the following recommendations are proposed.

Policy-Level Recommendations

First, the Lagos State Government should increase budgetary allocation to social welfare departments specifically earmarked for expanding monitoring and follow-up capacity, alongside existing counselling and shelter services, since this study identifies follow-up as the principal point of systemic failure. Second, an integrated child protection coordination platform should be formalised to standardise referral pathways among the DSVA, the Ministry of Youth and Social Development, health institutions, NGOs, and law enforcement, addressing the mesosystem fragmentation identified in the findings. Third, judicial processes for child abuse cases should be expedited through specialised or fast-track procedures to reduce the deterrence-weakening delays reported by stakeholders.

Institutional Recommendations

Government and partner agencies should recruit and train additional social workers and case managers specifically to staff sustained monitoring and follow-up functions, rather than relying on personnel already stretched across intake, referral, and crisis response. Standardised case-tracking and information-management protocols, building on the existing CPIMS framework, should be implemented across all stakeholder institutions to replace paper-based case closure with verified, outcome-based case review. Continuous professional development on trauma-informed care and inter-agency case management should be extended to community leaders and neighbourhood security actors, given their documented role as first-contact coordinators.

Community-Level Recommendations

Community Child Protection Committees and traditional leadership structures, already functioning effectively as coordination points according to this study's findings, should be formally resourced and integrated into official follow-up protocols so that

their local knowledge and legitimacy are systematically leveraged for post-intervention monitoring rather than relying solely on formal welfare officers with limited capacity.

Recommendations for Future Research

Future studies should adopt mixed-method designs that combine this study's qualitative depth with quantitative measurement of case-tracking outcomes, and should conduct longitudinal research specifically examining reintegration and recurrence outcomes over time, given that both objectives in this study identified monitoring and follow-up as the area of greatest uncertainty and concern. Comparative research across Nigerian states would additionally help establish whether the specific pattern identified here, strong initial coordination alongside weak sustained follow-up, is a feature peculiar to Lagos State's particular institutional configuration or a more general characteristic of urban child protection systems operating under resource constraint.

CONTRIBUTION TO KNOWLEDGE

This article contributes to the child protection literature in several respects. First, it provides context-specific, practitioner- and caregiver-sourced qualitative evidence on the availability and expected roles of social welfare services in Lagos State, moving beyond institutional self-description to ground the analysis in the direct testimony of both service providers and service users. Second, it demonstrates empirically how stakeholder roles interlock in practice, showing that community leadership, welfare case management, medical response, and judicial advocacy function as a genuinely coordinated continuum rather than as disconnected institutional silos, while also making visible precisely where that continuum breaks down. Third, by applying Ecological Systems Theory alongside Social Support and Protection Theory specifically to the question of service availability and stakeholder effectiveness, the article extends the analytic reach of ecological frameworks, which are more commonly used to explain the determinants of abuse, into the domain of intervention and recovery, showing how mesosystem and chronosystem weaknesses manifest concretely as fragmented referral and weak follow-up. Finally, the article translates these theoretical and empirical insights into a set of targeted, implementable recommendations addressed to the specific institutions named by respondents, offering a practical bridge between academic analysis and policy application.

Child abuse in Lagos State is not merely a private family matter but a public social welfare concern embedded within a broader institutional and structural reality. The evidence assembled here shows that the state has built a service architecture and a stakeholder network capable of responding promptly and coherently to reported cases. The task that remains, and the one to which this article's recommendations are directed, is to extend that same coordination and resourcing beyond the point of first response,

so that protection continues for as long as survivors need it rather than ending when a case file is marked closed.

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