

BINDURA UNIVERSITY OF SCIENCE EDUCATION
FACULTY OF SOCIAL SCIENCE AND HUMANITIES
DEPARTMENT OF SOCIAL WORK



***THE EFFICACY OF CHILD SEXUAL ABUSE INTERVENTION TOWARDS
SEXUALLY ABUSED CHILDREN IN SHAMVA DISTRICT WARD 12 AND 22,
ZIMBABWE***

BY

B200334B

**A DISSERTATION TO BE SUBMITTED IN PARTIAL FULFILLMENT OF THE
BACHELLOR OF SCIENCE HONOURS DEGREE IN SOCIAL WORK**

SUPERVISORS: MR MZINGLI & MS CHIGONDO

JUNE 2024

APPROVAL FORM

I certify that I supervised Happiness Musarandega in carrying out this research titled: **The efficacy of Child Sexual Abuse Interventions towards sexually abused children in Shamva District, Zimbabwe** in partial fulfilment of the requirements of the Bachelor of Science Honours Degree in Social Work and recommend that it proceeds for examination.

Supervisor

Name.....Signature.....Date.....

Chairperson of the Department Board of Examiners

The department board of examiners is thrilled and satisfied that this dissertation meets the examination requirements and I recommend to the Bindura University of Science Education to accept this research project by Happiness Musarandega titled: **The efficacy of Child Sexual Abuse Interventions towards sexually abused children in Shamva District, Zimbabwe** in partial fulfilment of the Bachelor of Science, Honours Degree in Social Work.

Chairperson

Name.....Signature.....Date.....

DECLARATION FORM

I, Happiness Musarandega studying for a Bachelor of Science Honours Degree in Social Work, I am aware of the fact that plagiarism is an academic offence and that falsifying information is against the ethics of Social Work Research, therefore, I truthfully declare that:

1. The dissertation report titled: **The efficacy of Child Sexual Abuse Interventions towards sexually abused children in Shamva District Ward 12 and 22, Zimbabwe** is my original work and has not been plagiarised.
2. The research was done within the boundaries of the ethics of research and the ethics of the social work profession.
3. Bindura University of Science Education can use this dissertation report for academic purposes

Student's nameSignature.....Date.....

Permanent Home Residence

Biriri, Chimanimani

DEDICATION

I would like to dedicate this dissertation report to my attachment supervisors, Ms G Chaomba, Mr L Katanda and Mr L Machido who gave me an opportunity to work at the Shamva Department of Social Development. It is with great passion and inspiration that I chose to do this research. Thank you so much. I also want to dedicate this research to my parents as they gave me an opportunity to realise my passion for social work by supporting me in conducting this research and in pursuing this degree. I also thank my supervisor Mr T Mzingli for assisting me throughout this project, God bless you. Above all I would like to thank God for standing with me throughout the whole journey as without Him I wouldn't have made it this far.

ACKNOWLEDGEMENTS

I would like to give my sincere gratitude to my supervisor, Mr Mzingli and Ms Chigondo for the guidance and the help you provided me throughout the course of writhing my dissertation.

I Give thanks to God Almighty for allowing me and walking with me throughout the course of this project as he shouldered me with His strength. I would like to also thank the Department of social development, Shamva, Victim Friendly Unit, Shamva Hospital, and Chief Bushu, CCWs, parents and the children who agreed to participate in the research of this study in Shamva.

ABSTRACT

The study focused on the efficacy of Child Sexual Abuse interventions towards sexually abused children in Shamva District, ward 12 and 22, Zimbabwe. The major aim of this study was to explore the effectiveness of child sexual abuse interventions towards sexually abused children. The study used descriptive phenomenological research design. The study was qualitative research which employed key informant interviews, in-depth interviews and focus group discussions. The study employed 20 participants drawn from the target population, ward 12 and 22 in Shamva District and provided the researcher with the relevant data. The Ethical perspective theory was used for this study, putting emphasis on realising the importance of relationships, care towards individuals, understanding the cultural or political context that influence the interventions and the power imbalances that exist between survivors and perpetrators. The study revealed that the interventions towards sexually abused children are effective but however need improvement. It was also found that there is a collaboration between the Social Development office and the cultural environment as they work with the chiefs within the district in ending sexual abuse and other forms of abuse against children and supporting survivors. Furthermore, the study realised that people are happy with the treatment there are getting from the services providers especially the Department of Social Development, where there are still loopholes, they are hoping that there will be changes. The study also put across some challenges that are associated with the interventions such as limited infrastructure, lack of resources such as pregnant test kits, lack of funds, law enforcements issues and recommendations.

LIST OF ABBREVIATIONS AND ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
AWET	Apostolic Women Empowerment Trust
CBT	Cognitive Behavioural Therapy
CCW	Community Childcare Worker
CRC	Convention on the Rights of Children
CSA	Child Sexual Abuse
DSD	Department of Social Development
FAWEZI	Forum for African Women Educationalists-Zimbabwe
MoHCC	Ministry of Health and Child Care
MoPSE	Ministry of Primary and Secondary Education
NGO	Non-Governmental Organisation
REPSSI	Regional Psycho-Social Support Initiative
SVRI	Sexual Violence Research Initiative
UNICEF	United Nations International Children's Education Fund
VFU	Victim Friendly-Unit
WHO	World Health Organisation

Contents

APPROVAL FORM	ii
DECLARATION FORM	iv
DEDICATION	v
ACKNOWLEDGEMENTS	vi
ABSTRACT	vii
LIST OF ABBREVIATIONS AND ACRONYMS	viii
CHAPTER ONE: INTRODUCTION	1
1.1 Chapter Introduction	1
1.2 Background	1
1.3 Statement of the Problem	3
1.4 Aim of the study	4
1.5 Objectives	4
1.6 Research Questions	4
1.7 Assumptions of the Study	4
1.8 Significance of the study	5
1.9 Delimitations of the Study	6
1.10 Limitations of the Study	6
1.11 Definition of key terms	6
1.12 Chapter Summary	7
CHAPTER TWO: LITERATURE REVIEW	8
2.1 Chapter Introduction	8
2.2 Theoretical Framework: The Ethics of Care Perspective	8
2.2 .1 Relationships	9
2.2.2 Context	9
2.2.3 Care	10
2.2.4 Power imbalances	10
2.3 Child Sexual Abuse Interventions	10
2.3.1 Global child sexual abuse interventions	10
2.3.2 Regional nature of child sexual abuse interventions	13
2.3.3 Local nature of child sexual abuse interventions.	15
2.4 Gaps associated with child sexual abuse interventions	21
2.4.1 Limited coverage	21
2.4.2 Lack of information	22
2.4.3 Resource limitations	22
2.4.4 Limited access to infrastructure and equipment	23
2.5 Proposed social work interventions to improve child sexual abuse interventions	23
2.6 Gaps in literature	25

2.7 Chapter summary	26
CHAPTER THREE: RESEARCH METHODOLOGY	27
3.0 Introduction	27
3.1 Research design	27
3.2 Study Population	28
3.3 Sample	29
3.3.1 Sample Size	29
3.4 Sampling techniques	29
3.4.1 Purposive sampling	30
3.4.2 Availability sampling	31
3.5 Data collection	31
3.5.1 In-depth interviewers	32
3.5.2 Key informant interviews	33
3.5.3 Data collection procedure	33
3.6 Data presentation and analysis	34
3.7 Ethical Issues	34
3.7.1 Confidentiality	35
3.7.2 Informed consent	35
3.7.3 Beneficence and non-maleficence	36
3.8 Limitations	36
3.9 Chapter summary	36
CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS	37
4.0 Introduction	37
4.1 THE NATURE OF CHILD SEXUAL ABUSE INTERVENTIONS IN SHAMVA DISTRICT, ZIMBABWE	38
4.1.1 Current child sexual abuse interventions in Shamva District	38
4.1.2 Positive aspects of the current Child Sexual Abuse interventions in the district of Shamva	55
4.2 GAPS ASSOCIATED WITH CHILD SEXUAL ABUSE INTERVENTIONS IN SHAMVA.	60
4.3 SOCIAL WORK INTERVENTIONS TO IMPROVE CHILD SEXUAL ABUSE INTERVENTIONS IN THE DISTRICT OF SHAMVA	67
4.4 CHAPTER SUMMARY	72
CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS	73
5.0 Introduction	73
5.1 Summary	73
5.2 Conclusions	75
5.2.1 Nature of Child Sexual Abuse interventions in Shamva District	75
5.2.2 Gaps associated with the CSA interventions	76
5.2.3 Proposed Social work interventions towards Child Sexual Abuse in Shamva	76

5.3 Recommendations.....	76
5.3.1 The government	76
5.3.2 Civil Society Organisations and Non- Governmental Organisations.....	77
5.3.3 The Department of Social Development.....	77
5.3.4 The Victim Friendly Unit.....	78
5.3.5 The hospital.....	79
5.3.6 The Chief’s Court.....	79
5.3.7 The Community	80
5.4 Chapter Summary	80
Reference	81
APPENDICES	84

CHAPTER ONE: INTRODUCTION

1.1 Chapter Introduction

In Zimbabwe Child Sexual Abuse cases remains topical and have become more dominant which may lead one to argue that they are a hotspot. The Department of Social Development together with the help of other government stakeholders such as the Ministry of Health and Child Care, Victim Friendly Unit, Ministry of Primary and Secondary Education, other government ministries and the Non-Governmental Organisations are working together in making sure that Child Sexual Abuse cases are handled promptly as child protection is also a key responsibility of any government including Zimbabwe. However, the provision of services are sometimes of poor quality due to a number of reasons. Thus, the aim of this chapter is to focus on the background of the study, statement of the problem, aim, study objectives, research questions, and assumptions of the study, significance of the study, limitations of the study, delimitations, and definition of key terms and the brief summary of the whole chapter.

1.2 Background

Child sexual abuse is broader than what people realise, it is commonly recognised as a crime punishable by law in many societies and remains to be prevalent regionally, locally and globally. Letourneau, Brown, Fang, Hassan & Mercy (2018) state that about one in 10 children will be sexually abused before their 18th birthday and one in seven girls and one in 25 boys will be sexually abused before they turn 18 in the US. Despite all the efforts of International and National based Organisations, Child Sexual Abuse cases continue to multiply. A heed has been paid towards Child Sexual Abuse in an effort to do away with the practice around the globe and Zimbabwe is one of the countries that ratified or approved of the International Conventions such as the United Nations Conventions on the Rights of the child and the African Charter for the Rights and Welfare of the Child. There is high occurrences of sexual abuse cases as many

boys and girls have no full knowledge of their rights, do not know what it means to have rights and the responsibilities that comes along with the rights. Children are becoming victims of this crime due to the circumstances around their environments as some are exposed to child labour especially within the mines, to prostitution, drug and substance abuse and poverty. Masuka (2012) cited poverty as a major cause for sexual abuse. Children are being sexually abused by different wide range of individuals with diverse motivations .Hence it is difficult to identify specific characteristics of these individuals. According to Townsend & Rheingold (2013) those who molest children look and act just like everyone else, they can be neighbours, friends or family members. It is said that 90% of children who are victims of sexual abuse know their abuse and only 10% are abused by a stranger. It is said that adult survivors of child sexual abuse are more likely to become involved in crime both as perpetrator and as a victim. Locally, in Zimbabwe many young girls and boys are sexually abused by the artisanal miners known to be “Mabhudhi” (matchet- keepers) or” Makorokoza” in Shona. Many of the victims are failing to report such cases as they are threatened by the culprits and their family members for the purpose of keeping family relations and “kuchengetedza zita dzinza” in Shona.

They also lack knowledge of the abuse as it is many forms like obscene conversations, phone calls, text messages, exposing oneself to a minor, fondling, intercourse, masturbating in the presence of a minor, producing, owning or sharing pornographic images or movies with children, sex of any kind (vaginal, oral or anal), sex trafficking and any other contact of a sexual nature that involves a minor (Rainn, 2022). Locally some children do not know how to report and some willingly get involved in sexual activities and yet they lack knowledge of sexual and reproductive health services. Globally, about a third of child sexual abuse cases are identified and fewer are reported, researchers estimate that 38% of child victims disclose that they have been sexually abused, 40% of these tell a close friend rather than an adult or authority (Darkness to Light, 2020). Therefore, the Departments of Social Development have been and

are coming up with interventions towards the Child Sexual Abuse cases through the National Case Management System with the complimentary work of other governmental institutions and the Non –Governmental Organisations such as Regional Psychosocial Support Initiative (REPSSI), The Forum for African Women Educationalists Zimbabwe Chapter (FAWEZI) and Rosaria Memorial Trust. It should be noted that sexual abuse are also manifesting within child marriages with factors like poverty, cultural beliefs, religious beliefs and poor parental care as contributors to Child Sexual Abuse. According to the survey made by UNICEF (2011) religious and cultural factors have a major impact to Child Sexual Abuse cases. Moreover, due to myths behind mining, children are abused sexually by the ‘zviguru guru’ owners for the accumulation of wealth.

1.3 Statement of the Problem

The ideal or the normal -cultural nature of Shamva, Zimbabwe acknowledges that everyone has it within him/herself to provide a safe environment for a child, thus in Shona “Vana ndevedu tese” and yet in reality people no longer care. They no longer have the sense of Ubuntu within them as children are abused by people who should be caring and protecting them from any harm. Normally, interventions towards child sexual abuse should address the needs of the child and the family, culturally appropriate, help the child recover from the trauma of abuse, effective law enforcement, protect the child from further harm, hold the perpetrator accountable yet there - less quality of services provision towards the survivors in Shamva. on the government side, the Department of Social Development is actively involved in advancing child protection matters with support from other governmental agencies such as Ministry of Health and Child Care, Victim Friendly Unit, Ministry of Primary and Secondary Education (MOPSE). There also development agencies such as Rosaria Memorial

Trust, Msasa Project, Forum for African Women Educationalists in Zimbabwe (FAWEZI) and Apostolic Women Empowerment Trust (AWET). With all these agencies actively involved in child protection matters, one wonders how far their services towards child sexual abuse have been effectively witnessed in the district. Therefore this study's focus is to close this knowledge gap.

1.4 Aim of the study

The study aims to explore the efficacy of child sexual abuse interventions towards sexually abused children in Shamva District, ward 12 and 22, Zimbabwe.

1.5 Objectives

- i. To establish the nature of child sexual abuse interventions in Shamva District, Zimbabwe.
- ii. To assess the gaps associated with child sexual abuse interventions in Shamva District, Zimbabwe.
- iii. To propose social work interventions to improve child sexual interventions in the district of Shamva.

1.6 Research Questions

- i. What is the nature of child sexual abuse interventions in Shamva District?
- ii. What are the gaps associated with child sexual abuse interventions in Shamva?
- iii. What are the social work interventions that can be applied to improve child sexual interventions in the District of Shamva?

1.7 Assumptions of the Study

This study assumes that the child sexual abuse interventions in Shamva are effective. The study also assumes that there are gaps associated with these interventions. It also assumes that the

participants are ready to share their experiences regarding child sexual abuse matters. If well-approached, even the victims of child sexual abuse are ready to share their experiences.

1.8 Significance of the study

This study gauges the efficacy of Child Sexual Abuse interventions towards sexually abused children in Shamva District, ward 12 and 22, Zimbabwe. The literature around the efficacy of Child Sexual Abuse interventions is usually limited to only one type of the interventions. It is usually focused on community-based interventions other than other or all CSA interventions. Therefore, this study contributes broadly to the massive bodies of literature on the efficacy or effectiveness of Child Sexual Abuse interventions as it covers the efficacy of the all interventions at once. This research fills in the gap that exists within the literature of scholars such as Vande Vusse, Johnson and Tompson (2019), Vickers and Kilpatrick (2014), Matinga (2014) and Manongi (2018) and others .They mainly focused on the effectiveness of community-based interventions towards child sexual abuse. Moreover, most research on CSA has been conducted in developed countries than in developing countries. Thus, this study provides an environment for implementing interventions that are designed to improve the nature of CSA interventions in Shamva District, Zimbabwe. This research also provides how interventions address the long-term effects of CSA interventions that are in place within the district of Shamva. Furthermore, the study contributes to the academics as it shows new dynamics of CSA interventions which they can teach and write about. It makes a difference as it helps improve treatment options for victims of CSA. It allows the service providers or the key informants to come up with new ideas to improve their interventions in place towards Child Sexual Abuse. Moreover, this study proves to be beneficial to the policy –makers as it provides insights on interventions that can lead to new policies or improvement of the existing policies that protect children from abuse. Therefore, this research is relevant because it complements

the existing literature on the effectiveness of CSA interventions towards sexually abused children.

1.9 Delimitations of the Study

This study is spatially limited to the residents of Shamva District in Mashonaland Central Province. Areas outside the jurisdiction of Shamva District are beyond the scope of this study. The conceptual delimitation of this study is limited to child sexual abuse. Other forms of child abuse other than sexual abuse are beyond the scope of this study.

1.10 Limitations of the Study

The study focused on a sensitive subject of child sexual abuse. Victims of child sexual abuse could hardly come by and comply during interview sessions. To obtain valid data from the field, the officers who work with the victims were engaged. The subject of child sexual abuse is also sensitive such that there were challenges of biased narratives being given by some participants. This was dealt with through triangulation of data sources meant to ensure that there was a corroboration of field reports. Findings from sexual abuse victims, key informants and open interviews were compared in order to authenticate the results.

1.11 Definition of key terms

Child - According to the Constitution of Zimbabwe Section 81 (1) and the National Case Management System a child is every boy and girl under the age of 18 years.

Child Sexual Abuse - Is a form of maltreatment of comprising of any sexual activity perpetrated against a minor with her or his consent, by threat, force, intimidation or manipulation (Matthews & Collin-Vezina, 2017).

Pedophile - is a person who is sexually attracted to prepubescent children.

