



FACULTY OF SOCIAL SCIENCES AND HUMANITIES
DEPARTMENT OF SOCIAL WORK

PSYCHO-SOCIAL EFFECTS OF SEXUAL ABUSE ON THE TOTAL DEVELOPMENT
OF GIRL CHILD IN ZIMBABWE. A CASE OF BINDURA WARD 10.

BY

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SUPERVISOR: MR MAGOCHA

DISSERTATION SUBMITTED IN PARTIAL FUFILMENT OF THE REQUIREMENTS OF
BACHELOR OF SOCIAL WORK HONOURS DEGREE

DECLARATION

I Rutendo Manguwo (B210112B), declare that this research project on psychosocial effects of child sexual abuse on the total development of girl child in Zimbabwe. A case of Bindura Ward 10 is entirely my own work. It is being submitted solely for this degree and has not been offered at any other institution for similar or different qualifications. Every source I have used or cited has been clearly acknowledged and fully referenced.

Signature: R. Manguwo

Date: 19/06/2025

RELEASE FORM

I, RUTENDO MANGUWO studying for a Bachelor of Science Honours Degree in Social Work, aware of the fact that plagiarism is an academic offense and that falsifying information is a breach of the ethics of Social Work research, truthfully declare that:

1. The dissertation report titled: **Psychosocial effects of sexual abuse on the total development of a girl child in Zimbabwe. A case of Bindura Ward 10**
2. The research was crafted within the confines of the research ethics and the ethics of the profession.
3. Bindura University of Science Education can use this dissertation for academic purposes.

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I would like to express my gratitude to the following individuals for their guidance, encouragement, sacrifice and support throughout my studies. Firstly, my sincere gratitude goes to Mr. Magocha, my academic supervisor, for his guidance and feedback throughout my research. His vision and motivation deeply inspired me and was honored to conduct my study under his supervision. I would like to give thanks to all the participants who took part in providing information for my research including Bindura Department of Social Development Child Protection Officer, participants from Ran Mine Primary School, Bindura Provincial One Stop Center counsellors, Bindura Victim Friendly Unity Police ,Bindura Hospital and lastly Ministry of Public Service, Labour and Social Development Compensation House for permitting me to conduct my research. I am grateful to my parents' encouragement, financial support, love and prayer throughout my project. Above all my gratitude to the Almighty God who gave me wisdom, strength and knowledge to finish my project.

DEDICATION

I hereby dedicate this project to my sisters, twin sister, friends and parents, Mr. and Mrs. Manguwo, for all the support and sacrifices they made for me. I also dedicate it to Mr. Mandeya, my industrial attachment supervisor at Makombe Department of Social Development and Mr. Magocha my academic supervisor, for the knowledge and experience they equipped me with on child protection issues and supervision in my academic respectively. All this is a result of their fruit of countless sacrifices. Above all, glory be to God who showered me with his blessings in my daily life through strength, patience, wisdom and guidance in my studies.

MARKING GUIDE

BINDURA UNIVERSITY OF SCIENCE EDUCATION DEPARTMENT OF SOCIAL WORK

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Name: Manguwo Rutendo

Registration No: B210112B

MARKING GUIDE: UNDERGRADUATE RESEARCH PROJECT

Chapter 1 INTRODUCTION	Possible Mark	Actual Mark
Abstract	10	
Background to the study- what is it that has made you choose this particular topic? Include objectives or purpose of the study	20	
Statement of the problem	10	
Research questions	15	
Assumptions	5	
Significance of the study	15	
Limitations of the study	5	
Delimitations of the study	5	
Definition of terms	10	
Summary	5	
Total	100	
Weighted Mark	15	

Comments.....
.....

Chapter 2 LITERATURE REVIEW

Introduction- what do you want to write about in this chapter?	5	
Conceptual or theoretical framework	10	
Identification, interpretations and evaluation of relevant literature and citations	40	
Contextualisation of the literature to the problem	10	
Establishing gaps in knowledge and how the research will try to bridge these gaps	10	
Structuring and logical sequencing of ideas	10	
Discursive skills	10	
Summary	5	
Total	100	
Weighted Mark	20	

Comments.....
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Chapter 3 RESEARCH METHODOLOGY

Introduction	5	
Research design	10	
What instruments are you using to collect data?	30	
Population, sample and sampling techniques to be used in the study	25	
Procedures for collecting data	15	
Data presentation and analysis procedures	10	
Summary	5	
Total	100	

Weighted Mark	25	
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Comments.....

Chapter 4 DATA PRESENTATION, ANALYSIS AND DISCUSSION

Introduction	5	
Data presentation	50	
Is there any attempt to link literature review with new findings	10	
How is the new knowledge trying to fill the gaps identified earlier	10	
Discursive and analytical skills	20	
Summary	5	
Total	100	
Weighted Mark	30	

Comments

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Chapter 5 SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction- focus of the chapter	5	
Summary of the whole project including constraints	25	
Conclusions- have you come up with answers to the problem under study	30	
Recommendations(should be based on findings) Be precise	30	
References	5	
Appendices i.e. copies of instruments used and any other relevant material	5	
Total	100	
Weighted mark	10	

Comments

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SUMMARY:-

	Actual	Total
Chapter 1		
Chapter 2		
Chapter 3		
Chapter 4		
Chapter 5		
Total		

ABSTRACT

This study investigated the psychosocial effects of child sexual abuse on the total development of a girl child, aiming to propose preventive and protective measures to address the issue in Bindura, Zimbabwe which falls under Mashonaland Province with high rates of early child marriage and sexual abuse. Child Sexual Abuse (CSA) has severe, long-lasting effects on the young female victims, leading to significant distress and disruption in their lives. The research was guided by Ellis's Rational Emotive Behavioral Theory. Using a qualitative phenomenological design, data was collected through in-depth interviews and focus group discussions as methods of data collection with eleven participants, including four teachers and one headmaster from Ran Mine Primary School, two Bindura Victim Friendly Unity Police, two counselors from Bindura Provincial One Stop Center, Bindura Provincial Hospital Victim Friendly Unit Nurse and a Child Protection Officer from Bindura Department of Social Development. Participants were selected through purposive sampling. An inductive approach was employed to analyse the interview and focus group responses, allowing themes and patterns to emerge. Key factors contributing to child sexual abuse among young girls included farming and mining activities which are environmental factors, long distances to school, cultural and religious practices, poverty, lack of parental capacity and high school dropout which exacerbated the problem of (CSA) among the girl children. Key informant who participated in this study pointed out that children who had been sexually abused had psychosocial effects like physical and health, personality and behavioral, social and moral, and emotional problems. Findings indicated that (CSA) affect the total development of a girl child which involves their physical, emotional, cognitive, mental and social behavior. The study highlighted existing intervention in children who had been sexually abused. The study recommended that the government implement strict laws against offenders of (CSA) and ensure stiff enforcement of existing laws and policies relating to (CSA) and early marriage. It emphasized the need for stakeholders, including the government, to tackle the root causes of sexual abuse such as poverty, culture and religious influences, neglect, traditional myths, long distances, farming environment, mining area, and divorce. Furthermore, it suggested toll-free hotlines for organizations that deal with all forms of sexual abuse among young girls. Moreover, collaboration role on stakeholders raising awareness through campaigns to educate various stakeholders, communities and young girls on the dangers and knowledge of sexual abuse. Additionally, the introduction of school social workers who are child protection officers and medical social workers in hospitals as an early intervention strategy to reduce further harm on the young girl's development to ensure prompt action within the crucial 72-hour window to protect against sexually transmitted diseases and pregnancy and saves to protect the evidence

ABBREVIATIONS

ACRW	African Charter on the Rights of Children
ATR	African Traditional Religion
CHBC	Child Home Based Care
CPS	Child Protection Services
CPC	Child Protection Committee
CCWs	Community Care Workers
CPWS	Child Protection and Welfare Services
CSA	Child Sexual Abuse
FGD	Focus group discussions
FGI	Focus group interview
HIV/AIDS	Human Immune Virus / Acquired Immune Deficiency Syndrome
NAC	National AIDS Council
NGO	Non-Governmental Organization
PMCT	Prevention of Mother to Child Transmission
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
VFU	Victim Friendly Unit
WHO	World Health Organization

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CHAPTER 1

INTRODUCTION AND BACKGROUND OF THE STUDY

1.1. Introduction

This chapter introduces background, statement of the problem, aim, objectives, significant, limitations of the study and summary of the chapter.

1.2. Background to the Study

Child sexual abuse is defined as any sexual activity with a child, including exploitation, molestation, and exposure to sexual materials (World Health Organization, 2020). This violation encompasses a range of behaviors, from inappropriate touching to forced sexual acts, and can have profound, long-lasting effects on a child's physical and psychological well-being (Finkelhor, 2017). The prevalence of child sexual abuse has become a critical global issue, driven by factors such as societal norms that tolerate violence, inadequate enforcement on legal protections, and the rise of technology that facilitates exploitation (UNICEF, 2021). Despite legal framework put to reduces this child sexual abuse it remains an alarming issue causing psychosocial effects on the total development among girls.

Child sexual abuse (CSA) is recognized as a significant global issue and a pressing challenge (Muridzo, 2018). Muridzo (2020) notes that CSA has roots that trace back to ancient Greek and Roman times. This issue transcends socioeconomic boundaries, affecting children from both affluent and impoverished backgrounds. Research indicates that CSA is prevalent across various societies, including both developed and developing nations (Karatas et al., 2020); Russell et al., 2020). According to the World Health Organization (WHO) (2015), CSA involves a child's participation in sexual activities that they do not fully understand or to which they cannot provide informed consent, or that contravene societal laws or norms. CSA encompasses a variety of acts, including sexual intercourse, attempted intercourse, oral-genital contact, fondling, exposure to adult sexual activities or pornography, and the exploitation of children for prostitution or pornography (Schumilas, Chen, Fuller, and Scott, 2020). Repercussions of CSA can be social or psychological. Almuneef, (2019) noted CSA as widespread issue that impacts various beliefs, religious conviction and socioeconomic strata, leading to severe long-term effects on physical, academic, behavioral, emotional, and mental health. Thus, affecting

the total development of a girl child. Consequently, CSA, particularly among girls, has detrimental effects on the overall lives of those affected. It is a violation of human rights that affects all children, regardless of gender.

Studies reveal that globally, girl child sacrifice in the United States involved ritualized rape and celebrations, leading girls to feel devalued (Katzenstein and Fontes, 2017). In the UK, one in twenty children, mostly girls, have experienced sexual abuse (Radford, 2016), and in India, where child sexual abuse is highly prevalent, a minor under sixteen is raped every fifteen minutes and a minor under ten every thirteen hours (Childline, 2016). In China, poverty and societal disregard push many girls into prostitution and child marriage (Jin, Chen, and Yu, 2019), while in Japan, incestuous marriages, sometimes between fathers and daughters, continue in some rural areas (Conolly and Don, 2015; Tanaka et al., 2017). Mexico reports a child sexual abuse (CSA) prevalence of 18.7%, with 58% of cases involving girls, and Croatia 10.8% (UNICEF, 2017), while in Boston, rates are 26.7% for girls and 16.7% for boys (Musallam, 2014), highlighting girls' disproportionate vulnerability. Despite international efforts like the United Nations' Rights of the Child (1959) and the Convention on the Rights of the Child (1989) to protect children, abuse persists globally, prompting needs on investigating psychosocial effect of CSA on holistic development of girl child. This indicates sexual abuse remains prevalent in developed and developing nations, despite existing agreements aimed at eradicating such abuse. Hence, (CSA) is a global issue that affects all societies, leaving affected children vulnerable to psychosocial challenges that can influence both their social representation and self-expression within their communities

In African context, cultural children are taught to obey elders and authority figures, a norm that leaves girls especially vulnerable to exploitation and secret sexual acts enforced through threats and violence (Frank et al., 2010). Child sexual abuse (CSA) is normalized and often unreported in sub-Saharan Africa, with abuse occurring as early as age nine and early marriages to much older men being common (Ramabu, 2020; Nyamanhindi, 2015; Muridzo, 2018; Musiwa, 2020). Harmful practices like female genital mutilation are prevalent in Egypt, Islamic North Africa, and East African communities such as the Kikuyu, with related ceremonies sometimes resulting in sexual activity (Kisanga, 2012). UNICEF's (2021) Tanzanian survey reported that 28% of female and 13% of male victims of sexual violence are aged 13–24, while in Kenya, reported rape cases rose from 2,987 in 2014 to 3,908 in 2016 (Ward et al., 2018), though actual figures are likely higher due to underreporting. WHO noted that 36–62% of sexual victims are under fifteen years (Munyui, 2014). Schools, including in Kenya, are sites of sexual violence,

as seen in incidents like the St. Kizito case where 70 girls were raped (Munyui, 2014; UNICEF, 2010). CSA often involves force, threats, and manipulation by educators or those feigning love, sometimes resulting in school dropouts for girls (Musiwa, 2020; Steely and Ten Bensel, 2020; Muridzo, 2018; Schumilas et al., 2020; Ramabu, 2020). Thus, sexual abuse is still taking place although there are legal frameworks that try to protect children from sexual abuse.

In Zimbabwe, child sexual abuse significantly affects the well-being and rights of children, with 48% of the country's 6.3 million children under 18 and 71% living in rural areas that lack adequate health, education, sanitation, and protection (UNICEF, 2014). Sexual exploitation is closely tied to child sexual abuse, as 98% of abused children reported receiving money, gifts, food, or favors in exchange for sexual acts (ZIMSTAT, UNICEF, & CCORE, 2013), while vulnerability is also increasing in urban areas like Epworth and Highfield in Harare. Underreporting is common due to fear, societal pressure, and stigma, and CSA in Zimbabwe stems from factors such as socioeconomic challenges, patriarchy, religious and cultural beliefs, and practices like *kuzvarira* (child pledges), *kurotswa* (prophetic dreams), *kushandirwa* (prophetic healing), and *chiramu* (in-law socialization). Victims and witnesses often hesitate to disclose abuse due to fear, shame, self-blame, and concerns about community reactions. Although research on CSA in Zimbabwe is increasing, most studies do not focus on the psychosocial effects on the total development of girls, particularly in the hotspot of Mashonaland Central Province. There is a significant gap in understanding the intellectual, physical, emotional, and social impacts of CSA on girls in Mashonaland Central, partly due to the conflation of psychological and sociological effects in existing literature. This study aims to address this gap in Bindura Ward 10 focusing on one primary school which is Ran Mine and key informants in the surrounding area with at least five years of experience in Bindura, Mashonaland Central, and advocates for introducing school and medical social workers to provide targeted support and intervention.

1.3. Statement of the Problem

Sexual abuse of minors is a serious delinquent worldwide and can have lasting effects on victims. There are very few studies that focused on the psychosocial effects on the total development of girl minors in Mashonaland Central. Zimbabwe, legislative have been put like the children's act chapter 5:06, the Amendment Children's Act, the Criminal Procedure Act, the Constitution of Zimbabwe just a few has been put in place to reduce child sexual abuse. Moreso, initiatives like the victim-friendly unity, one stop center and the development of Social

Development focusing with children protection issues have been put in place as interventions in assisting minors who have been abused sexually. Despite all this efforts child sexual abuse remains an alarm in Zimbabwe particularly Mashonaland Central region where Bindura is situated still having the highest rate in all provinces. This resulted in the researcher's interest to conduct the study in this area and inquire more knowledge on the psychosocial effects of sexual abuse on the total development of a girl child in Bindura, hence, filling the gap. In Zimbabwe the tough economic conditions have led to a rise in child sexual abuse, especially among girls, as reported often in the media. However, there is a clear lack of research on the psychosocial effects of CSA on full development of girl minor in Bindura, which is in Mashonaland Central Province focusing with Bindura Ward 10. This study aims to help fill that gap.

1.4. Aim of the Study

To explore psychosocial effect of sexual abuse on the total development of a minor girl in Zimbabwe, focusing with Bindura ward 10.

1.5. Objectives

1. To explore factors contributing to sexual abuse of girl children in Bindura ward 10.
2. To explore psychosocial consequence of child sexual abuse on the total development of the girl minor in Bindura Ward 10.
3. To explore existing support systems of children who have experienced child sexual abuse.

1.6. Research Questions

1. What are the psychosocial consequences of child sexual abuse (CSA) on the total growth of girl child?
2. What are the primary factors leading to sexual abuse among girl children in Zimbabwe?
3. What are the existing interventions to support sexually abused girls?

1.7. Justification of the Study

The importance of this study lies in its ability to understand psychosocial effects cause, views of sexual abuse among minors focusing with hot spot area of early child marriage and sexual

abuse in Zimbabwe. The study is of greater important to inform parents or guardians, policies, educators, social workers and community members about the issue of child sexual abuse and its harmfulness on girls' total development, families and society in the hot region of sexual abuse. Additionally, it aims to raise awareness among various stakeholders regarding the prevention measures and stakeholder collaboration initiation model. The research will influence policy makers and government with essential information to further support the enforcement of the legal frameworks that protect children against sexual abuse and the development of child-related policies and initiate an idea to the government in the introduction of school social workers, as the study focuses on the hot spot which is very crucial

1.8. Definition of Key Terms

The Child: According to the Children's Protection and Adoption Act, Chapter 33, a child is defined in Section 2 as any individual (including infants) who is under the age of 16. The Legal Age of Majority Act of 1982 classifies individuals under the age of 18 as minors. The Children's Act and the United Nations Convention on the Rights of the Child (UNCRC) define a child as any person under the age of 18 years.

