

https://dspace.org/

An exploration of the phenomenon of child sexual abuse in Zimbabwe

Muridzo, Noel Garikai

2018

https://hdl.handle.net/10539/26183

Muridzo, Noel Garikai (2018) An exploration of the phenomenon of child sexual abuse in Zimbabwe, University of the Witwatersrand, Johannesburg, <http://hdl.handle.net/10539/26183>

Downloaded from a DSpace repository. https://dspace.org/



An exploration of the phenomenon of child sexual abuse in Zimbabwe.

Noel Garikai Muridzo

Supervised by Dr Chikadzi and Professor Kaseke

A thesis submitted to the

Department of Social Work

School of Human and Community Development

Faculty of Humanities

University of the Witwatersrand

In fulfilment of the requirement of the Degree of Doctor of Philosophy (Social Work)

DECLARATION OF ORIGINALITY

I Noel Garikai Muridzo hereby declare that this thesis is my own unaided work. I have given full acknowledgment in the form of citations to the sources used and no part of this thesis has been submitted for a degree at another University.

Noel Garikai Muridzo

University of the Witwatersrand

Johannesburg



13/10/17

…… ……

Noel Muridzo **Date**

DEDICATION

To my father Mr Cletos Muridzo and co supervisor Professor Kaseke who both passed away before the submission of this thesis. To the joys of my life; my mother Mrs. Muridzo; my wife Vimbai and my daughters Anotidaishe and Anesu.

ACKNOWLEDGEMENTS

I owe my gratitude and appreciation to a number of people.

Firstly, I would want to extend my appreciation and gratitude to my supervisors Dr. Chikadzi and the late Professor Kaseke for their guidance, support, wisdom and most importantly patience. You transformed me. Thank you.

Secondly, I extend my appreciation to the Victim Friendly System, participating organisations and participants.

Thirdly, I also want to acknowledge my wife Vimbai, parents, daughters, siblings, relatives and friends for their prayers, encouragement and support.

Lastly, I wish to extend my appreciation and gratitude to members of staff and co-students in the Department of Social Work for their support and encouragement. Thank you.

ABSTRACT

This study explored the phenomenon of Child Sexual Abuse (hereafter, referred to as CSA) in Zimbabwe. As in other countries, CSA remains topical in Zimbabwe with reports suggesting an upward trajectory in the incidence of sexual abuse amongst children. Child sexual abuse affects people at multiple levels. At the level of the child, CSA has serious physiological, psychological, behavioural, social and economic effects. CSA also affects families and communities. It is against this background that this study sought to explore the phenomenon CSA in Zimbabwe. The study was guided by five objectives which were; to investigate the socio-economic circumstances leading to CSA in Zimbabwe; to explore the profile of CSA survivors and CSA perpetrators; to investigate the efficacy of the current intervention strategies used in helping survivors of child sexual abuse; to investigate the challenges faced by VFS stakeholders in Zimbabwe and to generate Child sexual abuse prevention guideline(s) framework from the components provided by the research data. To achieve the above objectives, the study adopted a qualitative research approach using a case study research design. The research population comprised of the Victim Friendly System: Zimbabwe's CSA prevention response. The VFS is a multi-layered response forum made up of government and non-government organisations. Thematic sampling a form of purposive sampling was used to sample participants, key informants and VFS documents which include minutes of meetings and court files. Participants were made of two categories. The first category consisted of 28 national representatives. The second category consisted of 10 regional representatives from Harare and Gokwe. The study sites were purposively selected to represent an urban and a rural setting. Data was collected using in-depth interviews that were guided through the use of semi structured interview guides. Applied thematic content analysis was used to analyse data.

From this study's finding it was established that CSA in Zimbabwe does not occur in a vacuum, but rather exists within a context of children's ecological environments. This research identified trusting relatives, neighbours and friends with children; temporal isolation of children; poverty; absentee parents and guardians; cultural and religious beliefs; child trafficking; substance use; child labour; step parenting; disability; living arrangements; access and exposure to pornographic materials and revictimisation as key CSA socioeconomic contributory circumstances. Utilising the ecological model, the study categories the socioeconomic circumstances that contribute to CSA as largely microecological and macro

ecological factors. These microecological and macro ecological factors are seen to be interacting at different levels with children's ecological environment. The identification of circumstances leading to CSA is essential for the development of successful prevention programmes, as CSA prevention programmes can then be designed to reduce risk factors and increase protective factors.

Utilising court documents, the study profiled CSA survivors and offenders. The study found out that sex of the child; age of the child; relationship and familiarity with the perpetrators and children's prior history of CSA were key characteristics common amongst children most likely to experience CSA. The study also showed that CSA offenders are most likely to be related and familiar with the child; CSA offenders are also likely to be adult male and repeat CSA offenders. However, results also showed that juveniles and women do commit CSA offences.

The research identified a number of strength and weaknesses inherent in the Victim Friendly System as a multisectoral response to CSA. The results showed that multisectoral response to CSA created a suitable environment that is conducive for children to testify and provided integrated services. The Victim Friendly System as a multisectoral response to CSA also helped pooling of resources from multiple stakeholders, created role player accountability; catered for the inclusion of non offending family members. Evidence based interventions was another key element that was evident from the multi sectorial initiative. Notwithstanding the strengths, the study unearthed some weaknesses of the VFS. Some of the main weaknesses of this system are limited coverage; poor post trial services and overreliance on donor support. On the other hand, the VFS is not known and remains invisible amongst many potential clients. Poor forensic collection and the releasing of CSA perpetrators on bail into the child's environment were also found to be key problem areas inherent with the VFS system. Also, the issue of CSA survivors having to retell their rape experience throughout the VFS chain was found to be a major loophole.

It emerged from the study that VFS organisations face a plethora of challenges that include human resource challenges, economic challenges, governance, operational and legal challenges. The identified challenges affected the VFS's ability to attain its goals.

Utilising findings from this research, the study proposes an Ecological CSA prevention guideline framework. The Ecological CSA prevention guideline framework conceptualises CSA prevention as being three layered and encompassing primary, secondary and tertiary prevention. The proposed model looks at prevention from an ecological perspective arguing that prevention efforts need to involve children's ecological systems and environments. However, the study argues that success of the Ecological CSA prevention framework and guidelines hinge on factors such as universal coverage of interventions, availability of resources, creation of an enabling legislative framework, being sensitive to the need of persons with disability and the need for continuous research.

The study makes a number of conclusions. Firstly, the socio economic factors that lead to CSA are located and part of children's ecological environments. Secondly, children are more likely to be sexually abused by people in their ecological environments. Thirdly, multisectoral interventions to CSA are beneficial to organisations and CSA survivors. Fourthly, challenges affect the ability of multisectoral forums to meet their intervention objectives. Lastly, CSA must be approached at the primary, secondary and tertiary level perspective, taking into account children's ecological systems.

LIST OF APPENDICES

Appendix A: Participant information sheet

Appendix B: Consent forms for participation in the study.

Appendix C: Interview guide for health and hospital based

Services VFS national representatives

Appendix D: Interview guide for the Zimbabwe Republic

Police Victim Friendly Unit VFS national representatives

Appendix E: Interview guide for Department of Social Services

Child Welfare and Probation services national VFS representatives

Appendix F: Interview guide for VFS regional representatives

Appendix G: Interview guide for the Justice sector VFS National

Representatives

Appendix H: Interview guide for NGO national VFS representatives

Appendix I: Interview guide for key informants

Appendix J: Interview guide for other government VFS national representatives

Appendix K: Approval letters

Appendix L: Ethical Clearance Certificates

Appendix M: Sampling of Documents and Data Analysed

LIST OF FIGURES

Figure 1: The Ecological Forces Influencing CSA

Figure: 2 Sex and Age distribution of CSA Survivors

Figure 3: Child's Sex and Relationship to Perpetrator

Figure 4: CSA offender Child Relationship

Figure 5: Current Flow of VFS Services

Figure 6: Elements of the Ecological CSA Prevention Framework

LIST OF TABLES

Table 1: Age Distribution of CSA Survivors

Table 2: CSA Perpetrators' Age Sex distribution

LIST OF ACRONYMS USED IN THE STUDY

ACRWC:	African Charter on the Rights and Welfare of the Child
AIDS:	Acquired immune deficiency syndrome
AU:	African Union
BBC:	British Broadcasting Corporation
CSAIO:	Child sexual abuse images online
CSA:	Child Sexual Abuse
CSAAS:	Child sexual abuse accommodation syndrome
DNA:	Deoxyribonucleic acid
DSM5:	Diagnostic Statistical Manual of Mental Disorders
GBV:	Gender Based Violence
HIV:	Human immunodeficiency virus
IFSW:	International Federation of Social Workers
ID:	Intellectual disabilities
PEP:	Post exposure prophylaxis
PICS:	Provider Initiated CSA Screening
STIs:	Sexually transmitted infections
SVRPs	Sexual violence related pregnancies
TB:	Tuberculosis
UNCRC:	United Nations Convention on the Rights of the Child
UNHCR:	The United Nations High Commissioner for Refugees

UNICEF:	United Nations Children's Fund
VFS:	Victim Friendly System
VAW:	Violence against Women
WHO:	World Health Organisation

CONTENTS

DECLARATION OF ORIGINALITY i

DEDICATION ii

ACKNOWLEDGEMENTS iii

ABSTRACT iv

LIST OF APPENDICES vii

LIST OF FIGURES viii

LIST OF TABLES ix

LIST OF ACRONYMS USED IN THE STUDY x

CHAPTER ONE 1

INTRODUCTION 1

1.1 Introduction 1

1.2 Statement of the problem and rationale for the study 3

1.3 Relevance of the study 5

1.4 Primary aim of the study 8

1.5 Objectives 8

1.6 Research questions 8

1.7 Theoretical framework 8

1.8 Conclusion 11

CHAPTER TWO 13

CHILD SEXUAL ABUSE IN ZIMBABWE 13

2.1 Introduction 13

2.2 A Global Perspective of Child Sexual Abuse 13

2.3 The Zimbabwean Perspective of CSA 17

2.3.1 Forms of CSA in Zimbabwe 18

2.3.1.1 Rape 18

2.3.1.2 Consensual Sexual Intercourse with a Minor 19

2.3.1.3 Incest 19

2.3.1.4 Indecent Assault 20

2.4 Emergent CSA Trends in Zimbabwe 20
2.5.1 Familial factors 22
2.5.1.1 Presence of a stepparent 22
2.5.1.2 Use of Substances 22
2.5.1.3 Parental Absence 23
2.5.1.4 Children with and of persons with Disabilities 23
2.5.1.5 Children living on the Streets 24
2. 5.1.6 Siblings of CSA Survivors 24
2.5.1.7 Family Belief Systems 25
2.6 Economic factors 25
2.6.1 Poverty 26
2.6.1.1 Urbanisation, Industrialisation and Infrastructural Development 27
2.6.1.2 Transactional Marriages 29
2.6.1.3 Political factors 30
2.6.1.4 The legislative process 30
2.6.1.5 Lack of political will 30
2.6.1.6 The budget process 31
2.6.1.7 Political instability 32
2.6.1.8 Secondary CSA 32
2.7 Social and cultural factors 33
2.7.1 Cultural practices 33
2.7.1.1 Cultural Taboos 35
2.7.1.2 Male domination 35
2.7.1.3 Cultural Myths 36
2.7.1.4 Technology 36
2.8 Physiological factors 37
2.9 Effects of CSA 39
2.9.1 Micro CSA Effect 40