Intervention- Is a specific targeted action taken to address a particular issue or problem

National Case Management System- Is an approach to care in a collaborative manner that maximizes the effective use of resources through identification, communication and coordination of care.

Child Protection- According to the National Case Management System (2017) is a set of services and mechanisms put in place to prevent and respond to violence, abuse, exploitation and neglect which threaten the well-being of children.

1.12 Chapter Summary

This chapter was an introduction to the study and the primary focus of research. The chapter mentioned the background to the study, aim of the study, significance of the study, objectives, research questions, delimitations, limitations and definition of key terms. The study aims to display the efficacy of child sexual abuse interventions towards sexually abused children in Shamva District, ward 12 and 22, Zimbabwe.

CHAPTER TWO: LITERATURE REVIEW

2.1 Chapter Introduction

This chapter of the study provides a review of the related literature related to child sexual abuse interventions towards sexually abused children. The social learning theory is going to be used in this study, providing the theoretical direction for this chapter, discussing it within the context of the study. Moreover, the chapter shall review literature basing on the objectives of the study, discussing the issues around child sexual abuse interventions. Thus, this chapter seeks to identify the gaps in literature which have given the need to fulfil the objectives of the study mentioned in the earlier chapter.

2.2 Theoretical Framework: The Ethics of Care Perspective

This study was guided by the Feminist ethical theory. The theory was put forward by Carol Gilligan in the 1980s and her work is widely considered to be the foundation of care (Friedman, 1987). Other scholars such as Joan Tronto, Virginia Held, Eva Kittay, Alison Jaggar and Nel Noddings have built their work on it. Overall, the theory was derived from the traditional ethical theories such as deontology, utilitarianism and virtue ethics (Slote, 2007). It is based on the idea of promoting human-wellbeing and preventing harm. The theory emphasises the importance of caring relationships, empathy and compassion. The perspective focuses on the role of caring relationships in creating and maintaining a just and moral society. Hence, it is well centred on the following tenets prioritisation of relationships, care, and context and power imbalances. Noddings (1984) argues that ethics of care can help one understand morality and justice. Ethics of Care perspective includes three key aspects of responsibility (responsiveness, attentiveness and vulnerability). Tronto (1993) mentions four ethical qualities which are attentiveness, responsibility, competence and responsiveness. The theory is often used in social work and other practices as a guide in decision-making and care-giving. Thus, this study used

this theoretical framework to show the effectiveness of the child sexual abused interventions towards sexually abused children. Therefore, the study shows how this framework approaches the issue of CSA through these four tenets namely relationships, context, care and power imbalances which were explained below.

2.2 .1 Relationships

The ethics of care perspective emphasises the importance of relationships as it is central to our well-being and sense of identity. Hence it is important to place great importance on them to maintain healthy and positive relationships. Noddings (1984) wrote on the importance of relationships in the ethics of care perspective in her book “A feminine approach to ethics and moral education where she states that caring relationships are crucial to moral development and caring should be seen as a virtue. She believes relationships are also between individuals and their communities. Further, Koggel and Orme (2010) argue that care extends from human beings’ everyday efforts to meet one another’s needs to maintenance of communities and institutions in a manner that enables the meeting of human needs. Thus, focusing on CSA, the relationship between the child and the person or institution providing an intervention towards a sexually abused child affects the success of the intervention.

2.2.2 Context

Under this concept, the idea is that the ethics of care recognise that ethical decisions should be made in the context of the specific situation and the people involved. The ethics of care perspective in this regard focuses on the specific context than relying on universal principles. The importance of context of the intervention considers the culture, the socio-economic and political setting of the given community be it local or regional. Therefore, using the ethics of care framework, the agenda is to show how the cultural, socio-economic and political context affects the effectiveness of Child Sexual Abuse interventions towards sexually abused children.

2.2.3 Care

According to Robison (2010) caring manifests at different levels such as nuclear and extended families to local, national and transnational communities. Ethics of care perspective emphasises care for the individuals involved and takes a more holistic approach that recognises the importance of rights and justice. In this case, the needs of each sexually abused child involved in an intervention should be considered and addressed. Gilligan (1982) argues that focus should be on understanding the unique perspectives and experiences of an individual and in this study the individual being referred to is the child who has been or was sexually abused. The framework guides that importance of relationships, empathy and compassion in dealing with CSA.

2.2.4 Power imbalances

The ethics of care recognises that power imbalances exist between children and adults, victims and perpetrators and between those with access to resources and those who do not. These affect the impact of interventions and create barriers to healing and recovery. Michel Foucault though not a custodian of the ethics of care theory argues that power imbalances are created and maintained in society. He goes to add on that power is not only held by individuals but also by institutions and social structures (Foucault, 1980). Therefore, with the help of the ethics of care perspective, the study explored the role played by these power imbalances in CSA interventions towards sexually abused children.

2.3 Child Sexual Abuse Interventions

2.3.1 Global child sexual abuse interventions

Globally Child Sexual Abuse (CSA) has been a critical issue affecting the well-being of children. Its global prevalence has been estimated by many scholars in their studies.

Stoltenberg, Romano and Toker (2011) estimate global prevalence rate of CSA to range from 8% to 31%, with an average of 19.7%. To add on, WHO (2022) provides an estimate the global prevalence rate of this social –ill to be around 19%. However one can argue that the global prevalence may be lower due to many cases that go unreported because of shame, stigmatisation and power imbalances as the Ethics of Care perspective acknowledges, as it sees power imbalances to exist between children and adults, victims and perpetrators and those with who can access resources and those who cannot. Thus, one can say that the true prevalence is likely to be higher provided many cases get reported and more data on CSA gets collected globally. Studies show that many interventions have been used globally to help curb this common- ill and provide help to sexually abused children. For instance, a study by Che Yusof et al (2022) in Asia provides that school-based child sexual abuse intervention in the new millennium era (2000-2021) in a bid to reduce child sexual abuse cases.

Furthermore, the study managed to use 29 studies from several countries and it was concluded that the school-based child sexual abuse interventions were effective in improving the knowledge, skills and attitude of the students from the pre-intervention to post –intervention and between the intervention and control groups (Che Yusof et al, 2022). Hence, providing assistance towards sexually abused children at school -level has now become a global norm. This is encouraged by the Systems theory by Bateson in 1956 and the Ecological theory by Bronfenbrenner in 1979 as they both view individuals as part of a larger system (Garbarino, 1992).

In addition, Fast and Elizabeth (2007) focused their work on CSA interventions in the United States and found out that therapy interventions can be effective in reducing psychological distress, improving coping skills and promoting healing. They also noted that the efficacy of therapy interventions can is however limited by factors such as high dropout rates, limited

access to therapy and quality of the therapists. Fast and Elizabeth (2007) also mentioned the use of the Cognitive Behavioural Therapy (CBT) in the United Kingdom which has 74% of CSA victims who received CBT and no longer met the diagnostic criteria for Post-Traumatic Stress Disorder (PTSD) after treatment, the Eye Movement Desensitisation and Reprocessing (EDMR) therapy in Austria was found to be effective with 78% of victims, the play therapy in Canada with 81% of child sexual abuse victims who showed improvement in overall functioning and the community-based treatment for Child Sexual Abuse victims in New Zealand and found out that out of 36 victims 33 (92%) showed improvement. Thus, one can argue that therapy intervention is essential and yields a good impact on handling CSA as it helps improving overall functioning and reduce negative emotions associated with the traumatic event.

Child Sexual Abuse interventions (CSA) in developed countries are statically effective. This is supported by a study by VandeVusse et al (2019) examined the effectiveness of CSA interventions of a Child Advocacy Centre in the United States and found out that its interventions are more effective than traditional interventions. This study was based on the effectiveness of the CAC Centre as a community-based program that coordinate the investigation, prosecution and treatment of child abuse cases (VandeVusse, Johnson and Thompson, 2019). Some of these interventions at the CAC Centre according to the above mentioned study, include Forensic interviews, support groups, family advocacy and support, medical evaluations and treatment and mental health counselling. Therefore, it can be deduced that CSA interventions towards sexually abused children in developed countries highly meet the unique needs of each child and the family of the child.

Contrary to the above there are studies which show that interventions for CSA in low and middle-income countries is not as effective as it is in high-income countries. For instance, one study by Swahn et al (2012) found out that CSA interventions in low-and middle-income

countries are less likely to be effective than those high-income countries due to a number of factors such as lack of resources, cultural differences and a lack of research in child sexual abuse. A study by Shannon et al (2008) supports that there is insufficient evidence to determine whether community based interventions for CSA in developing countries are effective. Their study focused on India, Bangladesh and South Africa and found out that the prevalence of child sexual abuse ranged from 1.5% to 52%. Taylor (2006) in his study, “Child sexual abuse in the developing world “, notes that CSA interventions in Democratic Republic of Congo are lacking as only 10% of reported cases of child sexual abuse are investigated by the police.

Moreover, his study also mention that Democratic Republic of Congo does not have a National child protection system in place. A study by Child Protection International (2017) found out that most cases of CSA in DRC do not receive the support they need due to lack of trained professionals. It also found out that out of 300children who were interviewed, over 70% had experienced some form of sexual abuse, and 10% received assistance. A study by UNICEF (2017) also shows the difference developed and developing Child sexual abuse cases countries in handling as Haiti is estimated to have 40% of child sexual abuse due to lack of awareness about the issue, lack of resources and the capacity to address the issue because of the lack of coordination among different organisations working to address CSA within the country. Therefore, one can argue that there is discontinuation within third world countries towards provision and installation of interventions that allow a quality of services towards sexually abused children.

2.3.2 Regional nature of child sexual abuse interventions

Studies in Africa indicate that CSA interventions towards sexually abused children are poor. A study by Sexual Violence Research Initiative (SVRI) (2022) researched that current response CSA interventions are inadequate. These CSA response services mentioned in the study are mental health services, justice sector response, intergration of and access to CSA services. The

SVRI (2022) study also found that mental health services towards sexually abused children in South Africa are not sufficient for adequate recovery. A study done in Uganda by Ntozi et al (2011) found that law enforcement responses to Child Sexually Abused (CSA) children does not meet families' needs. Further, Nkhoma et al (2019) researched on the current government frameworks in Zimbabwe, specifically the Victim Friendly Unit Courts and found that while they are intended to address the needs of CSA victims, they are several gaps in their implementation as there is limited access to services and lack of knowledge and understanding of Child Sexual Abuse. Therefore, one can add that little effort is being put towards sexually abused children regionally due to limited access of a number CSA services and failure of the justice system to meet families' needs.

Further, focusing on how effective CSA interventions are in Africa, Matibag et al (2020) found that community-based interventions in Zambia are difficult to implement due lack of resources, lack of knowledge about CSA and cultural norms that prevent disclosure and reporting of cases. A report by the United Nations Children's Fund (2015) found that only a small fraction of sexual violence cases against children are reported in many African countries and that a vast majority of sexual abuse cases are not investigated or prosecuted as they lack clear policies and protocols for responding to CSA. Sarah (2011) found that factors such as culture and social norms in Kenya, Malawi, Haiti, Cambodia and Tanzania play a significant role in the prevalence of Child Sexual Abuse. Data found by the Multiple Indicator Cluster Survey (MICS) (2015), in Mozambique, found that 2.6% of girls and 1.7% of boys reported to have experienced sexual abuse before the age of 18. Therefore, it seems clear that policies, protocols and the under reporting of cases are contributing to the ineffectiveness of CSA interventions in Africa.

Though some studies still found some CSA interventions towards sexually abused children to be of efficiency. For instance, Mkandawire et al (2018) conducted a study in Malawi and found

out that primary schools in Blantyre, sealed-envelope method is more effective than face to face interview methods in trying to reach out to children that have been abused sexually. A study by Hlongwa et al (2013) found that cognitive behavioural therapy was effective in reducing symptoms of PTSD in sexually abused children as they used the Children's Revised Impact of Event Scale (CRIES). Furthermore, MacGregor, et al (2012) examined the effectiveness of art therapy in reducing PTSD symptoms in children who experienced sexual abuse in Zimbabwe and found out that the intervention is effective as children in treatment showed significant reduction in avoidance, hyper-arousal and re-experiencing. Their study also found that 24 children included in the study, between the ages of 7-17 who had experienced sexual abuse, attended their 8 sessions and after using the child PTSD scale symptoms had decrease. Hence, one can connote that the above mentioned can be or are effective in helping victims recover from trauma in Africa.

2.3.3 Local nature of child sexual abuse interventions.

Zimbabwe is governed by a number of legal and regulatory frameworks such as the Children's Act (Chapter 5:06) for protection and care of children, the Criminal Law Codification and Reform Act (Chapter 9:23) for criminalisation of CSA. These has been influenced by the Convention on the Rights of the Child (CRC) and the Charter on the Rights and Welfare of the Child (ACRWC). Moreover there are other protective legislation like the Sexual Offences Act and Domestic Violence Act which were harmonised by International laws (Mantula and Saloojee, 2016). The instruments stand to provide protection of the rights of children in Africa and have been ratified by many countries (Mantula and Saloojee, 2016). The Zimbabwe Judicial Service Commission (2012) claims the implementation of a number of protective policies, legislative instruments and interventions or programs to ensure child protection towards other social-ills including CSA, however, the situation on the ground points the

implementation of the instruments to be ineffective. United Nations Children's Education Fund (2014) report states that only about a half of African countries have criminalised CSA.

The African Child Policy Forum (2013) similarly states that Zimbabwe has performed poorly on the provisions made in national laws for the protection of children. Katongomira (2015) argues that child sex predators get away with non-deterrent sentences such as community service. Therefore one can argue that there is trivialisation of CSA cases in Zimbabwe and these can make one see the CSA interventions to be ineffective as there is poor legal framework practice. Hence, since the country has a multi-sectoral approach of CSA providing each agency's roles and responsibility for the management of sexual abuse and violence (Zimbabwe Judicial Service Commission, 2012), the study shall review the role of each of this agency.

2.3.3.1 Department of Social Development

The Department of Social Development being a part of the Protocol is the custodian of children in Zimbabwe and oversees all child protection issues inclusive of CSA. This is supported by a study by Matunga (2014) which states that the Ministry of Social Welfare (now called Department of Social Development) is crucial in addressing child protection issues. Khawaja and Shah (2014) highlights the importance of the department as well as it provides psychosocial support to children who have experienced trauma. Moreover, Brown and Mazara (2017) in their study found that the National Case Management System (NCMS) has been effective in handling CSA at the department in facilitating communication and information sharing between different agencies involved in handling CSA cases. Thus, one can argue that National Case Management System stand to provide critical interventions towards sexually abused children at their point of need. A study by Gumbie and Samkange (2018) found out that the Department of Social Development has made progress in increasing awareness about CSA, other child protection issues and strengthening the referral system for CSA cases.

Further, they also found out that more case workers were trained to work with CSA victims. A study by Hove and Nyabondo (2017) found out that between 2011 and 2014 the Department recorded a total of 4058 cases of CSA and neglect with 1649 related to sexual abuse. Further, the study found out that the DSD made improvements in its case management with an increase in the number of completed cases from 53% in 2011 to 64% in 2014. Therefore, one can deduce that the Department of Social Development is making efforts to improve its case management in handling CSA. Makamure (2010) states that training of officers from all ministries deemed relevant to the welfare of the child was conducted for victims of CSA to be handled in a friendly manner and ensure appropriate referral. Thus, CSA interventions are more likely to yield good results as many agencies have been trained to handle the cases.

Nevertheless, though much has been and is being done towards handling CSA in Zimbabwe through a number of interventions at the department studies show that more still needs to be done. For example, a study by Khumalo et al (2017) found out that case management and referrals systems which are interventions at the Department of Social Development in Zimbabwe are not always effective due to lack of coordination between different organisations. Katiyo and Katsande (2018) found out that most of the interventions towards sexually abused children in Zimbabwe, are focused on providing psychosocial support and counselling to the child and the family, though they researched that there is lack of financial and material resources to support these interventions and lack of skilled social workers to provide the services required. Therefore, it can be said that there are a number of interventions towards CSA at the Department of Social Development, however, their successfulness is a challenge as there are no enough resources to support the work of the social workers.

Further, Nhemachema (2014) in his study interviewed social workers and children in Zimbabwe to learn about interventions towards sexually abused children and found out that interventions are not always effective and that more needs to be done to support children who experienced sexual abuse. The study also researched out that a significant percentage of 40 CSA victims did not receive any help or support from the Department of social Development. This suggests that there is lack of outreach and education about the availability of CSA services. A study by Brown and Mazara (2017) found the National Case Management System to be effective in facilitating communication and information sharing, however, it noted challenges of lack of resources and training for frontline workers. This leads one to argue that lack of resources and enough training for case workers causes some cases to be neglected and limits the quality of the interventions that are offered at the Department. Mapfumo and Robinson (2019) found out that the National Case Management System has been introduced in some districts and has not been implemented consistently across the country. Hence, there is still more work to be done for the full implementation of the system in the country to ensure effective CSA interventions.

2.3.3.2 Ministry of Health and Child Care

The Ministry of Health and Child Care (MoHCC) is one of the agency that is a part of the Protocol on the multi-sectoral management of sexual abuse and violence in Zimbabwe. A study by Runganga et al (2019) found that MoHCC trained a number of health workers on how to respond to CSA who provides a number of interventions such as counselling, medical care and legal assistance through referrals to Victim Friendly Unit (VFU). The study also found out that through the One Stop Centres percentage of victims who were satisfied with the services increased from 37% to 67% after the implementation of the One Stop Centres. Mazarura et al (2015) argue that the Ministry of Health and Child Care plays an important role in child protection services in Zimbabwe inclusive of CSA services through psychosocial support and

providing child-friendly spaces. Majuru (2018) argues that One Stop Centres have been effective in reducing trauma experienced by sexually abused children. Majuru (2018) and Mugadza et al (2019) also found out that the Stop Centres have been effective in providing access to justice for victims of sexual abuse. Hence, one can say that the MoHCC is doing a significant role in providing services towards children that have been sexually abused and also focusing on mitigating the prevalence of the abuse in Zimbabwe through One Stop Centres and training of health workers.