The Constitution of Zimbabwe defines a child as any individual who is under the age of 18 years. This definition is found in Section 81, which outlines the rights of children, including the right to protection from abuse, neglect, and maltreatment. The Constitution emphasizes the importance of ensuring that children are provided with the necessary care and support to promote their development and welfare. It underscores the state's responsibility to protect children and to ensure that their rights are respected and fulfilled.

Sexual Abuse: Sexual abuse can also be defined as sexual contact that occurs without the victim's consent. It involves use of force, threats, intimidation or when the woman was of unsound. WHO (2016) defined sexual abuse/violence as sexual acts using coercion, trafficking or unwanted sexual comments and advances. This refers to involving a child in sexual acts that they do not comprehend, for which the child is unable to provide informed consent, or that breach societal taboos (Afeta, 2020; Mugabe et al., 2017).

Psychosocial Effects: The combined psychological and social effects on an individual's thought, feeling and behaviour influencing their well-being and daily functioning (Erikson, 1963).

1.9. Dissertation Outline

Chapter 1

This introductory chapter includes background of the study, the problem statement, its significance, as well as the aim, objectives and justification. A conclusion is provided at the end of the chapter.

Chapter 2

This chapter will review theoretical framework, literature, legislative on perspectives relating to the study.

Chapter 3

This chapter will focus on the research methodology. This includes research philosophy, research approach, research design, study setting, targeted population, sampling techniques and sample size, data collection methods and tools, validity and reliability, data analysis, limitations of the study, ethical considerations and chapter summary. This section aims to justify the researcher's strategy in achieving the objectives outlined in Chapter 1. Emphasis is placed on ensuring the validity, reliability, and effectiveness of the study's findings while addressing the research questions. Thus, methodology can be defined as a systematic approach to addressing a research problem, encompassing data collection through various methods, data interpretation, and drawing conclusions from the research data (Ramroodi, 2021).

CHAPTER 4

This chapter focuses on data presentation, analysis and discussions collected from Bindura Ward 10 in Mashonaland Central guided by the objectives of the study.

CHAPTER 5

The chapter focuses on the summary with reference to data that was presented in chapter four and objectives of the study. It will also focus on the recommendations of the project's findings on how to support children who experienced sexual abuse and interventions.

1.10. Chapter Summary

The chapter discussed the background of the study, statement of the problem, aim, objectives of the study, research questions of the study, justification of the study, definition of key terms and dissertation outline.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

Chapter two focuses on the theoretical framework and literature review. The literature review focuses on related information on child sexual abuse and psychosocial effects of child sexual abuse on the total development of a girl child. It also gives the legal frameworks surrounding child sexual abuse and summary of the chapter.

2.2. Theoretical Framework

2.2.1 Rational Emotive Behaviour Theory

Rational Emotive Behaviour Theory (REBT) is used to understand sexually abused girls' behaviours recognize their irrational beliefs, which are often unrealistic, harmful, and self-defeating, and replace them with rational ones. REBT operates on the belief that humans naturally strive for self-growth but also tend to think irrationally, a tendency that can be heightened in sexually abused girls (Edeh, 2019). Irrational thoughts can arise from poor planning (cognitive deficiencies) or distorted ways of interpreting information (cognitive distortions). According to Mugabe (2016), people are naturally driven by the desire for survival, happiness, and avoiding pain. Hence this theory is relevant in during the study.

Irrational beliefs are often rigid and extreme. For example, an abused girl might think, "I was sexually abused because I am immoral." Such irrational beliefs can lead to emotional issues like anger, anxiety, depression, worthlessness, and self-pity. Ellis (2014) and Muridzo (2018) explain that irrational thinking tends to occur in a cycle, often resulting in self-hatred. This self-hatred can lead to harmful behaviours and even resentment toward others, especially men, which can hinder the total development of the girl. In turn, this may provoke irrational responses from others toward the sexually abused individual.

Through REBT, one can recognise cognitive, emotional, and behavioral changes in sexual abused girls and to help sexually abused girls develop healthier, more constructive ways of thinking and behaving. This theory allows a better understanding of the fears, beliefs, and behaviours of abused girls, enabling them to be helped in address their negative thoughts, emotions and behaviour that my affect their total development and the community in understanding why they behave like that such after sexual abuse. Hence REBT is particularly relevant to this study because it helps identify and address the destructive emotional,

behavioural and social interactions effects toward sexually abuse girls caused by child sexual abuse (CSA), offering insights into how CSA affects emotions and behaviour.

2.3. Policy and Legislative Frameworks

They are institutions responsible for child protection issues of child sexual abuse in Zimbabwe like the Department of Social Development ensuring that they are protected from all forms of abuse like sexual abuse, legal interventions and procedures if cases of abuse rise and ensure their total development is protected. These institutions establish the norms for child protection issues guided by legal frame works like the Children's Act chapter 5.0, the Amended Children's Act, Constitution of Zimbabwe, UNHCR with the aim of protecting children from sexual abuse and other forms of exploitation. However, these legal frame works, and law lack enough enforcement at protecting and addressing sexual abuse hindering the full protection of the girl child against sexual abuse by Child Protection and Welfare Services.

International laws addressing sexual exploitation exist globally, with specific frameworks tailored for Africa. The African Charter on the Rights and Welfare of the Child (ACRWC) provides guidance on sexual abuse issues in the continent. This charter serves as an adaptation of the United Nations Convention on the Rights of the Child (UNCRC), specifically addressing the unique challenges faced by children in Africa compared to those in Europe or Asia. African nations are thus bound by international regulations focused on sexual exploitation, including the ACRWC's guidelines.

Zimbabwe is part of both regional and global organizations that combat sexual exploitation. The Zimbabwean Constitution explicitly safeguards children's rights, mandating the government to protect them from sexual and economic exploitation, child labour, abuse, and other harmful practices. The main legislation governing child welfare and protection services in Zimbabwe is the Children's Act (5.06) and the Amendment Children's act of 2016. According to Bhaiseni (2016), this act is significantly influenced by the ACRWC and the UNCRC, with only a few exceptions. Efforts are made to develop and implement policy and legal frameworks aimed at improving the lives of all children in Zimbabwe.

2.4. Main Literature

2.4.1 Culture of Silence

There is a troubling culture of silence surrounding Child Sexual Abuse (CSA), resulting in many cases going unreported. Victims may be threatened or bribed to keep quiet. Nyandiya-

Bundy, (2014) found that sexual abuse is harder to detect than other forms of abuse. Abusers may maintain an “our little secret” dynamic with the child, using rewards or threats to ensure silence. Children often do not disclose abuse until they experience health issues or pregnancy (Muridzo, 2018). Organizations dealing with CSA in Zimbabwe report that many victims suffer in silence due to intimidation from perpetrators, typically close relatives, leading to repeated abuse. Hence, culture of silence happens after a child is sexually abused and results in further damage to the minor’s psychological development that affects her total development.

One reason for this silence is that many children face disbelief or dismissal when they disclose their experiences, as adults often prefer not to acknowledge the abuse. This can leave victims feeling inadequate, embarrassed, isolated, guilty, and powerless (Alaggia et al., 2019). Research by Chinyoka and Ganga (2019) indicates that many CSA cases are not new but have been hidden for years. Victims may suppress what they view as shameful until later in life. Research shows that only a small percentage of victims disclose their experiences, and those who do often wait a long time to do so (Azzopardi et al., 2019; David et al., 2018). Thus, contributes to the effect of sexual abuse.

2.4.2. Forms of Child Sexual Abuse

2.4.2.1. Intra-familial Abuse (incest)

Intra-familial abuse, or incest, occurs when the abuser is known to the child. This type of abuse can start with seemingly harmless behaviours and escalate to serious sexual acts (Musiiwa, 2018). Children with stepfathers are at a higher risk, even if the stepfather is not an abuser (Muridzo, 2018). Incest is often reported between fathers and daughters or stepfathers and daughters, with other forms of incest less frequently reported (Russell et al., 2020). Evaluating the prevalence of parental CSA is challenging due to secrecy and privacy. Hence, incest is another form of abuse.

2.4.2.2. Extra-familial Abuse

Extra-familial abuse occurs when a child is molested or raped by someone outside the family, including strangers and community members. These abusers may use various tactics, including bribery and threats (Cohen, 2012). If the abuser is a respected community member, the family may find it difficult to report the incident to authorities (Muridzo, 2018). Therefore, extra-familial abuse is another form of sexual abuse. In communities with recent immigrants,

reporting CSA may be risky due to fears regarding citizenship status and deportation (Tabachnick, 2011). Families might choose not to report abuse, preferring to handle it privately.

Cultural beliefs in Africa discourage openly discussing personal issues. In Zimbabwe, some rape cases are resolved privately through compensation or marriage to avoid public shame. Employed adults may also pay to protect their jobs (Prasad, 2018). Victims are often too intimidated to report abuse, particularly when the abuser is a parent or relative. Mothers sometimes hesitate to report CSA, choosing to endure their children's suffering in silence, especially if the abuser is the family's primary income earner. Thus, one can note that rape is another form of sexual abuse.

2.4.3. Factors Contributing to Child Sexual Abuse among Girls

Understanding causes of sexual abuse among girls in Zimbabwe is crucial. Knowledge on the meaning, forms, and rates of disclosure of child sexual abuse is essential to identify and understanding various factors that contribute for sexual abuse. Several explanations for victims of sexual abuse have been proposed using different frameworks. These include offender-focused approaches (McGlynn and Rackley, 2017), feminist perspectives (Clayton et al., 2018), and multisystemic approaches (European Commission, 2010). While these frameworks may vary in detailing types of sexual violence, they share common findings: most perpetrators are male, and most victims are female. Perpetrators often know their victims and use grooming techniques, such as building emotional connections and giving gifts, which complicates recognition and belief of the abuse by others (Böhm, 2016). Child sexual abuse can occur in various settings, including home, school, and community environments (Muridzo, 2018). Hence one can note that sexual abuse can happen anywhere where the child is vulnerable to perpetrators.

Individual vulnerability is one of the factors contributing to sexual abuse among girls. According to Muridzo (2020) certain characteristics can make girls more vulnerable to CSA. Factors such as gender, disability, and socioeconomic status increase this risk (Brown, 2013; Muridzo, 2018). Children with disabilities face heightened vulnerability due to societal perceptions that view them as weak (Jones, 2012). Glasby (2020), suggest that children facing challenges like being a stepchild, having disabilities, or being orphaned are at greater risk. Hence, vulnerability play a major factor.

Family dynamics also play a significant role in Child Sexual Abuse (CSA). Factors like unstable households, poor parenting styles, and economic hardship increase vulnerability

(Mendelson and Letourneau, 2015). Children from families facing social issues, such as divorce or loss of parents, may be more susceptible to abuse. Thus, family dynamics influence CSA.

Economic conditions contribute to the prevalence of CSA. Many families struggle due to economic instability, leading children to seek alternative means of support, which can expose them to exploitation. Cultural expectations that discourage girls from being resilient in the face of hardships increase their vulnerability to poverty (Osujo, 2010). For instance, when families struggle to afford education and clothing, girls are less likely to seek alternative solutions to support themselves (Muridzo, 2018; Musiiwa, 2018). Economic struggles can push children into risky situations, such as prostitution, to support themselves (Wangamati et al., 2018; Franchino-Olsen, 2019). Poverty can also lead to peer pressure, particularly for adolescent girls (Cui et al., 2020; Steinberg and Morris, 2001). Thus, contributing to child sexual abuse.

Societal norms contribute to the prevalence of CSA. Additionally, the lack of open discussions about sex can leave children uninformed and unprepared (Muridzo, 2018). Thus, contributing to child sexual abuse

Cultural and Traditional Practices are also factors contributing to child sexual abuse. Cultural practices, such as arranged marriages and certain traditional beliefs, perpetuate CSA. In some communities, girls are viewed as property, which can lead to early marriages and exploitation (Muridzo, 2018). Traditional healers may also contribute to the problem by promoting harmful beliefs about sexual relations (Meel, 2020). Cultural attitudes often ignore or even condone such abuse, making it a deeply entrenched issue (Taylor & Stewart, 2014). Thus, traditional healers play a role. Cultural norms and practices can also perpetuate abuse. In many cultures, girls are seen as property, and early marriages are often driven by the desire for wealth (Muridzo, 2018). Religious beliefs that support polygamy can further normalize abuse (Macrann, 2017). In Zimbabwe, certain cultural practices, such as "chiramu" or "sibale," allow adult men to exploit young girls under the guise of tradition (Muridzo, 2015). Many traditional practices, including virginity testing and arranged marriages, can expose girls to abuse (Kirton, 2011). Laws like the constitution of Zimbabwe and Amendment Children's act exist to protect girls from early sexual relationships, but enforcement and societal attitudes can undermine these protections. Thus, one can note that they contribute to child sexual abuse.

Gender also significantly influences the likelihood of sexual abuse. Cultural expectations that discourage girls from being resilient in the face of hardships increase their vulnerability to

poverty (Osujó, 2010). For instance, when families struggle to afford education and clothing, girls are less likely to seek alternative solutions to support themselves (Muridzo, 2018; Musiiwa, 2018).

Child sexual abuse is often linked to broader societal issues such as family instability, child isolation, and neglect (Gwirayi, 2014). Many families are affected by social issues like illness, HIV/AIDS, and divorce, resulting in an increase in child-headed households where children assume adult responsibilities, stripping them of their childhood.

Research indicates that children are more susceptible to abuse after parents separate or when staying with a single parent (Hunter, 2010; WHO, 2010; Child Line, 2015). Instability in households often leads to increased vulnerability (Mendelson and Letourneau, 2015). Poor parenting styles, including neglect, can make girls more susceptible to abuse (Santrock, 2010; Ellis, 2003).

Today's families often lack the structure and support systems of previous generations, leaving girls to make significant decisions alone, which can expose them to abuse. Bowlby (1998) and others highlight that harsh parenting can lead to insecurity and anxiety in children. Many children are socialized to respect authority without question, which can facilitate abuse (Rizvi and Najam, 2019).

Play activities, such as "playing house," can also lead to abuse, as children may mimic adult behaviours. Studies show that sibling incest is more common than other forms of incest (Goldman and Goldman; Finkelhor, 2010). Hence, play activities among children is contributing to child sexual abuse.

Ignorance about sexual abuse can leave girls vulnerable, as they may fear reporting incidents due to stigma (Arata, 2010; Melrose, 2014). Additionally, economic hardships in Zimbabwe often lead parents to work long hours, reducing their ability to supervise their children, which increases the risk of abuse.

Substance abuse and power imbalance among parents can diminish effective parenting, increasing the likelihood of abuse (Rights Watch, 2001; Athiemoolam et al., 2020). Power imbalances in society often allow men to exploit vulnerable children (Benedet, 2020). Thus, contribute to sexual abuse of the girl child.

In some cases, families may encourage abuse for personal gain, leading to significant issues in contemporary Zimbabwean culture (Musasa Project). Despite the stigma surrounding child

sexual abuse, studies show many cases involve girls under 15, often victimized by people they know (Muridzo, 2018). Thus, use of power also contributes to sexual abuse.

Overall, child sexual abuse can lead to severe emotional and psychological consequences for victims (Sanjeevi et al., 2018). The culture of silence surrounding abuse often exacerbates the trauma experienced by victims (Yoder and Khan, 2008). Thus, factor that contribute to sexual abuse contributes to effects of sexual abuse on development of young girls.

2.4.4. Consequences of Sexual Abuse on the Total Development of Girl Child

According to Hlupo and Tsikira, (2013) child sexual abuse (CSA) is known to negatively affect social and interpersonal skills of both primary and secondary school students. Victims of CSA often experience psychological trauma and exhibit behavioural issues, both in the short and long term (Sanjeevi et al., 2018). The findings indicate CSA as a serious ongoing issue that can have devastating, long-lasting effects on victims, causing significant distress and disruption in their lives (Mugabe et al., 2016). Many cases of sexual abuse go unreported or unnoticed, often due to cultural and religious influences (Muridzo, 2020). Effects of CSA can vary widely among girls. Understanding the consequences of CSA is crucial for developing effective prevention strategies and interventions by families and policymakers.

Research shows that CSA in girls is linked to numerous negative outcomes, including emotional damage and social trauma that can persist into their adulthood. It also includes mental health issues and suicide (Tang et al., 2018; Ding et al., 2018), poor reproductive health, substance abuse (Masiwa, 2019). Additionally, CSA can lead to future generations engaging in violence. CSA affects a child's development at various stages, emphasizing the need for an examination of its psychosocial effects on the total development of girl children.

Forms of child sexual abuse (CSA) can lead to the transmission of sexual transmitted infections (STIs). Furthermore, Rape cases can hinder the overall development of girls, increasing their likelihood of suffering from various psychiatric disorders, including depression and anxiety (Karatos, 2020). This aligns with findings that CSA victims may experience physical health issues, including nausea and infections (Fisher et al., 2017; Chiremba). Lack of education has exposed girls to engage in risky sexual behaviour, resulting in a 25% higher chance of teen pregnancy and increased risk of STIs (Russell et al., 2020). Thus, sexual abuse affects the health of young girls resulting in affecting their total development.

The risk of HIV transmission is increased due to injuries during abuse, and some girls may become victims of HIV-infected abusers. Studies show that STIs can make girls more susceptible to HIV (Mujeri, 2020). According to Clark (2004) in Kenya and Zambia reviewed majority of married girls aged between 15-19 years attained, 75% is more likely to contract HIV compared to sexually active unmarried girls. Findings observed similar 29 countries across Africa and Latin America. Victims often need more healthcare and families bear the financial burden.