2.9.1.1 Effects of CSA on the Child 40
2.9.1.2 Psychological effects of CSA on the child 40
2.9.1.3Physiological effects of CSA on the child 42
2.9.1.4 Behavioural effects of CSA on the child 43
2.9.1.5 Social effects of CSA on the child 45
2.9.1.6 CSA Effects on the child survivor's family 45
2.9.1.7 Macro CSA Effects 47
2.10 CSA Interventions 49
2.10.1 Medical Management of CSA 49
2.10.1.1 Psychological Interventions 51
2.10.1.2Individual Psychological interventions 52
2.10.1.3 Crisis psychological interventions 52
2.10.1.4 Time limited Psychological interventions 52
2.10.1.5Group Psychological interventions 53
2.10.1.6 Judicial and Legal Interventions 54
2.10.1.7 CSA Preventive Interventions 59
2.10.1.8 CSA Primary prevention 59
2.10.1.9 CSA Secondary prevention 61
2.10.1.10 CSA Tertiary prevention 61
2.10.1.11 Integrated CSA Interventions 61
2.11 Challenges faced by professionals in the CSA field 63
2.12 Conclusion 64
CHAPTER THREE 65
CONCEPTUALISING CHILD SEXUAL ABUSE 65
3.1 Introduction 65
3.2 Models of CSA 65
3.2.1Psychological Perspectives of CSA 65
3.2.1.1 Attachment Theory 66
3.2.1.2 The Psychoanalytic Approach 67

3. 2.1.3The Learning Theories 67
3. 2.1.4The Post Traumatic Stress Disorder 68
3. 2.1.5 Social Psychological Perspectives of CSA 68
3. 2.1.6 Finkelhor Four Dimension Approach 69
3. 2.1.7 The Family Dysfunction Approach 69
3. 2.1.8 The Sexual Abuse Accommodation Syndrome 70
3.3Sociological Perspectives of CSA 70
3.3.1The Feminist Approach 70
3.3.1.1 The Socio Cultural Perspective 71
3.3.1.2 The Ecological Perspective 72
3.4 The Biological Model of CSA 75
3..4.1 The Evolutionary theory 76
3.4.2 Brain Structure and abnormalities 76
3.4.3 The Physiological view to CSA 77
3.5 Profiling child survivors and perpetrators of CSA 77
3.5.1 Social and Economic profiles of child survivors 77
3.5.1.1 Sex of the child 77
3.5.1.2 Age of the child 79
3.5.1.3 Children on the streets 79
3.5.1.4 Children with impairments 80
3.5.1.5. Children in step or single parenting households 80
3.5.1.6. Orphans 80
3.5.1.7 Refugee and displaced children 81
3.5.1.8 Children with absentee parents 82
2.5.1.9 Children in different Geographical Locations 82
3.5.1.10 Siblings of survivors of CSA 83
3.5.1.11Children in Institutional and Residential Care 83
3.5.1.12 Children living with incarcerated mothers 83
3.6 Child Sexual Abuse Perpetrators' Profile 84

3.6.1 Relationship to the Child Survivor 84
3.6.1.1 Sex of the CSA offender 86
3.6.1.2 Children who Abuse other Children.....88
3.6.1.3 Persons of authority.....88
3.6.1.4 Personality Traits.....90
3.6.1.5. Survivors of CSA.....91
3.7. Conclusion.....92
CHAPTER FOUR.....93
METHODOLOGY.....93
4.1 Introduction 93
4.2. Research approach.....93
4.3 Research Design 94
4.4 Research population 95
4.5 Sampling 95
4.5.1Sampling of role- players in the VFS 96
4.5.2 Sampling of VFS official documents 97
4.5.3 Key informants.....98
4.6. Research instrumentation 98
4.7. Pre-testing the research tools.....99
4.8. Data collection 100
4.8.1 Qualitative interviews.....100
4.8.2 Document analysis of VFS court Records and VFS minutes of meetings.....101
4.9 Data analysis.....101
4.10. Ethical considerations.....104
4.10.1 Confidentiality and Anonymity 105
4.10.2 Submission and Approval of proposal to ethics review boards ..105
4.10.3 Voluntary informed consent 106
4.10.4 Appropriate boundaries 107

4.10.5 Feed back to the research community 107
4.10.6. Limitations and delimitations of the study 107
4.11 Conclusion 108
CHAPTER FIVE 109
SOCIO ECONOMIC CIRCUMSTANCES LEADING TO CSA IN ZIMBABWE 109
5.1 Introduction 109
5.2. Microecological Circumstances leading to CSA 110
5.2.1 Trusting relatives, neighbours and friends 110
5.2.2 Temporal isolation and seclusion of children 113
5.2.3 Walking alone in secluded places 114
5.2.4 Parental absenteeism 120
5.2.5 Trafficked children 125
5.2.6 Teenagers entering into consequential relationships 127
5.2.7Orphanhood and vulnerability to CSA 130
5.2.8Children with single parents in sex work 134
5.2.9Street children 135
5.2.10 The presence of a stepfather 137
5.2.11Disability 139
5.12 Disability of the child 140
5.2.13 Disability of the parent and caregivers 145
5.2.14 Disability of the CSA offender 146
5.2.15 Contributory living arrangements 148
5.2.16 Child labour 151
5.2.17 Substance use 153
5.2.18 Child's history of CSA 156
5.3 Macroeclological Factors leading to CSA 158
5.3.1 Access and exposure to sexual explicit content 158
5.3.2 Poverty 160

5.3.3 Religious and cultural dispositions.....166
5.4 Conclusion.....171
PROFILING CHILD SEXUAL ABUSE SURVIVORS AND PERPETRATORS IN ZIMBABWE.....172
6.1 Introduction.....172
6.2 Profiles of CSA survivors.....172
6.2.1Sex of CSA survivors.....172
6.1.2 Age of CSA survivors.....176
6.1.2.1 Twelve (12) to 16 year olds.....177
6.2 Profiles of CSA offenders.....189
6.2.1 CSA offender Child relationship.....190
6.2.2 Sex of the CSA offender.....194
6.2.3 Age of the CSA offender.....198
6.2.4 Repeat CSA offenders.....201
6.3 Conclusion.....203
CHAPTER SEVEN.....204
EFFICACY OF THE VICTIM FRIENDLY SYSTEM.....204
7.1 Introduction.....204
7.2 Strengths of the VFS.....204
7.2.1 VFS provides integrated CSA responses.....205
7.2.2Avoidance of duplication of effort.....209
7.2.3 VFS creates a suitable environment that is conducive for children.....210
7.2.4 Ability to attract and pull resources.....215
7.2.5 Making stakeholders accountable to each other.....217
7.2.6 Inclusion of non- offending family members in VFS interventions.....219
7.2.7 Provision of continuous professional training.....223
7.2.8 Provision of rehabilitative services for juvenile CSA offenders....225

7.3 Loopholes within the VFS 227
7.3.1 Limited coverage of VFS services and service providers 228
7.3.2 Lack of awareness on the VFS 232
7.3.3 Cost burden on CSA survivors and their family to travel 235
7.3.4 Poor post-trial care 237
7.3.5 Reliance on donor support 239
7.3.6 Focus on the justice outcomes 242
7.3.7 Poor gathering of forensic evidence 244
7.3.8 Releasing of CSA offenders on bail into the child's environment. 246
7.3.9 Children having to retell the CSA incident throughout VFS 247
7.3.10 Concentration on CSA secondary prevention 249
7.4 Conclusion 251
CHALLENGES FACED BY THE VICTIM FRIENDLY SYSTEM 252
8.1 Introduction 252
8.2 Challenges faced by VFS services provider organisations 252
8.2.1 Resource limitations 252
8.2.1.1Human resource limitations 253
8.2.1.2 Lack of specialised training and experience 253
8.2.1.3 Staff shortages 258
8.2.1.4 Low competency and skills levels 261
8.3 Economic resources limitation 265
8.3.1 Lack of continuity in service delivery due to withdrawal of funding 265
8.3.2 Limited access to appropriate infrastructure and logistical constraints 267
8.3.3 Shortages of necessary equipment 270
8.3.4Governance and operational deficiencies 272
8.3.5Systematic and institutional discrimination 274
8.3.6 Corruption allegations 278

8.3.7 Lack of a common strategy 280
8.4 One centre of power phenomenon 282
8.5 Legal shortcomings 284
8.5.1 Legal contradictions 285
8.5.2 Witness interference 287
8.5.3 Underreporting 291
8.6. Challenges faced by VFS Professionals 294
8.6.1 Lack of professional support 294
8.6.2 Burden of cost and use of personal resources 297
8.7 Conclusion 300
CHAPTER NINE 301
CHILD SEXUAL ABUSE PREVENTION GUIDELINE(S) FRAMEWORK 301
9.1 Introduction 301
9.2 Ecological CSA prevention framework summarised 302
9.3 CSA Primary Prevention 304
9.3.1 Micro CSA Primary Prevention 304
9.3.1.1 CSA literacy targeting children 305
9.3.1.2CSA literacy targeting 12 to 16 year olds 305
9.3.1.3CSA literacy targeting 0 to 11 year olds 306
9.3.1.4CSA literacy targeting parents and guardians 306
9.3.1.5 CSA literacy targeting communities 306
9.3.2 Meso CSA Primary Prevention 307
9.3.3 Macro CSA Primary Prevention 308
9.3.3.1 CSA awareness and education targeting gate keepers 308
9.3.3.2 CSA primary prevention legislative framework 310
9.3.3.3CSA primary prevention research 311
9.3.3.4 Placing CSA on the development agenda 311
9.4 CSA Secondary Prevention 312