However, Mazarura, Hamasuwa and Goredema (2015) found out that the interventions were not always effective in achieving their goals due lack of resources within the health facilities. A study by Wakatama (2017) states that the MoHCC failed to adequately address the needs of street children. Thus, these needs may include legal and medical protection towards children living on the streets that are sexually abused as they are also at risk of being abused. A study by Tashobya and Cheru (2010) found that a significant number of street children in Harare had experienced sexual abuse.

Additionally, Nyathi (2012) found out that street children were particularly vulnerable to sexual abuse by adult men. Hence, it can be said that street children in Zimbabwe are at risk of sexual abuse and needs more support from the MoHCC as well. A study by Chibanda and Maziriri (2014) found that the majority of health facilities in Zimbabwe lack basic supplies equipment such as examination tables which affect the quality of care towards patients, including sexually abused children. Makuta et al (2019) mentions that there are many challenges in the current medical management of sexual abuse cases in Zimbabwe such as lack of training for health care workers. Mbindyo et al (2015) found out that health care workers were not adequately trained to provide care for sexually abused children in Zimbabwe. Additionally, the study noted a lack of psychosocial support services for sexually abused

children. Therefore, based on these studies the MoHCC seems to face many challenges in providing adequate care for sexually abused children.

2.3.3.3 Victim Friendly Unit

Shamu, Taruvinga, Mahla, Tsambo and Zvavayera (2020) in their study on the effectiveness of the Victim Friendly Unit (VFU) in handling CSA cases found out that there was a reduction in the average time taken to complete CSA cases, from 26 months in 2009 to 10 months in 2016. It also found out that the percentage of cases that were completed within the recommended 6 months increased from 44% in 2009 to 70% in 2016. Further, Shumba et al (2018) researched and in their study they evaluated the success of the VFU in Zimbabwe by use of number of cases reported, cases taken to court and convictions that were obtained and found out that VFU has made significant progress in improving response to CSA. Their study also found out 1890 CSA cases were reported, out of which 1321 cases were investigated successfully and 738 cases were taken to court (from 22% in 2015- 33% in 2016). Hence, one can say that it is clear that the Victim Friendly Unit (VFU) has been effective in handling CSA in Zimbabwe through a number of its interventions such as training of staff on handling CSA investigations, provision of medical, psychosocial support and legal support and awareness campaigns.

However, Shamu et al (2020) in their study also noted that there is lack of funding which results in a lack of standardised operating procedures. Moreover, a study by Nyamupfukudza, Chidziva and Mbizvo (2017) found out that Victim Friendly Unit is failing to reach all victims of CSA. A study by Chifamba, Ganya and Munyaradzi (2017) in their study of Buhera District, found that there was a lack of coordination between the DSD and the traditional leaders in protecting children from abuse making it difficult to protect the children. Therefore, one can argue that there is lack of understanding of the roles each of the group is supposed to take and also that many victims are not able to reach out for services due to the lack of coordination

amongst those that initiates the Case Management System and the Multi- sectorial Protocol on violence and sexual abuse in Zimbabwe.

2.4 Gaps associated with child sexual abuse interventions

CSA activities require the availability of multi-sectoral services and legal support to meet the children's multiple and long-term needs and some of these needs are not met due to a number of factors which shall be reviewed below.

2.4.1 Limited coverage

A study by Ndoma (2023) found out that availability of support services for vulnerable children is limited as a majority of 54% Zimbabweans say the government is doing a poor job protecting and promoting the well-being of vulnerable children. Another research by Ndoma and Slachiwena (2023) on South Africa found that more than 51% South Africans says their government is doing a fairly bad or very bad job of protecting and promoting the well-being of vulnerable children, with a percentage of 43% of sexually abused children whose needs are not met. Muridzo et al (2018) researched on the challenges that are faced by professionals working in CSA multi-sectorial forums and out found that there is limited coverage of services towards sexually abused children by the Victim Friendly System due to a lack of specialised skills, training and experience as participants within the research noted there is no forensic scientists, psychologists and counsellors in Zimbabwe.

Moreover, trained officers in VFS rotate and transferred to other sections. Muridzo et al (2020) noted as well that VFS professionals lack sign language proficiency which hinders their service provision towards victims that have hearing and speech impairments. The need for specialist

CSA is said to be very essential and must be there as a specialist's approach to sexual abuse is beneficial to survivors. Therefore, one can say that such loopholes can cause poor investigations of the cases as the service provider and the client (child) may have built rapport already and these changes can let down the client. Matne et al (2000) support that professionals working with CSA survivors may unintentionally cause secondary trauma if they lack specialised training and experience. Hence, the cases should be taken seriously as CSA is a sensitive specialised area that require peculiar medical, legal, and psychological attention.

2.4.2 Lack of information

Provision of information to children and their families about sexual abuse its influence. Russell et al (2020) found that many children not have access to age-appropriate education, body safety, boundaries and health relationships. Parents and caregivers or parents may lack knowledge on how to handle these children. Further in their research they also found that without adequate knowledge on how to get services, parents and the victims have challenges in accessing the necessary interventions, which may impede their assistance. Therefore, it can be said that when communities are not aware of the interventions and where they are delivered, they certainly will suffer more.

2.4.3 Resource limitations

CSA interventions has a gap which is seen through the limited access to specialised services towards sexually abused children. Garikai et al (2020) found that resource limitations in Zimbabwe is a challenge in CSA interventions and that these gaps constrain children's much needed intervention. Muridzo et al (2021) argue that resource limitation relate to interruption of service delivery due withdrawal of funding, logistical and the burden of cost on survivors and their families. Eggins et al (2021) in their study on criminal justice responses to CSA

material offending, which provides a world's systematic review, found out about a number of gaps with CSA intervention including lack of resources to support victims and their families. A study by Steketee (2009) in the United States, researched that financial resources is a significant barrier to effective intervention in CSA cases. Thus, it can be argued that funding is a crucial necessity towards a CSA effective intervention and leads to no continuity and consistence in service delivery.

2.4.4 Limited access to infrastructure and equipment

There is lack of infrastructure in CSA interventions. Muridzo et al (2020) states that professionals working in the field of CSA have limited access to appropriate infrastructure needed to accomplish their professional roles such as home visits, follow-ups, investigations and escorting or referring the child to other service provider. A study by Berger et al (2008) did a study a study in California, found that it has a population of over 3 million people, with a number of agencies, involved in responding to CSA and they discovered that there is lack of funding for forensic interviews. Satkunanathan et al (2017) found that there is lack of adequate health and social welfare services in Kenya due to lack of facilities leading to lack of expertise among workers, working with the victims. Hence, it can be said that CSA interventions are likely to yield poor results as the services are not of quality, this can then lead to trauma and other effects in the victims, thereby impeding other social aspects of their lives such as education.

2.5 Proposed social work interventions to improve child sexual abuse interventions

Social workers play a pivotal role in making sure that child sexual abuse cases are handled with utmost care for the benefit of the child and making sure that no harm is posed on the child during the time of the treatment. Social work interventions are processes of helping individuals , families, or groups of people to identify and address problems in their lives, involving

assessment of the needs, developing a plan of action and providing support, resources to help them reach their goals (Dominelli, 2015). According to Faller (2017) social workers need knowledge about the nature of the problem, need to identify and report child sexual abuse cases to agencies mandated to intervene, investigate and assess victims and their families and provide evidence-based interventions through case management and treatment. The study also mentions the use of trauma cognitive behaviour therapy (TF-CBT) as the most widely employed with a superior research base to other treatments. However, Cohen et al (2005) supports that it is most effective when the child has a supportive caregiver.

Further, Levenson (2017) asserts that when social workers apply their working knowledge of the effects of trauma and interact with clients in a compassionate and empathetic manner thereby encouraging client's self-determination and their ability to develop positive coping strategies. Thus, it can be deduced that use of strength-based interventions in handling CSA cases promotes trust between the client and the worker which helps overcome trauma-effects. Moreover, Masilo (2019) proposed in his study that social workers should educate children including school learners on sexual abuse. Manheim et al (2019) purports that it is necessary to provide children with information on sexual abuse as early as possible as doing so is giving them power and increase their safety. The study also emphasises the use of the group method that will best address the issue and seems appropriate to reach out to a high number of children. In addition, Openshaw (2008) sees group work as a valuable practice tool for school social workers and mentions that workers should include not only girls but boys as well in these sessions. Guo et al (2019) mentions that parents and guardians must be engaged as part of interventions in addressing CSA. Social workers need to lobby for the establishment and strengthening of the childcare and protection forums in order to contribute towards a long-lasting solution aimed at safeguarding the best interests of the children. Therefore, full-time

investment and dedication by social workers in addressing CSA is a crucial aspect towards effective child sexual abuse interventions.

Social workers should facilitate dialogues with school –based employees as they are also perpetrators of this crime. Zastrow (2017) states that social workers in the occupational setting should provide training and staff development programs. Masilo et al (2019) provides in his study that CSA is not a learners’ problem but a problem of school-based employees who are perpetrating the crime against children. Hence, one can deduce that is as much as schools are a part of childcare and protection forum, children are also at risk of being abused within that same environment.

2.6 Gaps in literature

The review of the available literature on the efficacy of CSA interventions towards sexually abused children allowed the researcher to note some of the gaps that exists within the literature. One of the gaps that is available in the literature on the efficacy of CSA interventions is that they were mostly intervention –individually oriented rather than focusing on a number of CSA interventions. Moreover, the existing body of literature has been conducted more in high-income countries than in the African region, to those that exist, they still show a need for more research as there is lack of accurate then reliable statistics on the prevalence of CSA and the effectiveness of the interventions. Stoltenborgh et al (2016) support that there is a lack of research on the effectiveness of interventions to prevent child sexual abuse and they call for more randomised controlled trials to assess the impact of different interventions. Additionally, Lievesley and Clacherty (2016) also argue that there is need for more research on the unique challenges faced by African countries in addressing CSA. Hence there is need for more data on these areas such that the gaps can be filled.

2.7 Chapter summary

This chapter provided a theoretical framework which provides a better explanation of the study. It focused on reviewing the literature on the efficacy of CSA interventions towards sexually abused children. The chapter reviewed on the nature of CSA, the gaps associated with CSA and the proposed social work interventions to improve Child Sexual Abuse interventions.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

The chapter mainly focused on how the research was done. It focuses on describing the methodology that was used. The study addresses the research design, study population, sample, sampling techniques, data collection techniques, data presentation, analysis and the ethical issues.

3.1 Research design

The study utilised a descriptive phenomenological research design which is a qualitative research approach. The researcher adopted this design for the purpose of empirically investigating the efficacy of the CSA interventions towards sexually abused children in Shamva District. Moreover, this research design is important to this study as it allowed the researcher to gain a deeper understanding of how people within the district of Shamva perceive and understand Child Sexual Abuse (CSA) and its interventions through their experiences. The qualitative approach in this study allows the researcher to achieve a deeper understanding of the lived experiences of sexually abused children and their families, the impact of the interventions on their lives and the complexities of their experiences while seeking the services. Further, the study was seeking to achieve the real picture of the interventions by interviewing the survivors, parents and the key informants, which helped comprehend the nature of the interventions, the gaps within the CSA interventions and the possible social work interventions to improve Child Sexual Abuse interventions in Shamva District. A research by Mwaparura (2022) et al on the provision of child protection services in Zimbabwe also used the qualitative phenomenological design so as to understand from the stand point of participants. Muridzo (2018) used the qualitative method on the phenomenon of child sexual abuse in Zimbabwe. Thus, in order to use this design, the researcher carried out a few steps for its implementation

such as identifying the phenomena, collecting data, analysing the data and understanding the essence of the phenomenon that was in question, which is the efficacy of Child Sexual Abuse (CSA) towards sexually abused children with reference to the objectives of the study. It gave the researcher a room to employ various data collection methods such as in-depth interviews and focus group discussions, enhancing the credibility and trustworthiness of the results.

3.2 Study Population

The targeted population of this study was drawn from Shamva Rural District. According to Krieger (2012) study population refers to the specific group of individuals or subject that are the focus of a research study. The area was targeted as it is well known for its mining activities which is one of the factors that contributes to sexual abuse of children within the spectacle of child marriage and others. Some families are poverty stricken, unemployed, hence lack the capacity to support their children's education. This increases the vulnerability of children as some of them end up doing child labour so they can support their families thereby increasing the chances of them getting abused. The area is also known for drug and substance abuse and prostitution by even the caregivers as well. Further, the district is under threat due to cult practices of the Chigure cult which abuses children through their initiation. One of Chiefs within the district tried to ban the cult in his area but there remain a gap in other parts of the district as children are being abused sexually, physically and emotionally within the district through this cult. Certainly, there are interventions to address the social-ill in question inclusive of other child protection issues.

However, there is need to understand how effective these interventions are. Therefore, the researcher chose this area of study because the children within Shamva District are surrounded by an environment that forces or squabbles them to end up as victims to sexual abuse. In other words, it seems that it is very likely for them to become victims of this social-ill. It can be said that it has become a culture, as service providers seems to more likely focus on its treatment

rather than preventive measures. A study by Kurebwa and Kurebwa (2018) supports the vulnerability of the area as it states that many girls are getting married at an early age due to poverty in Shamva District. The study will employ 5 victims of CSA, 5 parents of the victims and 5 key informants, to make a total of 15 participants.

3.3 Sample

3.3.1 Sample Size

Mthuli, Ruffin and Singh define a sample size as the number of individuals or observations included in a study or experiment. Coghlan and Brannick (2014) defines it as a section of respondents that are chose from the targeted population. The study employed data saturation whereby she used research methods like interviews, focus groups and observations. The principle of data saturation was utilised in the study because it shows redundancy that indicates the emerging of same themes, concepts or patterns. The sample included 10 children that are victims of CSA, 5 parents , 1 Community Childcare Worker (CCWs).It also included 4 key informants namely 1police officer from Victim friendly Unit, 2 officers from DSD, 1nurse and 1 from the chief's court, all from Shamva District.

3.4 Sampling techniques

Purposive and availability sampling were adopted for the study. According to Alvi (2016) sampling technique is the process of studying the population by gathering information and analysing data. The researcher worked with 20 participants from ward 12 and 22 within the district of Shamva.Availability sampling is a technique that allows the researcher to select participants based on their accessibility and willingness to participate than using random selection methods Hall- Andersen, Simkin and Wagner (2023). Purposive sampling is defined El Obilor (2023) is a non-probability sampling technique in which a researcher selects only subjects that satisfy the objectives of the study based on the researcher's conviction. Thus the

sampling of the research depends on the researcher's conclusion of the knowledge of the context.

3.4.1 Purposive sampling

Ames, Glenton, Lewin (2019) defines purposive sampling as a non-probability sampling technique that is selected based on the specific features or characteristics of a population and objectives of the study. The study adopted this sampling method because it allows the researcher to focus on the participants who have direct experience with child sexual abuse interventions which allowed a deeper understanding of the interventions and their impact on the survivors. Purposive sampling is eligible for the phenomena of this study as it allowed the researcher to focus on recruiting a smaller, yet highly relevant participants in ward 12 and 22. Furthermore, child sexual abuse is a sensitive and traumatic experience hence requires ethical considerations which can be achieved through purposive sampling as it allows room for a careful selection of participants willing to share their experiences voluntarily.

Thus, to suit the characteristics of the sampling method, the researcher worked with case managers at the Department of Social Development office in Shamva, the Victim Friendly Unit officers, a nurse from Shamva hospital, CCW, chief's court, survivors and their parents who provided first- hand information. The researcher used this technique in selecting key informants in Shamva District, with the respect that they would provide the best information to help achieve the objectives of the study. Judgement on who would provide the best information was done basing on the characteristics of probable respondents. Key informants were selected based on their professional qualities and knowledge of CSA. The key informants were selected from among the organisations that are key organisations in handling child protection issues in Shamva District.

3.4.2 Availability sampling

The technique allows the researcher to select the most readily available subjects for the study. Creswell (2014) states that the technique is a non-probability sampling method that relies on data collection from members of a target population that are conveniently available to take part in the research. Due to limited resources and time the researcher was able to seek the help of the Department of Social Development in linking the researcher with the readily available participants. This was important as the department already had a good rapport with the survivors and their parents. Hence, the availability approach provided valuable insights into the lived experiences of sexually abused children. The researcher was able to meet with the participants where and when it was convenient for them and this was done. Thus, the technique was convenient for the carrying out of the research. The study was able to take note of the information of participants that were readily available. These include victims of CSA, parents of the children that were sexually abused, key informants, thus the Department of Social Development and the stakeholders involved in handling child protection issues, including the chief's court and Community Childcare Workers. Hence, this study was carried out in a systematic manner involving the eligible participants of the subject to yield best information or data.

3.5 Data collection

It is a process of gathering and measuring information on variables of interest in a systematic way enabling one to answer stated questions, test hypotheses and evaluate outcomes Creswell (2014). The research adopted data collection techniques to gather data from participants and these include: in-depth interviews, key informant interviews and focus group discussions.

3.5.1 In-depth interviewers

In-depth interviews were done by the researcher with 10 children (survivors) and 5 parents. The interviews were carried out with the help of the Department of Social Development as the researcher had sought its permission and support. Thus, it notified the participants and asked if there are willing to participate in the research and provided the researcher with a list of the details of the parents of the children who were likely to be readily available. Through these interviews, the researcher wanted to get a deeper understanding of the CSA interventions in terms of their types, how they are delivered to the service users, how effective they are and the challenges that the survivors face whilst they seeking the services. Most of these interviews were done at the respective homes of the respondents and at the Social Development office as some of the children were comfortable with it as they were conveniently available. Moreover, before speaking with the participants the researcher had been allowed to do the research at the department. In- depth interviews are a valuable qualitative research method used to gain a deeper understanding of an individual's thoughts, feelings and experiences on a specific topic (Borzooei and Asgari, 2013). While carrying out the interviews confidentiality was an utmost principle as it happened in a conducive environment where they were mostly comfortable.