Experiencing CSA is also linked to various physical health issues. Penetrative abuse can result in injuries to the genital area and STIs (Mujeri, 2020). Research indicates victims of CSA having more frequent doctor visits 20% more than those without such experiences suggesting poorer physical health (Becker, 2010). Thus, health issues arise.

Alexander, (2011) describes sexual abuse as a chronic neurologic disease that leads to long-lasting negative effects for its victims. The consequences of child sexual abuse (CSA) can include depression, eating disorders, post-traumatic stress, and difficulties in managing stress or emotions. Research by Adams et al., (2018) indicate that long-term effects of maltreatment may involve trouble trusting others, anxiety, feelings of loneliness, shame, harmful behaviours, sexual issues and substance abuse.

Children who experience sexual abuse often show unusual behaviours. If the abuse is not revealed or properly addressed, the negative effects can continue throughout their lives (Mugabe and Beyers, 2020). Studies have shown that these children may exhibit behavioral issues such as aggression, delinquency, and hyperactivity. There is strong evidence indicating that child sexual abuse significantly impacts victims due to their experiences and the memories associated with them (Muridzo, 2020). Not all victims show these problems, but research indicates that males often display behavioural issues more than females, and parents are more likely to respond to severe disruptive behaviours. Psychological studies suggest that boys typically show distress outwardly, while girls tend to internalize it (Becker, 2010). Research utilizing standardized symptom measures has found that sexually abused children may face various psychological conditions, including anxiety, depression, dissociation, anger, relationship problems, low self-esteem, sexual dysfunction, sleep issues, and suicidal thoughts Bakar and Rabi (2019) state that rape can severely traumatize a minor, potentially leading to difficulties in adapting to society without proper support.

A study from Tufts in England Medical Centre found that nearly half of sexually abused girls were aged seven to thirteen years (Muridzo, 2018). Other research indicates that over half of these victims display behavioural issues such as defiance and disruptive behaviour within their families (Many, 2018; Muridzo, 2018). Clinical observations have reported aggressive actions, including delinquency and verbal outbursts (Becker, 2010). Child sexual abuse can also affect brain function, potentially causing lasting damage (Mizenberg et al., 2008). According to Jewkes et al., (2010) depression, suicidal thoughts, and substance abuse result to emotional, physical, and sexual abuse. Muridzo (2020) suggest that childhood sexual abuse increases the risk of drug and alcohol dependence. Effects of abuse lead to isolation, loss of memory and reduces social functioning (Whitehead, 2011). Chinyoka, 2013 highlights that such abuse can cause psychological distress, resulting in poor interactions with peers, teachers, and parents, as well as low self-esteem and social difficulties among girls.

These findings support previous research indicating a connection of childhood history sexual abuse. This cause higher rates of depression, anxiety, substance abuse, eating disorders and post-traumatic stress disorder in adulthood (Mullen, 2008). However, some children raised in abusive environments manage to thrive later in life, termed "dandelion children" because they can flourish despite adversity (Finkelmann, 2015). Researchers are interested in identifying the factors that help mitigate the effects of child abuse.

Literature have shown between 51% and 79% sexually abused children are associated with psychological issues (Pereda et al., 2009). Bonomi et al, (2008) note that risk of harm increases if an abuser is a relative. The social stigma surrounding rape cases worse psychological impact on young girls, although having a supportive family can help reduce negative outcomes. Research by Muridzo, (2018) revealed linking abused to increased risk of externalizing actions such as substance mistreatment and anti-social actions. Thus affect the development of girl child.

Consistent findings show that CSA often leads to increased sexualized behaviours (Liask, 2014). Studies using standardized assessments have revealed that sexually abused children frequently exhibit sexual thoughts and actions. Mugabe and Beyers, (2020) described premature sexualization where a child's understanding of sexuality becomes hypersexual due to abuse. Affected children may become overly focused on sexual activities, display inappropriate sexual behaviours for their age, or engage in sexual actions with younger

children. They may not understand how their actions are perceived by others and can feel confusion or hurt when confronted (Peterson et al., 2018).

Sexually abused children may also experience physical or psychological problems related to abuse (Whitehead, 2011). Saunders, (2019) noted issues like sleeping disturbances, nightmares and phobias in the children who have been raped. According to Epstein, (2009) anxiety, fear and suicide often associate with history of CSA as supported by Rational Emotive Behavioral Therapy that early experiences shape one's way of behaving.

Typically, children view world as a safe place and not constantly feel the need to be on guard. However, a victim of rape may feel deeply betrayed with adults, especially if the abuse occurs within the family. The trusted adult, such as a parent or sibling, abuses their power, breaking the child's sense of safety and trust. This betrayal can extend to the non-abusive parent, who may fail to protect the child adequately. Close relationship between the abuser and child, cases a strong feeling of betrayal and loss of trust.

Sexually abused children might isolate themselves from friends and family due to feelings of being "bad" or "different" (Sanderson, 2013). They may feel helpless against threats and become vulnerable to further harm, leading to low self-esteem. According to Muridzo (2018) isolation can be done by perpetrators to maintain control. Incest case is very difficult for children to speak out. When they do, they may not be believed and might feel rejected by family members. Child Sexual Abuse, especially incest, creates a complex emotional situation within families, making it difficult for the child to reconcile their feelings of love and resentment toward the abuser.

Sexually abused children often live in fear, both during and after abuse, as they are warned not to disclose it. Raped girls usually live for long years with anxiety. This fear can extend to any adult who tries to get close, as victims worries about further harm. It is crucial to provide protection for these children.

A sexually abused child struggles to assign blame correctly, often internalizing it and blaming herself for the abuse (Mugabe, 2016). This confusion arises because the perpetrator may manipulate the child into feeling responsible for the abuse, often rewarding compliance with special treatment. Young girls may experience shame for enjoying this attention, particularly if it hinders their ability to seek help. They might feel a sense of covert power and guilt over using the secret to manipulate the abuser or family members. The child may also grapple with guilt

about the consequences following the disclosure, particularly if it leads to family issues or shame.

Victims of CSA frequently face challenges in social interactions and relationships, which can include drug and alcohol abuse, academic struggles and escaping at home. These issues arise as an attempt to escape the abuse. By identifying the attacker, victims may adopt unhealthy patterns for seeking intimacy, control, or power, learning that intrusive behaviours are normal. However, these issues can be addressed with the goal of helping the child develop socially acceptable behaviour.

Sexual abuse also affects the development of children in academic performance and many educational settings, there are students who endure sexual abuse, which can severely impact their academic progress (Woolfolk, 2010). Child sexual abuse (CSA) adversely affects a child's learning and school performance, negatively influencing their social and interpersonal skills (Tsikira, 2013). Brodsky and Giannetta, (2001) argue repercussions of abuse manifesting in various academic challenges, such as diminished grades, increased absenteeism, more disciplinary issues, and a higher likelihood of dropping out. Finkelhor and Browne (2015) identify four primary consequences of sexual abuse: traumatic sexualization, stigmatization (leading to low self-esteem and self-destructive behaviour), feelings of betrayal and hopelessness. Victims of abuse often withdraw from typical social interactions. Many school-based prevention programs tend to presume that abusers are strangers, despite evidence indicating that most sexual abuse occurs at the hands of known individuals (Assink et al., 2019; Mugabe and Beyers, 2020). Extensive empirical research demonstrates that CSA profoundly affects survivors, shaping their experiences and memories (Muridzo, 2020).

Girls who have experienced sexual abuse are more likely to leave school. Szierler et al., (1991) found individuals who testified childhood abuse were four times more likely to engage in prostitution than those who did not. Additionally, raped females are three times likely to be pregnant before turning eighteen, a time when they should be focused on their education and future. Those who remain in school often perform poorly and lack motivation for academic activities. Numerous studies support the idea that abuse disrupts education, significantly affecting a child's capacity to concentrate (Ellis, 2019; Muridzo, 2018; Mugabe et al., 2016; Assink et al., 2019). The consequences of CSA not only deprive individuals of reaching their full academic potential but also impact on the nation's talent and economic development.

Health status of a raped kid can facilitate learning or creating barriers. A child's health is influenced by several factors, including access to nutritious meals, regular physical activity, sufficient fresh air and sunlight (Kibel and Guthrie, 2001). Household environment serves as a primary learning source, significantly affecting a child's educational experience (Tutty et al., 2020). Poor general health can impede a child's ability to achieve and maintain acceptable academic performance (Prinsloo, 2007). Unhealthy students often experience negative impacts on their attention spans, energy levels, school attendance, and overall diligence. Pregnancy can lead to school dropout, while the fear of being HIV-positive may prompt suicidal thoughts. For optimal academic performance, a conducive holistic environment is essential (Kufakunesu, 2014). This underscores the critical link between home and school conditions, emphasizing the need for authentic relationships built on trust, care, support, and guidance (Call, 2018; Mathew, 2018). Consequently, a strong correlation exists between psychological well-being and academic success. Sexually abused children often develop irrational beliefs that lead them to feel flawed and deserve abuse. This negatively impacts their self-impression and self-respect, hindering their potential for self-actualization. Consequently, these children may lose hope, become demotivated, and lack confidence and assertiveness. Berber Çelik and Odacı, (2020) indicates sexually abused girls commonly experiencing negative self-concepts and distress, contributing to poor academic performance.

Victims of sexual abuse often endure prolonged periods of fear and anxiety, both during and long after the abuse. This fear may extend to any adult attempting to approach them, creating anxiety about retaliation, personal safety, and the potential for recurring abuse. It is essential to provide protection for these children. Rational Emotive Behavioural Theory should be functional to victims of CSA to help them rebuild trust, eliminate irrational beliefs, and navigate life's challenges.

Incest survivors frequently feel unlike from other and often keep their experiences secret, isolating them from non-offending family members. Laccino (2014) notes that victims of abuse often withdraw from typical social engagements. Girls who have been sexually abused may feel a loss of control over their lives and frequently isolate themselves from friends and family, leading to low self-esteem. This isolation can be exacerbated by the perpetrator to facilitate ongoing abuse. The secrecy surrounding incest is a challenge for young girls to talk about their abuse because of fear on disbelief and rejection from family members. CSA, especially incest, creates a tumultuous dynamic within families, leaving children torn between conflicting

feelings of love and hatred for their abuser, as they desire to end the abuse without severing family ties.

2.5. Chapter Summary

The theoretical framework of Rational Emotive Behaviour Therapy by Albert Ellis helped in understanding the behaviour of sexually abused girl minors and explained the psychological consequences of child sexual abuse on the total development of a girl child in Zimbabwe. This chapter also reviewed the existing literature and legislative frameworks on the area of study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. Introduction

This chapter focused on the research methodology which includes research philosophy, research approach, research design, study setting, targeted population, sampling, data collection methods and tools, data analysis, research procedure validity and reliability, limitations, and ethical considerations.

3.2. Research Philosophy

This research adopted the interpretivism approach to understanding participants. This philosophy was appropriate because it focused on understanding concepts by thoroughly exploring the phenomenon within natural settings. Gephart, cited in Creswell (2014), Alharahshen and Pius, (2020) explains that interpretivist view knowledge as something shaped by interpretation.

3.3. Research Approach

The research used qualitative approach with research questions calling for inductive reasoning. This type research is fundamentally exploratory, aimed at understanding underlying reasons, opinions, and motivations, making it a relevant approach for this study. According to Bailey (2020) postulates qualitative as an inquiry aimed at understanding human and social issues, creating a comprehensive and holistic picture through words, detailing the perspectives of informants, and taking place in natural settings. Thus, the inductive qualitative research approach was valid for this research since the researcher gained understanding from the targeted population's knowledge. The researcher chose to apply an inductive qualitative approach to gain knowledge on the behavior, views, experiences and feelings of targeted population consigning the research.

3.4. Research Design

A research design is the plan chosen to bring together different parts of the study in a clear and logical way (Creswell,2013). A research design outlines how a researcher plans to investigate a research problem (Bailey, 2020 and Bennett, 2020).

The study used a phenomenology case study approach as a method of inquiry. Creswell (2013) noted that phenomenology case studies are based on in-depth study of individuals or groups. The goal of this research was to produce results and conclusions that are specific to the topic rather than general ones, it made use of phenomenology case study. The researcher employed phenomenology case study to understand the effect of sexual abuse from the perspectives of those involved.

3.5. Study Setting

Bindura Ward 10 in Mashonaland Central served as the study's focal point. Bindura is in Mashonaland Central Province of Zimbabwe which has the highest cases of sexual abuse and early child marriage in Zimbabwe. Thus, making the study relevant to focus on the hot spot region. The region's economy primarily relies on mining activities, with farming also present in the area. It is marked by numerous child sexual abuse among girls' due factors like girls from impoverished backgrounds often enter relationships with miners as a means of survival. Additionally, the risks of Child Sexual Abuse (CSA) are heightened by unemployment, poverty, religious, cultural issues and mining activities leading to rise of (CSA). This context creates a conducive atmosphere for more girls who have psychosocial challenges. Moreso, the proximity of Ran Mine Primary school, the police station, the Bindura Department of Social Development, Bindura Provincial Hospital, all of whom provided information and data on various case scenarios of sexual abuse.

3.6. Target Population

Dooley (2015) postulates that population is the complete set of entities that decisions relate. In this research, the population involved tertiary population or key informants who had more knowledge on child sexual abuse of girl children. This targeted population focused on key informant who were teachers and headmaster from one of the Primary School in Bindura,

police officers from victim-friendly unit and child protection officer from Department of Social Development who will serve as the primary targeted population representing children who have been sexually abused, counsellors from one stop center, nurse from Victim Friendly Unit Clinic and Hospital thus make up the population of study who are eligible participants to offer the required information.

3.7. Sampling Methods or Techniques

Sampling methods are a specific strategy prepared and applied during data collection to obtain a sample from a certain population Kothari (2013). During this study, the researcher used purposive sampling methods for all participants and key informants.

3.7.1. Purposive Sampling

The study utilized a purposive sampling method which was applied targeting key informants due to their expertise and knowledge on having reliability information on sexual abuse of girls which meet the needs of the researcher. The sample size consisted of key informant who were purposively chosen. These include teachers and headmaster from Ran Mine. Ran Mine was purposively selected from all schools given its proximity from the researcher and background population of the girls and also key informants kept records of children's background, behavior and class performance, figuring out how cases of sexual abuse are reported, identified and measures taken in the school. Moreso, Bindura victim friendly unit police were also purposively chosen based on their experiences, reports and knowledge on Child Sexual Abuse (CSA) as they are individuals who are firstly in contact with children in contact with the law when they are reported before they refer the case to department of social development for further interventions through the probation officer or child protection officer. A child protection officer who is a social worker from the Bindura department of social development was also selected as the primary targeted population to represent girls who had been sexually abused based on their experiences of working in child protection issues. This includes children who are in contact with the law under child protection issues as supported by the Children's Act Chapter (5.06). All these key informants will be purposively selected given the sensitive nature of (CSA), through considering their experiences and information about sexual abuse.

Counselors from Bindura one stop center and a nurse from Victim Friendly Unit Clinic Bindura Provincial Hospital were also purposively selected to provide health issues and psychological effects of sexual abuse children. Thus, purposive sampling was used for participants based on specific characteristics or qualities, as determined by the researcher's judgement and the purpose of the study.

3.7.2. Sampling Size

The sample size refers to the small group selected by the researcher from the target population to collect data. Sample size represents a subset of the overall study population (Setia ,2020). In this study, the sample consisted of ten (10) key informants and one primary participant. Thus, a total of eleven participants represented the targeted population. Key informants including four teachers and Headmaster from Rain Mine primary school, two victim friendly police officers, two counselors from Bindura Provincial Hospital one stop center and a nurse from victim friendly unit clinic from Bindura Provincial Hospital. A child protection officer who is a social worker from the Department of Social Development saved as a primary population representing children who were victims of sexual abuse sexually abused. They were all purposively chosen. Thus, eleven participants represented the population.

3.8. Data Collection Methods and Tools

Pondey and Pondey (2015) note that the researcher uses interviews to get information from the individuals. Hence, interviews are a methodical way utilised to get insight into the lives of a complete stranger. In this research, physical in-depth interviews and focus group were used as research methods. Robinson, (2020) asserted that interviews and focus groups discussions (FGD) are beneficial because they allow researchers to adapt and refine their questions as they gain insights about what to ask and whom to ask. Hence, rich data was collected through open-ended questions using in-depth interview guide and focus group discussion guide as research tools.

3.8.1. Data Collection Tools

3.8.1.2. In-depth Interview Guide

The researcher collected data from participants by following specific in-depth interview guidelines. Abawi (2013) notes that, in-depth interviews are typically informal and semi-structured, enabling participants to elaborate more on the topics discussed. The interview questions were open-ended and flexible, allowing various issues to emerge, which contributed to high-quality findings. This approach also gave the researcher the chance to address any unclear points. The researcher conducted in-depth face-to-face interviews with the key informant participants: 2 police officer, 2 counselors, 1 nurse from victim friendly clinic and 1 child protection officer who is the primary targeted population. The interviews were conducted until the researcher felt confident that no new information arose from the participants.

3.8.1.3. Focus Group Discussion Guide.

To gather data, the researcher utilized a focus group discussion guide. Focus group discussions bring together individuals with similar backgrounds or experiences to engage in conversation about a specific topic of interest (Nyumba, Wilson, Derrick, and Mukherjee, 2018). Thus, in this study key informant comprising of teachers and headmaster from Ran Mine who had experience in working with victims of sexual abuse at school took part. The researcher used the guide to draw out diverse perspectives from participants in a group setting. This approach allowed participants to support one another in addressing the researcher's questions, leading to the collection of more authentic data. Therefore, if one respondent left a question unanswered, another participant filled that gap. Hence a focus group discussions (FGD) consisting of 4 teachers and 1 headmaster from Ran Mine School were included as participants to collect data.