9.4.1 CSA survivours' support and care services 312
9.4.2 Inclusion of non- offending family members in interventions.....317
9.4.3 Rehabilitation of juvenile CSA offenders 318
9.4.4Meso CSA Secondary Prevention.....318
9.4.5 Provision of a suitable environment that is conducive for children 318
9.4.6 Adoption of science in CSA management and treatment 319
9.4.7 Avoidance of secondary trauma 319
9.4.8 Provider initiated CSA screening.....319
9.4.9 Applied research 320
9.4.10 Provision of professional training, support and continuous professional training 320
9.4.11 Creation of enabling legislative and resource framework.....321
9.5.CSA Tertiary Prevention Framework 322
9.6 Prevention Preconditions 323
9.6.1 Multisectorial approach to CSA prevention 323
9.6.2 Creating an enabling policy and legislative framework.....323
9.6.3 Awareness on CSA forums and services.....324
9.6.4 Coverage of CSA services.....325
9.6.5 Creation of a suitable and conducive environment for children...325
9.6.6 Disability sensitive CSA prevention services.....326
9.6.7 Resource framework.....326
9.6.8 Research based CSA prevention 328
9.7 Conclusion.....329
CHAPTER TEN.....330
MAJOR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS ..330
10.1 Introduction.....330
10.2 Major findings.....330

10.2.1 The Socio economic circumstances leading to CSA in Zimbabwe 330
10.2.2 Profiles of CSA survivors and CSA perpetrators.....332
10.2.2.1 Profiles of CSA survivors.....333
10.2.2.1.1 Sex of the child 333
10.2.2.1.2 Age of CSA survivors 333
10.2.2.2 Profiles of Child Sexual Abuse Perpetrators.....335
10.2.2.2.1 CSA offender child relationship 335
10.2.2.2.2 Sex of the CSA offender 336
10.2.2.2.3 Age of the CSA offender.....336
10.2.2.2.4 Repeat CSA offenders 336
10.2.3 Efficacy of the current intervention strategies used in helping survivors of child sexual abuse. 337
10.2.3.1.1 VFS provides integrated responses to CSA.....337
10.2.3.1.2 Avoidance of duplication of effort.....337
10.2.3.1.3 VFS creates a suitable environment that is conducive for children 338
10.2.3.1.4 Ability to attract and pull resources 338
10.2.3.1.5 Making stakeholders accountable to each other.....338
10.2.3.1.6 Inclusion of non- offending family members in VFS interventions 338
10.2.3.1.7 Provision of continuous professional training.....339
10.2.3.1.8 Provision of rehabilitative services for juvenile CSA offenders 339
10.2.3.2 Loopholes within the VFS 339
10.2.3.2.1 Limited coverage of VFS services and service providers.....339
10.2.3.2.2 Lack of awareness on the VFS.....340
10.2.3.2.3 Cost burden on CSA survivors and their family 340
10.2.3.2.4 Poor post-trial care 340
10.2.3.2.5 Reliance on donor support.....340

10.2.3.2.6 Focus on the justice outcomes 340
10.2.3.2.7 Poor gathering of forensic evidence 341
10.2.3.2.8 Releasing of CSA offenders on bail into the child's environment 341
10.2.3.2.9 Children having to retell the CSA incident throughout VFS 341
10.2.3.2.10 Concentration on CSA secondary prevention 341
10.2.4.1 Challenges faced by VFS services provider organisations 342
10.2.4.1.1 Resource limitations 342
10.2.4.1.2 Governance and operational deficiencies 342
10.2.4.1.3 Legal shortcomings 343
10.2.4.2 Challenges faced by VFS Professionals 343
10.2.5 CSA Ecological prevention guideline framework 344
10.2.5.1 CSA Primary Prevention 344
10.2.5.1.1 Micro CSA Primary Prevention 344
10.2.5.1.2 Meso CSA Primary Prevention 345
10.2.5.1.3 Macro CSA Primary Prevention 345
10.2.5.2 CSA Secondary Prevention 345
10.2.5.3 CSA Tertiary Prevention Framework 347
10.2.5.4 CSA Prevention Preconditions 347
10.3 Recommendations 348
10.3.1 General recommendations to the VFS 348
10.3.2 Recommendations to specific VFS role players 349
10.3.2.1 Child Protection Services 349
10.3.2.2 The Police 349
10.3.2.3 Health care 350
10.3.2.4 Civil society 350
10.3.2.5 The courts and prosecution 350
10.3.2.6 Education 350
10.3.3 Recommendations to Government 350

10.3.4 Areas for further research 351

References 352

Appendix A: Participant information sheet 380

Appendix C: INTERVIEW GUIDE FOR HEALTH AND HOSPITAL BASED SERVICES VFS NATIONAL REPRESENTATIVES 383

Appendix D: INTERVIEW GUIDE FOR THE ZIMBABWE REPUBLIC POLICE VICTIM FRIENDLY UNIT VFS NATIONAL REPRESENTATIVES 385

Appendix E: INTERVIEW GUIDE FOR DEPARTMENT OF SOCIAL SERVICES CHILD WELFARE AND PROBATION SERVICES NATIONAL VFS REPRESENTATIVES 387

Appendix F: INTERVIEW GUIDE FOR VFS REGIONAL REPRESENTATIVES 389

Appendix G: INTERVIEW GUIDE FOR THE JUSTICE SCTOR VFS NATIONAL REPRESENTATIVES 391

Appendix H: INTERVIEW GUIDE FOR NGO's NATIONAL VFS REPRESENTATIVE 393

Appendix I: INTERVIEW GUIDE FOR KEY INFORMANTS 395

Appendix J: INTERVIEW GUIDE FOR OTHER GOVERNMENT VFS NATIONAL REPRESENTATIVES 397

Appendix K: APPROVAL LETTERS 399

Appendix L: EHICAL CLEARANCES 399

Appendix M: SAMPLING OF DOCUMENTS AND DATA ANALYSED 399

CHAPTER ONE

INTRODUCTION

1.1 Introduction

Using a qualitative approach, this thesis explores the topical and increasing phenomenon of Child sexual abuse (CSA) in Zimbabwe. The thesis also proposes an Ecological CSA Prevention Framework. CSA has universally become a common occurrence (Sawyerr and Bagley, 2017). Studies from several countries show that CSA is indeed an international problem (Lalor and McElvaney 2010; Collin-Vezina, Daigneault and Hebert 2013; Finkelhor, Stattluck, Turner and Hamby 2014and Bhaskaran and Seshadri 2016). International studies undermine the assumption that CSA is an exclusive western problem (Jones and Jemmott 2009; Sossou and Yogtiba 2009; Lalor and McElvaney 2010; Justice Commission 2012; Bhattacharya and Nair 2014 and Jones and Florek 2015). Finkelhor (1994) shows that the international epidemiology of CSA suggesting that CSA is indeed a global problem. Jones and Jemmott (2009) observe that CSA occurs in all countries, across all racial, ethnic, religious and socio-economic groups, is far more common than previously thought and affects children of all ages, including infants; noting that while both boys and girls are sexually abused, girls outnumber boys. Jones and Jemmott (2009), Hornor (2010), Lalor and McElvaney (2010) and Birdhstle, Floyd, Mwanasa, Nyangadza, Gwiza and Glynn (2011) show a correlation between CSA and many adverse medical, psychological, behavioural and socioeconomic outcomes which can be short and long term in nature. The negative effects of CSA affect the child and their ecological environment. Accordingly, this research sought to contribute to the prevention of CSA, in view of the growing problem of CSA and the negative effects of CSA on children and their ecological environment.

Although there is a dearth of data on the nature and magnitude of the incidence of child abuse, Pinheiro (2006) estimates that globally, 150 million girls and 73 million boys under 18 years have experienced forced sexual intercourse or other forms of sexual violence involving physical contact. Research findings on prevalence in the United States of America; suggest that a third of women and approximately one in eight men have been subject to some form of CSA (Lalor and McElvaney, 2010). In their Meta analysis of the prevalence of CSA, Stoltenborgh

et al (2011) estimate that Department of Health and Human Services (2008) states that nearly 80,000 American children were victims of sexual abuse in 2006. Mohler- Kuo, Landolt, Maier, Meidert, Schonbucher and Schnyder (2014) confirm the widespread existence of CSA in Switzerland. As much as 40.2% of girls and 17.2 % of boys have experienced at least one type of CSA event (Mohler- Kuo et al., 2014). According to Dickson and Willis (2015), New Zealand rates of sexual violence are comparable to rates found in other developed countries. In India, where 19% of the world's children live, Kacker, Varadan and Kumar (2007, p. 110) reported that every second child in India faces one or more forms of sexual abuse On the other hand, Jones and Jemmott (2009) reported that 1 in 10 school-going adolescents have been sexually abused in the Caribbean.

Observations from many other developing countries in Africa, Asia Pacific and Latin America show that CSA is also a serious issue that is on the increase (Chitereka, 2010). One in three Swaziland females experience sexual abuse before the age of 18 years (Judicial Service Commission Zimbabwe, 2012). In their study of Ethiopia; Worku, Gebremariam and Jayalakshmi (2006) estimate that CSA incidence is 68.7%. Davison (2008) states that South Africa has the highest incidence of rape with 1 in every 3 females sexually assaulted and 50% of the reported cases involve children. According to Bhana (2015), 40.1 % of all sexual offences in South Africa between 2011 and 2012 involved children under the age of 18 years. The National Baseline Survey on the life experiences of Adolescents in Zimbabwe reported that almost one third of females and 1 in ten males aged between 18 and 24 years experienced sexual violence in childhood (Zimbabwe National Statistical Agency, United Nations Children's Fund and Collaborating Center for Operational Research and Evaluation, 2013). It is estimated that more than 400,000 cases of CSA are reported every year in Zimbabwe (Medecins Sans Frontierers, 2011).