Hence, it allowed a one- on- one setting, allowing for a more personalised and in-depth exploration of the subject matter. This technique was important for this study as it allowed the researcher to gain rich and depth information from respondents as valuable insights were uncovered. The rationale selection purpose of this technique was that data can be collected faster than other research methods. In-depth interviews allowed the study an opportunity for follow-up questions for access to more information from respondents to fully gain understanding on the efficacy of CSA interventions in Shamva District. The technique allowed

more rapport building as respondents or participants were able to share their experiences with the researcher as they were comfortable as the subject is a sensitive.

3.5.2 Key informant interviews

Darko-Gyeke (2019) defines key informant interviews as a qualitative research method used to gather in-depth information from individuals who have expertise on a particular issue. Thus, the researcher used a key informant interview guide with questions to interview the key informants at the Department of Social Development (DSD), Ministry of Health and Childcare, Victim Friendly Unity (VFU), Community Child care Workers (CCWs), and the Chief's court of Chief Bushu in Shamva District. The study was carried out at each of the participant's working area as it was convenient for them. The interviews consisted of 2 DSD officers, 1 nurse, 1 VFU officer, 1 from the chief's court and a CCW. The reason for using this technique was to have expert insights as key issues can be identified by them, gain a contextual understanding of the local organisations which provide the interventions. More importantly they have personal narratives and lived experiences since they work directly with the survivors. A research by McTavish et al (2021) on psychosocial interventions in response to Child Sexual Abuse (CSA) adopted key informant interviews as method for research. Another research by Macdonald et al (2012) on the efficacy of cognitive- behavioural interventions for sexually abused children used the method and concluded that they were effective. Therefore key informant interviews were also able to provide in detail the information on the efficacy or effectiveness of CSA interventions in handling cases of sexual abuse within the district of Shamva.

3.5.3 Data collection procedure

The research was done after seeking permission from the Department of Social Development in Shamva, the Provincial Department of Social Development in Bindura and the Headquarters of Social Development in Harare as they are the custodian of child protection in Zimbabwe.

Permission to work with the Ministry of Health and Childcare, the Victim Friendly –Unit and Chief Bushu’s court was sought by the researcher. The researcher was asked to provide a copy of the proposal for the research to each of the above department, a self- application letter and the letter from the university. These were the key informants at which the data collection procedure was done.

3.6 Data presentation and analysis

Data analysis is the process of examining and interpreting the data collected during the research process (Miles & Huberman, 1994). According to Sharma (2017) is a process of systematically search and evaluate data, observed notes or any materials the researcher collects to understand a phenomenon that is being researched. The research used thematic analysis as it allows a deeper understanding of the data. The study was analysed with accordance to Creswell’s 5 steps guidelines by organising the data, reading and putting emergent ideas together, classifying codes into themes, developing, assessing and interpreting based on emerging themes and also representing and visualising the data. Demographic data was collected and presented in form of a table for analysis to describe the trends in service provision towards sexually abused children in the district of Shamva.

3.7 Ethical Issues

Ethical issues refer to the moral principles and standards that guide the conduct of research. It is defined by Coghlan and Brannick (2014) as morally upheld standards in research that distinguish what one ought to or ought not to do during research. Hence, ethical issues that were upheld in the study are mentioned below.

3.7.1 Confidentiality

While carrying out this study, to realise confidentiality, the researcher communicated confidentiality to interviewees by explicitly telling them that their information and identity was to be kept a secret. Moreover, while carrying out the interviews the researcher made sure that it was private and comfortable for them, thus some were even done at their homesteads as it was convenient for them. It was also explained to them that their information's access was limited to the school of the researcher and no names were to only pseudonyms were to be used. Utmost importance was given to the as failure to keep their information confidential would be harmful to them. This helped build a rapport between the respondents and the researcher. Sieber (1992) defines confidentiality as agreements with persons about what may be done with their data. Hence, confidentiality vital in the study as it determined provision of the information by the respondents as most of them were victims of the subject (CSA) that was researched in the study.

3.7.2 Informed consent

Informed consent is defined by Helsinki (2013) as a process by which a person voluntarily confirms his or her willingness to participate in a particular research study after having been informed of all the aspects of the project. Thus, the researcher sought the consent of the participants before carrying out the research. The researcher provided clear information to the participants on the purpose of the study, its nature, explaining the intended use of the information. The respondents also had the right to provide information that there are comfortable to share without being forced. They were also allowed to ask questions about the interview process or concerns they might have. Potential risks and benefits of the research were also made known to the participants, however no participant was given the idea that they are obligated to participate in the study. To ensure that the participants were willing to take part in the research, a consent form was signed by them.

3.7.3 Beneficence and non-maleficence

This principle is basically on the notion of doing no harm or minimising the chances of one being harmed. During the interviews the researcher ensured that the questions were appropriate, if needed breaks were allowed since the topic is sensitive. To ensure no harm those who may have wanted to withdraw their consent were allowed to do so. Continuous monitoring of participants during the interviews was done such as being attentive to signs of distress or discomfort for their well-being. This was important since working with children requires one to be cautious as they are vulnerable. Beneficence is said to be an obligation to act for the benefit of the individual or society by providing appropriate preventive, diagnostic or therapeutic procedures to refrain from providing interventions that are harmful Beecher (Mbunge, Millham, Sibiya & Fashoto, 2021). This principle connotes that while interviewing the participants if the session proves to be disturbing them, the researcher have to allow the participant to withdraw as it will be affecting him/her. Hence the benefits of the research must edify the respondents than worsening their situations.

3.8 Limitations

The study was limited by factors such limited disclosure of information by the respondents due to the issue of anonymity, confidentiality and being not ready to share as some children were still traumatised and some perceived the interviews to be re-traumatising. Further, due to fear of anonymity some participants were not comfortable with voice recording. Hence the researcher faced challenges which may have limited the capacity of gaining important information for a good data analysis outcome.

3.9 Chapter summary

The chapter highlights the type of the methodology that was used to conduct the research .It focused on the research design, study location, study population, sampling techniques and the ethical considerations.

CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS

4.0 Introduction

This chapter focuses on data presentation, analysis and discussion of findings of the research on the efficacy of Child Sexual Abuse interventions towards sexually abused children in Shamva District, Mashonaland Central Province, Zimbabwe. This is important as the findings can be of future use. Ward et al (2015) connotes that data presentation, interpretation and analysis enable the research work to be cited, discovered, reused, reproduced, preserved and evaluated. In this chapter, data presentation, analysis and discussion of the findings of the research were done in accordance with the research objectives which includes:

- To establish the nature of child sexual abuse interventions in Shamva District, Zimbabwe.
- To assess the gaps associated with child sexual abuse interventions in Shamva District, Zimbabwe.
- To propose social work interventions to improve child sexual abuse interventions in the district of Shamva.

Data was collected from 20 participants. The participants included The study will employ 10 children who were directly affected and fell victim to this social-ill, 5 parents of the victims and 4 key informants namely 1 from VFU, 2 Department of Social Development officers 1 nurse from the Shamva hospital, 1 from the Chief Bushu's court including 1 Community

Childcare Worker, to make a total of 22 participants. The data was presented and analysed through thematic analysis. Thus, the next section of this chapter, the first theme is presented together with its sub-themes.

4.1 THE NATURE OF CHILD SEXUAL ABUSE INTERVENTIONS IN SHAMVA DISTRICT, ZIMBABWE.

The main agenda of the above mentioned objective as the first objective of the study, was to establish the nature of child sexual abuse in the district of Shamva. Under this objective the researcher wanted to understand the current CSA interventions that are in place in Shamva, understand the organisations responsible in implementing the interventions, how they are funded and the positive aspects of the current interventions in the district. This was important as to realise the nature or the characteristics of child sexual abuse interventions within the rural district of Shamva. The findings below stand to show the nature of these interventions:

4.1.1 Current child sexual abuse interventions in Shamva District

The findings of this study show that the district has a number of Child Sexual Abuse interventions which are psychological, medical, traditional and judicial interventions which stand to provide assistance to the victims or survivors. These interventions are provided through the Department of Social Development, the Ministry of Health and Childcare, the Chief's Court and the Victim Friendly Unit with the help of other organisations such as FAWEZI and REPSSI.

TYPES OF CHILD SEXUAL ABUSE INTERVENTIONS

The district has a number of sexual abuse interventions which stand to help deliver services towards children that have been abused. These interventions are provided with the Department of Social Development in collaboration with other stakeholders that are within the Protocol. The interventions include:

Counselling and psychosocial support

Children who have been abused are given counselling by trained social workers at the Department of Social Development in Shamva. They normally provide counselling to the child and the parents. The child is given individual counselling (casework) where she is interviewed alone , the parents are also given counselling then simultaneously , the survivor and the parents are called together and get counselling services (family casework). The Ethics of care perspective emphasise the importance of family relationships as there are central to every person's well-being and their sense of identity. Thus in this instance, counselling is given to the family of the child as well for the betterment of the child and the family because they mutually contribute to the happiness of each other. Moreover, pschosocial support services are also provided to the clients in terms of bus fare, lunch and clothing. FAWEZI and REPSSI are most of the organisations responsible for providing psychosocial support as they allocate funds towards these practical services. Cohen et al (2012) and King (2000) et al also mention also counselling and psychosocial- support as interventions towards sexually abused children, they significantly improve emotional and behavioural functioning in sexually abused children.

Community based programs

These programs are done specifically to reach out to children that may have failed to seek services due to a number of issues such as fear and ignorance. Therefore, a heed is payed through mobile one stop centres, school visitations, traditional leader engagement, training of Community Childcare Workers, engaging chiefs and other prominent members within the community to help assist the survivors. For instance mobile one stop centres benefits the communities in the sense that, survivors are able to get multiple of services at one stop centre as the VFU, Ministry of Health and Childcare, MSASA, Ministry of Primary and Secondary Education and the Ministry of Women will be present. Majuru (2018) supports that one stop centres have been effective in reducing trauma experienced by sexually abused children.

Community based programs allow the community to become aware of Child Sexual Abuse and the steps they are supposed to take when faced with it. Power imbalances exist when dealing with child sexual abuse which can influence the failure of the child to get justice or effective help, hence the need to collaborate with the community so that the imbalances can be dealt with. This is supported by Foucault (1980) in the Ethics of care perspective as he mentions that power imbalances exist between victims and perpetrators, the ones with resources and those that do not which can affect the healing and recovery of the survivor. Thus, community – based programs in Shamva stand to do away with these power imbalances that inhibits victims from accessing help due to the fear instigated by the perpetrator, cultural beliefs and fear instigated by the family members especially in cases involving a relative.

In support of the above observations, one of the participants had the following to say:

“Our office, the Department of Social Development, has several interventions towards Child Sexual Abuse which include offering psychosocial -support, counselling through family case work and the individual case work, awareness campaigns, mobile one stop centers and referral to other agencies for further management of the case. We work VFU, the hospital with the support of REPSSI, MSASA, AWET and FAWEZI. We are able to reach communities with the help of Community Childcare Workers, the Traditional Chiefs and School .Our services are funded with the Access to Justice Fund by FAWEZI, covering their bus fares and lunch helping them access the required services in time. The office visits schools within the district, doing awareness on sexual abuse, encouraging them to report abuse. This help children and some children report to have been abused. (Key informant 1, DSD, 37years)

Places of safety

It was found in this study that children whose environment are found to be a danger to their safety are placed in a place of safety, foster care or placed with a wider family network. Shaw

(2016) highlighted that it is important to ensure safety of children who have been sexually abused by providing safe and supportive environments. Finkelhor (2008) also researched and put emphasis on the need for a safe and supportive care for sexually abused children, including removing them from abusive environments when necessary.

In support of the above, a participant said:

The office also assess the environment of the child (victim) to see if it is safe for the child to remain in and if not, placed with a wider family network, foster care or send to Ponesai Vanhu which is a place of safety and SOS Children's Village in Bindura. This mostly happen in cases where the perpetrator of the child is a relative or is threatening the child. (Key informant 1, DSD)

Medical care and treatment

The study found that survivors are able to access medical treatment in Shamva District at Shamva Hospital for free. They get the services after referrals from other organisations or sometimes they are referred from there. The hospital provide forensic examinations, HIV prevention and treatment for STIs.

In support of the treatment of survivors a participant concurred:

Our Shamva hospital provides medical assistance to children who have been sexually abused in Shamva. Most of these children come being referred by the Department of Social Development, the Victim Friendly Unit or school teachers within the district. We provide medical support in form HIV tests, pregnancy tests, STIs test and Post- Exposure prophylaxis. We also provide them with counselling, the children are also given a date for their check-up review. (Key informant 3, Nurse, Shamva Hospital, 35 years).

Understanding the knowledge base of children and caregivers on the interventions

In this study the researcher in order to understand the nature of the existing interventions in the district of Shamva, participants provided their knowledge of the interventions so as to understand the effectiveness of the interventions. Kelly (2019) emphasise the need for community awareness and education about child sexual abuse and the available interventions to prevent and respond to abuse effectively. Adams (2020) also noted that increasing awareness about interventions for sexually abused children can help reduce stigma, promote help-seeking and ensure access to appropriate support for survivors.

The above information is supported by one of the participants who said:

“Inini pandakabatwa chibharo ndakanga ndichiziva kuti ndinobatsirwa kupi kana ndichida rubatsiro nekuti takadzidziswa nevanhu vehurufeya vakauya kuchikoro kwedu, vakatidzidzisa kuti tinozivisa munhu ari pedo nesu kana kuuya kuhofisi yavo kana kenda pachhipatara chiri pedyo kana kuenda kumapurisa nekuti vanhu ivavo ndivo vanozoziva kwekutiendesa mumazuva matatu uye asati adarika.

Translate” when I was abused I was able to seek help as I had been educated on how and where I can seek help provided I get abused sexually by the members of the Social Development Office who visited our school. They have told us to tell a close one, to visit their office, visit a nearest clinic or a police station as those people would help us get assisted within 72hours.

(Child 1, 15 year old girl)

Another participant said:

“Saamai vemwana ndakanga ndisina ruzivo rwakakwana rwekubatsira mwanasikana wangu asi semunhu akange aklambonzwa kuti munharaunda mune vanhu vanoona nezvekuchengetedzwa kwevana ndakaenda kune mumwe wevanhu ivavo nemwana wangu tikabatsirwa. Ndakanga ndisina mari yekuti ndinosvika kuhofisi yehurufeya asi mushure ndaziviswa kuti vachatibhadharira mari sezvo tainozopihwa mberi ndakava nemufaro, tasvika vakataura nesu tikapihwa tsamba yekuti tinobatsirwa kuchipatara nekumapurisa nekwamambo.

Translate” *As the mother of the child I did not have enough information on how best I could help my child hence I visited one of the CCWs with my child and we were assisted. I did not have money to reach the Social Development Office but I was happy to hear that the CCW was going to pay for the bus fare as the office would reimburse the money, when we reached their office, we were assisted and given referral letters to submit to the hospital, the Victim Friendly-Unit and the Chief’s court. (Parent, 45 years)*

Another child added:

“Vanhu vanoshanda kuhofisi yehurufeya vakataura neni pamwechete nevabereki vangu, vakatipa tsamba dzekuenda nadzo kuchipatara, kumapurisa nekwamambo.Ndakaenda kuchipatara ndikavhenekwa ndikapihwa mishonga wekudzivirira zvirwere zvepabonde neUtachiwana.

I received counselling at the Department of Social Development where i was interviewed. They gave us referral letters which helped me get assisted at the hospital, police and the chief’s court. At the hospital i was medically examined and they explained that they are going to give me PEP which helps me from contracting any STIs or HIV.(child1 ,15 year old girl).

Understanding the provision of Services towards sexually abused children

In the study it was found that services through interventions are provided by the Department of Social Development with the collaboration of Shamva Hospital (under the Ministry of Health and Childcare), the Victim Friendly- Unit and the chief’s courts within the district. Moreover, the Social Development Office works with the support of NGOs such as REPSSI, FAWEZI, AWET and MSASA in addressing child sexual abuse and other child protection issues which may not be in question but can also influence child sexual abuse. Hanson et al (2016) recommend that sexual abuse cases be handled with a multi-disciplinary approach,

consisting of law enforcement, child protective services, medical professionals, mental health experts and legal professionals. Gumbie and Samkange (2018) found that the National Case Management System (NCMS) has been effective in handling Child Sexual Abuse (CSA) cases at the department in facilitating information sharing between different agencies involved in handling CSA cases. In relation to the above, below is the effort of the Social Development office towards sexually abused children.

Department of Social Development

A participant supported the above by concurring that:

“As the Department of Social Development we are the custodian of children and it is our duty to ensure that they are protected and helping them bearing their best interests in mind is of utmost importance. Thus, we make sure that we handle each sexual abuse case considering safety first, our contact with them must be confidential and where there is possible harm we place them in a place of safety as I mentioned before. We record the child’s details in the case contact form together with the parent , refer them to the hospital for medical services, advise them to come back with the report, we do an assessment through the record of information ,provide counselling , psychosocial support and refer them to Victim Friendly-Unit and the Chief’s court. (Key informant1, DSD, 35Years)

Another Social Development officer concurred:

“We do case follow-ups through phone calls, by calling the hospital, the VFU and the clients as well. As the department we always advise the organisations that we work with to sign and write details on the letters we give to clients as referrals to make sure that they have been assisted. Our office also attend the chief’s court in relation to the cases of sexual abuse that we refer. (Key informant 2, DSD, 43 years)

Victim Friendly Unit

The study found out that the Victim Friendly Unit (VFU) works with the Department of Social Development (DSD) and the Ministry of Health and Childcare in providing assistance to survivors. For example, they collect forensic evidence from the hospital and hold the perpetrator accountable for his or her actions. This emphasised through the Ethics of care perspective as it alludes care for individuals that are involved to be done through a holistic approach, recognising the importance of rights and justice (Gilligan, 1982). Thus, the needs of each child involved in an intervention should be considered and addressed.