3.8.1.4. Key Informants

The researcher engaged with 11 key informants for the study, comprising four teachers from Ran Mine Primary School, one headmaster, child protection officer, two counselors, and two police officer and a nurse from. The study utilized a key informant guide. According to Payne and Payne (2004), key informants are individuals whose social positions provide them with

specialized insights about people, processes, or events that are more comprehensive and privileged than what is available to the public. Therefore, they served as particularly valuable sources of information for researchers. The researcher collected in-depth information through interviews and focus group with key informants.

3.9. Data Collection Procedure.

The first step towards my data collection process was a letter of permission from Bindura University Science of Education to conduct my research on bases of academic research. After having been given permission, I proceeded to the Department of Social Development Head Office in Harare to be given the consent to carry out my study after giving them my permission letter from Bindura University since that is the department responsible for child protection issues involving children in conflict or in contact with the law. One cannot conduct any research topic involving children without their permission. Their permission allowed me to proceed with my research. The following research procedure required me asking for consent from the key informant through consent forms for their participation in my focus group discussion and in-depth interviews to meet my objectives study. The researcher also distributed assent form to the child protection officer to represent sexually abused girls. The researcher always provided the research letters to all key informants for the conversation to be fruitful. After data collection in the field the researcher then presented the findings in her chapter four.

3.10. Validity and Reliability

Feasibility is an assessment of how practical a proposed project can be done. Thus, it is the quality of a project being doable. The study is reliable given that the researcher was given research letters from the university to conduct the research and consent from responsible authorities (the Department of Social Development Head office in Harare) who are responsible for child protection issues and from Bindura Provincial Hospital to conduct my research. The study focused on Bindura Ward 10 which is in Mashonaland Central the hot spot of early child marriage and sexual abuse in Zimbabwe. The key informants were professional expertise who have worked with sexually abused girls for more than five years, making the findings to be so reliable and trustworthy. The study made use of physical interviews and focus group as research

tools making the research have the ability to ask for more clarity were she did not understand ,thus information obtained was reliable and trustworthy since it involved observations on non-verbal ques .The researcher focused in a small area where she was studying which is Bindura focusing with Ward 10 making the project doable to carry out my research to the targeted population who are the key informants and Ran Mine Primary to represent other schools given the limited time of the study.Lastly the researcher choose Bindura Ward 10 to conduct the research for easy movement since that is where she was residing.

3.11. Data Analysis

The primary goal of data analysis is to identify and explore new insights derived from field data. The data was collected and analyzed based on emerging themes. Maxwell (2013), notes that thematic analysis is a method applied in both qualitative and quantitative research. Thus, the researcher used thematic analysis. The researcher assessed the data gathered from the interviews and organized the findings using sub-themes formulated from the participants' responses.

3.12. Data Presentation

The data collected was presented, analyzed and discussed thematically. Since the researcher utilized thematic data analysis, this method was most suitable for the study. To effectively communicate the findings regarding psychosocial effects of sexual abuse on the total development of girl children, the researcher adopted a thematic approach. This exploration focused on their total development of these effects, existing interventions, and ways to support children who have experienced sexual abuse.

3.13. Limitations

Several factors posed challenges during the execution of this study. Firstly, the researcher faced time constraints due to school commitments, which limited the research period. To mitigate this issue, the researcher opted to focus on a nearby school, Ran Mine, Bindura Hospital and one stop center, Bindura police station and Bindura department of Social Development office

for professional expertise who were within the same area as key informants and where the researcher was staying.

Additionally, there was an initial lack of motivation among key informants to engage meaningfully in the study, as they perceived no financial benefits from participating. However, I convinced them for their interest to grow on how important it is, particularly as they began to recognize the study's relevance to their work.

Moreover, the sensitive nature of the topic made it difficult for participants to take part in my research. Key informants were afraid of giving information relating to my study in fear of putting their jobs and profession at risk since they are not permitted to disclose such information and viewing it as a confidential issue that must be protected. To address this challenge, ethical measures were implemented to promote respondents' autonomy and ensure their privacy and confidentiality. Moreover, I presented the forms from my university and authorities for child protection issues as evidence that I had been granted permission to conduct my research for academic purposes. Upon seeing these forms, they felt comfortable sharing the information since it was authorized.

3.14. Ethical Considerations

Ethics serves as guidelines established for researchers, when conducting research for the participants to be comfortable and protected. Key ethical considerations encompass informed consent, confidentiality, competence, do no harm and voluntary participation as supported by (Muridzo, 2018). Social workers place great importance on these ethical considerations to minimize immediate discomfort or risks to research participants. It is also crucial to safeguard participants from potential long-term harm. Ethical responsibilities include protecting participants' rights and ensuring that results were reported accurately and fairly.

Prior to initiating the study, researchers complied with ethics listed below:

3.14.1. Confidentiality

Confidentiality refers to the safeguarding of information shared between the participant and the researcher. According to Myers and Blausey, (2020) confidentiality refers to the

management of information shared by participant in a trusting relationship, with an expectation of remaining undisclosed without consent. The researcher made sure that participants had the right to privacy, ensuring that their identities and any identifying details remain anonymous throughout the study. Data collected was kept confidential and responses remained anonymous. Participants were not required to provide their names during interviews or group discussions. Researchers assured them that all discussions will remain private, ensuring that no names or personal details can be included in the research findings.

3.14.2. Informed Consent

According to Newman (2016) informed consent is consent given voluntarily, knowingly and intelligently. The researcher ensured that all participants understood their right to provide informed consent. To obtain consent, the researcher distributed assent and consent letters and clarified any questions, allowing participants to make an informed decision about their involvement in the study.

3.14.3. Voluntary Participation

According to Israel and Hay (2006), voluntary participation must be done so voluntarily and without being subject to pressure or danger of injury. Thus, participation in the study was entirely voluntary, with no force applied to encourage compliance with the study's conditions. Participants had the freedom to withdraw from the study at any point.

3.14.4. Avoidance of Harm

The researcher took care to ensure that no participants were harmed in any way, including physical, emotional discomfort during the study, committing to upholding the rights of all individuals involved. Baines et al (2013) notes that avoidance of harm is ensuring that research participants do not experience any negative effect because of their involvement. Thus, the researcher avoided harm on the participants.

3.14.5. Competence

The researcher acknowledged the scope of her study and operated within its boundaries. By demonstrating competence, the researcher was culturally and socially aware, using language

that was respectful and familiar to the participants, which contributed to positive outcomes to the research.

3.15. Chapter Summary

The primary focus of the chapter was the phenomenology case study approach used to collect data. It addressed the research approach, research design, study setting, methods for data collection, the targeted population, sampling size and techniques, data presentation, data analysis, research procedure, limitations, validity and reliability to better understand the psychosocial consequences on the total development of a girl child. Ethical considerations were discussed.

CHAPTER 4

PRESENTATION, ANALYSIS AND DISCUSSION OF THE FINDINGS

4.1. Introduction

This chapter's main purpose was to present, analyse and discuss the findings on psychosocial effects of sexual abuse on total development of a Zimbabwean girl child using a case of Bindura Ward 10. It was guided by the three objectives: the factors contributing to child sexual abuse of the girl children in Zimbabwe focusing with Bindura Ward 10, psychosocial consequence of child sexual abuse on the total development of the child and ways to support children who have experienced sexual abuse. Teachers and headmaster participated in a focus group discussion, child protection officer, Victim Friendly Unit police, counselor from one stop center Bindura, a nurse from victim friendly unit Bindura Provincial Clinic participated in in depth interview guide to achieve the objectives of the study. All these participants had at least five years experience in working with sexually abused minors. The themes were made use of to present and examine the findings in the form of subheadings to achieve the results.

4.2. PRESENTATION OF THE FINDINGS BASED ON THE OBJECTIVES.

4.2.1. Theme 1: Factors Contributing to Child Sexual Abuse in Zimbabwe, Focusing with Mashonaland Central Province (Bindura Ward 10)

4.2.1.1. Poverty

According to the interviews and focus group conducted from key informants, poverty was one of an attribute causing child sexual abuse among girls. All key participants pointed out different and similar views supporting that poverty was one of the contributing factors towards sexual abuse which resulted in affecting the total development of a girl child. These similarities include views of parents falling to provide basic necessities which results girls indulging in negative coping mechanism like having intergenerational sexual relations with partners who are of older age than them in exchange of food, money just to mention a few as way to solve the problems of poverty and earn a living, marrying off young girls to older rich man by families as a way of earning a living through what they call 'kuroodza', some parents allow their children to be involved in sexual activities giving a blind eye due to the financial benefits thus, exposing them to child sexual abuse. Some young girls remarry themselves to escape economic hardships or poverty from home and sexual abuse from perpetrators at home.

Child Protection Officer highlighted that:

Poverty in the household results in negative behavior mechanism of children. Young girls become victims of sexual abuse due to them having intergenerational sexual relations with partners who are much older than them which is also a form of sexual abuse even if there is consent in exchange for benefits like money. That is why the government has amended the Criminal Procedure Act, where they now criminalise all sexual relationships between an adult and a minor even if there is consent. This was done upon discovering that young girls are being taken advantage of due to poverty in the households.

One of the teachers in the focus group pointed out that:

There are cases of incest happening because of poverty. Last year we had a case of a father who sexually abused his twelve-year-old daughter to gain riches. The parents of the young girl were divorced; upon separation the girl was left in custody of the father who sexually abused her to the extent that she had to run away from the abuse of the father to her boyfriend where she got pregnant. Due to the issue of poverty male relative tend to sexually abuse young girls to attain riches.

Headmaster noted that:

Due to economic hardships a lot of girls are giving themselves away in marriage and running away from the poverty in the household. We have four cases of grade seven children this year who have dropped out of school due to poverty and saw marriage as the only solution.

The Victim Friendly Unit Nurse noted that:

Vabereki varikuroodza vana vachiri vadiki nekuda kwenzara inenge yapinda mumba. Parents are marrying off their young girls due to poverty in the household.

The findings clearly illustrate poverty as a major driver of sexual abuse among young girls, deeply affecting their overall development. Interviews revealed that economic hardship leads some families to neglect or even exploit their daughters marrying them off to older men (referred to as *kuroodza*), encouraging intergenerational sexual relationships for financial gain, or turning a blind eye to abuse in exchange for material support. This is in support with the literature review by Ellis (2003) and Muridzo (2018) on the issue of poverty. In some cases, poverty has driven girls to flee abusive homes and enter exploitative relationships or early marriages as survival strategies. Educators and health professionals also noted that poverty

fuels incestuous abuse, as seen in cases where caregivers harm their children under the guise of securing wealth. The recurring theme is that economic desperation creates environments where girls are highly vulnerable to abuse and exploitation, which undermines their safety, well-being, education, and future. Hence according to the findings, it shows poverty as a contributing factor in Bindura Ward 10 and is in support with the literature review.

4.2.1.2. Culture and Religion

Culture and religion are the cause of sexual abuse among young girls in Zimbabwe. Participants gave their different views on how culture and religion are contributing to child sexual abuse.

One of the teachers in the focus group pointed out that:

'Vamwe vabereki varikuroodza vana vachiri vadiki nekuda kwenzara inenge yapindamumba. Mukukura kwavo patsika dzechishona mwanasikana aionekwa semudziyo wekupfuma kana kubvisa nzara mumba. Maonero aya akanyanya uyezve achirikuitika muProvince yedu yeMashonaland Central nekuda kwehurombo uye tsika dzedu dzekare, kushaya zivo uye dzidzo pamusoro pezvakashatira kuroodza vana vachiri vadiki zvinova zvinokanganisa kukura kwavana kusanganisira mafungiro, hutano uyezve dzidzo dzavo. Hupenyu hwemwana unenge watokanganisika nekuda kwetsika yechishona uye kwenzara inenge yapinda mumba. Kutanga kwegore rino tine vashanu vasina kudzoka kuzopedzesa dzidzo dzavo nekuda kwekuti vakaroodzwa pazororo kisimusi.' A lot of parents are marrying off their young girls due to poverty, hunger and starvation in the household. In the Shona culture, the daughters were seen as a vessel for enrichment or to eradicate poverty and hunger in the home. This view was prevalent and is still prevalent at its highest level in Mashonaland Central Province due to lack of knowledge and education about the negative effects of early childhood marriage which is a form of sexual abuse that will detriment to the child's development, including their cognitive development, health and education. A child's bright future is then threatened by the effects of poverty in the house. Early this year we had five children who did not return to finish their studies because they were married off on Christmas holiday.

Child protection officer noted:

'They are some men who take advantage of their power in churches. Recently we had a case of a 70-year-old man who sexually abused his ten-year-old daughter. This was because of the power he had at church in the white garment sector. We also have cases of Gumbura where he

took advantage of his female congregants, leading to sexual abuse. Some congregants do not report such cases leading to psychosocial problems due to the abuse that they are bottling in. This is evidence that religion is another factor contributing to child sexual abuse in Zimbabwe, though most cases are not reported due to fear or other personal reasons.'

Bindura Provincial Hospital, Victim friendly Unit Nurse postulated that:

'Sexual abuse yavakuitika mumakereke kupfurikidzira nenyaya yekushandirwa. Maporofita amazuvano varikubata vanhu chibharo vachinyipera vanhu kuti munyama unobva kana kuti dambudziko rinobva rapera. Svondo rapfuura takaita Nyaya yemwana akabatwa chibharo namuporofita mushure mekunge vabereki vemwana vaudzwa kuti mweya uri pamwana uyu unoda kuti agare kwandiri kwemwedzi mitatu. Vabereki pavaiuya vachida kuona mwana wavo vaidzwa kuti mweya hautendere kuti mumuone. Kwapera mwedzi mitatu mwana akange abata pamuviri zvinova zvakaitsa kuti muporofita azotiza mhosva yake.' *'Sexual abuse is also taking place in the name of helping individual overcome their problems and removing evil spirits. This so-called prophets of today are sexually abusing people taking advantage of their desperation of help. Last month we had a case of 12-year-old girl who was raped by a prophet after the child's parents were told that the evil spirit on the child wanted them to leave her in the custody of the prophet for three months. When the parents came to visit their child, they were told the spirit would not allow them to see her. Three months later, the girl was pregnant, prompting the prophet to flee away.'*

One stop centre counsellor mentioned that:

Mashonaland Central Province's population is mainly dominated by the apostolic garment church. One of the sectors is Johani Marange, where there are issues of kurotswa resulting in young girls being married at a young age to follow what the spirit is saying. Young girls as little as 12 years are being married off to old people who also have five to six wives already thus resulting in child sexual abuse. This situation exposes the young girls of premature death during giving birth and expose them to sexual diseases.

The findings reveal that cultural beliefs and religious practices significantly contribute to child sexual abuse among young girls in Zimbabwe, particularly in Mashonaland Central Province. Deep-rooted cultural norms, such as viewing the girl child as a source of wealth (*kuroodzwa*), perpetuate early marriages under the guise of tradition or to alleviate household poverty as supported by Muridzo (2018) in the literature review. Religious institutions, especially some

apostolic sects and charismatic churches, were also identified as spaces where abuse is concealed or justified often by leaders misusing spiritual authority. This is further supported by Muridzo (2015) in chapter two. Cases include prophets sexually abusing girls under the pretext of healing or exorcism, with families coerced by fear, desperation, or faith into compliance. Such acts not only violate children's rights but also derail their education, health, emotional development, and future. A lack of awareness and fear of social stigma or retaliation prevents many victims from speaking out, allowing the cycle of abuse to persist in silence. Therefore, culture and religion contribute as supported by the literature review, However apart from the literature review fundings show that religion is now abusing the children in the name of Kushandirwa at its highest rate rather than the issue of kurotswa and child marriage since there are now laws protecting children from sexual abuse thus now do it secretly hiding under this name of kushandira .

4.2.1.3. Environmental Factors

Environmental factors are also playing a greater role in child sexual abuse. Participants noted that in Mashonaland Central Province, environment is of greater influents through the activities being done like farming, mining and more sex workers that expose children to sexual abuse.

Child Protection Officer highlighted that:

Most of the girls are sexually abused through consent Mashonaland Central is one of the provinces that is indulging with mineral resources. There is an influx of people coming here to do mining activities. This is due to mining sectors attracting male workers from other regions. This can increase the risk of increases the risk of sexual exploitation as they seek out vulnerable children. Given the poverty datum line the majority is the girl child who will be more vulnerable. If someone came and has a lot of money, they abuse a lot of girls in exchange for money or food due to poverty. The presents of gold within the district are an attribution factor contributing to sexual abuse among the girl children.

One of the teachers noted that:

Gold panners have destroyed the lives of our young girls by luring them with money. They are taking advantage of the poverty situation among the girls while they are still young.

Victim Friendly Unit Nurse noted that:

Most of the children giving birth are in relationships with gold panners who will run away after discovering the child is pregnant. Some of these gold panners give support to the young girls to avoid being reported. These cases are usually reported after they are misunderstandings and agreements do not meet, resulting in the parents threatening to report the case.

The headmaster highlighted that:

Mashonaland province is surrounded by a lot of farms and the behaviour in the compound is not safe for the girl child. In compounds and mining areas they believe if a child has just reached the age of twelve, they should be married and think the family will benefit. The environment in these compounds contribute to the factors of sexual abuse among young girls. 99% of the children here at Ran Mine come from compound, thus increasing the risk of sexual abuse.