While the figures cited above point to great numbers, it is also accepted that the majority of CSA offences go unreported. According to Beier, Grundmann, Kuhle, Scherner, Konrad and Amelung (2015), for every reported CSA offence at least five CSA offences remain unreported. In a U.S. study, 91% of victims of CSA had not reported their abuse (Finkelhor in Beier et al., 2015). Kacker et al. (2007) argue that more than 77% of CSA survivours chose to keep quiet. Children keep quiet due to various reasons. Firstly, the subject of child sexual abuse is taboo and largely seen as a western problem (Kacker et al., 2007). Gilligan and Akhtar (2006)

attribute under reporting to strong cultural imperatives and barriers which can determines and influence reporting behaviours of survivors of CSA. Secondly, perpetrators are in some cases known or related to the child. Thirdly, perpetrators use threats and violence to silence the child survivors (Rudd and Brakarsh 2001). Fourthly, under reporting of the incidence of sexual abuse of young males also conceals the magnitude of male victimisation (Cermak and Molidor, 1996). Lastly, Lalor and McElvaney (2010) add caution on the use of numbers as prevalence across countries, is affected by differences in study design, definitions and sampling.

Various factors account for the vulnerability of children to child sexual abuse. Firstly, CSA occurs within the context of culture, society, relations and secrecy. Lalor and McElvaney (2010) argue that those family members, relatives, neighbours or those known and trusted by the child typically commit CSA offences. Kacker et al. (2007) add that the subject of child sexual abuse is still a taboo shrouded in a conspiracy of silence. A very large percentage of people feel that CSA is largely a western problem and that child sexual abuse does not happen. Secondly, CSA persists due to new forms emerging. New forms of CSA emerge due to factors such as new technological advances, changes in perception; new definitions of CSA and globalisation providing opportunities for the emergence of new forms of child sexual abuse. Lastly, children remain vulnerable due to a series of socio-economic factors prevailing in society. These factors include poor housing; low socio economic status and lack of political will (Jones and Jemmott, 2009; Putman, 2003). Against this backdrop, the study explored the phenomenon of CSA in Zimbabwe and developed a multisectorial guideline framework for engaging with this child protection social issue.

1.2 Statement of the problem and rationale for the study

The phenomenon of CSA is a multi faceted global children's rights issue and a global problem of considerable extent (Stoltenborgh et al. 2011). Firstly, CSA is a serious problem with adverse medical, psychological, behavioural and socioeconomic outcomes which can be short, medium and long term in nature (Hansen and Tavkar 2010; Birdhstle, Floyd, Mwanasa, Nyangadza, Gwiza and Glynn 2011; Stoltenborgh et al. 2011). CSA effects operate at individual, familial and societal levels. Various intervention strategies have been introduced to mitigate the effects. Interventions such as the Victim Friendly System (VFS) have been put in

place to mitigate and manage the problem in Zimbabwe. Official records from the Zimbabwe Republic Police point to the phenomenon being on the increase and being topical in Zimbabwe. This is despite the various intervention strategies employed by the different stakeholders constituting the VFS, such as the Police, Department of Probation Services and Child Protection, Judicial Service Commission, the Health Sector and Non Governmental Organisations. Despite an increase in both publicity on child sexual abuse and initiatives from government and voluntary agencies, it is by no means obvious that the position of the majority of sexually abused children has been significantly improved thus it has been argued that new ways of approaching the problem of child sexual abuse are needed (Browne 1996). In light of the dearth in empirical studies on the phenomenon of child sexual abuse in Zimbabwe, an exploration of the phenomenon of CSA from a Zimbabwean perspective thus assists in developing evidence based interventions and scientific knowledge on the efficacy of the intervention strategies being employed by the actors within the VFS.

Secondly, it is also appreciated that the area of CSA is not a static and fixed phenomenon. Technological advances, changes in perception, new definitions and globalisation have provided opportunities for different forms of child sexual abuse to emerge. New trends, definitions, manifestations and patterns in child sexual abuse continue to emerge. In addition, the way CSA is defined, theorised, recognised, managed and talked about is reflective of the changes and differences in history, geography, culture, laws and social policies. Chitereka (2010) and Gwirayi (2013) argue that although Zimbabwe has ratified local, regional, and international conventions that purport to protect children, CSA is still rampant in the country. There are gaps and deficits in the field of CSA. In Zimbabwe, gaps result from the difference between actual abuses and reported cases (the magnitude of the problem), new forms of CSA due to technological advances, for example, the introduction of cellular technology that now enables users "sexting" that is, sending sexual images (new trends and technology), strong cultural practices that persist and continue to expose children to CSA, and legal gaps. The legal gaps are evident in different age cut off points.

There is therefore need for continuous generation of current locally generated research evidence, to inform interventions on CSA in Zimbabwe. This study therefore, aimed to explore the phenomenon of CSA in Zimbabwe. This was achieved by exploring the nature of CSA in Zimbabwe and generating CSA prevention guideline(s) framework from the research data. This

was done through investigating the efficacy of the current intervention strategies used in helping survivors of child sexual abuse. The study also investigated the challenges faced by stakeholders working with child survivors of child sexual abuse in Zimbabwe. Additionally, the study profiled CSA survivors and offenders and the social and economic circumstances leading to CSA. Finally, the study suggests a generic CSA Ecological prevention guideline(s) framework that is underpinned by components provided by the research data. The CSA Ecological prevention guideline(s) framework informs programme interventions for the prevention and management of CSA.

1.3 Relevance of the study

It is envisaged that this study makes several contributions in the management of CSA. Firstly, it is hoped that this study deepens the continuous understanding of CSA. Continuous research of CSA is critical in view of the argument that CSA is not static and fixed. New forms of the social ills emerge considering technological advances (Kacker et al., 2007). For example the use of internet and mobile technology creates new forms of CSA. Lalor and McElvaney (2010) argue that gaps and deficits will always be there in the field of CSA. Further, progress towards prevention cannot be monitored without reliable research based data. Mwangi, Kellogg, Brookmeyer, Buluma, Chiang, Otieno- Nyunya and Chesang (2015) argue that effective interventions in CSA draw and benefit from a better understanding of the phenomenon. As such, findings of the study are of interest to the various institutions and professionals working with child welfare issues in the country. Insights gleaned from the study will go a long way in informing the role professionals, policy, practice and responses to the problem of CSA. This is in line with the argument by Engel and Schutt (2013) for evidence based interventions and practice by professionals.

Secondly, the findings of this study have relevance to professionals such as psychology, medicine, law, education, policing and social workers, who work with child survivors, families and in some cases perpetrators of CSA. This research has significant practical contributions to the social work profession. Social work is an evidence based profession and the findings can influence practice. Social workers form part of the multisectorial responses to CSA. Given the role of social work in CSA prevention at the primary, secondary and tertiary CSA prevention levels, findings from this research will have implications on social work practice and

interventions with child survivors, families and in some cases CSA offenders. According to Pincus and Minahan (1973) social work has four purposes. Firstly, social work seeks to enhance the problem solving and coping capacities of peoples. Secondly, social work links people with their ecological resource systems that provide them with resources, services and opportunities. Thirdly, social work promotes the effective and human operation of informal, formal and societal resources systems. Lastly, social work contributes to the development and modification of social policies. In working in the field of CSA social workers perform one or all of the above four purposes. Similarly, The International Federation of Social Workers (2014) describes social work as profession and an academic discipline that engages people and structures to address life challenges and enhance wellbeing. According to Lundy (2006, p.118) ", social justice and human rights are integral to social work ethics and practice." Social work is committed to the rights and dignity of peoples. CSA erodes the very rights and principles that social work stands to defend. This study has implications for social work as it makes recommendations aimed at developing and modifying CSA prevention policy. Recommendations from this study may be used to engage people and policy in addressing life challenges such as CSA and enhancing the wellbeing of children. It is hoped the recommendations herein will contribute to social work's commitment to the restoration of CSA survivours' dignity, social justice and human rights. The research also highlights strengths of the Victim Friendly system. The identified strengths are best practices that social workers working in the field of CSA and other fields can use. The weaknesses form part of the areas of improvement in service delivery and access to social services and social justice. Furthermore, social workers perform statutory duties as such probation work where cases of CSA are reported. Such social work practices and purposes can be refined and or informed by research such as this one. Additionally, the sheer numbers of sexually abused children, both detected and undetected, makes it important for social work practitioners to understand the phenomenon of CSA. Zimbabwe National Statistical Agency, United Nations Children's Fund and Collaborating Center for Operational Research and Evaluation (2013) point out that knowledge is the first step towards prevention. The study thus suggested strategies that will strengthen and inform social work interventions and practice for the prevention and management of CSA. The study also suggests an integrated multisectoral approach to CSA prevention. This presents an opportunity for social workers in multidisciplinary and collaborative settings to acquire knowledge, skills specialisation working in CSA to acquire working in CSA environments.

Again, a CSA prevention framework is proposed. It is argued that CSA prevention must be addressed at primary, secondary and tertiary levels. New CSA interventions are important in view of new definitions, trends and patterns in child sexual abuse. CSA preventive strategies can also harness these new technologies within the country's cultural and social context in which abuse occurs relative to international best practices. For example, the internet and mobile technology can be harnessed to reduce the levels of CSA. This is important both in terms of addressing the social and psychological effects of child sexual abuse, handling the effects of child sexual abuse, and also in changing behaviours that contribute to the spread of child sexual abuse (Jones and Jemmott, 2009).

Thirdly, the findings from this study are also influential in strengthening strategies on CSA prevention policy in view of the magnitude of the problem, its effects and consequences. Findings thus contribute information that helps policy makers develop and modify legislation, interventions and policies aimed at preventing CSA. The International Federation of Social Workers (IFSW 2004) points out that social work assists people in difficulty, supporting them and their families to regain confidence, influences social policy and political outcomes and makes contributions of consequence. The IFSW (2014) further argues that 'underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing.'The Zimbabwean and global definitions of social work acknowledge that professional social work promotes social policy (Mugumbate and Maushe, 2014). To this end, the study proposed a CSA prevention model that has CSA prevention policy implications underpinned by the Ecological model. Additionally, the study makes recommendations for the development and refinement of relevant CSA policy, protocols, strategies and programming. Lastly, the study stimulates interest and further research into the phenomenon of CSA. The study also identified areas for further research.

1.4 Primary aim of the study

The broad aim of the study was to explore the phenomenon of child sexual abuse in Zimbabwe.

1.5 Objectives

- To investigate the socio-economic circumstances leading to CSA in Zimbabwe;
- To explore the profile of CSA survivors and CSA perpetrators;
- To investigate the efficacy of the current intervention strategies used in helping survivors of child sexual abuse;
- To investigate the challenges faced by VFS stakeholders in Zimbabwe;
- To develop a guideline framework for the prevention and handling of child abuse cases in Zimbabwe.