In support of the above a participant concurred:

“We handle many cases of sexual abuse, some involving both minors, intra-familial child sexual abuse and some comes as a result of child marriage. The hospital provides us with a forensic medical report that stand as proof that the child was violated. VFU is responsible for apprehending perpetrators for the justice of the child to be served. We take the statement of the child and make sure that he or she is comfortable. If the child maybe young to share the information we ask the Social workers at the Department of Social Development to speak to the child so we can write down the statement as the officers can well-built rapport with the child. (Key informant 4, VFU Officer, 35 years)

Chief’s court

The study provided that traditional chiefs within the district of Shamva have taken a responsibility of providing the necessary help towards survivors. They work with the Social Development office by referring cases to their office and also receiving cases from there. The chiefs speak against any cultural practices that infringes the rights of children such as Chiramu, chimutsamapfihwa, virginity testing, kuzvarira, kuripa ngozi nemwanasikana, chisahwira

chemabimbiri, and incest known as chimina or makunakuna. Koggel and Orme (2010) according to the Ethical perspective realizes that ethical decisions should be made in the context of the specific situation and people involved, recognizing that cultural and political context can influence interventions in a society. Fontes (2015) argues that cultural competence is important and there is need for collaboration to address the diverse needs of victims from various backgrounds.

To harness this cultural competence, the chiefs hold trainings and meetings with the village heads and they are mandated to report every case to the authorities, failure to do so is an offence. Hence, a By-Law was made which help enforce the traditional interventions towards handling Child Sexual Abuse (CSA) in Shamva. The By-Law was made with the help of Rozaria Memorial Trust and speaks against all forms of abuse against children. The by-law stand as a guide, stipulating the measures and punishment that is to be given perpetrators. Under this By-Law, every person who violates a child shall be guilty of an offence and shall pay 4 cattle to the family of the victim within three months and if the offender is unable to pay due to poverty, will be employed in paid labour or the family will pay on behalf of the offender.

A participant from chief's court added:

“Isu sedare ramambo tinobatsira vana vanenge vabatwa chibharo kubudikidza nekusunga mupari wemhosva pamwe nehama dzake .Kuroodzwa kwemwana chaiko sekuwirirana kwatakaita nehofisi yehurufeya tinokutora sekubatwa chibharo nekuti mwana anenge asati asvitsa makore anotenderwa pamutemo.Nokudaro takagara pasi neVeRozaria Memorial Trust tikagadzira bumbiro remutemo rinotibatsira kutonga mhosva dzese dzinoparwa kuvana kunyanya chibharo nekuroodzwa kwevana.Bumbiro iri rinotipa simba rekuripisa mombe ina kumupari wemhosva.Mombe idzi hadzisi dzedare asi ndedze varidzi vemwana.Imwe yemombe idzi inoenda kunobatsiridza pamari yechikoro yemwana nekuti anenge akanganisirwa dzidzo

yake. Zvakare nyaya dzinosvikira kudare dzisati dzaenda kuhurufeya dzinobva dzatosvika mumaoko ehurufeya nekuti hatina dare ratinoita vasipo. Uyezve munzvimbo ino yeShamva hatitenderi tsika dzaiimbotendwa kare dzinosanganisira chiramu, chimutsamapfihwa, kuzvarira, kuripa ngozi nemwanasikana nechimina nekuti dzinodzvanyirira kodzero dzevana.

Translate “As the chief’s court we help survivors through summoning the perpetrator and his relatives. We have agreed together with the Department of Social Development that child marriage is also a form of sexual abuse as the child will be still a minor. To buttress this, we managed to make a By –Law with the help of Rozaria Memorial Trust which we use in our court cases. The By-Law mandates offenders to pay a reparation of 4 cattle to the family of the victim, one of the cattle is supposed to cover for the school fees of the child. Those cases that reaches our court first before reaching the Social Development Office, are also handled respectively by the Social Development officers as we always conduct our court sessions with them being present. We also managed to banish all harmful practices that infringes the rights of children within our district such as chimutsamapfihwa, kuzvarira, kuripa ngozi nemwanasikana and chimina. (Key informant5, Chief’s court, 50years)

This was supported or evidenced by one of the parents of the survivors who concurred:

I reported my child's case to the Chief's Court .The chiefs in Shamva are really helping us because normally in such cases no man would want to marry our daughters so the payment of cattle is serving justice to our daughters. (Parent2, 45 years)

Role being played by the Community Childcare Workers (CCWs)

The researcher found out that CCWs are playing a pivotal role in handling child sexual abuse cases in the district of Shamva. Their responsibility is to take care of children within the

communities and they stand as the eyes that observe what is happening within their communities on behalf of the Social Development office. They are supposed to monthly report to the Department of Social Development. They refer or accompany survivors to access the required services to the service providers. Myers (2017) alludes that CCWs plays a crucial role in coordinating investigations, providing support services and promoting healing for child victims. Brown and Mazara (2017) found out that Community Childcare Workers are a part of the National Case Management System (NCMS) plays an effective role in handling child sexual abuse. They have a motto “Vana ndevedu tese” in Shona which encourages them to help children within their respective communities, they also stand to support and educate parents on how they can support the survivors. This is in relation to what is encouraged by the care perspective theory as it realizes that relationships are central to our well-being and placing great importance on them is crucial. Koggel and Orme (2010) believes that relationships are also between individuals and their communities, hence CCWs are enhancing relationships in their communities through their voluntary services.

In relation to the above information one of the CCWs said:

“Ini semuCCW uye semumwe weDare rinoona nezvavana munharaunda mandigere, ndinoshanda nevana vanenge vabatwa chibharo pamwechete nevamwe vangu takawanda. Dunhu rega rega rine maCCW uye rine dare remaCCW rinotungamirira kuchengetedzwa nekumirira vana. SeDare tinobatsirana nevamwe vedu kubatsirana kuronga mazanao panyaya dzevana dzinenge dzichinetsa. .Tinoshanda nemazwi edu anotikrudzira kuita basa ekuti “Vana ndevedu tese” kureva kuti hapana mwana watinoti haasi wedu.Nokudaro kunyangwe mwana akauya achitaura kuti abatwa chibharo pasina rutsigiro rwevabereki vake tine simba rekumuperekedza kuchipatara, kumapurisa nekuhurufeya. Tasvika kuhurufeya mwana anozoendeswa kune vanhu vanochengeta vana mudzimba dzavo uku vachifanoongorara nyaya

yemwana kuitira kuti mwana achengetedzeke nekuti kazhinji kana chiri chimina vabereki havamire nevana vavo.

Translate” *Me as a member of the Community Childcare Worker’s Committee, I work with children who have abused sexually together with other CCWs. Every village has CCWs and a committee for each ward which stand to make decisions on cases that maybe needing a collaborative approach. We are encouraged by our working motto “Vana ndevedu tese” meaning that if a survivors reports to us without the support of parents , we have the power to assist the child without them , by taking the child to the hospital, police and the Social Development office where the child will be put under foster care while the proceedings of the case will be conducted for the safety of the child , because in such instances involving incest parents usually do not support their children.* (Key informant 6, CCW, 35 years)

Opinions of Survivors and parents on the provision of the interventions

With the help of the participants the researcher was able to understand that survivors and their parents were satisfied with the interventions that are offered towards helping sexually abused children and realised that some of the interventions are effective and some are still lagging behind.

One of the participants added:

“Sekuona kwangu rubatsiro rwatinowana runotishandira mumatambudziko atinosangana nawo nekuti nyaya yangu yaive yakaoma, ndakabatwa chibharo nemurume waamai vangu, pandakaudza amai vangu, havana kumirawo neni asi vakandoti ndisawane newandinotaurira nokudaro hapana kana aida kundibatsira. Ndakakwanisa kubatsirwa nemuCCW, akaenda neni kuhurufeya, uko kwandaiwana rubatsiro ivo vachironga kuti ndiwane kwandinonogara nekuti ndakanga ndisina kwekuenda, amai vangu vakange vazviuraya. Izvi zvakandikanganisa zvikuru, handina kukwanisa kuti ndinge ndiri parufu rwavo handina kukwanisa kunge ndiripo

asi ndakafara kuti ndakanga ndisiri ndega vanhu vehurufeya vakanga vaineni vachitaura neni. Vakaendiendesa kuti ndinogara kuPonesai Vanhu, ndikatvagirwa nzvimbo pachikoro chandiri kudzidza iko zvino, vakandiisa muBEAM.

Translate “I can confidently say that the interventions are effective in addressing our issues because my story was complicated, i was severally abused by my stepfather and when i told my mother she did not protect me instead she asked me not to tell anyone so when the case came to light no one was willing to support me such that when i went to get assistance i only had a CCW with me. When we reached the social development office, while i was receiving other services, they were organizing for a place for me to stay since my mother had committed suicide and the situation at home was tense as no relative was willing to stand with me. This really affected me as I could not attend her funeral but I didn’t face this alone as the social welfare placed me at Ponesai Vanhu Children’s Home, there they find me a place to attend my education as well, they registered me for BEAM . (Child 2, 16year)

Another child concurred:

“Ini ndinonzwa mumoyo kuti rubatsiro rwandakawana panyaya yangu rwakandishandiranekuti ndakanga ndabatira pamuviri pemukomana wangu, akandimanikidza kuita bonde naye akabva atiza asi mapurisa akamubata. Dare ramambo Bushu rakaedza nepese parinogona kuti aripe mombe ina kuvabereki vangu neimwe yekubatsira padzidzo yangu nekuti akange azvikanganisa. Vabereki vangu vakanga vakatsamwa zvikuru, vaisada kuti ndichengete nhumbu asi mushure mekunge vataurwa navo nevehurufeya vakabvuma kuti ndiyichengete. Dare ramambo rakakomekedza muridzi wemwana kuti atenge zvinhu zvemwana izvo zvaanga achaendea kuhurufeya nekuti aisatenderwa kusanagana neni. Izvezvi mwana wangu atokura, chikoro ndakazopedzisa uye Vanhu vehurufeya vanopota vachindibatsira nekutenga mukaka wemwana nekuti muhoma.

Translate “*I feel in my heart that the interventions that were provided towards my case were effective because I got pregnant for my boyfriend .He forced me to sleep with him and ran away but the police apprehended him. Chief Bushu’s court also made sure that he payed 4 cattle to my parents including one for my education as he disturbed my education. My parents were very angry and did not want me to keep the pregnancy but fortunately after receiving counselling from social welfare they agreed. The chief’s court also encouraged the baby’s father to take care of the preparation of the child, which he was to submit to the social welfare as he is not allowed to meet me.* Now my child is growing bigger and the Social Welfare Office support me and buy milk for the child. **(Child 3, 17year old girl)**

Another case involving 3 boys who were sodomised in the Chigure cult came to surface as one of the child supported the notion mentioned by other participants as they view the interventions to be effective in addressing the needs of survivors. The child said:

“Ndaitya zvikuru ndaisaziva kuti ndoitasei, takabatwa chibharo vakatimanikidza kuti titevedzere zvavakange vaita, taibuda ropa uye takanga totya kudzokera kumba. Ini nehsamwari dzangu takajoyina Zvigure.Takanga tisingazive kuti vachatibata mabatiro avakatiita, vakatiudza kuti ndizvo zvaitarisirwa kuti munhu aite kana achida kuva mumwe wavo, vakatimanikidza kufamba pamarasha tisina kupfeka, ndichitori nemavanga pasi petsoka dzangu.Ndakanotaurira muCCW wemubhuku redu, akaendesa nesu kune vabereki vedu akataura navo, takaperekedzwa naye nevabereki vedu kuchipatara, kumapurisa nekuhurufeya.Takarapwa pachena mumwe mukoti akatuara nesu. Vabereki vedu vakapihwa ruzivo rwekuti vasaende kuno vavhunzurudza maererano nenyaya asi vasiire mapurisa basa ravo.Mapurisa akazokwanisa kubata vakuru veZvigure vakavaisa mujeri. Ndakafara nekuti zvakabva zvarambidzwa munharaunda namambo and tavakukwanisa kufamba zvakanaka tisingatye.

Translate “I was really scared and did not know what to do as they severally sodomised us and forced us to do it too, we were bleeding and afraid to even go home. My friends and I joined Zvigure, we did not know that they were going to behave like that with us, they said it is part of the initiation ceremony forcing us to tread upon hot charcoal whilst naked. I still have scars under my feet. I told one of the CCWs in our area who took us and spoke to our parents, she accompanied us to the hospital, the police and Social welfare office where we were assisted. We were treated free of charge at the hospital a nurse spoke with us and our parents. Our parents were advised not to confront them but wait for the police to do their work. The police managed to apprehend their leaders and were put behind bars. I was as happy as the cult was banned by the chief and now we can walk freely. (Child 4, 15 year old boy)

During the focus group interview one of the participant reportedly said:

“Ini ndinotenda zvikuru nerubatsiro rwandakawana asi handina kufara pamusoro perubatsiro rwandakawana kumapurisa ndinoshaya kuti zvinombofamba sei kana vachiti mwana wenyu ane makore 16 nekudaro ane kodzero yekuita bonde apa vehurufeya vanenge vachibvuma kuti mwana akanganiswa uye kuti achiri mwana uye hasati ava kutenderwa kuita bonde. Dai risiri dare ramambo Bushu tingadai tisina kana chimiro munharaunda matigere.

Translate” I give thanks a lot to the help I received but I was not happy with the kind of assistance that I received from the police and I do not understand why and what they mean when they say that your child has 16 years and has consent to have sex while the Social Development office agree that the child was molested as she is still a minor who is not allowed to consent to sex. If it wasn't for Chief Bushu's court we may have lost our image in our community. (Parent, Female, 35 years

Another participant went on to add that:

“Ndakashamisika kunzwa vekuchipatara vachiti ndaifanira kunotsvaga mari yekutenga mushonga nepregnant test kupharmacy nekuti chipatara chakange chisina. Ndakazofara kuti vehurufeya vakanditumira netsamba kuhofisi yeMusasa uko ndakapihwa mari yekuti mwana wangu abatsirike.

Translate “I was shocked to hear the people from the hospitals saying that I was supposed to find money to buy medicine and a pregnant test from a nearby pharmacy because the hospital did not have it. Though, I got happy when the Social Welfare office gave me a referral letter to Msasa where I was assisted with the money. **(Parent, Female 45 years)**

Another participant concurred:

“Ndinoona hofisi yeSocial Development sekunge inobatsira zvakanyanya pakugadzirisa nyaya yesexual abuse mudistrict nekuti vanoteera kutauro kwezu, mwanasikana wangu akakanganiswa nemwana wemuvakidzani wangu ane 20years.Nyaya yacho yainetsa nekuti mumashure ndakanga ndabva ndabva kunetsana nababa vemwana iyeye pamusoro pekuti ndakanaga ndaona mwana wavo muruvanze rwangu kasingapere achitaura nemwanasikana wangu.Vakaramba mhosva yemwana wavo , vakati takange tagadzira nyaya kuti tishatise zita ravo. Vehurufeya vakataura nemwana wangu, vakatitumira kuchipatara kuti mwana agoongororwa, kwazvakabuda pachena kuti mwana akange abatwa chibharo, kubudikidza nerubatsiro rwemapurisa mukomana iyeye achiri mujeri.

Translate “I found the Social Development office to be helpful in handling Child Sexual Abuse cases in the district as they listen to us, my daughter was abused by my neighbor’s son who is 20 years of age. The case was complicated as earlier on I had had an argument with his father as I had seen him several times in my yard talking to my daughter and I shouted at him. They denied the allegations saying that we fabricated the story just to taint their name. The social welfare interviewed my child, referred us to the hospital for medical examination where it was

proved that my child had been abused and with the help of the police the boy is still in jail.

(Parent, 46years)

As indicated above, Survivors get access to a number of services within the district of Shamva. The procedure of getting the services does not matter where the child receives first as all of the services providers mentioned above have knowledge of how Child Sexual Abuse cases should be handled. There is decentralisation of services within the district as the Chiefs within the district also are playing a pivotal role in helping children who have been sexually abused. One can also say that the chiefs are helping in restoring the dignity of the family of the child as her name may have been dragged in the muddy and may be facing discrimination from the society. This is supported by Hong et al (2022) who argue that victims often face discrimination from their communities and may be blamed for their misfortune. It seems that participants are happy with the help their getting through the interventions such as counselling, psychosocial-support and referrals to other organisations however they are sad about the confusion that exists between the Social Development Office and the VFU regarding the age of consent. The Department of Social Development believes that any child below the age of 18 is a minor and anyone who have sex with the child with or without her consent has abused the child and must be hold accountable.

In addition, this they do in regards to a bill that was passed which the Police takes a period of a year to initiate. This was also acknowledged in the study done by the National Center for Victims of Crime (2018), an American non -profit organisation, as it found that there is conflict among the relationship between law enforcement and child protective services in child sexual abuse cases which hinder effective intervention and prosecution of child sexual abuse cases. Furthermore, it can be mentioned that the kind of interventions that are in place towards handling sexual abuse cases in Shamva are in coherence with the ones that were found to be

effective in handling Child Sexual Abuse cases by the International Journal of Human Rights (2015) on the effectiveness of the response of the government towards child sexual abuse and evaluated that the with the help of NGOs and community based organisations which provide counselling, medical and legal support to victims, many cases are handled. Though, Nhemachema (2014) interviewed social workers and survivors in Zimbabwe and learned that these interventions are not always effective. This, in this study was also found in this study as participants complained regarding other interventions such as those offered by the health sector. Mazarura et al (2015) found that the interventions offered by the Ministry of Health and Child Care (MoHCC) are not always effective due to lack of resources.