One stop centre counsellor noted that:

Sex work is so high in Bindura due to the issue of gold panning and high mining activities, as a result there are a lot of sex workers and are usually seen in touch lines. A lot of divorced mothers indulge in sex working to earn a living. This act exposes the young girls to child sexual abuse, as they imitate their parents since they are their role models. A lot of young girls are exposed to activities of sex working and tend to experiment. During this process they become victims of sexual abuse.

The findings show how environmental factors such as mining, farming, and high levels of sex work significantly contribute to child sexual abuse in Mashonaland Central Province because of the socioeconomic status of the area. The influx of predominantly male workers drawn by the region's mineral wealth has created opportunities for sexual exploitation, particularly of economically vulnerable girls who may be lured into transactional relationships for basic needs. Teachers and health workers noted that many young girls become pregnant by gold panners who often abandon them, and some families remain silent due to temporary financial support. In mining compounds and farm settlements, harmful beliefs such as marrying off girls as young as twelve further normalize abuse. Meanwhile, the presence of sex work in communities like Bindura exposes girls to early sexualization and dangerous imitation of adult behaviour, particularly in the absence of strong parental role models. These environmental conditions create a high-risk setting where young girls' safety, autonomy, and development are severely compromised. Therefore according to the research findings from participant the major

contribution why child sexual abuse is still high in Mashonaland Central is the environmental issue like mining farming areas and sex working activities contributing .According to Muridzo (2020) certain characteristics can make girls more vulnerable to child sexual abuse instance ,when families struggle to afford education and clothing ,girls are less likely to seek alternative solution to support themselves .Thus contributes to child sexual abuse. Economic struggles can push children into risky situation, such as prostitution, to support themselves (Wangamati et al,2018), thus making them more vulnerable to gold panners. According to the statistic of Bindura Hospital the perpetrators are known and there is consent to the sexual abuse due to the vulnerability of children due to poverty. Hence, Mashonaland Central economic activities contributing to a larger extend as compared to other factors.

4.2.1.4. Drug and Substance Abuse

The use of drug and substance abuse has increased in all age groups including the elder. The unconsciousness or effect caused by their influence has negative effect especially in sexual activities. Participants viewed substance abuse as a major cause resulting in child sexual abuse.

Child protection officer stated that:

Some of the young girls are lured into taking drugs and substances with the influence from their peers. Once you take drugs and substance you lose control of your mental faculties as a result, what happens after you do not know thus there is sexual abuse. We have received quite a large of cases where the girl probably after passing out and gain consciousness they discover that they have been raped. This will affect their mental health.

One of the teachers noted that:

Parents and guardians who struggle with substance abuse maybe less able to protect their children and engage in abusive behaviours themselves. We have a case of a grade six child who was sexually abused by his biological father after he was under the influence of alcohol. He would take advantage of the girl when her mother went to fetch firewood. This affected the girl's cognitive development and school performance due to the sexual abuse.

One of the police noted that:

Last month, we recorded two cases of young girls who were sexually abused by their male neighbours. It was discovered that during this time of sexual abuse both men were under the influence of drugs which contributed to the malfunctioning of their cognitive. This is evidenced

by their statements after they were arrested and did not have enough knowledge on what had transpired. Therefore, drug and substance abuse are a contributing factor to child sexual abuse.

The findings demonstrate that drug and substance abuse play a critical role in facilitating child sexual abuse, both by impairing the judgment of victims and diminishing the responsibility or awareness of perpetrators. Girls may be introduced to drugs by peers or abusers, losing consciousness and later discovering they've been assaulted events that deeply traumatize them and harm their mental health. At the same time, parents and guardians struggling with substance addiction are often unable to provide protection, thus supporting literature review as noted by Muridzo, (2018) and Benedet, (2020) and in some cases become abusers themselves while under the influence, as seen in the case of a father who violated his own daughter. Neighbours and community members also pose risks when substance use impairs their cognitive control, leading to regrettable acts they later claim to not recall. This troubling intersection of addiction and abuse compounds the vulnerability of young girls, especially in environments already challenged by poverty and weak protective structures. Therefore, one can note that drug and substance abuse can be a contributing factor to child sexual abuse both to the influence of young girls and perpetrators.

4.2.1.5. Lack of Parental Capacity

Lack of parental capacity to provide for the care and protection of children is another factor contributing to child sexual abuse in Zimbabwe. The care and protection of children include proper shelter, neglect of time with children and lack of educating children on what sexual abuse is.

Child protection officer postulated that:

They are situations or circumstances especially in compound areas, peri-urban and rural areas, due to inadequate and proper accommodation children are being exposed to sexual activities and become victims of sexual abuse. High prices of accommodation or inadequate shelter results in parents sharing the same room with kids during the night. We do have child protection issues of children in conflict with the law of sexual abuse, upon investigation on the case it is discovered that parents share the same room with children, and a curtain serves as demarcation between the bedroom. What happens during the night kids are exposed, as a result they are stimulated and encouraged to experiment. Therefore, children become victims of

sexual abuse amongst themselves because of parents' inability to provide proper accommodation.

One of the teachers in the focus group said that:

We have a young girl aged ten who was a victim of sexual abuse after some visitors had come to their homestead. Due to the lack of adequate shelter, the girl was asked to go and sleep at their neighbour's place to accommodate the visitor where she was sexually abused by a boy aged seventeen.

One of the counsellors at one stop centre pointed out that:

Parents are busy concentrating on bring food and necessities of the children and neglecting time with their children. Parents no longer have time with their children; hence a child is sexually abuse by a perpetrator they may fail to discover it. They no longer have time with children to discuss issues of sexual abuse. This leaves children more vulnerable to sexual abuse due to lack of knowledge on what sexual abuse is.

The responses highlights that lack of parental capacity both materially and emotionally significantly contributes to child sexual abuse in Zimbabwe. Inadequate housing forces families to share cramped living spaces, with minimal privacy, exposing children to adult behaviours that may lead to early sexualization and abuse even among siblings or peers. Cases also reveal that when housing is insufficient, children are sent to neighbours or relatives where they may become vulnerable to perpetrators. Beyond shelter, emotional neglect also plays a key role: as parents focus solely on providing food or surviving economic hardship, they often overlook spending quality time with their children or educating them about sexual abuse. This absence of guidance and communication leaves young girls unprepared to identify or report abuse, increasing their exposure to harm. Altogether, poor living conditions and parental disengagement foster environments where abuse can occur undetected and unchallenged. This is supported in the literature review by Mendelson (2015) on the issue of parenting styles. Hence, according to the findings lack of parental capacity is a contributing factor basing on the findings obtained from key informants.

4.2.1.6. Vulnerability of Children

Vulnerability of children is also playing a role in contributing to child sexual abuse. The participants pointed out different views on the vulnerability of children. Parents living children

in the custody of relatives, situations of being orphans, divorce among parents is leaving children being vulnerable to sexual abuse.

Child Protection Officer highlighted that:

Parents are contributing or exposing young girls to child sexual abuse. When parents' divorce, the young child maybe left in the custody of father and in most cases the stepmother does not provide enough care to the child. We have a case of nine-year-old girl who was abused with her father after the parents divorced. The father wanted to revenge and cause pain to the mother because of the separation. Therefore, the father took revenge by raping the young girl. When the child went for a holiday, her mother discovered that she had been raped. Upon investigations it was discovered that the perpetrator was the father. Divorce among parents result in exposure to abuse of the children and making the girl child more vulnerable.

The headmaster in the focus group discussion noted that:

They are several cases of sexual intercourse happening within the prohibited degree of relationships. We do have children who are orphans in the custody of relatives like uncles and grandfathers. Due to their status, they are already vulnerable to perpetrators within the family setup they become victims of sexual abuse. We do have three young girls who were left in the custody of their grandparents after the death of their parents. The grandfather was sexually abusing the girls to attain riches. They believe if you sleep with a minor who is a virgin and is your relative you will be rich. The children are now in custody of Social Welfare. The status of being an orphan can be a factor contributing to their vulnerability to child sexual abuse.

One of the Victim Friendly Unit Counsellors noted that:

The economic hardship in Zimbabwe is resulting in parents relocating to greener pastures, leaving the young girls in the custody of grandparents in rural areas. Due to the age of the grandparents, they may not be able to provide protection against perpetrators in the community. This will be increasing their vulnerability to sexual abuse resulting in young girls being taken advantage of.

The findings emphasizes that the vulnerability of children particularly due to family instability, orphanhood, and inadequate guardianship significantly increases their risk of sexual abuse. Divorce often leaves children in the custody of one parent or step-relatives, where neglect or even revenge-driven abuse can occur, as illustrated by the case of a father raping his daughter to emotionally harm his ex-wife. This is supported by WHO (2010) that children are more

scriptable to abuse after parents separate. Orphaned girls placed with extended family, such as uncles or grandparents, are also highly susceptible some falling victim to harmful beliefs that abusing virgins brings wealth. Furthermore, economic migration leaves children in the care of elderly relatives who may lack the capacity to protect them from predatory community members. These intersecting vulnerabilities emotional abandonment, weak supervision, and misguided traditional beliefs create environments where children, especially girls, are left defenceless and exposed to exploitation. Therefore, one can note that child sexual abuse is contributed by the vulnerability of children's situation.

4.2.1.7. Social Media

Social media has become one of the factors causing sexual abuse in Zimbabwe. This was supported by the views of the participant in the in-depth interviews.

One of the one stop centre counsellor said:

Social media is exposing a lot of children to pornographic material. After they have seen such content, it results in them wanting to experiment. This will result in them being victims of sexual abuse. This usually takes places when they are playing mahumbwe were there is division of roles. Those holding the title of parent will then indulge in sexual activities as they will be imitating parental activities on social media.

Victim Friendly Unit Nurse noted that:

We have a case of a child who explain that before she was rape her uncle exposed the girl to pornographic material. After having watched the pornographic material, he then raped me. Social media is being abused by perpetrators to sexually abuse young girls and assure them it's a game.

Child Protection Officer noted that:

Some parents do not monitor information and communication technology gargets that they give to their children. They think it's the best way to nature children, yet they do not monitor the sites they visit. As a result, they are exposed to sexual material. We have a case from Mazowe were parents refused that their child is not capable of indulging in such activities after he was accused of sexually abusing a six-year-old girl. Upon investigation by the Probation office, pornographic material was discovered in his phone. Social media is a factor contributing to sexual abuse among young girls.

The findings reveals that social media has become a significant conduit for child sexual abuse, particularly by exposing children to pornographic content and creating environments where abuse is disguised as play. In many instances, children imitate sexually explicit material they've seen online during games like *mahumbwe*, which leads to harmful, often abusive encounters. This is supported by Muridzo, (2018) note that play activities among children themselves contributes to child sexual abuse. Perpetrators also misuse social platforms and digital content to groom and manipulate children sometimes showing pornography to gain their trust or lower their resistance before committing abuse. Additionally, the lack of parental oversight over smartphones and internet use further exacerbates the problem, leaving children vulnerable to both external influences and internalized behaviours they don't fully understand. As noted in Mazowe, even young boys have been found with sexually explicit materials on their devices, contributing to peer-on-peer abuse. The unmonitored digital landscape, combined with gaps in digital literacy, continues to endanger young girls' safety, development, and well-being. Therefore, social media is a contributing factor according to the fundings from participant.

4.1.2.8. Poor Education and Lack of Facilities .

The issue of education is one of the contributing factors leading to sexual abuse especially in Mashonaland Central. Participants pointed out different issues leading to education as a factor toward sexual abuse. Long distances to school, inadequate schools and lack of role models were issues pointed out by key informants.

One of the teachers highlighted that:

Long distances to school are a contributing factor leading to child sexual abuse. In February we had a case of a child from Waerera who was sexually abused by a stranger on her way back to home. Long distances to school among the young girls in Bindura are a factor contributing to child sexual abuse where abusers take advantage of them.

The headmaster noted that:

Lack of adequate nearby schools is a factor in Mashonaland Central that is causing child sexual abuse to young girls. Mashonaland Central has been one of the farming hubs of the country especially in the farming sector. White people just emphasised on building primary schools for basic education. Due to this problem a lot of young girls after finishing their primary education, there is high rate of school dropout because they view marriage as the next achievement. This will result in early child marriage which is a form of sexual abuse.

Victim friendly Unit nurse noted that:

Lack of role models is also a contributory factor. Mashonaland Central is surrounded by farming areas which increases the number compounds in the area. In this compounds most of the parents are uneducated. The population comprises on the view of marriage as an achievement. Most of the girl are married at an early age because of their role model. Parents from compounds hardly support their children to pursue with education because they are not educated. Lack of educational role models among young girls is a factor contributing. Most adult have no information on how important education is to the girl child. Due to this there is high school dropouts which increase the rate of the child being idol and the next thing that comes in their mind is marriage, which is a form of sexual abuse. Most of girls involved in early child marriage is because of school dropout.

Findings underscore that limited access to education and inadequate school infrastructure directly contribute to child sexual abuse in Mashonaland Central. Long distances to school place girls at risk of assault during their daily travels, particularly in remote farming regions. Long distances to school increase girls' exposure to predators during commutes, while the shortage of nearby secondary schools leads to high dropout rates after primary education resulting in early child marriage which is a form of sexual abuse. Without meaningful academic prospects, many young girls see early marriage as their only pathway forward an outcome that constitutes sexual abuse. Moreover, the absence of educated role models in farming compounds reinforces the belief that marriage is a greater achievement than schooling, especially in households where parents themselves lack education. This cycle of limited opportunity, cultural normalization of early marriage, and weak parental support leaves girls idle, unmotivated, and exceptionally vulnerable to abuse and exploitation. The combination of physical inaccessibility, social expectation, and educational neglect creates an environment where child sexual abuse becomes more likely and more difficult to prevent.

Therefore, according to the finding one of the contributing factors of child sexual abuse is the issue of education both inadequate schools, school dropouts and lack of role models. A lot of girls in Mashonaland Central are not attending schools due to different reasons like economic hardships and lack of nearby schools. This is further supported by Muridzo (2018) who noted that many girls fall in the trap of sexual abuse on their way to school or home. Moreso, economic hardships result in child sexual abuse since the girls don't have anything to occupy them and may opt to indulge in relationships at a young age, thus exposed to sexual activities

at a young age which is a form of sexual abuse. Hence need for more activities to occupy the girl child and construction of more schools.

4.3. Theme 2: Psychosocial Effects of Sexual Abuse on the Total Development of a Girl Child.

4.3.1. Physical and Health Effect on Total Development of a Girl Child.

Sexual abuse has health and physical effect on total development of a child. These can be minor or severe brain damage. Child sexual abuse may result in early child pregnancy which may cause death during birth. Sexual abuse results in spread of sexually transmitted diseases such as HIV and AIDs. They are also some psychological health issues that emerge because of sexual abuse and therapies can assist in developing coping mechanisms. The study highlighted the following health and physical effects through focus groups and interviews from different participants.

Victim Friendly Unit Nurse highlighted that:

Minor victims of sexual abuse are at high risk of HIV and AIDS transmission, sexually transmitted disease like Hepatitis simplex virus 2 infections and gonorrhoea, abdominal infections, gastrointestinal and genital warts which has affects their health. This disease can be prevented if the case is reported within 72 hours. However, we still have a challenge that most cases are reported after 72 hours which exposes the child to be infected by this disease.

One of the one stop centre counsellor noted that:

Some of the victims of sexual abuse have negative effects on their mental health resulting in depression. Depression results in mood disorders, personal disorders, psychotic and panic disorders. Psychological distress can also be linked to memory loss. Due to these effects the child's daily life is affected resulting in disrupting the total development of the child. Some young girls may develop negative mechanisms like drug and substance abuse to reduce depression which further affects their health and total development. Some girls attempt suicide as they feel no hope of leaving and experience mental health problems like self-harm behaviours, aggression and anxiety which affects their total development. Norder to overcome the effect of sexual abuse, children need great support from therapist to help them develop copping mechanism to avoid further harm on the child.

One of the teachers postulated that:

Children who have been sexually abused and have been discovered to be pregnant also have emotional and psychological problems associated with pregnancy and childbirth. We do have cases of a family that had a system of marrying off their young girls at an early age. All the girls who were victims of early child marriage in this family died giving birth until the community advocated for the rights of children.

Child sexual abuse significantly disrupts the physical and psychological development of a girl child, leading to severe health consequences such as HIV and other sexually transmitted infections when not addressed promptly especially within the critical 72-hour window. Findings from the hospital shows that most cases are reported after 72 hours resulting in sexually health diseases being spread on the girl child. This is supported by Russell et al., (2020) in the literature review where he noted that physical health issues include infections of STIs. In addition to physical harm, victims often experience early pregnancies that may result in life-threatening childbirth complications. The psychological toll is equally devastating, manifesting as depression, anxiety, mood disorders, memory loss, and in some cases, self-harm, substance abuse, or suicidal tendencies. This is supported by (Baker 2010) and Muridzo (2020) noted that sexually abused girls have suicidal thought and aggressive behaviours. These challenges interfere with the child's emotional stability, educational progress, and overall well-being. Reports from professionals including nurses, counsellors, and teachers emphasize the vital role of therapeutic support and community intervention in helping survivors build coping mechanisms and recover a sense of safety, dignity, and personal growth. Thus problem exist.

4.3.2. Emotional Effect on the Total Development of a Girl Child.

They are emotional effect caused by sexual abuse among young children that is because of sexual abuse. These includes feeling guilt, shameful, self-blaming, embarrassment, fear, distrust and sadness. As a result, nightmares and flash backs leads to self-hatred and low self-esteem. Findings from participants who were involved in the focus group and interviews shared following views on emotional effects:

One of the one stop centre counsellor noted that:

The girl child who has been sexually abused usually blames themselves to be the causers of being sexually abused thus, self-blame. This guiltiness affects their total development as they cannot concentrate in school and feel unworthy of living which may result in them having suicidal thought if they fail to get enough support from parents and therapies from health practitioners.