1.6 Research questions

The following research questions guided the study;

- What is the nature of CSA in Zimbabwe?
- What components provided by the research data can be used to generate Child sexual abuse prevention guideline(s) framework?

1.7 Theoretical framework

In order to understand and appreciate CSA in its entirety and all its complexity, this study was informed by the Ecological theory by Bronfenbrenner (1979). Harilall and Kasiram (2011) suggested that the Ecological theory is an extension of the Systems approach which allows exploration of the wide circle of systemic influences. The systems approach argues for the exploration of the wide circle of systemic influences and how environmental forces influence things. The systems approach further argues that individuals exist within a social context and to best understand them you have to look at them in context (Pincus and Minaham 1973).

The Ecological perspective presented a unique philosophical view of understanding CSA as it relates to the socioeconomic factors that contributed to the vulnerability of children to CSA. According to Sincero (2012), the Ecological theory holds that the child is part of and encounters different environments that have an influence on them. The theory sees the child survivor as located in a series of systems (Doyle, 2012). Our understanding of phenomenon of CSA is and should therefore be bounded by context of interacting factors. Bronfenbrenner in Harilall and Kasiram (2011) suggests five systems that influence the child and CSA in this context. These systems are the microsystem, the mesosystem, the exosystem, the macro-system and the chronosystem.

The microsystem is the direct environment in which the child lives and is directly impacted by. The microsystem is comprised of the child, the child's family, friends and others with direct contact with the child. The child survivor also influences the system in that their behaviour and biological makeup may also influence the occurrence and effect of CSA.

Secondly, there is the mesosystem which involves the relationships between and within the micro-systems surrounding and interacting with the child. The child's family experiences may be related to their school environment and CSA. The relationship between the child's parents may impact and expose the child to CSA. Relatives and those surrounding the child (other microsystems that make up the meso system) may be themselves the perpetrators of CSA. According to Chitereka (2010) and Kheswa (2014),the majority of the perpetrators are related or close to the abused children, such as fathers, uncles, brothers, step parents, relatives, well-respected individuals by family members, neighbours and, in some instances, their school teachers.

The third system, the exosystem is the setting in which there is a link between the context and life events, wherein the child survivor does not have any active role, and the context where in is actively participating. An example is the transference of one of the parents to another work place that may expose the child to single parenting that is noted as a risk factor.

Fourthly, the macro-system relates to the cultural and social setting in which the child is situated. At this level is the cultural context in which the child lives. Meursing, Vos, Coutinho,

Moyo, Mpofu, Oneko, Mundy, Dube, Mahlangu and Sibindi (1995) and Lalor (2004) note that strong cultural practices, belief systems and male domination in societies such as Zimbabwe do place children at risk of CSA. The macro-system also involves the socio-economic status of the child and family. Putman (2003) links low socio-economic status to CSA. Poor housing, for example, has been shown to expose children to abuse. Poverty has also been linked to exposing children to transactional CSA (Jones and Jemmott 2009). There are myths, cultural and social practices that may promote or expose the child to CSA. According to Meursing et al. (1995) there are common belief in Zimbabwe's Matabeleland provinces that sexual intercourse with children may cure one of disease or in other ways bring good fortune or financial success. The VFS is part of the macro system as it constitutes society's response to CSA.

Lastly, there is the chronosystem which includes the transitions and shifts in the child's life. The sociohistorical contexts of the child may have an influence on the child. An example is divorce and separation of parents that result in risk factors such as single parenthood and step parenting. Separation may result in lowering of economic status that may result in poor housing and a drift into poverty. This may expose the child to CSA as research (Jones and Jemmott, 2009) shows an increased risk of CSA, with the presence of a step parent in the child's life.

From an ecological perspective, CSA is understood within a context at the various levels or systems and environmental forces (Messman-Moore and Long, 2003).CSA is multifaceted; operating at the various levels and influences surrounding the child. To understand the CSA, from a causal and intervention perspective, one will have to explore the various systems and factors surrounding CSA the child. These forces exact influence on CSA. The Ecological theory is used in this study to analyse the different variables and systems involved in the conceptualisation of CSA (Calaa and Sorian, 2014). According to Harkonen (2007), CSA is thus a fruit of complex environmental factors that interact with the child's own micro-environment. The child can either positively influence the occurrence of CSA or the factors surrounding him/ her can also positively or negatively influence CSA (the occurrence, factors and impact thereof).

Although generally well received, Bronfenbrenner's model has encountered some criticism. Most of the criticism centre on the difficulties to empirically test the theory and model and the broadness of the theory that makes it challenging to intervene at any given level. Doyle (2012) notes some examples of criticisms of the theory as;

1. Challenging to evaluate all components empirically;
2. Difficult explanatory model to apply because it requires extensive scope of ecological detail with which to build up meaning that everything in someone's environment needs to be taken into account;
3. Failure to acknowledge that children positively cross boundaries to develop complex identities;
4. Tendency to view children as objects;
5. The systems around children are not always linear;
6. Underplays abilities, overlooks rights/feelings/complexity;
7. Gives too little attention to biological and cognitive factors in children's development;
8. Fails to see that the variables of social life are in constant interplay and that small variables can change a system.

1.8 Conclusion

CSA remains a challenge globally in terms of the magnitude of the problem and the effects it has on the child, family, society and country. The preceding chapter placed the current study into context. The chapter highlights the problem statement contextualising CSA with the Zimbabwean context arguing that the phenomenon of CSA is a multi-faceted global children's rights issue and a problem of considerable extent with adverse medical, psychological, behavioural and socioeconomic outcomes which can be short, medium and long term in nature and that the area of CSA is not a static and fixed phenomenon. It is argued that there is need for continuous generation of current locally generated research evidence to inform interventions on CSA in Zimbabwe. It is envisaged that the study makes several contributions in the management of CSA. Firstly, the findings of this study deepen and broaden the continuous understanding of CSA. Secondly, the findings will have practical professional relevance to professionals such as psychologists and social workers who work with child survivors, families and in some cases perpetrators of CSA. Thirdly, the findings from this study

may also be influential in strengthening strategies on child protection in view of the magnitude of the problem, its effects and consequences. Lastly, it is hoped that this study will stimulate interest and further research into the phenomenon of CSA for practitioners. The broad aim of the current study was to explore the phenomenon of child sexual abuse in Zimbabwe. This aim was achieved through answering the following research questions: What are the socio economic circumstances leading to CSA in Zimbabwe? What is the profile of CSA survivors and CSA perpetrators in Zimbabwe?; How effective are the current intervention strategies used in helping survivors of child sexual abuse in Zimbabwe?;What are the challenges faced by VFS stakeholders in Zimbabwe? and what components provided by the research data can be used to generate CSA prevention guideline(s) framework? The research was situated in the ecological theory viewing CSA as influencing and being influenced by the CSA survivors' ecological system. The following chapters present a review of literature on global and local CSA research, methodological issues that relate to how this study was conducted as well as findings of the current research.

CHAPTER TWO

CHILD SEXUAL ABUSE IN ZIMBABWE

2.1 Introduction

CSA is both a global and a Zimbabwean reality. This chapter conceptualises CSA from a Zimbabwean perspectives. The chapter presents definitions of CSA, factors predisposing Zimbabwean children to CSA and the effects of CSA on CSA survivors; families of CSA survivors and the wider society. Various interventions including the Victim Friendly System are explored. In addition, various challenges and barriers to CSA interventions are presented.

2.2 A Global Perspective of Child Sexual Abuse

CSA is a form of child abuse. The term 'Child Abuse' may have different connotations in different cultural milieu and socio-economic situations (Kacker, Varadan and Kumar 2007). Doyle (2012) defines child abuse as the maltreatment of people under the age of 18 years by either their parents or by their carers or by people known to the family and or by strangers. According to Kacker et al. (2007), child abuse or maltreatment constitutes all forms of physical, emotional ill treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

Despite the existence of a definitional crisis of what constitutes CSA, Jones and Jemmott (2009) argue that perceptions and definitions of child abuse are socially constructed. Globally, there is no standard and set definition of child sexual abuse (United Nations Children's Fund and the International Rescue Committee, 2012). For this reason, Chitereka (2012, p.30) notes that "child sexual abuse has never been unequivocally defined." This means that the meanings ascribed to the term child sexual abuse are a product of specific cultural, social and historical contexts which change over time in relation to circumstances and context. Warner (2009) further notes that the way CSA is defined, theorised, recognised and talked about is reflective of the changes and differences in history, geography, culture, laws and social policies. Hopper

(2004) concludes that these differences create controversies around the concept of child sexual abuse, which make it difficult to define CSA. While many definitions of child sexual abuse have been suggested, there seem to be no generally agreed position. Most of the definitions have certain characteristic features in common. Existing definitions have different characteristic features that include legal connotations, actions that constitute CSA, age and knowledge of the child of the perpetrators, and relationships involved between the offender and survivor.

Firstly, legal definitions look at CSA from the legal stand point. The legal age of consent varies from country to country as defined by law. Central to legal definitions of CSA is the age of the survivor and the survivors' consent. The United States of America's legal system defines CSA as sexual offences that involve children who are seventeen years and below (Finkelhor, 2009). The South African Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 defines CSA as a violation of human rights by compelling a person below age 18 years to engage in consensual and nonconsensual sexual activity (Kheswa, 2014). As such, legal definitions are intentionally contentious and problematic. The contention comes from the different legal interpretation of who is a child. The definition of a child is not fixed globally. It can be concluded that there is no universally agreed legal definition of what CSA is. Given the definitional and perceptual differences, what constitutes CSA in one community may differ from the next within the same country. It also follows that there are differences in perception and definitions of CSA between countries. The definitional controversy emanates from the different ages cited in the countries' laws.

Secondly, there are CSA definitions that use a wide spectrum of characteristic acts of what constitute CSA. Central to the definitions in this category are the types of behaviours that constitute sexual abuse. Putnam (2003) identifies an array of sexual activities covered by the term child sexual abuse (CSA). These sexual activities include sexual intercourse with a child; attempted intercourse with a child; oral genital contact with a child; fondling of genitals directly or through clothing of a child; exhibitionism or exposing children to adult sexual activity or pornography and the use of the child for prostitution or pornography. Chitereka (2012) gives examples of behaviours that constitute child sexual abuse to include digital finger penetration; exhibitionism; fondling of a child's genitals; having intercourse with a child; having oral sex with a child; having sex in front of a child; having a child touch an older person's genitals;

incest; showing an adult's genitalia to a child; showing children sexually explicit books or movies; sodomy and using a child in pornographic production of any kind. From the above discussion, CSA does not require penetration, force, pain and even touching. Noncontact behaviours such as inappropriate sexual language directed at a child, looking at a child's private parts and or showing private parts to a child to satisfy another person's sexual desires or interest are considered sexual abuse (International Rescue Committee, 2012).