Moreover, from the above provided data from the participants, it seems that not only girls get abused but boys as well hence the interventions possibly are universally- oriented. However, the nature of child sexual abuse interventions can go beyond what the services users are appreciating as they think what they are being offered is the only best whereas there can be more. For example, just banning cults and cultural practises that expose children to harm without doing monitoring and evaluation is never enough, holding Mobile One Stop Centres, offering counselling, psychosocial support and referring the clients without a consistence case following up also is not enough. The nature can extent through having survivors support groups, employment of social workers at each of the public systems and having multiple sessions with the survivors at individual level.

4.1.2 Positive aspects of the current Child Sexual Abuse interventions in the district of Shamva

The findings of this study also highlighted the strengths of the interventions that are implemented by the key players towards sexually abused children in Shamva is that the interventions are provided for free and that the referrals pathway is efficient as agencies are closeby. Thus, all the services can be accessed within 24hours provided the children that gets

assistance are those that actually come and seek for help and most likely a number of survivors suffer in silence and may not end up getting assistance reaches all the agencies in time.

A Free of charge kind of Services

One of the participants concurred:

“Our services towards sexually abused children are provided for free and case follow-ups are done to trace if the child has had access to all the required services and know how the child may be doing through phone calls and no charge is done by our clients. We have trained CCWs who help clients access services for free as well. (Key informant 1, DSD, 37 years)

This is supported by another participant from the hospital who said:

We always provide medical services towards the children who have been abused sexually free of charge including counselling. (Nurse, Shamva Hospital, 35 years)

Parental Education

The Social Development office provide parental education by providing them with parental skills to the parents or caregivers of the survivors to help them support the children. This is important as the Ethics of Care perspective recognize that relationships are important and in this case social workers are realizing its importance, hence educate them so as to enhance the relationship between the child and the parent.

One of the parents said:

“Ndakadzidziswa kuti ndirambe ndichimira nemwanakomana wangu, ndichitaura naye, kutererawo pfungwa dzake nekumukurudzira kuti azvichengetedze. Izvi zvakandibatsira nekuti ndakanga ndiri munhu anga asina nguva nemwana wake and ndirikufara kuti kunyangwe zvakanga zvakadai mwanawangu haana kutya kundiudza zvakanga asangana nazvo. Iko zvino tave nehukama hwakanaka , tave kutaura uye zvakandibatsira kuti ndiwane mukana wekutowonawo kuti mwana wangu anogona kutita zvinhu zvikurusa.

Translate “*I was taught and encouraged to keep supporting my child, talk to him, listen to his views and encourage him to take care of himself. This helped me as earlier on I never used to have time for my child and I am happy that he was able to share this problem with me despite all this and now we talk and spend much of time together, this has made me realise how much potential my child has.* (Parent 3, 42years)

Another parent also concurred that:

Ini ndakakurudzirwa kazvinj, ndaigara ndichingotuka nekushora, mwana wangu zvekuti mushure mekudzidziswa marerero andinofanira kuita mwana ndakazoona kuti pamwe kufoira kwake yaive mhosva yangu. Ndaive ndine hashu nekuda kwemaberekero andakamuita, zvaikonzera kuti ndiite sendinomuvenga zvinova zvakaitsa kuti mwana wangu ave kure neni zvekuti dzimwe nguva ndinotombochemba kuti imhosva yangu kuti mwana akasangana nezvakadaro. Vehurufeya vakandikohomekedza kuti ndigadzirise panoda kugadziriswa kuti pamusha pave nemufaro, kuenda kuchikoro kwemwana ndichinzwa kuti arikudzidza zvakanaka here. Vakandikurudzira kufonera kana kushanyira hofisi yavo kana pane zvinenge zvanetsa.

Translate “*I was encouraged a lot I used to shout at my child, calling her names, belittling her such that after receiving some teachings on how I should raise my child, I realized I may have been a cause to her poor performance at school. I was angry because of the circumstance at which I gave birth to her, such that I directed it towards her, it seemed like I hated her , this even made her become so distant. Sometimes I even cry and I blame myself for what happened with her .They encouraged me to create a safe environment for my child to ensure her safety and even visit her school, consulting her teacher to check how my child will be doing. The Social Development office told me to visit or call if i face any challenges regarding my child.* (Parent 4, 32 years)

Collaboration of institutions towards Child Sexual Abuse

The study found out that Child Asexual Abuse (CSA) in Shamva District is handled in a collaborative manner, whereby both governmental and non-governmental organisations stand to provide assistance towards survivors including schools. The Department of Social Development being the custodian of children work with school heads, chiefs, child protection committees, Victim Friendly Unit (VFU), Ministry of Health and Child Care (MoHCC) and some local NGOs such as Msasa, REPSSI, FAWEZI and AWET these mostly compliment the work of the government institutions by providing psychosocial support services through funding. Thus, as alluded by the Ethics of Care perspective that caring manifests at different levels such as nuclear and extended families to local, national and transnational communities (Robison, 2010). It can be said that this collaboration reflects the care of these institutions towards Child Sexual Abuse (CSA). Matisa (2018) found that interagency collaboration and coordination are essential in responding to child sexual abuse cases. A study by Che Yusof et al (2022) found out that School-based child sexual abuse interventions in Africa have been effective in handling sexual abuse cases in collaboration with the Non-Governmental organisations.

A participant said:

We always confirm with the VFU system on every Child Sexual Abuse case to learn whether the child and the parents have reached their office or not. The department always encourage clients to bring feedback from each of the agencies they are referred to. For example if the client is referred to the hospital he or she is required to come back from the hospital with a medical examination letter and then is referred to VFU where he or she is required to bring feedback from as well. This is essentially done for progress checking. (Key informant2, DSD, 31 years).

This is supported by one of the parent who said:

I am very happy with the kind of services we receive within our district as they are very patient and understanding. When i visited the Social welfare they were about to close their office but they were very kind to me and my child. I agree we did not receive all the services, they gave us referrals letters and the following day we visited the hospital and the police on time. (Parent 5, 34 years)

Cultural Sensitivity

The study found that interventions towards children who have been sexually abused are culturally sensitive, meaning the pay attention to the fact that sexual abuse can affect the social –cultural environment of the child. Thus, the chief’s court stand to restore the honor and dignity of the girl child and her family. The perpetrator is mandated to pay 4 cattle to the family of the child. Sarah (2011) found that factors such as culture and social norms play a significant role in the prevalence of child sexual abuse.

“Isu sedare ramambo takaona kuti vana vazhinji varikukanganiswa munharaunda hongu mapurisa arikusunga asi vabereki vemwana vanosara vaine ronda nekuti mwana anenge akanganiswa uye kutya kuti hapana anozoda kuzoroora mwana wavo nokudaro takaona zvakakodzera kugadzirisa nyaya pachishona nekuripisa mombe nhatu kuitira kuti mwana asave anopihwa zita rakaipa mangwana.

Translate *“As the chief’s court we saw that many children are being abused in our area, yes the police are apprehending the culprits but parents will still be in pain as their children would have been violated and some are even scared that at some point their child will not find anyone willing to marry them, thus we saw it deem and necessary to rewrite their story through culture, they culprits pay the damages in form of cattle so that the child won’t have to be called with certain names. (Chief’s court)*

In relation to the above information that has been provided by the key informants, it can be deduced that Child Sexual Abuse interventions are meeting the needs of the survivors as they ensure the safety of the children and provide the services under the non- discriminatory principle. This is encouraged by the Ethics of Care perspective which states that focus should be on understanding the unique perspectives and experiences of an individual who in this study is the survivor. Further, the government ministries within the district of Shamva are playing a pivotal role in making sure that services are provided to the survivors as stipulated in the Protocol on the Multi-sectoral management of sexual abuse and violence in Zimbabwe (2012) which states that all government ministries and departments that are signatories to the protocol and Civil Society Organisations committed to the management of sexual violence and abuse are bound or obligated to assist children in need of Child Sexual Abuse services.

4.2 GAPS ASSOCIATED WITH CHILD SEXUAL ABUSE INTERVENTIONS IN SHAMVA.

Focusing on the above mentioned objective, the researcher wanted to understand whether there are also gaps that associated with the current CSA interventions within the district of Shamva. This was important as it would allow the researcher to see how effective the interventions are in meeting the needs of the clients in question (child sexual abuse survivors). Hence the findings below show the gaps that are around these interventions.

Limited case follow-ups

The Social Development officers brought up the importance of case-follow ups in handling child sexual abuse as it is crucial for overcoming trauma associated with sexual abuse. Delivering such an important intervention is a challenge for the district due to network challenges and lack of a well- functioning vehicle for home visits. For this, the department have to rely on the CCWs who sometimes may fail to do the assessments as per the ideal way

of performing them. Hlongwa et al (2013) found that cognitive behavioural therapy is effective in reducing symptoms of PTSD in sexually abused children. This, the social workers are not able to do with only a few sessions with the child.

One of the key informants said:

Sometimes we fail to make follow-ups on every case that we have received in time as some clients may not be geographically accessible making it impossible for the office to even do home visits to assess the current environment of the child. (DSD Officer)

Lack of resources

The department also do not have a well-functioning vehicle to visit the clients. Further, there is lack of infrastructure at the department as we only have 2 small offices making it difficult to keep cases confidential. For instance there are occasions where we receive a big case load of sexual abuse cases such that we end up doing the interviews outside the office. (DSD officer1, 37years)

Limited places of safety

Places of safety hold a significance in ensuring the protection of survivors as per the requirements of the guiding frameworks that stand to promote child protection. For example, the NAP for OVC demands that child protection issues including sexual abuse to be handled sequentially with the sixtier system, with the institutionalization care as the last resort which in this case seem to be a best resort for many cases as assessments would have shown that a survivor is not safe being in the hands of the extended family.

Another officer from the Department of Social Development added:

We often face a challenge in terms of placing a child to a place of safety as we only have Ponesai Vanhu Children's home and SOS Children Villages and there are already full and have no space to accommodate other children hence we end up taking the child to a foster

parent for in the event of case proceedings as fostering the child for good is a challenge as no resources are given to the foster parents. (DSD Officer 2, 31years)

Weak law enforcement

The study found that enforcing the law towards handling child sexual abuse cases in Shamva has become a challenge due the age of consent. The police regarded a 16 year old child to have consent to sexual activities while the Department of Social Development (DSD) sees an 18 year old as having consent to sex. This clash was beyond the control of the police as they are permitted to enforce a bill after a year of consideration by the public. The African Child Policy Forum (2013) also found that Zimbabwe poorly on the provisions made in national laws for the protection of children. A study by Luswata et al (2011) in Uganda found that law enforcement responses to Child Sexual Abuse (CSA) does not meet the family's needs. Nkhoma et al (2019) researched on the frameworks in Zimbabwe especially the Friendly Unit Courts and found out that they lack capacity to implement the law. However, it is now after the President Emmerson Munangagwa decided to amend the criminal code and set the age of consent at 18, after a legal gap had enabled pedophiles to escape justice that perpetrators who have sex with a minor are facing 10 years in prison in Zimbabwe.

Child sexual abuse has become a normal norm

Under this challenge the study found that people are now mistaking the gesture of the chiefs to reparate the girl child's owner as a way to claim the child as a wife because they have payed cattle for her. Thus, instead of repenting from their actions they spread a gospel having married the child and are just waiting for an opportunity to claim her. The Ethical care perspective reckon that those in power are mostly likely to threaten those that are weak and in this case, the survivor is prone to be exposed to further harm from the perpetrator. Russell (2000) found

that power imbalances between adults and children contribute to the prevalence of child sexual abuse.

A parent had to add that:

“Ndinotenda kuti dare ramambo riri kubatsira kugadzirisa nyaya dzekubatwa chibharo kwevanasikana asi chave kurwadza ndechekuti vanhu ava vave kutojairira kuita zvavanoda nevana vedu vachivapa pamuviri nekuti vanongoti tinongonoripa zvopera. Vmawe ndivo vakutoona sekunge vakatobvisa roora zvekuti chero pavadira vanoshurudza vana vaedu zvekare vachiti nekuti ndakamubvisira mombe.

Translate “I agree that the chief’s court is covering the gap that the legal sector is failing to really address, but now people are getting accustomed to the behavior of sleeping and impregnating our children as they can just pay for the damage they may have caused. Some are seeing it as a way of paying bride price and they soon start to regard the child as a wife for which they payed cattle for.”(Parent 1, 31 years)

Another parent said that our children are getting abused more as the perpetrator threaten them and manipulate them with statements like I will wait until you reach 18 and then claim you as my wife as I have already paid for the bride price. (Parent 2, 42 years)

Poor health service delivery

There is limited access to equipment within Shamva hospital which is needed to assist survivors. The study found that sometimes survivors do not get pregnant tests done as there will be no test kits. Moreover they also do not get tested for other STIs, forensic examinations that are done to only see if the child was violated or not, they do not test for the DNA of the perpetrator. Berger et al (2008) mentioned lack of funding for forensic interviews as a challenge in handling child sexual abuse. Satkunanathan et al also mention that there is lack of adequate

health services towards sexually abused children in Kenya due to lack of expertise among the workers.

Another participant from the hospital said:

We have a challenge of lacking enough resources to provide services to the survivors as we often lack pregnancy test kits such that the child is likely to go back without having full access to the services. Sometimes the Social Development Office help by buying them for the children but in many cases children go back without fully assisted. I can also say that it is difficulty to assist the children in time as most of the cases are reported after 72hours or even after some months and some of them maybe pregnant already and terminating the pregnancy is beyond our control. In such scenarios there will be no need for PEP and the child will be forced to carry the pregnancy. (Nurse, Shamva hospital, 35 years)

A Victim Friendly Unit officer said:

“We have a challenge with the health services as their expertise is limited, they cannot provide us with forensic reports that can help us apprehend the accused. (VFU)

One of the parents said:

Limited coverage

The researcher found that support services are not reached by many as they live far away from the service providers. In other words if they want to access them they will take time to reach them and it cost them. The participants acknowledged that mobile one stop centers help them reach a number of survivors but they are limited as they cannot do them in each ward due to lack of funds. Muridzo et al (2018) found that there is limited coverage of services towards survivors in Zimbabwe due to lack of funding. Thus, a number of cases are not solved since not every survivor get to report their case.

“We are failing to reach out to other areas, most parts of the district cannot reach the services on time as they live far away, and we do not have semi- offices that can at least support

survivors at grassroots level. Due to lack of funding, the department relies on the support of Msasa through Mobile one Stop Centres however, the coverage is limited. (DSD Officer)

A parent added:

“Zvinotinetsa mudunhu redu kuti tirambe tichiuya kuzobatsirwa nekuti kwatinogara kure nechipatara, mapurisa nehofisi yeyehurufeya saka kazhinji tinozoregedza kuuya nekuti mari yekukwirisa mota tinenge tisina

***Translate** ” It is difficult for us in our village to keep accessing the services that are provided as we live very far from the service providers in the district, this cause us to give up as we may not have money to keep coming. (Parent3, 37 years)*

In support of the above mentioned information another parent said:

“Tinotadza kuwana rubatsiro nenguva nekuti tinogara kure nokudaro vana vanozobatsirwa mazuva acho anotaurwa kuti abatsirwe atodarika, Ini pachezvangu ndakanga ndisina mari yekuperkedza mwana wangu akakanganiswa pandakazoenda nemwana kuti abatsirwe akawanikwa atove nepamuviri pamusoro pazvo vakarambidza kuti mimba yacho ibviswe

Translate “We fail to receive the help we need for our children as all the offices that provide them are very far and this a disadvantage to us because our children are getting assisted after 72 hours. I personally did not have money to accompany my daughter who had been abused as i did not have the money for bus fare. By the time I went to seek the services my child was found already pregnant and they refused to terminate the pregnancy. (Parent 4, 41 years)

Incompetence

The study found service providers lack competence which impede the effect of their interventions. For example, the Community Childcare Workers (CCWs) though they are said to have been trained to work with children, some of them are incompetent as they neglect their

duties. Clients with speech impairment and hearing impairment mostly do not receive quality of services as the service providers lack the skills to interact with them and rely on the people that may have accompanied them. Matne et al (2000) states that professionals working with survivors may unintentionally cause secondary trauma if they lack training and experience. Muridzo et al (2010) found that Victim Friendly System professionals lack sign language proficiency which hinders their service provision towards victims that have speech and hearing impairment.

In support of the above one of the CCW said:

“Ndinonetseka pakushanda kwangu nevana nekuti dzimwe ngauva ndinenge ndisina mari yekuti ndikwire kuenda kuhurufeya, vamwe vangu havadi, asi vaka zvipira vega kuita basa nokudaro handinzwisise kuti nei vasingachaiti basa racho. Dzimwe nguva ndinotobatsira vana vanenge vatori kure neni.

Translate *“I face a challenge in bringing survivors to the Department of Social Development to access to services as i don’t have money for bus fare. Moreover, we are great in number but some of the CCWs are not willing to assist these children so i end up even standing up for children that are far from my area whilst there are other CCWs in the area. (CCW, 35 years)*

In comment to the above information provided it can be said that there are a number of interventions towards Child sexual abuse in Shamva District, however there a lot of gaps which may render these interventions as not effective enough as they lack in terms of confidentiality, serving the best interests of the child and law enforcement. Further , committing the child in a place of safety if it is done seemingly sounds like a riddance as there are no enough resources and no visits are likely to be done by the Social Development Office to see if the children are doing well or not due to lack of resources. This is very detrimental to the life of the child as he or she having a trauma is denied the chance to equally heal due to the environment around him

or her. Further, the district's interventions are mostly offered at the district center whilst at grassroots level there are no mini-offices that can provide sexual abuse services. Ndoma (2023) found that availability of support services for vulnerable children is limited in Zimbabwe. This is a challenge which inhibits the service user's ability to receive assistance in time. Another point to note from the above findings is that there is incompetency at community level amongst the Community Childcare Workers and the Child Protection Committee as some are failing to put the best interests of the child first before theirs. This might be caused by the fact that they are not motivated enough as what encouraged by Maslow's hierarchy of needs since most of this work is voluntary. Trivedi and Mehta (2019) argue that motivation is one of the most critical variables in improving productivity, reviving up performance and attaining organizational objectives at minimal cost. Hence it can be said the effectiveness of the CSA interventions is also based on the ability of the volunteer's performance.