Victim friendly Unit Nurse noted that:

There is also fear in the child as an effect of sexual abuse. I have a case of a child who was sexually abused by her brother. Whenever a male person entered or passed through our counselling room, she would run in fear and grab me for safety. Every man becomes a threat in her mind due to the traumatic events that would have taken place. They no longer trust any male person around them as they fear the event reoccurring.

One of the teachers highlighted that:

Sadness due to flash backs and nightmares is another effect. Victims of sexually abused have nightmare and flash backs especially when they are triggers like the perpetrator of sounds that they remember. These triggers review traumatic events as if were happening again for example sounds, smells or seeing the perpetrator himself. This will continue to harm the child's total development if they are not assisted and supported. However, we have a challenge of parents who avoid reporting sexual abuse cases because they would have taken place within the family. The child is forced to continue living inside such an environment especially when no outside intervention comes through teacher or community. Thus, the child continues to live in the flash backs and nightmares which may affect the total development of a child.

Child Protection Officer postulated that:

Some children develop hatred toward themselves. They feel embarrassed and unclean to themselves which contributes to low self-esteem. Some develop a sense that if I perfume the same act, I will be clean thus result in continuation of sexual abuse. Drug and substance abuse become their next option to avoid the reality of life which will negatively affect their life. One of the challenges is lack of support to these children by the parents. Some even blame the child and it totally affects the development of a girl child.

The findings reveal that sexual abuse of young children, particularly girls, results in profound emotional effects such as guilt, shame, self-blame, fear, and severe trust issues, which significantly hinder their psychological and social development. Counsellors and professionals report that victims often struggle with low self-worth, suicidal thoughts, and difficulty concentrating in school due to overwhelming guilt. Fear becomes deeply rooted, especially in cases where abuse occurs within the family, leading to a heightened distrust of male figures. Flashbacks and nightmares triggered by sounds or familiar cues further intensify emotional distress, often going unaddressed when abuse is concealed by family members. The impact

deepens as some children internalize the trauma, feeling dirty or unworthy, which fosters self-hatred and low self-esteem. In severe cases, this may push them toward continued abuse, drug and substance use, and emotional withdrawal especially when parental support is absent or when the child is blamed for the abuse. These compounded effects severely limit the child's ability to heal, adapt, and grow into a healthy adult.

4.3.4. Personal and Behavioural Effect on the Total Development of a Girl Child.

Personal and behaviour change is one of the effects of sexual abuse. Participants highlighted that there are changes that include low self-esteem, no confidence, suicidal thoughts, aggressive, daydreaming, withdrawal, anger issues and lack of trust that affects their personal and behaviour. Children need support from family, community and trained expertise in offering support and therapy. This is evidenced by the following findings from the participant.

Child Protection Officer highlighted that:

After the abuse some children become interested in sexual matters their behaviour changes and become hypersexual. Example if a child was putting on good long clothes they may now put on clothes that attract man and usually have second clothes in the bag while going to school. This affects the way a child presents, behaves and association. This will expose them to HIV and AIDS, STIs and early child pregnancies. This maybe a result of self-hatred and no bright future for them, thus result in negative coping mechanisms. Some children regression behaviour and development. Example when a child had passed and archived the stages of toilet training, they may regress and start bed wetting again. This affects the development of the child to move on another stage of development.

The headmaster noted that:

Low self-esteem and no confidence are a result of sexual abuse. This personal and behaviour change affects the academic performance of the child. Children who have been doing well tend to drop performance after sexual abuse occurs. Those who were confident and articulate they develop low self-esteem due to the stress and loose concentration. Some even start to sleep during lessons and emotional disturbance will affect their academics.

One of the teachers postulated that:

Child sexual abuse affects the child's behaviour in that they become aggressive and daydreaming. We have a grade six student who was sexually abused by a builder who was

constructing at their homestead on her way back home. The child did not open to the parents after the abuse. The following day during lessons she became aggressive and daydreaming and teacher assumed they were evil spirits. The parents of the child were then called and visited Chipadze clinic. When the nurses saw the situation, they told the parents that it was not an evil spirit but they were effects of sexual abuse. The child then narrated what transpired when she was raped.

One of the one stop centre counsellor noted that:

Children who have been sexually abused lack trust on this world as they feel betrayed especially if the perpetrator is the care giver. Some young girls have no one to share with, maybe the abuse happened in the family setup, therefore no family support. Due to this issue cases of suicide rise because of not finding a safe place and someone to open to. The child's hope is all gone. This sexual abuse may continue happening resulting in suicidal thoughts.

Victim Friendly Unit Clinic Nurse said:

Anger issues also rise. I have a case of juvenile girl who was raped by her father at the age of six. She would always say when I grow up, I want to be a soldier so that I can shot my father. This shows that sexually abused girls develop anger issues toward their perpetrator and wish to seek revenge when they are old.

One of the Victim Friendly Unit Police said:

Children who been sexually abused withdraw themselves from associating with others due to self-hate, shame and blame. They biggin to live in their own world where no one exist. They fear issue of being label by the society thus prefer not to share with anyone because they will be blamed.

The findings highlight that sexual abuse causes serious personal and behavioural changes in the girl child, severely disrupting her overall development. According to Alexander (2011) describes sexual abuse as a chronic neurologic disease that leads to long lasting negative effects. Adams et al., (2018) indicate that long-term effects of maltreatment may involve trouble trusting others ,anxiety ,shame ,harmful behaviours, sexual issues and substance abuse Thus, participants reported that affected children often exhibit a loss of confidence, low self-esteem, withdrawal, suicidal thoughts, aggression, anger issues, hypersexual behaviour, and a lack of trust, all of which disrupt their ability to thrive. This was further supported Mugabe and Baker (2020) that these children may exhibit behavioural issues such as aggression,

delinquency and hyperactivity. These changes may include a decline in academic performance, emotional instability, and even regression in developmental milestones such as bedwetting due to trauma. Some girls begin dressing provocatively or expressing an unusual interest in sexual matters, this was supported by Liask, (2014) note that CSA often leads to increased sexual behaviours as a misguided coping strategy or a response to self-hatred and hopelessness. The sense of betrayal deepens when abuse comes from caregivers, causing victims to feel alone and unsupported. In some cases, the psychological impact is misinterpreted by families or communities, delaying proper intervention. Without trusted adults, supportive environments, and professional therapy, many of these girls continue to suffer in silence, placing their mental health, education, and future well-being at risk. Moreover Muridzo 2020 suggest that childhood sexual abuse increase the risk of drug and alcohol dependence. Hence one can note that sexual abuse results in personal and behavioural change which affects the total development of a girl child.

4.3.5. Social and Moral Effect on Total Development of a Girl Child.

Guided by second research objective findings from teacher, nurse, child protection officer, headmaster has evidence that after sexual abuse has occurred on young girls it affects their social and moral behaviours. Due to these effects if they are not assisted through therapies it will affect on their total development. Some of these effects include isolation, difficult in making friends, association with older people than her age which may further case harm on the child.

The headmaster noted that:

Savours of sexual abuse have difficulties with emotional regulations, self-perceptions and interpersonal relationships. Their social life is also affected, example if the child was an extrovert they are now introverted persons and affect their social life. This makes it difficult for them to make friends.

One of the teachers postulated that:

After sexual abuse the young girls have many thoughts in their mind that affects their happiness. One of the children who was sexually abused by the father isolated herself from friend and avoided playing with other children at school due to guilt and shame. This also happens in the community they are leaving because they tend to withdraw which further affects

their total development. At their young age play time is crucial and isolating themselves from other children will affect their total development. Some of them find it difficult to make friends.

Victim Friendly Unit Nurse highlighted that.

Young girls who have been sexually abused they sometime associate with people of older age than them because of the exposure of the sexual, hence becomes an adult area age.

Child Protection Officer noted that:

Due to the abuse, there is stigmatisation, the society no longer want to associate with the victim of sexual abuse. Even parents in the community will discourage their children playing with sexually abused children. This affects the child's socialisation stage and result or exposes her to isolation with the view of no one want to play and associate with me. Instead of the community supporting the child they worsen the situation, which is a major problem, awareness should be conducted in the communities.

Sexual abuse profoundly disrupts the social and moral development of a girl child, often leading to isolation, emotional withdrawal, and difficulties in building healthy relationships. Sanderson, (2013) noted sexual abused children might isolate themselves from friends and family due to the feeling of being bad or different. Survivors may experience a shift in personality becoming introverted, emotionally unstable, and plagued by guilt and shame which affects both their happiness and ability to engage with peers, thus isolation. Many struggle to form friendships, lose interest in play, and instead gravitate toward older individuals due to premature exposure to adult experiences. Social stigma and community rejection further compound their trauma, with some families discouraging interaction with abused children, deepening their sense of alienation. Browne (2015) identify four consequences of sexual abuse traumatic sexualisation, stigmatisation leading to low self-esteem and self-destructive behaviour, feeling of betrayal and hopeless. These combined effects hinder the child's total development, underscoring the urgent need for therapeutic support and community awareness to create a more supportive, inclusive environment to reduce the social and moral effects because of sexual abuse. Thus, social and moral is affected. However Rational Emotive Behavioural Theory should be functional to victims of CSA to help them rebuild trust, eliminate irrational beliefs and negative life challenges.

4.4. Theme 3: Supporting Children who been Sexually Abused

Survivors of child sexual abuse endure traumatic experiences. A range of support services exist to help them to recover and reduce effects of sexual abuse. Their main purpose is to address the physical, emotional and psychological needs of victims while creating a safe space to seek help and support. These existing services include medical care, legal advocacy, counselling and therapy, support groups and crisis interventions. However, many victims are unable to make use of these services due to ignorance, trust issues, fear, and emotional pain.

4.4.1 Counselling or Psychosocial Support

Young girls who have been sexually abused need professional counselling to help them overcome the psychosocial effects of sexual abuse. Counselling assist children who have been sexually abused overcome their trauma, develop coping strategies, and work toward recovery and healing. Despite all this effort, sexually abused children will not seek for counselling provided for them because of fear from the perpetrators. They fear that no one may believe them and perpetrators may further harm them if they report the issue. Children may also fear isolation from community, friends and family, punishment and being blamed for being the causer of the abuse. Due to all these fears, they may avoid seeking counselling services which will result in non-disclosure. Participants highlighted this issue of counselling as a method of assisting children who have been sexually abused.

Child protection officer noted that:

We provide both counselling to children who are victims of sexual abuse to help them overcome the effects of sexual abuse. Pré-court counselling is also done to assist the child on what is expected of them during court sessions. We are there to provide support to the child and encourage her to have confidence in articulating what transpired and remove fear of the perpetrator.

One stop centre counsellor highlighted that

We provide counselling to children who a victim of sexual abuse after medical examinations have been done before they go back to the police. After we provide the first counselling service, there is continues monitoring of to the child through follow ups though we have a shortage of resources. If there is need for further counselling, we do provide for the best interest of the child.

One of the teachers noted that

In our school setup, we provide guiding and counselling to victims of sexual abuse upon discovering them. We give them full support and encourage them to have hope and emphasis that this does not mean the end of the world but still have a brighter future ahead no matter what has happened. We do not only provide counselling to survivors only but also others through guiding and counselling section to protect our young children from sexual abuse

Victim friendly clinic nurse noted that

If there is a greater damage on the child and we are unable to provide effective counselling, we make use of referrals to psychologist for psychological services if the child is resistant. This counselling services help victims manage traumatic related symptoms like depression, anxiety and dissociation. Through working with trained expertise, sexually abused girls can develop effective coping mechanism to handle these problems.

Counselling is one of the important support systems for young girls who have experienced sexual abuse, in helping sexually abused young girls overcome trauma, develop coping strategies, and work toward psychological healing. Despite these efforts, many victims hesitate to seek support due to fear of retaliation from perpetrators, stigma, lack of trust, and potential blame from their community. Various professionals including child protection officers, counsellors, teachers, and nurses play essential roles in providing guidance, psychological support, and legal preparation, thus provide multi-layered support systems in places for victims. However, challenges such as limited resources, inconsistent follow-ups, and the need for specialized psychological interventions show gaps in the system. Strengthening trust-building initiatives, improving resource allocation, and enhancing preventative measures in schools could help address these barriers and ensure victims receive the support they need for long-term recovery. Therefore, one can note that according to the research counselling or psychosocial support is one of the interventions done to assist children who have been sexually abused to reduce the effects of child sexual abuse.

4.4.2. Medical Support or Care

Sexually abused young girls need medical attention since they may be physically injured and need health examinations due to sexual abuse, thus individuals who have experienced sexual abuse may need medical care to treat injuries or health complications caused by sexual abuse. Access to health care professionals who are specialised to respond to these situations is available through medical support services. Child protection agencies encourage victims of

sexual abuse to seek medical care as a crucial step in their healing process and prevent the spread of sexually transmitted diseases and early child pregnancy. Receiving medical attention not only helps with physical injuries but also support the child's mental, emotional health and prevention of sexually transmitted diseases. By highlighting the importance of medical support, child protection officers work to ensure that victims get the thorough care and help they need after the abuse occurs. However, one of the major challenges in this context is the ignorance on reporting sexual abuse cases within 72 hours, the normalisation and acceptance of the abusive situation, consensual sexual abuse, thus less likely to reach out for help, even if they know support system exist. The normalisation can result in feelings such as 'this is how things are supposed to be or believing seeking help will not make a difference. This makes it difficult for sexually abused girls to recognise available assistance and believe their situation can improve. Moreso, the issue of consensual sexual abuse makes it difficult for them to reach out for medical assistance.

Child Protection Officer postulated that:

When issues of child sexual abuse are reported in the Department of Social Development, the child must go for medical examinations first for them to be prevented against sexually transmitted diseases and early child pregnancies. We also have medical treatment referrals to specialist services at the hospital. Provided issues of disability emerges because of sexual abuse, we refer to occupational therapist or rehab technicians so that they are assisted and reduce future damage on the child which will affect their total development. However, we face young challenges of young girls who are resistant in confessing everything due to the abuse being of consent. This makes it difficult for us to assist them with medical referrals since their voice is of greater influence toward such issues.

We offer medical assistance treatment orders if the child need to access further health services were there is need to pay user fees. Medical Assistance Treatment Order are provided for them to access medical help from government without paying any fee.

One of Victim Friendly Unit Police noted that:

If a child has been sexually abused, referral to the hospital is one of the most important actions toward assisting and supporting sexually abused girls. We refer them to the hospital for medical examinations and forensic evidence, for prevention of sexually transmitted diseases and prevention of early child pregnancies. However, this can only be achieved if the case is reported within 72 hours, which is one of the challenges we are facing toward protecting the child

against sexually transmitted diseases and child pregnancy and evidence would have been destroyed. Some girls have adapted and accepted sexual abuse as a normal the abusive situation and view it as a game for the elders and some feel that even if they report nothing will be done. This affects the number of children getting medical examination. Some of these cases are done after sexual consent, thus affect the number of girls who will seek medical help due to lack of their cooperation.

Victim Friendly Unit Clinic Nurse postulated that:

One of our major roles in supporting victims of sexual abuse we offer is medical examination as they give evidence of sexual penetration. We also have the testes for sexually transmitted diseases, HIV/AIDS and pregnancy. We also give PEP for HIV, STIs and pregnancy to prevent against them. All this has to do with the health of the child. We also refer to the gynaecologist, psychologist, psychiatrist, or other healthcare expects in treating sexually HIV, STIs children. However, we offer psychosocial support through referring them to counsellors at Bindura Provincial Hospital One Stop Centre were they now assist the child physiologically. However, one of the issues hindering us from providing enough medical protection is the ignorance of reporting within 72 hours. This is affecting the medical support since most of the cases are being reported after 73 hour and no great help can be offered for the prevention of diseases.

The participants emphasize the importance of medical care for sexually abused young girls, addressing both physical and psychological health needs as a supporting measure towards recovery of sexual abuse. Medical examinations are crucial in identifying injuries, preventing sexually transmitted diseases, and reducing risks of early pregnancy. Child protection officers, police officers, and clinic nurses stress the necessity of timely intervention, particularly within 72 hours, to ensure effective medical care and forensic evidence collection. Different professionals including child protection officers, police officers, and victim-friendly clinic nurse outline their roles in preventing infections, early pregnancies, and addressing psychological trauma. According to Mujeri (2020) STIs can, make girls more susceptible to HIV However, late reporting (beyond 72 hours) significantly hinders medical support, reducing the effectiveness of preventative treatments like PEP for HIV and STIs. Moreso, delayed reporting due to fear, normalization of abuse, and cases involving perceived consent significantly hinder access to medical services. Some victims have internalized abuse as a normal experience or believe seeking help will not change their circumstances, which leads to low cooperation and reluctance to seek medical assistance. Additionally, referrals to specialists

such as gynaecologists, psychologists, and psychiatrists play a vital role in addressing long-term health effects of sexual abuse, including disabilities resulting from trauma. Despite the availability of resources, limited awareness, stigma, and late disclosures continue to challenge effective intervention, reinforcing the need for education, trust-building, and improved accessibility to medical support systems. Thus, medical support or care is provided to children who have been sexually abused to prevent them from sexually transmitted diseases and early child pregnancy to reduce the effects of sexual abuse on their health.