Thirdly, there are CSA definitions that look at the age and knowledge of the CSA offender. Such definitions look at the physiological and mental age of the perpetrator. These definitions argue that the CSA offender's physiological and mental age gives them an advantage over the child survivor. Horner (2010) defines child sexual abuse as any sexual conduct by an adult or significantly older or more knowledgeable child with or upon a child for the purposes of the sexual gratification of the CSA offender. Child sexual abuse is defined by Chitereka (2012) as any form of sexual activity with a child by an adult, or by another child where there is no consent or consent is not possible; or by another child who has power over the CSA survivor. It is possible for a child to be sexually abused by another child who is younger than him or her. The exposure to CSA can explain why children sexually abuse other children. Exposure to CSA can either be experience or by observation (Omar, Steenkamp and Errington, 2012). Children may have been victims of CSA themselves and their perpetration of CSA offences can be explained by vicarious trauma, where they act out their experiences. Another explanation can be that children may have been exposed to pornographic material or adults indulging in sexual acts. Perpetration of CSA then becomes inquisitiveness and experimentation.

Fourthly there are CSA definitions that look at the context in which the CSA offense occurred. Jones and Jemmott (2009) identify three CSA contexts as intrafamilial; nonfamily abuse and transactional sexual abuse. Intrafamilial abuse takes place within family relations, while nonfamily abuse is perpetrated by persons not related to the child. This second form can be by perpetrators known or unknown to the child. The third form relates to sexual contact with a child with their consent. The following is a summary of the features of the three types as presented by Jones and Jemmott (2009, p.11).

The key defining features of intra-familial sexual abuse are:

- Secretive, invisible and silenced.
- Often multiple victims within a household with several siblings involved.
- May involve informal paedophile networks such as grandparents, uncles, brothers and cousins sometimes abusing the same child.
- Main perpetrators said to be step-fathers, mothers' boyfriends, biological fathers.
- Women often know but fail to act for various reasons.

The main features of non-family sexual abuse are**:**

- Most abusers are known to the child. Stranger abuse is considered very rare since in small societies there is a very high chance the child knows their abuser.
- Abuser is usually a trusted adult such as neighbours, teachers and shopkeepers.
- Evidence of adolescent boys with predatory behaviour targeting vulnerable girls and seeking out households with low levels of parental supervision.
- Some non-family abuse is 'opportunistic'. The abusers find themselves in a situation where they can abuse a child for example turning up to a house and finding a child alone.

The key features of transactional sexual abuse are:

- Primarily older men and teenage girls.
- Increasingly boys are involved.
- Isolated examples of women targeting young girls and boys.
- High rates of transactional sex between young people which makes young people more vulnerable to being targeted by adult men often carried out openly.
- Is sometimes widely known about.
- In some circumstances is socially sanctioned.

Lastly, CSA is defined by the World Health Organisation (1999, p.62) as**:**

> *"the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another*

child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person"

2.3 The Zimbabwean Perspective of CSA

Despite various definitions of CSA that have been suggested in Zimbabwe, a common position on what constitutes CSA remains elusive and controversial. This definitional crisis comes from the difficulty in reaching a consensus of who constitutes a child. Further controversy comes from the inclusion of the violation of norms and laws of society in the definition of CSA. While the Zimbabwean Constitution defines a child as any person below the age of 18 years, current laws of the country define the age of consent as 16 years. The legal definition creates a legal gap, controversy and a challenge in defining what constitutes CSA at law.

The Judicial Service Commission (2012, p. 13) which is responsible for the Victim Friendly System under study defines CSA as "the involvement of a child in sexual activity with another person that the child does not fully comprehend, is unable to give informed consent to, or the child is not developmentally prepared for and that violates the laws and norms of a society."

Another definition used in Zimbabwe is offered by Rudd and Brakarsh (2001, p. 4) who define CSA as "sexual activity perpetrated by an adult or a more sexually knowledgeable child on a child for the perpetrator's sexual gratification." Rudd and Brakarsh (2001) add that these sexual activities can be actual penetration, attempted penetration, exposure to pornographic material and other sexual contact activities such as fondling and kissing. The above definition looks at the intention of the perpetrator and acts that constitute CSA. The two definitions create definitional crises as follows:

1. The notion of CSA involving a child. As mentioned above, the concept of a child in Zimbabwe stirs controversy, contradiction and a legal gap.

2. Violation of the laws. The Judicial Service Commission (2012) notes that an act of sexual intercourse between two people, one of whom is over the legal age of consent and the other is below the age of consent is deemed unlawful. They go further to define such sexual acts as 'consensual sexual intercourse with a minor.' In Zimbabwe, the Criminal Law Codification Act Chapter 9.23 defines the legal age of consent is above 16 years of age. Therefore, sexual activity with a child between

the ages of 12 and 16 even with their consent is deemed as unlawful consensual sex with a minor. While the Constitution defines a child as being 18 years and below, the age of consent is 16 years.

3. The notion that CSA involves an adult or a more knowledgeable child as the perpetrator. The definitions acknowledge that CSA offenders can be adults or children: persons below 18 years of age. Therefore, CSA offences can be committed by children.

4. Actual penetration versus indecent assault. The legal definitions acknowledge that CSA may also include nonpenetrative acts such as exposure to pornographic and sexual materials.

2.3.1 Forms of CSA in Zimbabwe

While CSA is generally regarded as a singular phenomenon, there are a wide range of circumstances and acts that constitute CSA (Smallbone, Marshal and Worley, 2008). There are various acts that constitute CSA from a Zimbabwean perspective. These acts include rape, 'consensual' sexual intercourse with a minor, incest and indecent assault. The following section looks at these in detail:

2.3.1.1 Rape

According to the Zimbabwean Criminal Law Codification Act Chapter 9.23 (2007), rape is regarded as the intentional and unlawful sexual intercourse by a male over 14 years of age, with a woman without her consent. Vaginal penetration even in the slightest degree is sufficient and ejaculation by the male is not necessary. Boys under the age of 14 years are regarded in the law as too young to commit rape. Hence, if boys under the age of 14 years are involved in forced sex they are sent for rehabilitation and not tried. In addition, the law in Zimbabwe views sexual intercourse with a child below the age of twelve years with her consent as rape. This legal definition of rape appears to contradict the social definition of CSA. Following the Judicial Service Commission (2012) definition that CSA involves the violation of social norms, it appears that there exist contradictions between legal definitions of rape and social definitions of CSA offenses. This is so given that there are communities and religious groups that sanction the sexual union of children even below the age of twelve. This further creates the definitional crisis.

2.3.1.2 Consensual Sexual Intercourse with a Minor

According to Loewenson (1997), the legal age of sexual consent in Zimbabwe is 16 years. Girls under the age of 12 years are legally incapable of consenting to sexual intercourse. Consensual sexual intercourse with a child between the age of 12 and 16 years is having sexual intercourse with a minor because a child is not regarded as old enough to make an informed decision. Jones and Jemmott (2009) observe that this form of sexual abuse may involve transactions in which sex is exchanged for money, goods and favors which may involve sexual abuse of a minor. This definition accommodates sexual relations with consent of persons between the ages of sixteen and eighteen who, at law, according to the Constitution of Zimbabwe, are children Despite the Constitution of Zimbabwe (2013) defining children as persons under the age of 18 years, the Criminal Law Codification Act Chapter 9.23 (2004) defines the legal age of consent as 16 years. There seems to be a gap of children between the ages of 16 years and 18 years of age. While persons between the ages of 16 years and 18 years are regarded as children, consented sexual intercourse with such persons is permitted at law. The Constitutional judgment of January 2016 only outlawed marriage of persons under the age of 18 years in Zimbabwe. Prior to this judgment any person could marry a child with the consent of the Minister (appointed by the President of Zimbabwe) and or by the guardian of the minor. What the ruling does is outlaw marriage and not sexual intercourse with children between the ages of 16 and 18 years. Children between the ages of 16 and 18 years can willfully have sexual intercourse with any person without any legal sanctions.

2.3.1.3 Incest

Dominelli (1989) defines incest as all unwanted sexual activities that occur between blood relations or individuals who are involved in relationships of trust and in which one individual is subordinate to and possibly dependent upon the other. This form of CSA occurs when a person intentionally has sexual intercourse with another person who is a blood relative or relative by marriage or adoption. Jones and Jemmott (2009) refer to this form of abuse as intrafamilial abuse. Incest is the most difficult form of abuse to identify, manage and prevent, as it occurs in secrecy. In Zimbabwe, incestuous relationships are taboo and against the law. Traditionally, there are cultural sanctions that are brought to ear. At law, the Criminal Law Codification Act Chapter 32 (2007) criminalises incest. Sexual relations between lineal, ascendant or descendant relatives are prohibited. Incest includes sexual relations were one of the party is the sister, brother; stepmother, stepfather, stepdaughter or stepson of the other party

to the incest is punishable by custodial sentence. Given the observation that most cases involve persons known and related to the child it can be argued that most CSA cases are incestuous.

2.3.1.4 Indecent Assault

Indecent assault is intentional assault involving the sexual organs of either the child or the CSA offender or both the child and the CSA offender. Indecent assault includes such acts as oral sex, fondling, and attempted rape. While Jones and Jemmott (2009) mention other forms of indecent assault as including children used as sexual objects in videos, photos or as pimps; exposure to sexual material through different media such as radio, photos, movies, text, mobile telephone, internet, adult sexual toys, sexual films and materials; exposing children to sexual acts deliberately or unknowingly and uncomfortable or intrusive touching of child as distinctive forms. According to Loewenson (1997) and Rudd and Brakarsh (2001), these acts are classified as indecent assault in Zimbabwe.