4.3 SOCIAL WORK INTERVENTIONS TO IMPROVE CHILD SEXUAL ABUSE INTERVENTIONS IN THE DISTRICT OF SHAMVA.

During the interviews the participants provided possible solutions that can be applied by social workers to improve child sexual abuse interventions in Shamva. This is important as it allows room for social workers to enhance their practice in handling sexual abuse cases within the district or even other areas. The findings are noted below.

Fostering collaboration

One of the participants said:

I think that they need to continue working closely with community members, leaders and organisations by conducting community awareness campaigns, organising workshops and engaging the communities in preventing and response effort. (DSD Officer, 37years)

Another DSD officer supported this and concurred:

We need to keep fostering collaboration with other stakeholders that are involved in handling Child Sexual Abuse for sharing of information and establishing protocols to harness effective client service provision. Further there is need for social work interventions towards survivors to create room for advocacy for policy changes that address the root causes of Child Sexual Abuse and improve our response system. (DSD Officer, 31 years)

Empowerment of survivors and parents

In this study participants provided a suggestion which can help enhance the social workers' intervention in dealing with child sexual abuse, empowering survivors and their parents was mentioned as a social work intervention. Likewise, Manhelm et al (2019) supports that it is necessary to provide children with information on sexual abuse as early as possible to increase their protection, prescribing the group method which can best address the issue and is appropriate for reaching a number of children. Guo et al (2019) states parents and guardians must be engaged as part of interventions in addressing Child Sexual Abuse (CSA). The Ethics of care perspective also view parents and guardians to be crucial in dealing with children and in this case survivors can overcome their trauma with the support their support as that of services providers maybe limited since they are not always in their care.

One of the survivors suggested:

“Ini ndinofunga kuti vanofanira kuramba vadzidzisa vana vanenge vasangana nedamudziko rakaita serangu iri pamwe chete nevabereki munharaunda neruzivo rwekodzero dzevana pamwe chete nerubatsiro runopihwa vana.kuitira kuti vana vazhinji vabatsirikewo.

“I personally suggest that they need to keep empowering survivors together with the parents in the communities with information about our rights and the services that can be offered towards us so that many well children can be helped as well. (Child, 16 years old girl)

Advocacy

Under this suggestion a participant concurred:

“Ndinofunga kuti vanofanira kuramba vachitimirira kuti mwana wese akwanise kubatsirwa zvakanaka nekuti vamwe vana vanotya kutaura vachitya kusekwa nevamwe uye dzimwe nguva zvinopedzisira zvoita sekunge imhosva yedu kuti takabatwa chibharo

“I think Social workers need to continue advocating for the needs of survivors and ensure each of us have access to the necessary services. This is because some are afraid to come through as they fear that others will laugh at them and sometimes it may seem like it is their fault that they got violated. (Child, 17year old girl)

Create a conducive environment

To support the above a participant said:

“Hazvina kundiitira mushe kutaura nyaya yangu ndiri panze kuSocial Welfare, havana mahofisi akawanda kunyangwe havo vakatisimbisa kuti hapana zvakashata zvaizoitika. Nokudaro ndinofunga kuti vanofanira kuedza nepavanogona kuti pave nezvimbo dzakanaka dzekushandira kana kuvaka mamwe mahofisi

Translate “I wasn’t comfortable sharing my story outside the social welfare office as they have no enough offices, although we were assured that we were safe. I think social workers should create a more conducive environment for service provision. The department should build more offices. (Child, 15 year old girl)

Support groups

A participant expressed:

I have read somewhere where it was encouraged that survivors need to attend support groups and I think that the district need to practice this as well as I never attended any support group. Sharing our experiences together can help us heal as it is difficult to face it alone. (Child, 16 year old girl)

Educating and training of CCWs

Masilo (2019) also proposed that should educate and train workers about child sexual abuse and handling the challenges that comes with it.

In regards to the above a participant said:

“I suggest that social workers need to continue educating the community personnel whom they collaborate with in addressing Child Sexual Abuse in this district including the Child Protection Committees, the CCWs and the local leaders as some lack the courage to face all the talks that exists around sexual abuse cases. Sometimes we are hated and end up being excluded in community programmes that are supposed to be benefiting us as well. This is because some of them lack the courage to support these children as they will be scared of the perpetrators. (CCW, 35 Years)

Resource mobilisation

Another participant suggested saying:

I think to enhance Child Sexual Abuse interventions in the district, there is need for the Department of social Development to mobilise resources towards sexual abuse. They should seek the support of Non-Governmental Organisations and local based organisations for funds to support the interventions. (Nurse, 35 years)

Awareness campaigns (Mobile One Stop Centres)

A participant suggested:

Mobile one Stop Centres within communities should be done in every ward within the district as it enhances our chance of apprehending perpetrators and many survivors are able to access the required services at one point. Hence social workers need to collaborate more with the Non-Governmental Organisations and budget towards doing mobile one stop centres as they cover a great case load including other child protection issues. (VFU, 35 years)

Lastly one of the participants said:

Continuous assessments

I suggest that social workers have to be well informed with the environmental circumstances of the survivors as some of them are likely to be abused again by the same perpetrator or a different person, sometimes we end up handling a case with the same child as a victim which is very dangerous to the child. So I think that victims should be moved to safer places where they less likely to meet with such animosity. (Chief's court, 43 years)

With the above mentioned findings it can be said social workers need to strengthen community engagement. This they can do through working closely with community members including the local leaders. Engaging local leaders is crucial as they have much influence on the people. This is supported by Mace, Powell and Benson (2015) who argue that it is important to include community involvement in dealing with Child Sexual Abuse (CSA) as its widespread can be addressed firstly at grassroots level. Moreover, the findings also show that there is need to ensure confidentiality when conducting interviews with the survivors because there is no privacy during the sessions due to lack of offices at the Department of Social Development. This can make difficult to build rapport with the client as he or she may be uncomfortable to open up to the service provider. Hence in as much as the worker maybe providing the interventions, the environment setup can impede the results of the interviews as making an assessment of the sessions is likely to be difficult since the survivor may leave out some important information. Ensuring confidentiality as social workers is key especially in cases where one may be dealing with child protection issues as they are sensitive as supported by Romagnoli, Sukaj and Carboni (2011) who argue when handling sensitive issues like sexual abuse ensuring a conducive environment for such cases is very crucial as the set up contributes to the outcome of the session.

Further, it can also be deduced that Child Sexual Abuse interventions in Shamva District are effective as counselling, psychosocial support services, legal services, medical services are

available within the district. However one should not pay a blind eye to the fact that more still needs to be done as the services can be of a more quality provided support groups for survivors are formed, more offices are built to ensure confidentiality, more resources are mobilised towards holding Mobile One Stop Centres, improving medical services provision as sometimes survivors can go back without accessing enough services, lobbying for policies that allows abortion for survivors that may have gotten pregnant and perform home visits to assess how the child may be doing. One can also say that some of these challenges being faced by survivors are beyond the control of the service providers and in such cases it is crucial for the government to intervene and allow the Non- Governmental Organisations to complement its effort as most of their approaches are socialist –ideologically based.

4.4 CHAPTER SUMMARY

This chapter presented, interpreted and discussed the findings of this study in a thematic form. This was done focusing on the objectives of the study. The key issues that were discussed and interpreted in this chapter included: the nature of Child Sexual Abuse interventions within the district of Shamva, the gaps around the Child Sexual Abuse interventions in Shamva District and the possible social work interventions towards Child Sexual Abuse in Shamva. In the next chapter, the researcher will give the summary of the whole study, conclusions and recommendations based on the overall objectives of the study.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter provides a summary of the research study as analysed and presented in the first four chapters. It gives a conclusion and recommendations on the data analysed and presented on the efficacy of Child Sexual Abuse interventions towards sexually abused children in Shamva District, Zimbabwe. The recommendations seek to address researched themes in the study in order to help enhance the quality of services that are provided to sexually abused children in the district of Shamva.

5.1 Summary

This research study established the efficacy of Child Sexual Abuse interventions towards sexually abused children in Shamva District, focusing on the interventions that are provided in the district such as legal aid, medical services, counselling and psychosocial support. The study employed in-depth interviews, key informant interviews and focus group discussions to collect data from 22 participants comprising of 10 children, 5 parents, 4 key informants inclusive of a nurse, 2 DSD officers, 1 from VFU, 1 CCW and the other from the chief's court who directly engage with the survivors. They showed that they have professional experience in handling Child Sexual Abuse interventions hence they provided crucial information to this study.

The ethics of care perspective was adopted in the study to show the ideal of promoting human well-being and preventing harm, emphasising on the importance of caring relationships, empathy and compassion within the tenets of relationships, context, and care and power imbalances. These are crucial for provision of services towards sexually abused children. The theory explains that relationships are of paramount importance when dealing with Child Sexual Abuse as it is central to one's well-being and sense of identity. Context is explained as something that must be considered within the spectacle of ethical decisions depending on the specific situation, meaning that each sexual abuse case should be handled independently

considering the circumstances around it since some cases may require that a child be moved to a place of safety or continue to live with his or her parents. Under the spectacle of care and power imbalances the theory recognise that each survivor's needs in an intervention be considered and addressed while power imbalances, under this theory acknowledges the existence of power imbalances between the child (victim) and the perpetrator and those with resources and those who do not.

The study found out that Child Sexual Abuse intervention in Shamva District are relatively effective and they lack in terms of providing quality of services towards sexually abused children. It discovered that the Department of Social Development collaborates with other stakeholders such as Victim Friendly Unit, Ministry of Health and Child care and the traditional chief's within the district in meeting the needs of survivors. Survivors are provided with counselling, psychosocial support, legal assistance, medical assistance and traditional court assistance from the chiefs. The findings of the study also provided that the members of the Protocol work with Non-Governmental Organisations such as REPSSI , MSASA and FAWEZI which complement its work of fighting against Child Sexual Abuse through Mobile One stop Centres, providing psychosocial support and money to access justice which covers the lunch and bus fare of the clients. However, as mentioned, the services lack quality as confidentiality is mostly likely to be on the line due to lack of infrastructure, lack of a well-functioning vehicle to do home visits for survivors, there is also sometimes lack of equipment at the hospital and some of the mini services providers within the district at grassroots level fail or refuse to see Child Sexual Abuse as case of emergence such that all the survivors are forced to travel to the District hospital to access medical services.

Further in addition to the above, there is a conflict that exists between the Victim Friendly Unit (VFU) and the Department of Social Development concerning the age of consent to sex as the Shamva police still consider a 16 year old to have consent while the Social Development office

considers an 18 year old and above to have consent. The Shamva community seems not to fully ridicule sexual violence against children as the men within the district believe violating girls allows them to catch them at a young age, they have resolute to abusing, impregnating and pay damages at the chief's court. It is more of an easy way out as the child gets to look after the baby in the hands of her parents and the man can now claim the child and the mother when she turns 18. Moreover, the Chigure cult seems to be a source of child sexual abuse in the district, chiefs have tried to ban the practice but the act seems to propagate since many cases are reported. Hence, the researcher deduced that instead of focusing more on providing services to survivors, this social- ill needs to be addressed from the community level through more awareness campaigns. The picture around this is that it seems they are waiting for children to be abused and then give them services whereas the services should exist just in case children are abused but mobilisation and budgeting of resources should be towards ending and reducing this evil being committed against children.

5.2 Conclusions

5.2.1 Nature of Child Sexual Abuse interventions in Shamva District

The survivors have access to a number of services from community level as there are Community Child care Workers (CCWs) and Child Protection Committees (CPCs) who handle child protection issues including sexual abuse and refer them to access more services from the agencies such the Department of Social Development, Victim Friendly Unit and the hospital where they are given counselling, psychosocial support, medical services and supported with legal services for free. Many still do not access these services as they are very far from where they are provided and some do not report because of fear.

5.2.2 Gaps associated with the CSA interventions

In as much as the interventions are helping the survivors there are still gaps which exist among them such as lack of confidentiality due to lack of infrastructure, lack of enough funds to help survivors access services such as the access to justice provided by FAWEZI which can only cover few case yet the case load of Child Sexual Abuse in the district is usually high. Counselling sessions are usually limited since Social Development officers cannot do home visits as they do not have a well- functioning vehicle, hence case follow-ups are mostly done on the phone. There are no support groups within the district for treatment of trauma which allows the victims to share their stories and encourage each other. The hospital also lack in terms of providing quality medical services as it sometimes lack pregnant tests kits.

5.2.3 Proposed Social work interventions towards Child Sexual Abuse in Shamva

Participants for this study were able to propose a number of interventions such as mobilisation of more resources, building more offices, having support groups for survivors and engaging more local leaders in the discussions involving child protection issues as they have more influence on the people.

5.3 Recommendations

The findings of the study that have been presented in chapter 4 on the efficacy of Child Sexual Abuse interventions in Shamva District, Zimbabwe led the researcher to formulate the following recommendations:

5.3.1 The government

- Strengthen legislative laws by reviewing and updating existing laws and regulations related to child sexual abuse
- Implement stricter penalties for offenders to act as a deterrent and promote a culture of accountability

- Develop specialized training for those involved in legal proceedings related to child sexual abuse.
- Launch nationwide campaigns to raise awareness about child sexual abuse, its consequences, and available support services.
- Develop age-appropriate educational materials and integrate them into school curricula.
- Improve Victim Support Services by Increasing funding for specialized for child sexual abuse survivors, including counseling, medical care, and legal advocacy.
- Establish child-friendly spaces and shelters where survivors can receive comprehensive care and support.
- Collaborate with international organizations and neighboring countries to share best practices, resources, and expertise in combating child sexual abuse.

5.3.2 Civil Society Organisations and Non- Governmental Organisations

- Foster collaboration and networking among CSOs working on child protection issues.
- Engage in collective advocacy efforts to influence policy development and resource allocation.
- Promote community-led initiatives that address the root causes of abuse, such as gender inequality and harmful cultural practices.
- Collaboration with Government and engage in constructive partnerships with government agencies responsible for child protection.
- Engage in policy advocacy to promote legal and policy reforms that strengthen child protection measures.

5.3.3 The Department of Social Development

- Have regular meetings and trainings with the CPCs and the CCWs to ensure that they are equipped with the necessary skills and knowledge to effectively carry out their roles and responsibilities.
- mobilize funds towards buying resources needed for effective provision of services such as vehicle, structures for conducting counselling sessions for confidentiality.
- Continue to foster multi-sectoral collaboration with other government departments on child protection issues.
- Ensure that referral pathways are clearly defined, well-communicated within the district and effectively monitored to prevent cases from falling through the cracks.
- Lobby for development of mini-government offices within the communities so that survivors can access the services nearer and child friendly spaces.
- Engage with communities at the grassroots level and raise awareness about sexual abuse and other child protection issues by involving local leaders, parents, business people, task forces that involve in community leadership to help formulate and strengthen community based interventions.
- Should mobilize resources towards supporting foster parents and CCWs for motivation.
- Should monitor and evaluate the information on the prevalence, characteristics, and outcomes of reported cases to help develop informed policy decisions and allocate resources towards Child Sexual Abuse.
- Advocate for the implementation of legislation that provides stronger protection for children and harsher penalties for offenders.

5.3.4 The Victim Friendly Unit

- Should allocate resources towards strengthening victim support services.
- Create a child-friendly and safe environment for interviews such as play rooms.

- Should consistently train to be competent enough, enhancing their interviewing skills such as using child-friendly language and communication techniques.
- Foster collaboration with other relevant stakeholders, including law enforcement agencies, social workers, healthcare providers, and legal professionals.
- Should strengthen its referral pathways, develop a sense of urgency towards sexual abuse cases.
- educate the people on how the office operates as some may be afraid of them
- Should monitor and evaluate on how they are handling the cases, collect feedback from survivors and make necessary improvements based on the findings.

5.3.5 The hospital

- Should make annual budgets towards forensic medical examinations towards sexual abuse cases.
- Ensure that all staff members are trained and follow the procedures consistently.
- Create child-friendly spaces within the hospital to ensure the comfort and safety of child sexual abuse survivors.
- Establish strong partnerships and coordination mechanisms with other stakeholders involved in child protection, such as social workers, law enforcement agencies.

5.3.6 The Chief's Court

- Provide specialized training to the members of the Chief's Court, including traditional leaders and village heads on child protection, child rights, and the legal aspects of child sexual abuse.
- Carry out court cases involving children separate of adult cases for confidentiality and safety.

- Sensitize the community and educate the members on child sexual abuse, its consequences and the importance of reporting such cases.
- Should continue working with other stakeholders in handling sexual abuse cases.

5.3.7 The Community

- Parents should empower their children and give them age-appropriate education and training on personal safety such as” don’t touches”
- Should attend the mobile one stop centers for them to increase their knowledge on the interventions.
- The community should create a supportive environment where children feel safe to disclose abuse, continue to speak against harmful practices.
- encourage children to speak up
- Local leaders should educate and inform people on where and how they should report child sexual abuse.

5.4 Chapter Summary

This chapter highlighted rundown of the findings with a section on conclusions and recommendations to the gaps that were identified. The recommendations focused on strategies that can be used to enhance the efficacy of Child Sexual Abuse interventions in Shamva District, Zimbabwe.