4.4.3. Legal Support Services

Young girls who have been sexually abused, often require legal support to help them understand and navigate the legal process, pursue justice against perpetrators, and safeguarding their right. Legal support services can guide victims through their legal options, assist with filing complains, and connecting them with legal representation. By offering detailed information about legal rights ,helping children who have been sexually abused move through legal procedures, making referrals to suitable legal aid organisations, provide support and advice during court cases, and ensuring confidentiality and safety, Child protection officers are essential in making sure young girls who have been sexually abused obtain legal help as part of comprehensive support .However a significant barrier to report child sexual abuse is the lack of trust in authorities. Children may have this distrust issue due to previous negative interactions with officials or perceptions that authorities are corrupt, expensive, or ineffective. It can also be challenging for children to trust authorities if they fear their experiences will not be believed or they will not receive adequate support. Moreso, another challenge maybe on the victim of abuse herself changing statements in courts or lack of cooperation on the arrest of the perpetrator with the issue of consensual sexual abuse

Child Protection Officer:

In supporting children who have been sexually abused, we assist in legal advice to legal services. A good example is advice the Children's court in cases of sexual abuse, if the home has become a danger for the child to return, we advise them on what should be done in the best interest of the child. Therefore, we advise the court which becomes the upper garden of the child on the responsibilities and rights of the child. If parents fail to take responsibilities the court becomes the upper guardian. Thus, social workers advice what is to be done to protect the child and avoid further harm on the child.

One of the Victim Friendly Unit Police noted that:

One of our duties is to support victim girls sexually abused and arrest perpetrators. However, one of the challenges we face is children may refuse or fail to open especially those who would have done it with consent. Some even resist or change statement in courts due to fear. We also face resistance from parents to whom the perpetrator is within the family. Thus, family fail to cooperate which will affect the child's total development.

One of the one stop centre counsellor noted that:

We refer victims of sexually abused to police for a legal protection. Follow ups are then done to monitor and investigate on how the child is doing and follow ups on the case. All these is done to protect the child from further harm that will affect their total development. However, we have a challenge from parents who resist assisting children who have been raped for different reasons like fear of taking responsibility of the pregnancy after the perpetrator is arrested or the perpetrator is within the family setup. Thus, children may lack support from the parents, thus affecting their total development.

One of the teachers noted that:

As teachers we are not permitted to report sexual cases direct to the legal practitioners but reach out to parents and inform them on the situation the child for them to report to legal services like the police. If the parents are unwilling the only way we assist for legal services is putting a tip off to the police unanimously or report to the child line unanimously. However, children may fail to open up due to fear of the perpetrator to further harm them which will negatively affect their total development including school performance, sleeping disorders and anxiety.

The legal protection and support of young girls who have been sexually abused require a multi-sectoral approach involving child protection officers, law enforcement agencies, counsellors, and educators. Legal services play a crucial role in guiding victims through the legal process, ensuring their rights are protected, and facilitating access to justice. However, several barriers hinder reporting and prosecution, including distrust in authorities due to negative past experiences or perceptions of corruption, high costs, and inefficiency. Child protection officers provide legal guidance, particularly in cases where returning home poses further risks to the victim, advising courts on safeguarding measures and the responsibilities of parents. Law enforcement, specifically the Victim Friendly Unit, is responsible for arresting perpetrators, but officers often face resistance from victims who may change statements out of fear or refuse to cooperate due to familial pressures. Counsellors at one-stop centres refer victims to the police

and monitor their well-being, though parental reluctance often linked to fear of financial or social consequences remains a significant obstacle. Teachers, despite their inability to report cases directly to legal practitioners, act as intermediaries by informing parents or discreetly tipping off authorities when necessary. Nevertheless, fear of retaliation from perpetrators leads many victims to remain silent, negatively impacting their psychological and academic development, including sleep disorders, anxiety, and declining school performance. Strengthening institutional trust, enhancing legal awareness, and fostering community collaboration are essential steps in ensuring these vulnerable children receive the justice and protection they deserve. The research shows that all different stakeholders assist sexually abused girls with legal support services so that their rights are advocated for and make use of the children's Act (5.06) and the constitution of Zimbabwe to protect them from sexual abuse which hinders their total development.

4.4.4. Safe Shelter

Providing safe shelter is another intervention to support children who have been sexually abused especially when the perpetrator is within the family setup. Bindura one stop centre, the Department of Social Development offers shelter for victims of sexual abuse. However, these facilities are not adequate to fully support victims of sexual abuse.

Child Protection officers provide safe shelter for children who have been sexually abused. We offer place of safety if the child's is harmful and causes more damage to the child's development. There are cases where we discover that the child's testimony is likely to be influenced due to the perpetrator is within family set up of fear. In such cases we provide safe shelter to the victims of sexual abuse.

One stop centre counsellor noted that:

One of the measures we support victims of sexual abuse is provision of safe shelter usually to children whose perpetrators are within the family set up, where children are assisted to overcome fears and develop coping mechanisms. However, we have only one safe shelter in Dambatsoko in Chiweshe and non in Bindura. There should be safe shelter in Bindura District to fully support victims of sexual abuse to overcome the psychosocial problems associated with sexual abuse.

One of the teachers noted that:

If a child is sexually abused within a family setup, she is removed from the abusive environment. We had a case of three girls who were sexually abused by their grandfather. The department of Social Development removed these children from the harmful place and placed them in the custody of a foster parent to avoid further damage on the children's total development since they will be living in fear and exposed to sexually transmitted diseases.

The provision of safe shelter for children who have been sexually abused is a crucial intervention by child protection officers, ensuring victims are removed from harmful environments that threaten their well-being and development. In cases where perpetrators are within the family, victims' testimonies may be influenced by fear, making a secure refuge essential for their protection. One-stop center counsellors emphasize that safe shelters help children overcome trauma and develop coping mechanisms; however, the limited availability of such shelters only one in Dambatsoko in Chiweshe and none in Bindura hinders effective support for victims, highlighting the urgent need for additional facilities. Teachers also play a vital role in safeguarding abused children, particularly in cases where abuse occurs within the family. A cited example involves three girls who were sexually abused by their grandfather, prompting intervention by the Department of Social Development, which placed them with a foster parent to prevent further harm, reduce fear, and protect them from risks such as sexually transmitted diseases. The collective efforts of child protection officers, counsellors, and educators underscore the necessity of expanding shelter services, strengthening psychological support, and ensuring victims receive comprehensive care to facilitate recovery and safeguard their rights. Therefore, provision of safe shelter is one of the initiatives done to protect sexually abused girls from further harm and reduce the effect of sexual abuse offered by child protection stakeholders.

4.4.5. Advocacy Services

Advocacy services play a crucial role in supporting sexual abused young girls, ensuring their voices are heard, rights safeguarded, and they receive the necessary resources for healing from the traumatic events because of sexual abuse. These services are important for providing emotional support, and guidance to overcome the negative effects during their recovery journey and seeking for justice. However, a significant barrier to disclose child sexual abuse cases is the lack of awareness about the existence of advocacy services. This results from insufficient education regarding available support, limited access to information, and a general lack of knowledge on how to reach these services. As a result, children may feel unable to disclose

their experiences, unaware that free assistance is available to help them. Some are far away from services making it difficult to reach to the support services. Four of the key informants supported this evidence.

The Child protection officer noted that:

Issues of child sexual abuse is an iceberg situation especially here in Bindura where they are farms and compound. The cases we receive as an agency are very few. And most of them go unreported. Cases being reported are few than those being reported due to lack of knowledge on the services to support victims. When awareness campaigns are done, there is a spike that rises on reporting cases of sexual abuse. Thus, advocacy by different organisations like police and child protection agencies is one of the supports given to victims of sexual abuse to overcome issues isolation and depression.

Victim Friendly Clinic Nurse highlighted that:

Victims of sexual abuse have no knowledge on how important it is to report incidence of sexual abuse within 72 hours. If one can report the case within 72 hour we can prevent health risk associated with sexual abuse like HIV, STIs and even pregnancy which affects the total development of a girl child in issues like blame and guiltiness on themselves. Statistic here shows us that 9/10 cases are reported after 72 hours, which hinders the effectiveness of protecting children on the health problem associated with sexual abuse.

One of the one stop center counsellor noted that:

Traumatic- related issues such as post-traumatic stress disorder, dissociation and emotional distress can hinder victims in their pursue of advocacy services. The effects of trauma on cognitive functioning and emotional regulation can disrupt the victim's capacity to effectively seek help. Survivors of sexual abuse frequently struggle with shame, guilt and embarrassment, which prevent them from seeking support. The society usually blames and judges young girls who have been sexually abused instead of helping. This can intensify these emotions, complicating their efforts to access advocacy. Some children leave in remote areas where they cannot access these services, thus need for toll free lines so that children in remote areas access these services.

One of the Victim friendly Unit Police highlighted that:

Perpetrators of sexual abuse should be given stiffer penalties to discourage people from committing crimes that affect the total development of children. There is need for more awareness campaigns provided by agencies like nurses, police and even social workers to work hand in hand in protecting sexually abused girls and educate society on the dangers of sexual abuse on the physical, psychological and health. Parents should also be given education on the importance of having time with their children as it maybe of for children to be more open on their parents and discuss issues of sexual abuse to support and prevent child sexual abuse on their children. Most girls fear to discuss such topic with their parent as they are not approachable thus, increasing their vulnerability of the young girl being sexually abused.

Advocacy services are vital in supporting sexually abused young girls by ensuring their voices are heard, their rights protected, and they receive necessary resources for healing and justice. However, a significant challenge in addressing child sexual abuse is the lack of awareness about available advocacy services, stemming from insufficient education, restricted access to information, and geographical limitations. In areas like Bindura, cases of sexual abuse remain underreported, with advocacy organizations such as police and child protection agencies playing a key role in increasing awareness and encouraging victims to seek support. The Victim Friendly Clinic Nurse emphasizes the importance of reporting abuse within 72 hours to mitigate health risks such as HIV, STIs, and pregnancy, yet statistics indicate that 9 out of 10 cases are reported beyond this critical timeframe, reducing the effectiveness of medical intervention. Psychological trauma manifesting as post-traumatic stress disorder, dissociation, and emotional distress further complicates access to advocacy services, with societal stigma exacerbating shame and guilt among survivors. Some victims in remote areas lack direct access to these services, highlighting the need for toll-free helplines to bridge this gap. Meanwhile, law enforcement officials stress the necessity of harsher penalties for perpetrators as a deterrent and advocate for collaborative awareness campaigns by nurses, police, and social workers to educate the public on the physical, psychological, and social consequences of sexual abuse. Strengthening parental education on open communication with children is also essential, as a lack of approachability increases young girls' vulnerability. To enhance support for survivors, expanding awareness efforts, improving accessibility to advocacy services, and reinforcing community engagement are crucial steps toward comprehensive protection and justice. Hence, advocacy services is one of the initiatives being done to support children who have been sexually abused to safeguard them from their rights being violated and disrupting their total development. Different stakeholder also conducts awareness campaigns to educate the

communities on the issues of sexual abuse and where to report cases. Thus, advocacy services are offered to support girls who have been sexually abused and prevent child sexual abuse.

4.5. Chapter Summary

This chapter main objective was based on the findings of the research guided but the research questions after gaining information from participants who were purposively chosen. The findings were presented thematically and in subheadings. The researcher saw the importance of understanding and reason why Mashonaland Central has the highest rate of sexual abuse and early child marriages. It also pointed out that psychosocial effects of sexual abuse on total development of a girl child, which will help researcher to find recommendations on supporting sexually abused children. Finally supportive measures to sexually abused girls were also presented giving challenges and loopholes on assisting sexually abused young girls. All this were of greater importance in understanding the issues of sexual abuse in the hot spot area of Zimbabwe and its negative effects.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1. Introduction

This chapter presents a detailed summary of the objectives addressed by the results obtained from the participants through interviews and focus group discussion. It provided conclusions based on the results with respect to the research objective. The chapter further presents recommendations from the study, suggest areas for future research, and a developed model.

5.2. Summary of the Objectives

This study examined psychosocial effects of child sexual abuse on overall well- being of a girl child in Zimbabwe specifically Bindura Ward 10. Objectives were to identify factors contributing to child sexual abuse in Bindura Ward 10, explore psychosocial effects on girl children's development and ways to support children who have been sexually abuse. Study and used the phenomenology research design. The data was gathered using focus group and interviews as data collection tools.

5.2.1. Factors Contributing to Child Sexual Abuse in Zimbabwe Focusing with Bindura Ward 10

Sexual abuse of children among Zimbabwean girls, is a complex issue prompted by a mix of poverty, deep-rooted culture and religion, environmental setting, drug and substance abuse, parental incapacity, child vulnerability, social media, and education factors. Poverty causes parents to expose their children to child sexual abuse through early child marriages and giving a blind eye to children who engage in sexual activities at an early stage say they seek financial benefits from them. Cultural norms and religions are also contributory factors toward child sexual abuse. Exposure to exploitative adults rises due to environmental settings and activities being done .This is because Mashonaland Central has proved to be on the highest rate of sexual abuse as compared to other Zimbabwean regions according to the findings due to the environmental setting or activities like mining exposing young girl to sexual activities in exchange of material benefits like money and agriculture due to the influence in the compounds. This also includes excessive rates of prostitution among female adults increasing the vulnerability of young girls to imitate resulting in child sexual abuse. Drug and substance abuse is also a factor causing child sexual abuse on both perpetrators and the girl child due to

the loss of consciousness living the girl child more vulnerable to sexual abuse. Lack of parental capacity, either in form of material deprivation or emotional neglect, orphanhood results in the vulnerability of the girl child to be exposed to sexual abuse within insecure families. Additionally, universal access to unregulated social media facilities results in exposure to pornographic material which causes child sexual abuse through the act of imitation or adults taking advantage of the young girls. Long distance to schools, inadequate facilities, and inadequate education role models perpetuates cycles of sexual abuse and child marriages. All these converging factors all come together to establish a context where young girls are in serious danger of sexual exploitation, having long-term effects on their health, education, and total development, therefore, affecting their total development.

5.2.2. Psychosocial Effects of Girl Child Sexual Abuse on their Total Development.

Child sexual abuse has a profound and multidimensional psychosocial effects on girls' well-being, including physical, emotional, behavioural and social interactions. Physically, they become more susceptible to HIV/AIDS, sexually transmitted diseases, and life-threatening complications because of early pregnancies, as well as risk of surviving long-term mental illness like depression, anxiety, and traumatic related disorders. Emotionally, abused girls often experience overwhelming guilt, shame, fear, blame themselves, and become hopelessly distrustful especially if perpetrated by a family member. Adding further low self-esteem, suicidal thoughts and attempts, and emotional disconnection. Behaviourally, sexual abuse yields a host of changes including aggression, and social withdrawal, with some resorting to drug and substance abuse and even anger issues from unresolved trauma and unavailable support. Socially and morally, survivors end up being alone, friendship-less, stigmatised by the community and peers at large, which reinforces their sense of alienation and sabotages their socialisation and moral development. All these overlapping effects play their part in undermining the girl's ability to achieve health psychological, emotional, and social development and highlighting the urgent need for early therapeutic interventions through the Emotional Behavioural therapy, introduction of school and medico social workers, societal support, and certain awareness campaigns that help curb the long-term effects of sexual abuse.

5.2.3. Ways Supporting Children who have Experienced Sexual Abuse.

Child sexual abuse survivors suffer from physical, psychological, and emotional abuse that must be addressed with a coordinated, multi-sectoral approach to support and recover. Existing

services available include medical care, counselling, legal practitioners and resources, safe homes or environment, and advocacy services are designed to respond to victims' needs and afford a safe, supportive environment in which to cover. They are challenges that still exist, including fear of the offenders, stigmatisation and discrimination, distrust of authorities, low awareness of available services and logistical barriers that make contribution to underreporting and delay access to important interventions like the medical examination within 72 hours. This includes lack of heavy-duty transport to reach remote areas by child protection officers to conduct home visits and offer services to the survivor. Experienced individuals such as protection officers; health workers, victim friendly unit police, counsellors, and teachers collaborate to provide multi-level assistance, but their effectiveness is undermined due to lack of resources to provide services like follow up on cases, funding to support individuals and awareness campaigns, lack of enough shelter to support victims of sexual abuse, especially in rural areas. Moreover, social normalisation of violence and poor parenting styles involvement contribute further to victims' apprehensiveness towards going near authorities and lack of knowledge or ignorance on how to report issues of sexual abuse. These issues necessitate strengthening actions of building trust, enhanced community education and advocacy, resource allocation, existence of toll free lines, collaboration of child protection stakeholders and enhanced access to support systems to guarantee all survivors are safeguarded, receive justice, and comprehensive care necessary for long-term recovery and well-being.

5.3. Conclusion

The study revealed that the incidents as well as the degree of child sexual abuse (CSA) among Mashonaland Central region were Bindura falls under is extremely high. The effects of child sexual abuse among the victims were high. Despite the information collected from key informants a few cases of child sexual abuse among girls are being recorded due to ignorance on reporting services and information of child sexual abuse in Bindura because of the area being surrounded by farming areas of compound which contribute to the abuse not being reported. Hence the hospital, victim friendly unit police officers and department of social Development had few cases that are being reported. The bulk of child sexual abuse cases remain unreported, largely because of ignorance and that offenders are usually within the family or are known and reporting the case to legal practitioner and child protection offices is discouraged. Therefore, one can safely say that the real number of sexually abused children in Bindura, Mashonaland Province, has much higher than officially known, and majority of the cases go unreported.