2.4 Emergent CSA Trends in Zimbabwe

There are emergent trends in the field of CSA. Jones and Jemmott (2009) found evidence of new trends in child sexual abuse and patterns of CSA that emerge as a consequence of specific events such as natural disasters, global trends, developments and technology. They term these collectively as 'emergent trends'. These emergent issues seem to affect not only the international community but also Zimbabwe. As the country keeps pace with global trends, developments and technology, new CSA trends emerge. Zimbabwe is open to new development thanks to increased use of new media: cell phones, digital television; the internet and exposure to foreign countries through migration and visits. New CSA trends expose children to CSA in many ways. Firstly, there is cell phone pornography. Jones and Jemmott (2009) report this as a growing problem among children. Children use the cameras on their cell phones to take nude images of themselves and their friends and then distribute the images. Sloth-Nielsen (2014) observes that the rapid increase in access to digital media, especially via cell phones is an increasing CSA risk in developing countries.

Secondly, internet abuse is another emergent CSA trend. This new form of CSA exposure involves children being approached by predators through social networking sites. Martin (2014) observes how the ascendancy of the internet has introduced new aspects to child sexual

abuse (CSA). She argues that through the intentional production, uploading and distribution of child sexual abuse images online (CSAIO), children are being exposed to CSA. Thirdly, there is a new trend of child sex tourism. Jones and Jemmott (2009) found that there was clear evidence of a growing market for child sex tourism. There were several specific examples given such as the existence of an organised pedophile network set up to service cruise ships, boys were a specific target of this activity. Fourthly, there is a new trend called opportunistic CSA. This form of sexual abuse is linked to natural disasters. Jones and Jemmott (2009) argue that natural disasters increase risk of opportunistic CSA. They further argue that natural disasters often result in families being relocated to temporary shelters. Children in temporal shelters may share living space with CSA offenders who take advantage and commit CSA offenses. Displacement disrupts family life and forces families to focus on survival. Such disruption in family life may lead to children being left unsupervised; children may have to fend for themselves and their siblings. In addition, it can be argued that such disruptions and the results of disruptions increase CSA risk. Zimbabwe is prone to natural disasters such as droughts and floods which are issues that can lead to opportunistic abuse.

Fifthly, there is a new trend of CSA offences committed by girls. Jones and Jemmott (2009) observe a new trend in the Eastern Caribbean: Anguilla, Barbados, Dominica, Grenada, and Montserrat, St Kitts and Nevis, of girls sexually abusing other children. In this form girls engage in sexually aggressive behaviour in which groups of girls gang up on individual boys and sexually abuse them. Child labour in Zimbabwe results in girl children being employed as domestic workers. It can be argued that children under the care of such domestic child labourers are at risk of this new trend, that is, CSA offences committed by girls. Lastly, Jones and Jemmott (2009) found a new trend of transactional sex involving children. According to Jones and Jemmott (2009) this new trend involves children paying other children for sexual gratification. Transactional sex involving children was reported as a problem across the Eastern Caribbean. They found young girls agreeing to sex with teenage boys for money and material goods. Factors such as poverty and orphanhood increasingly place children at risk of CSA.

2.5 Factors Predisposing Children to CSA in Zimbabwe

Various risk factors have been identified as placing children at risk of CSA. MacMillan Tanaka, Duku, Vaillancourt and Boyle (2013) note that the factors that place children at risk can be viewed from an ecological perspective and placed into demographic, familial, parental, and child categories. Jones and Jemmott (2009) identify factors that can be classified as being familial, societal, physiological, economic, political, and social and cultural factors. The following section looks at various factors that place children at risk of CSA in Zimbabwe.

2.5.1 Familial factors

Familial factors relate to the quality and nature of family life in which the child lives in. In addition, this view argues that CSA is more likely to occur in families that have a series of consternation. Firstly, CSA is more likely in families that have poor relationships between adults in the family. Secondly, CSA is most likely to occur in families that have a history of violence in the home. Thirdly, CSA is most likely to occur in families where children are unsupervised and lack adult supervision. Lastly, CSA is more likely in families where males in the household with a predilection for sexual abuse, there is serial or multiple partnering of parents and children often left by themselves. The following looks at familiar factors that are argued to promote CSA.

2.5.1.1Presence of a stepparent

Jones and Jemmott (2009) argue that stepfather abuse is a major problem both at the perceptual level and also at the level of social reality. They further argue that their findings concur with international studies which show that stepfather abuse is significantly higher than abuse by biological fathers. The above observations support the suggestion by Daly and Wilson (1994) that the absence of a biological relationship between the child and the caregiver can increase the risk of CSA.

2.5.1.2 Use of Substances

In addition, CSA has been shown to be present in families where there is alcohol or drug abuse. Children whose parents have an alcohol or drug abuse problem are at a higher risk of CSA than

others (Finkelhor, 1997and Putnam, 2003). According to Chitereka (2012, p.33), substance abuse also increases the risk of sexual abuse of children in Zimbabwe. The use of substances in Zimbabwe is attributed to factors such as the economic and political crisis, and frustration faced by Zimbabweans (Chitereka, 2012).

2.5.1.3 Parental Absence

Birdhstle, Floyd, Mwanasa, Nyangadza, Gwiza and Glynn (2011) identify a link between orphanhood and CSA. They argue that orphaned children are more at risk of being abused. In addition, using nationally representative data on female adolescents (15–17 years) from 13 countries in sub-Saharan, Kidman and Palermo (2016) found the likelihood of sexual abuse among orphans compared to non-orphaned peers. According to Save the Children UK (2007), largely due to the HIV/AIDS pandemic, the number of orphans (of one or both parents) is steadily growing in Mozambique. As a consequence, many children now live with a stepmother or stepfather, or with members of the extended family. In Zimbabwe, it is estimated that over 1.6 million children have lost the care of their parents to HIV/ AIDS and related causes (SOS International, 2017 and Ministry of Labour and Social Service, 2011).Consequently, these orphans remain at risk of CSA. The increased CSA risk of orphans comes from the non-availability of comprehensive social security provision targeting such vulnerable sections of the society in the country. In addition, such children may live in child headed families that lack supervision. Such children may also be forced to stay with relatives who may themselves commit CSA offenses.

2.5.1.4 Children with and of persons with Disabilities

Kheswa (2014) also finds a link between CSA and disability; suggesting that children with mental illness are more at risk. Mutetwa (2011) argues that vulnerability of children is a social construct that is a reflection of socially excluding societal attitudes on disability and impairment. Phasha (2013) found that communication barriers were a strong factor in CSA and disability. Furthermore, children with disability are dependent on their care givers further making them vulnerable to CSA. A child with disability's dependence makes them more likely not to disclose the abuse and continue being abused. Subsequently disability may imply that children with disability may not be able to defend themselves in the face of an abuser, for example, not being able to scream for help. It follows that perpetrators are more likely to sexually abuse them. Vulnerability to CSA increase for children with mental illness as

perpetrators may realise that such children may not be able to convince their care givers, professionals and the court that they were abused. Disability becomes an influential actor in increasing vulnerability to CSA.

2.5.1.5 Children living on the Streets

Living and working on the streets has been identified as another CSA familial risk factor. Children who live on the streets with and without their families are at risk of CSA. In an Indian study, Kacker, Varadan and Kumar (2007) found out that children living and working on the streets reported the highest incidence of sexual assault. Muchinako, Chikwaiwa and Nyanguru (2013) also found living on the street in Zimbabwe a CSA risk factor. The children on the streets phenomenon is attributable to a number of factors. Firstly, the orphan challenge highlighted above has forced children onto the streets of Zimbabwean cities. Secondly, the breakdown of traditional extended family systems has resulted in children with no family support system. Traditionally, children were looked after by the extended family in the event of death or absence of the biological parents. This safety net seems to be eroded due to factors such as urbanisation and adoption of western nucleated families. Lalor (2004) observes the rapid disintegration of clan authority due to exposure to the harmful elements of modernity and rapid social cultural change. Lalor (2004), however, argues that CSA was recorded, historically, in 'traditional' extended family based societies. Lastly, the problem of children on the streets points to a lack of comprehensive government provided child welfare programmes. While Zimbabwe has the Children's Act Chapter 5.06 (2001) that defines children on the street as being in need of care, the country continues to see children living on and off the streets. This points to the ineffectiveness of government provided safety nets for children in need of care. Bhattacharya and Nair (2014) argue that complex familial factors may push children on to the streets further exposing them to chronic CSA. Living on the street therefore, places children at CSA risk.

2. 5.1.6 Siblings of CSA Survivors

MacMillan, Tanaka, Duku, Vaillancourt and Boyle (2013) argue that siblings of child survivors are at increased risk of CSA. History of CSA in a family is a risk factor. It can be argued that, CSA offenders have equal access to siblings of CSA survivors who live in the same environment. The presenting sexual abuse could be explained by the presenting survivor's ability to report. Secondly, the abuse would have been discovered due to physiological effects

that cannot be concealed such as pregnancy, injuries and STIs. Lastly, the abuse of the siblings may remain concealed due to the effects of socialisation. It can be argued that where boys are sexually abused, they are more likely not to report as they are socialized to accept that boys are not weak (Cermak and Molidor, 1996; Finkelhor, 1997and Rudd and Brakarsh, 2002). Larlor (2004) observes that revealing CSA can be viewed as shameful. Given the proximity of the perpetrator to the survivor's siblings, the discovery of an abuse becomes a risk factor that other children in the same environment are at risk of CSA. It can be argued that there is need to widen the scope of interventions to include siblings of CSA survivors to eliminate possibilities of concealed CSA involving siblings of CSA survivors.

2.5.1.7 Family Belief Systems

According to Duncan (2005) internal belief system of a family and external family behaviour coexist within a family environment and interact to create and maintain CSA risk. Established maladaptive belief system in families where sexual abuse occurs contributes to CSA**.** Duncan (2005) also makes the argument that children are vulnerable to acquiring maladaptive beliefs existing within their family. Maladaptive belief systems and behaviours are learned and reinforced through social and cognitive conditioning (Comer, 2013; Barlow and Durad, 2015). In addition, beliefs shape children's thoughts, values and behaviour. Stoltenborgh, van IJzendoorn, Euser and Bakermans-Kranenburg (2011, p.89) argue that "'socialisation of African children to unquestioningly obey older people puts them at risk of sexual abuse by people to whom they are expected to pay their respects." Family Beliefs therefore are a CSA risk factor.

2.6 Economic factors

CSA is most likely to develop in children who are faced with poor economic conditions that place them at risk of sexual abuse. The following section presents poverty; urbanisation, industrialisation and infrastructural development and transactional marriages as economic factors which may create a CSA climate.