Reference

- Bernauer, J., & Mahon, M. (1994). The ethics of Michel Foucault (pp. 141-158). na.
- Che Yusof, R., Norhayati, M. N., & Mohd Azman, Y. (2022). *Effectiveness of school-based child sexual abuse intervention among school children in the new millennium era: Systematic review and meta-analyses*. *Frontiers in public health*, 10, 909254.
- Coghlan, D., & Brannick, R. (2014). *Doing Action Research in your Organisation*. Washington: Sage Publications.
- Edwards, S. D. (2009). *Three versions of an ethics of care*. *Nursing philosophy*, 10(4), 231-240.
- Fast, E. (2007). *Child welfare response to child sexual abuse: too much or not enough?*.
- Friedman, M. (1987). Beyond caring: *The de-moralization of gender*. *Canadian Journal of Philosophy Supplementary Volume*, 13, 87-110.
- Garbarino, J., Dubrow, N., Kostelny, K., & Pardo, C. (1992). *Children in danger: Coping with the consequences of community violence*. Jossey-Bass/Wiley.
- Koggel, C., & Orme, J. (2010). Care ethics: New theories and applications. *Ethics and social welfare*, 4(2), 109-114.
- Masuka, T., Banda, R. G., Mabvurira, V., & Frank, R. (2012). Preserving the future: *Social protection programmes for orphans and vulnerable children (OVC) in Zimbabwe*.
- McTavish, J. R., Santesso, N., Amin, A., Reijnders, M., Ali, M. U., Fitzpatrick-Lewis, D., & MacMillan, H. L. (2021). *Psychosocial interventions for responding to child sexual abuse: A systematic review*. *Child abuse & neglect*, 116, 104203.
- Miyamoto, S., Thiede, E., Richardson, C., Wright, E. N., & Bittner, C. (2022). *Pathway to healing and recovery: Alleviation of survivor worries in sexual assault nurse examiner-led sexual assault telehealth examinations*. *Journal of emergency nursing*, 48(6), 709-718.

- Noddings, N. (2015). *Care ethics and "caring" organizations*. *Care ethics and political theory*, 72-84.
- Qu, X., Shen, X., Xia, R., Wu, J., Lao, Y., Chen, M., & Jiang, C. (2022). *The prevalence of sexual violence against female children: A systematic review and meta-analysis*. *Child Abuse & Neglect*, 131, 105764.
- Russell, Douglas, Daryl Higgins, and Alberto Posso. "Preventing child sexual abuse: A systematic review of interventions and their efficacy in developing countries." *Child abuse & neglect* 102 (2020): 104395.
- Singh, M. M., Parsekar, S. S., & Nair, S. N. (2014). *An epidemiological overview of child sexual abuse*. *Journal of family medicine and primary care*, 3(4), 430-435.
- Slavin, M. N., Scoglio, A. A., Blycker, G. R., Potenza, M. N., & Kraus, S. W. (2020). *Child sexual abuse and compulsive sexual behavior: A systematic literature review*. *Current addiction reports*, 7, 76-88.
- Slote, M. (2007). *The ethics of care and empathy*. Routledge.
- Thompson, E. L., Zhou, Z., Garg, A., Rohr, D., Ajoku, B., & Spence, E. E. (2022). *Evaluation of a school-based child physical and sexual abuse prevention program*. *Health Education & Behavior*, 49(4), 584-592.
- Tillewein, H., & Cox, D. (2024). *Investigating the implications of sexual assaults with ride-sharing: a call for research*. *Journal of interpersonal violence*, 08862605241237170.
- Townsend, C., & Rheingold, A. A. (2013). *Estimating a child sexual abuse prevalence rate for practitioners: A review of child sexual abuse prevalence studies*. Charleston, SC: Darkness to Light.
- Tronto, J. C. (1998). An ethic of care. *Generations: Journal of the American society on Aging*, 22(3), 15-20.

Walsh, K., Zwi, K., Woolfenden, S., & Shlonsky, A. (2018). *School-based education programs for the prevention of child sexual abuse: A Cochrane systematic review and meta-analysis*. *Research on social work practice*, 28(1), 33-55.

APPENDICES

APPENDIX ONE: KEY INFORMANTS INTERVIEW GUIDE

My name is Happiness Musarandega .I am a final year student at Bindura University of Science Education studying towards a degree in social work. I am carrying out a study on **the efficacy of child sexual abuse interventions towards sexually abused children in Shamva**, District as part of the requirements of my degree. I am going to engage you in interviews that will take at least 20 minutes of your time for your expertise or experiences regarding the child sexual abuse interventions towards sexually abused children with the district of Shamva. I assure you that the information you are going to provide shall be kept confidential and your participation is voluntary, you can always withdraw when you feel like doing so.

Demographic information

Gender	
Agency	

Section A: The nature of child sexual abuse interventions in Shamva District, Zimbabwe

1. What are the current child sexual abuse interventions in Shamva District?
2. Can you describe the goals and objectives of these interventions?
3. Which organisations or agencies are involved in implementing these interventions?
4. How are these interventions funded and supported?
5. Are there any specific programs or initiatives that stand out in addressing child sexual abuse in the district of Shamva?
6. How are the interventions coordinated and monitored for effectiveness?
7. What are the strengths or positive aspects of the current child sexual abuse interventions in Shamva?
8. Are there any policies or guidelines in place to guide these interventions?

Section B: The gaps associated with child sexual abuse interventions in Shamva, District

1. What are the main challenges or gaps you have observed in the existing child sexual abuse interventions in Shamva District?
2. Are there specific areas within these interventions that need improvement or communities that are not adequately reached by the current interventions?
3. What are the barriers to effective implementation of these interventions?
4. Are there gaps in terms of resource, capacity or coordination among stakeholders?

Section C: Social work interventions to improve Child sexual abuse interventions in the district of Shamva

1. In your own opinion, what role can social work interventions play in improving child sexual abuse interventions in Shamva?
2. What specific social work strategies or approaches can be employed to enhance these interventions?
3. Are there any successful examples of social work interventions that have improved child sexual interventions in other districts or regions?
4. How can collaboration between social workers, government agencies and community be strengthened to address the gaps in child sexual abuse interventions.
5. Are there any innovative or emerging practices in social work that could be applied to CSA in Shamva?

Thank you very much for your participation and I really appreciate the time and the dedication you gave for the purpose of this study to be achieved. This is going to be of great

assistance towards improving the provision of services towards the children and other researchers.

APPENDIX TWO: RESPONDENT'S IN-DEPTH INTERVIEW GUIDE FOR CHILDREN

Introduction

My name is Happiness Musarandega .I am a final year student at Bindura University of Science Education studying towards a degree in social work. I am carrying out a study on **the efficacy of child sexual abuse interventions towards sexually abused children in Shamva**, District as part of the requirements of my degree. I am going to engage you in interviews that will take at least 20 minutes of your time for your expertise or experiences regarding the child sexual abuse interventions towards sexually abused children with the district of Shamva. I assure you that the information you are going to provide shall be kept confidential and your participation is voluntary, you can always withdraw when you feel like doing so.

Participant's demographic information

Age	
Gender	

Section A: The nature of child sexual abuse interventions in Shamva District.

1. What did you do after you realised what have been done to you?
2. Were you aware of any specific interventions towards sexual abuse in Shamva?
3. Which organisations were involved in providing these interventions?
4. What was your experience of receiving child sexual abuse interventions in Shamva?
5. What did you find helpful or unhelpful about the interventions?
6. What did you wish was different about the interventions?
7. How effective are these interventions in addressing CSA?

Section B: The gaps associated with child sexual abuse interventions in the district of Shamva

1. What did you wish was different about the assistance you received?
2. Are there any challenges that you faced while seeking for help through these interventions?
3. Are there any specific aspects of the interventions that you feel are effective or non-effective?
4. How do you perceive the level of awareness or knowledge about CSA among the general population in Shamva?
5. What advice would you give to other children facing the same situation?
6. How can the gaps within these interventions be addressed to improve its efficacy?

Section C: Social work interventions to improve child sexual abuse interventions in Shamva

1. What additional social work interventions could be implemented to improve the efficacy of CSA interventions in Shamva?
2. How effective can these interventions be?
3. What suggestions or recommendations do you have for improving the effectiveness and reach of these interventions?

**I sincerely appreciate the time you sacrificed to participate for the success of this study.
Thank you very much.**

APPENDIX THREE: RESPONDENT'S IN-DEPTH INTERVIEW GUIDE FOR PARENTS

Introduction

My name is Happiness Musarandega .I am a final year student at Bindura University of Science Education studying towards a degree in social work. I am carrying out a study on **the efficacy of child sexual abuse interventions towards sexually abused children in Shamva**, District as part of the requirements of my degree. I am going to engage you in interviews that will take at least 20 minutes of your time for your expertise or experiences regarding the child sexual abuse interventions towards sexually abused children with the district of Shamva. I assure you that the information you are going to provide shall be kept confidential and your participation is voluntary, you can always withdraw when you feel like doing so.

Participant's demographic information

Age	
Gender	

Section A: The nature of child sexual abuse interventions in Shamva District.

1. What was your experience of finding out that your child had been sexually abused?
2. What were your first steps after learning about the abuse?
3. Were you aware of the interventions that are provided towards child sexual abuse in Shamva?
4. What kind of support did you receive and which organisations provided these interventions?
5. How effective were these interventions in helping your child?
6. What advice do you have for other parents who maybe in a similar situation?

Section B: The gaps associated with child sexual abuse interventions in the district of Shamva

1. Are there any challenges that exist in implementing these interventions?
2. What are the gaps in knowledge, resources and capacity that are preventing CSA interventions from being effective?
3. What are the gaps in policy and legislation that hinder the efficacy of CSA interventions in the district?
4. How can these gaps be addressed to improve the efficacy of CSA interventions?

Section C: Social work interventions to improve child sexual abuse interventions in Shamva

1. What additional social work interventions could be implemented to improve the efficacy of CSA interventions in Shamva?
2. How effective can these interventions be?
3. What suggestions or recommendations do you have for improving the effectiveness and reach of these interventions?

I sincerely appreciate the time you sacrificed to participate for the success of this study.

Thank you very much.

APPENDIX FOUR: FOCUS GROUP INTERVIEW GUIDE WITH CHILDREN

Introduction

My name is Happiness Musarandega .I am a final year student at Bindura University of Science Education studying towards a degree in social work. I am carrying out a study on **the efficacy of child sexual abuse interventions towards sexually abused children in Shamva**, District as part of the requirements of my degree. I am going to engage you in these focus group interviews that will take at least 20 minutes of your time for your expertise or experiences regarding the child sexual abuse interventions towards sexually abused children with the district of Shamva. I assure you that the information you are going to provide shall be kept confidential and your participation is voluntary, you can always withdraw when you feel like doing so.

Primary participants' demographic information

Ages	Gender

Section A: The nature of child sexual abuse interventions towards sexually abused children in Shamva District.

1. What was your experience of receiving child sexual abuse interventions in Shamva?
2. What kind of support did you receive from CSA interventions?
3. What did you find helpful or unhelpful about these interventions?
4. How familiar are you with the organisations or agencies involved in these interventions?
5. Are there any measures that were taken to help you cope with CSA effects?
6. What are some positive changes you have observed as a result of these interventions?
7. Are there any cultural or societal factors that influence the implementation and effectiveness of these interventions?

Section B: The gaps associated with child sexual abuse interventions in the district of ward 12 and 22 ,Shamva.

1. What did you wish was different about the interventions you receive?
2. Do you find the interventions towards CSA as effective?
3. Is there any aspect of the interventions that you feel was overlooked?
4. Have you or anyone you know encountered any barriers or challenges when accessing or utilising these interventions?
5. What are the key resources or capacities are lacking in the implementation of these interventions?
6. How do you perceive the level of awareness or knowledge about CSA among the general population in Shamva?

Section C: Social work interventions to improve child sexual abuse interventions in Shamva.

1. How can social work interventions contribute to improving the effectiveness of existing CSA interventions?
2. How can social workers actively engage and involve the community in CSA prevention and response efforts?
3. What additional resources, training or support do social workers need to better address CSA?
4. How can social work interventions complement and enhance the existing CSA interventions?
5. What policy changes or improvements do you think would support social work interventions for CSA in Shamva?

Thank you very much for your participation. It really means a lot to the children who are victims of this social ill.

APPENDIX FIVE: CONSENT FORM



**BINDURA UNIVERSITY OF SCIENCE EDUCATION
FACULTY OF SOCIAL SCIENCE AND HUMANITIES
DEPARTMENT OF SOCIAL WORK**

INTERVIEW CONSENT FORM

Introduction

My name is Happiness Musarandega. I am a final year Social work student at Bindura University of Science Education. I am doing a research on **the efficacy of child sexual abuse interventions towards sexually abused children in Shamva, District**. I sincerely appeal for your participation in this research as I would like you to take part in answering interview questions for the relevance of this study. I would like you to understand the intentions and procedures of this research before you decide to take part. Below is the information that you should know and I request that you read it and please feel free to ask any questions where you do not understand.

Title of the study

Efficacy of child sexual abuse interventions towards sexually abused children in Shamva, District, Zimbabwe.

Purpose of the study

The purpose of this study is to assess the efficacy of child sexual abuse interventions towards sexually abused children in Shamva, District, Zimbabwe.

Risks

The study has minimal risks, however, during the interviews there may be sensitive and emotional discussions. Therefore, i encourage you to feel free to avoid certain questions that you feel uncomfortable with.

Ethical consideration: Confidentiality, Informed consent, Beneficence and non-maleficence

The data collected during these interviews shall be kept confidential and no harm shall befall any of the participants and the chances of getting exposed to any harm shall be reduced. Participation in this study is entirely voluntary and your consent to these interviews is mostly important. It is important to also note that if any of the participants would like to withdraw from the interviews he or she is free to do so and no penalty shall be given.

Contact details

If you have any other questions you can contact me on the following details

Email: happinessmusarandega@gmail.com

Phone number, +263779139178

+263712706591

Consent

If you would like to participate in this study, you can kindly sign on the space provided on this sheet, below.

Participant's signature (pseudonym).....

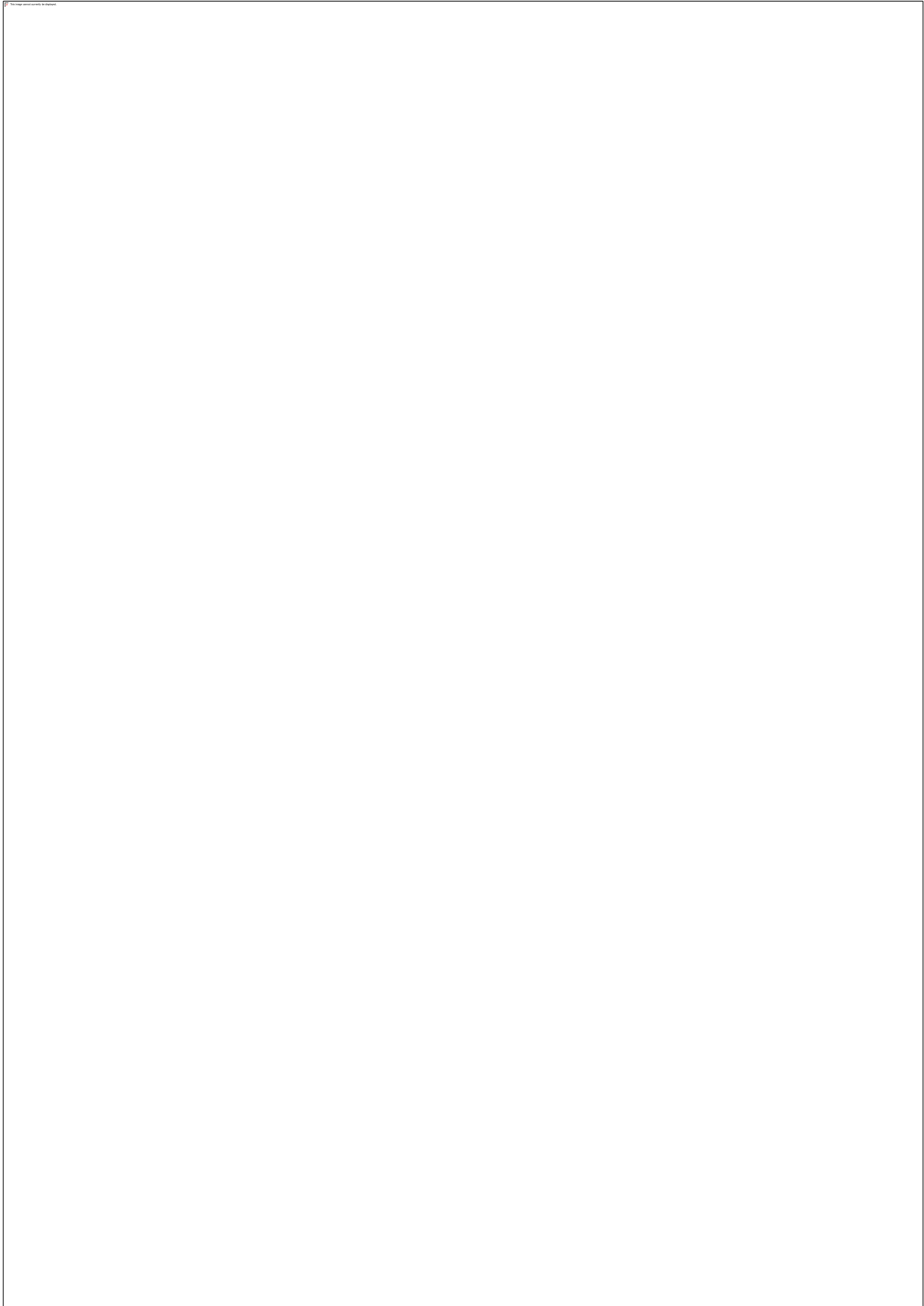
Researcher's signature.....

Date

With thanks

Happiness Musarandega

APPENDIX SIX: APPROVAL LETTER 1 DATA COLLECTION



APPENDIX SEVEN: APPROVAL LETTER 1 DATA COLLECTION

1

APPENDIX NINE: APPROVAL LETTER 2 FOR DATA COLLECTION

PDF GENERATED BY PDF24.COM