The study demonstrated that child sexual abuse (CSA) has a significant influence on the total development of a girl child including personality development among victims of sexual abuse, characterised by various behavioural problems observed by the participants. For instance, mood swings, social withdrawal, unstable emotional, daydreaming, depression, isolation, hypersexual just to mention a few. These outcomes agree with the rational emotive behavioural theory and therapy that child sexual abuse adverse childhood experiences result in impaired personal and total development of the girl child. Literature verifies that children suffering from sexual abuse develop certain traits of personality due to behaviour modification after the trauma of sexual abuse (Assink et al., 2019). Therefore, findings asserted that sexually abuse victims often display behavioural signs of personality difficulties. The research further highlighted behavioural change and mental distress such as isolation, guilt, shame, low self-esteem, poor performance at school, self-hatred, fear, and daydreaming as observations discovered by health workers, child protection officers, teachers, and legal practitioners who provides support to sexually abused victims.

Participants highlighted that they conduct awareness campaigns to raise awareness about sexual abuse, aiming to protect girl child from sexual abuse which will affect their total development. The research discovered that different stakeholders like the health sector, child protection services like the department of social development, counsellors and legal practitioners assist sexually abused girls in different ways aiming to reduce psychosocial effects of sexual abuse on their overall well-being. However, such efforts are affected by challenges like lack of resources to conduct follow up and carry out awareness campaigns, lack of transport to reach children in remote areas that have bad terrain by child protection officers to help victims. Moreso, the issue of religious factors like the Marange sector, girls living in mining and farms with compounds that exposes children to child sexual abuse even though they will be sexual consent which will negatively affect the total development of the girl child.

The study found that sexual abuse is still high in Mashonaland Central, in Bindura as evidenced by the participant's response due to economic of environmental factors surrounding Bindura, this will expose children to be sexually abused resulting psychological and social effects which affects the total development of a girl child. Most victims still go on suffering in silence, thus, affecting their total development including their health. Although they are intervention to support sexually abused girls children there remain exhibiting signs of psychological stress which affects their school work, community association and health .Due to this results the study suggested the introduction of school and medical social workers as an early intervention to

reduce psychosocial effects on the holistic development of young girls through providing specialised education on sexual abuse ,form support groups of victims of sexual abuse and assist in legal services to girls who have been sexually abused.

5.4. Implication for Social Work

This research is important to social work because it sheds light on the high rate of child sexual abuse focusing with Mashonaland Central region that is normally overlooked but needs quick interventions and attention. Social workers must be culturally and environmentally sensitive and must be in apposition to provide services to sexually abused young girls basing with their background. They ought to know the ways in which sexual abuse affects every part of a girl's development and health.

The research shows that school and medical social workers are required since they would be able to minimise the psychosocial effects caused by sexual abuse and protect the child from further harm. Social workers play a significant role in helping the child and family deal with the legal systems and ensure better law enforcement to protect the child from sexual abuse. Child Sexual abuse on among girls causes mental health problems like trauma, depression, anxiety, spread of sexually transmitted diseases just a few. This means social workers need to be especially skilled to help children who have been sexually abused and connect them with the mental health services that can offer them the further assistance towards their recovery.

5.5. Recommendation

5.5.1. Police makers

- ❖ Stiffer penalties to perpetrators even if it is consensual sexual abuse should be put to reduce child sexual abuse among young girls

5.5.2. Government

- ❖ They are very good legal frameworks and policies like the children's act and Criminal Procedure Act but what is lacking is the effectiveness. Hence, introduce effective measures to enforce the laws available that protect the girl child from sexual abuse.
- ❖ The government to collaborate with School Development Association and School Development Committee in the introduction of school social worker as an early intervention to assist sexual abuse children in the school setup. This would also benefit

the school and children since social worker act as brokers in linking one to the best service they need and have a collaborative role without stakeholders,

- ❖ Introduction of medico social workers in Provincial Hospitals like Bindura or any medical facility since sexually abused girls seek medical attention and need someone to support and represent their rights.
- ❖ Establish more government centre that provide emotional and phycological support
- ❖ Awareness campaigns and education on child sexual abuse when leaders visit the apostolic sector churches as they are role models.
- ❖ Construction of more school in Mashonaland Central in the remote and rural settings to avoid children travelling long distance to attain education, were they become victims of sexual abuse by strangers

5.5.3. Stakeholders

- ❖ Stakeholder dealing with child protection issues and legal practitioners must collaborate in resource for activities like awareness campaigns to reach a greater number of communities in sexual abuse awareness.
- ❖ All stakeholders dealing with child protection issues like sexual abuse to develop toll free lines like Childline so that those in remote areas can reach out for protection services and health assistance to children who have been sexually abused within 72 hours without any barrier.
- ❖ Awareness campaigns to educate communities on importance of reporting sexual abuse within 72 hours to prevent sexually transmitted disease, pregnancy and HIV/AIDS
- ❖ More facilities like suggestion box, help desk everywhere so that sexually abuse girl within family setup can be assisted.
- ❖ Collaborate in developing empowerment projects to girls like farming and cooking in Mashonaland Central where there is high school dropout due to poverty and far away school which result in young girl opting for early child marriage which is a form of sexual abuse. Moreso these projects assist in sexually abused girls to overcome the psychological issues of sexual abuse since they will find something that occupies their mind.

5.5.4. Community

- ❖ Parents should have time with their children as it helps in discovering any behaviour changes in the child at an early stage and avoid parenting styles like the autocratic

leadership as there is no interaction between them. As this may result in affecting the openness and relationship between them and their children, parents. In this leadership if a child is sexually abused outside the child may fear to disclose the issue to the parents, which will further harm psychosocially the total development of the girl child.

- ❖ Community leaders like chiefs and village heads to carry out discussions of sexual abuse in community gatherings like grain distribution, funerals community-based project and take advantage on educating the community on the dangers of sexual abuse on the total development of a girl child, reporting channels.
- ❖ Community to establish support group and clubs of children who have been sexually abused for them to share experiences, coping mechanism and help each other to overcome psychosocial effects of sexual abuse on their mental health.

5.6. Area for Future Study

Area of future studies include the effects of sexual abuse on the boy child and legal frame works that protect the boy child from sexual abuse. Moreso, need to explore reasons causing the child boy to suffer in silence and avoid seeking medical and legal justice on being sexually abused. Advocate for laws that protect the boy child from sexual abuse as they have also become victims of sexual abuse like sodomy and rape though the cases are hardly reported which also covers an area for future studies.

5.7. Stakeholder Collaboration Initiative Model (SCIM)

5.7.1. Problem

The girl child is being is a victim of sexual abuse causing psychosocial effect on their total development. Child sexual abuse remains at its highest level in Mashonaland Central Province where Bindura is located. Unlike other regions the environmental factors like mining and farming activities with more compounds, high school dropouts, long distance to school, lack of education, more apostolic garment sectors and ignorance on child sexual abuse issues has proved to be the main factors exacerbating sexual abuse, consequently affecting their overall development. The researcher's view note that no matter the interventions or services provided to the sexually abused girl child in order reduce the harm of psychosocial effect, most of them continue to suffer living in the memories of the event even in their adulthood. Victims of sexual abuse are affected in their bright future and services never assist them in fully to overcome the effects of sexual abuse because those scars are long life events they will always remember even

though have been supported. Therefore the services available can never fully heal the child from the effects of sexual abuse .Hence the researcher only calls for ways to fully avoid sexual abuse among the girl child and solve the issue on the psychosocial effects of sexual abuse .This can be done through totally safeguarding the girl child from sexual abuse ,hence, reduce the effects of child sexual abuse among young girl. Thus, calls for the introduce the Stakeholder Collaboration Initiative Model to reduce child sexual abuse among young girls.

5.7.2. Strategies

- ❖ Collaboration of all stakeholders that deal with child protection issues which include the government, non-governmental organisation (NGO), Cherity Organisations, Health sectors, legal practitioners and Private Organisation in
 - a. awareness campaigns to the community,
 - b. starting suitable projects for young girls to empower and keep them occupied even when not going to school due to various reasons especially in remote areas where there are few schools and no education.
 - c. Creation of support and educational groups or programs that address sexual abuse to the girl child and allow them to give their views.
 - d. Develop a centre to teach skills on self-protection against perpetrators.
 - e. Construction of school especially in farm areas to avoid long distance
- ❖ Collaboration of the government, School Development Association, School development Committee and other interested stakeholder in the introduction of school social workers in every school set up to educate, offer guiding and counselling, create support group and a dialog environment with children as they spend most of their time at school.
- ❖ Introduction of social medico in every healthy sector as the girl child will visit the hospital for medical examination and help in assisting and protecting the child's right.
- ❖ Policy maker to develop a law on every school to have a school social worker as a measure to protect and identify children who have been sexually abused and provide quick interventions through linking them to serves they need.
- ❖ Legal practitioners to stiffen the punishment on perpetrators to discourage offender in committing such crimes. Example fifty years in prison as it is an act that has destroyed a child's future for the rest of her life.

5.7.3 Outcomes

Within three years there should be a noticeable drop out in the percentage of young girls being sexually abused in Zimbabwe especially the hot spot region of Zimbabwe, Mashonaland Central. Continuous monitoring should be done within a period of four months to all stakeholders including hospitals, schools and police stations to measure the effectiveness of the strategies being implemented.

5.7. CHAPTER SUMMARY

Chapter five focused on summary of objectives and conclusion drawn from research findings. It also gave recommendation to the community, government, policy makers, stakeholders that deal with child protection issues of sexual abuse toward assisting young girls who have been sexually abused, and measures to prevent sexual abuse from taking place. It highlighted the implications to social work practice and future study areas on sexual abuse. Lastly a Stakeholder Collaboration Initiative model was introduced.

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APPENDICES A: Consent Form for Key Informants

My name is Rutendo Manguwo. I am a student at Bindura University of Science Education, studying for a Bachelor of Science Honors Degree in Social Work. As part of my studies, I am carrying out research on a topic *The psychosocial effects of child sexual abuse on the total development of girl child in Zimbabwe. A case of Bindura Ward 10 in Mashonaland Central Province* in fulfilment of the completion of my degree.

I'm reaching out to ask for help with my research topic that has been mentioned above. Your experience in your field makes you a valuable source of information for understanding how Child Sexual Abuse (CSA) effects on the total development of girl children. I aim to collect information that will assist me in understanding the psychosocial effects of child sexual abuse on the total development of girl child in Zimbabwe a case of Bindura Ward 10 in Mashonaland Central Province.

I would like to include you in my research. The interview or focus group will take about 20 minutes. Your answers will be confidential and used only for research. Participation is voluntary, and you can withdraw at any time without any issues. Only the interviewer will be present, and the interview will be recorded. Your identity will be kept private, as personal details will be replaced with a number or code, and recordings will be destroyed after the study. There is no payment for participating, but your insights could contribute to understanding the psychological effects of CSA and help in developing prevention strategies.

Having been fully informed about the nature and requirements of the study, I.....hereby agree to participate in the academic study. I hereby agree to respond and to share information no matter how sensitive it may be as long it is relevant to the study. Given that I become uncomfortable, I am aware that I may withdraw at any given moment and time.

Signature: _____ Date: _____

APPENDICES B: Assent Form

I have been given permission for me to participate in this research representing sexually abused children, provided I want to take part in concerning the psychosocial effects of child sexual abuse on the total development of girl child in Zimbabwe, A case of Bindura Ward 10 in Mashonaland Central Province. My participation in this academic research is voluntary and I have been told that I may stop my participation in this study at any time. Even though the focus group will be tape recorded, my responses will remain anonymous, and no names will be mentioned in the report and the tape will be destroyed after the study. There are no benefits and monetary incentives. My participation in this study will help you to discover more about the psychosocial effects of child sexual abuse. I have understood this assent form, and I volunteer to participate in this academic research.

I understand this information and agree to participate fully under the conditions stated above:

Name:

Signature:

Date:

APPENDICES C: In-depth Interview Guide with a Social Worker, Counsellors and Nurse

My name is Rutendo Manguwo. I am a student at Bindura University of Science Education, studying for a Bachelor of Science Honors Degree in Social Work. As part of my studies, I am carrying out research on a topic *Psychosocial effect of child sexual abuse on the total development of girl child in Zimbabwe. A case of Bindura Ward 10 in Mashonaland Central province*. You have been specifically chosen to participate in this research and the interview will take about 20 minutes. All information regarding the participants will be kept confidential and the findings will be used for academic purposes.

SECTION A: DEMOGRAPHIC DETAILS

SEX:

AGE:

WORK EXPERIENCES:

SECTION B: To explore factors contributing to child sexual abuse of a girl children in Zimbabwe Bindura.

- 1.What are the most common forms of sexual abuse in Bindura?
- 2.What are the factors contributing to child sexual abuse among young girls?
- 3.What types of child sexual abuse incidents are reported at your department?
- 4.Whose fault or responsibility do you think it is for the girls to be victims of sexual abuse?
5. What is your opinion on the rate of CSA reporting?
- 6.In your opinion, do factors like socioeconomic background, religious beliefs, and cultural practices influence the occurrence of child sexual abuse within families?
- 7.How long does it usually take for a sexually abused girl incident to be reported after it occurs?

SECTION C: To explore psychosocial effects of child sexual abuse (CSA) on the total development of girl child

8.Does CSA influence

a) cognitive growth

b) personality development

c) social and moral development?

9. Do girls who have experienced sexual abuse display any behavioral challenges?

10. What are the behavioral challenges they face after the event occurred?

11. Can you identify the types of behavioral changes?

12. Does experiencing sexual abuse affect the academic achievement of girl students?

13. Does experiencing sexual abuse affect the social life of a girl child?

14. What are the consequences of child sexual abuse on the academic, performance and social life?

SECTION D. To explore ways to support children who have experienced sexual abuse.

15. Are parents playing their responsibilities in preventing child sexual abuse?

16. In what ways does the community and teachers support girls who have been sexually abused?

17. What role do you play in helping children who have been sexually abused as social workers?

19. What actions do you take after discovering sexually abused children?

20. What actions do guardian take after a girl has been sexually abused?

22. What responsibilities should parents and community play in helping children who have suffered sexual abuse?

23. What difficulties do you encounter while trying to address the issue of CSA?

24. What measures can be implemented at schools and community to prevent child sexual abuse?

25. What measures can be implemented to provide support to survivors?

26.What is your view on the introduction of social workers in a school setting as a measure to reduce the psychosocial consequences on children and assisting sexually abused children as an early intervention?

27.Do you think a social worker can be of greater importance in a school setting to identify sexually abused children early and provide quick interventions to victims of sexual abuse?

THANK YOU FOR YOUR PARTICIPATION

APPENDICES D: In-depth Interview Guide with Police Officers (victim friendly unity)

My name is Rutendo Manguwo. I am a student at Bindura University of Science Education, studying for a Bachelor of Science Honors Degree in Social Work. As part of my studies, I am carrying out research on a topic The psychosocial effects of child sexual abuse on the total development of girl child in Zimbabwe. A case of Bindura Ward 10 in Mashonaland Central Province. You have been specifically chosen to participate in this research and the interview will take about 20 minutes. All information regarding the participants will be kept confidential and the findings will be used for academic purposes.

DEMOGRAPHIC DETAILS

Gender:

Name of respondent:

Age:

Work experience:

QUESTIONS

1. How many years have you served as a police officer?
2. What are the most common forms and reasons for these abuses reported in your department?
3. What is your opinion on the frequency of CSA reporting?
4. What role do you play in helping children who have been sexually abused?
5. What actions do you believe should be taken to lower the rates of CSA?
6. What difficulties do you encounter while trying to address the issue of CSA?
7. Who usually makes the first report of child sexual abuse cases?
8. How long does it usually take to report a child sexual abuse incident after it occurs?
9. What measures should be put in place to reduce child sexual abuse among young girls.

10. What is your view on the introduction of school social workers as an intervention toward reducing the psychosocial consequences of child sexual and quick responses in assisting the victims in school set ups?

11. Can a school social worker be more valuable for finding out about sexually abused

THANK YOU FOR YOUR PARTICIPATION

APPENDICES E: Focus Group Discussion Guide with Teachers and Headmaster

Salutations of the day to you all.

Firstly, I would like to thank you for being part of this focus group. I really appreciate your willingness to join me. Your presence shows how much you care about the issues of child sexual abuse being faced by children. My name is Rutendo Manguwo, and I am a student at Bindura University of Science Education, studying for a Bachelor of Science Honors Degree in Social Work.

I am conducting academic research on the psychosocial effects of child sexual abuse on the total development of girl child in Zimbabwe, particularly in Bindura Ward 10 in Mashonaland Central, where there are high rates of child sexual abuse and early marriages. You have been specifically chosen to participate in this research.

I will be asking you some questions about child sexual abuse. The focus group discussion will last about 20 minutes. Please know that your answers will be kept strictly confidential and used only for academic purposes. I value your input and encourage you to share your honest thoughts with me.

DEMOGRAPHIC DETAILS

Gender:

Age:

Work experience:

Occupation position:

QUESTIONS

1. How long have you been working as a teacher?
2. What knowledge do you have about child sexual abuse (CSA)?
3. What types of CSA incidents are reported at your school?
4. What procedures are followed when CSA is discovered in the school?
5. What do you believe are the factors contributing to CSA?

6. Does CSA influence

- a) Cognitive growth
- b) Personality development
- c) Social and moral development?
- d) Emotional development

7. What types of support can schools and communities provide for survivors of child sexual abuse?

8. What obstacles do you encounter or are encountered when helping children who have suffered from sexual abuse?

9. What challenges do you face after other school children have information on a sexually abused girl child?

10. Can a school social worker be more valuable in finding out about sexually abused children early?

11. What is your view on the introduction of school social workers as an intervention in assisting and reducing the psychosocial effects of child sexual and quick responses in assisting the victims?

THANK YOU FOR YOUR CONTRIBUTION