2.6.1 Poverty

CSA is most likely to occur in situations where children are in or are vulnerable to poverty. Kaseke (2009) argues that poverty remains the biggest human welfare challenge in Southern Africa and the world at large. Bhana (2015) makes a strong argument that large scale social economic inequality structure place African girls at risk of CSA. Conditions of chronic poverty and unsuitable conditions place girls at risk. Bhana (2015) also argues that schools in most African countries are located in settings, without adequate material and social resources. Children may consent to sexual relationships for economic gain. Putnam (2003) identifies low socioeconomic status as a powerful risk factor.

Jones and Jemmott (2009) observed difficulty in providing basic amenities for example food, clothing and shelter as placing children at risk of transactional CSA. Poor housing and lack of decent accommodation which requires children and adults to share sleeping arrangements also perpetuate sexual violence against children (Chitereka, 2012; Moyo, 2014). Lalor (2004) raises concern with the involvement of poor adolescent girls in relationships with older, wealthier men, frequently referred to as the 'sugar daddy' phenomenon. Chitereka (2012) describes a sugar daddy an adult male who enters into a sexual transactional relationship with a girl. Calves, Cornwell, and Enyegue (1996) also observe a cultural norm in Cameroon where poor adolescent girls exchange sexual services for food, gifts and money. The trend is evident in West Africa were young girls aged eleven to fourteen years are abused by men known as "godfathers" (Sossou and Yogtiba 2009,p. 1222). Chitereka (2012, p. 32) further observes that men, commonly known as "sugar daddies," and old women, commonly known as "sugar mummies," commit CSA offenses in exchange for money and other favours because of rampant poverty in Zimbabwe. Jones and Jemmott (2009) refer to such exchanges as transactional CSA. Kacker et al. (2007) link CSA to poverty related factors such as illiteracy, caste system and landlessness, lack of economic opportunities, rural urban migration, population growth, political instability and weak implementation of legal provisions to economic factors. They argue that the socioeconomic reality of the developing countries expose children to CSA. They go on to say that poverty is a major contributing factor to the problem of CSA.

According to Chitereka (2012), poverty in Zimbabwe leads children to be sexually abused. The Ministry of Labour and Social Services (2011) estimates that more than two thirds of the child

population in Zimbabwe lives below the food poverty line and are not able to access basic services such as education and health. They attribute the high level of poverty among children to political instability, raising unemployment and the government's inability to respond to the needs of children. According to Sewpaul (2014,p. 30), poverty in Africa results from an interaction of internal and external factors that range from colonial history, slave trade, corruption dictatorships, war, unfair trade practices, disease, poor infrastructure, and lack of democracy. There is polarised opinion on the reasons for the poor economic performance of Zimbabwe. On one side is the argument that poor economic performance is a result of poor economic and political management. Poor economic and political management results in capital flight, government interference in the economic sphere, toxic economic policies, unemployment, undemocratic political structures and process, the collapse of the rule of law, crime, corruption, HIV/ Aids, a decline in economic growth, and the reverse of the trickledown effect. This side of the debate thus attributes poverty among the population to government mismanagement and misrule (Martin, 2007; Addae-Korankye, 2014 and Sewpaul, 2014). The other side of the debate argues that poverty in Zimbabwe, is largely due to the colonial legacy of exploitation and segregation; a few owning and controlling the means of production particularly the land and the minerals; international interference, decline in global prices of minerals and agricultural commodities; domination, natural disasters and illegal sanctions (World Bank, 2016; Sewpaul, 2014; Ruwende and Chigogo, 2017). This side of the debate argues that poverty in Zimbabwe is a making of external forces. Despite the various views on the causes of poverty in Zimbabwe, poverty is a reality. It is argued that poverty is linked to CSA in a variety of ways. Firstly, poverty results in children dropping out of school which has the potential of them being married before they attain the legal age of majority. Secondly, children may be pushed into working and being on the streets. Lastly, poverty leads to lack of supervision of children as parents and guardians look for livelihoods opportunities in and outside of the country. Poverty therefore has the potential of exposing children to CSA.

2.6.1.1Urbanisation, Industrialisation and Infrastructural Development

According to Stoltenborgh, van IJzendoorn, Euser, and Bakermans-Kranenburg (2011) the rapid social changes in Africa along with increases in urbanization and individualism has led to greater isolation of families. Hampson and Kaseke (1987) trace the urbanisation and industrialisation processes in Zimbabwe to the colonisation of the country and the introduction of the monetary economy. In situations where children are left with biologically unrelated

caregivers when parents go to work, the risk of sexually abusive experiences increases. Euser, Alink, Tharner, van IJzendoorn, and Bakermans-Kranenburg (2013) identify non-biological relationships between children and caregivers as placing children at risk of CSA. It is further argued that larger child to caregiver ratio, the presence of larger numbers of vulnerable peers of both sexes and the more unstable care arrangement with high peer and staff turnover; children in residential care may increase risk of CSA. They offer several possible explanations that could lead to such an increased risk. Firstly, children who have been removed from the home may have earlier maltreatment experiences and often show emotional and behavioural problems. Such problems may make children more vulnerable and their behaviour can elicit further maltreatment. Second, the non-biological relationship between children and their caregivers in foster or residential care may increase the possible risk of CSA. Third, residential groups often have a mixed gender composition, and children with the most severe problem behaviours are frequently placed together in the same group.

Save the Children UK (2007) identifies large infrastructure projects and transport industry as having created serious situations of child sexual abuse and prostitution. They argue that the influx of mainly male workers who are away from their wives and families for extended periods and who have money to spend exposes children to CSA. In its recent report on the construction of the Zambezi Bridge, Save the Children expressed serious concern over this issue in Sofala and Zambezia Provinces of Mozambique. In addition, traffic hubs constitute another important location for commercial sexual exploitation. The argument is that as workers in the transport sector pass through the country from the ports into neighboring countries, there are transactional sexual relations with children. Transactional CSA is strongly linked to poverty and school dropout. Children and families become vulnerable to CSA as they seek survival. In cultures and societies were children are viewed as economic resources children become susceptible to sexual abuse and early marriage.

It is important to note that while Save the Children (2007) found out children being forced into marriage, there is insufficient evidence to indicate how common it is for parents to push their daughters into prostitution. Sossou and Yogtiba (2009) found out that 70 per cent of mothers interviewed in some villages in Ghana encouraged young girls to enter into premarital sexual relationships as gift exchange. In the same study many of the older women interviewed felt that

receiving gifts in exchange for sex was not regarded as child abuse or prostitution but rather evidence of a man's love.

2.6.1.2 Transactional Marriages

Linked to the above and as a consequent of economic drivers of CSA is marriage transaction between families for economic and material gain. Save the Children UK (2007) found that early marriages were common among poor families in Mozambique. They estimate that almost one quarter (23%) of all Mozambican women are married by the age of 15 years. They attribute this trend to poverty. Many families withdraw their daughters from school and arrange marriage for them at a young age because the cost of taking care of the girl is thus passed onto her husband and his family. On marrying, a girl is expected to relinquish her childhood and assume the role of a woman. This includes engaging in sexual relations with a husband who might be considerably older than her and whom she might not have chosen. Save the Children further argues that early marriage can thus be seen as a means of legitimising child sexual abuse. It can also be regarded as a form of commercial sexual exploitation of children in cases where parents marry off a girl for economic or social gain or to support the family.

Mozambique has one of the most severe crises of child marriage in the world today. While the Constitution of Zimbabwe Amendment Number 20 (2013, p.22) states that "no person may be compelled to enter marriage against their will", and calls on the state to ensure that no girls are pledged into marriage. According to theUnited Nations Population Fund (2012), 31% of girls in Zimbabwe are married before 18 years. Socioeconomic factors such as poverty, limited access to education and harmful cultural norms are important in explaining child marriages. It can be argued that child marriages are a form of CSA. The Constitution of Zimbabwe (2013) defines a child as any person under the age of eighteen years. The same law outlaws marriage of persons under the age of eighteen years. It therefore, follows that any person under the age of eighteen involved in sexual conduct in spite of marital status, is a victim of CSA. Nour (2006) proposes policies and programmes that empower the girl child. He recommends awareness raising, education and participation of the girls' families and religious leaders in the programmes and policies.

2.6.1.3Political factors

There is a view that CSA is linked to political factors and processes. This view looks at CSA as a political phenomenon. Political factors that include legislative processes, lack of political will; the budget processes and political instability arguably place children at risk of CSA.

2.6.1.4The legislative process

Warner (2009) argues that the way CSA is defined, theorised, recognised and talked about is reflective of the changes and differences in history, geography, culture, laws and social policies. Laws and policies among countries and societies are outcomes of political processes. Different countries have different laws that influence and regulate behaviour. The laws are influenced by people's culture, history and geography. Different countries have different cultures, histories and geography and by inference different laws. These differences in laws, cultures and geography create controversies around the concept of child sexual abuse, which make it political and controversial from society to society difficult to define CSA (Hopper 2004).

Society is responsible for enacting various policies that protect and react to the abuse of children. Kaseke (1993) argues that countries develop laws to regulate human interaction and thus serve to safeguard individual human rights and to protect society generally. Zimbabwe is party to international and regional conventions that are reflected in its laws. The country has ratified both the United Nations Convention on the Rights of the Child and the African Charter on the Rights and the Welfare of the Child. By ratifying the Convention and the Charter, the Government of Zimbabwe committed itself to implement the provisions of both instruments. One key area is the protection of children from abuse. Local laws such as the Children's Protection and Adoption Act also aid in the protection of children. Despite these protective instruments, child sexual abuse is still a reality (Chitereka, 2012). Poor legislative processes therefore place children at increased CSA risk.

2.6.1.5 Lack of political will

The lack of political may place children at risk. The lack of laws to protect children, implementation of laws and a lack of budgeting and resource allocation for the protection programming can be seen as placing children at risk of abuse (Jones and Jemmott, 2009). Save the Children notes that lack of government over site, absence of systems and laws to protect

children places children at the risk of CSA. They report that the absence of laws to protect children from CSA in Chinese boarding schools has exposed children to being sexually abused (BBC, 2015). Gwirayi (2013) questions the efficacy of existing Zimbabwean laws in protecting children from CSA. He argues that despite the existence of national and international laws, CSA remains a serious problem, not only in Zimbabwe but also in other countries: developing and developed. Accordingly, perpetrators choose younger victims because they know that the criminal justice system does not protect them. Smith's (2009) revelation that out of 4,000 known rape cases in the country, only 500 end up in successful prosecutions in Zimbabwe. He thus argues that lack of political will places children at risk of CSA due to the lack of judicial protection or the non pursuance of the existing frameworks. Jones and Jemmott (2009) found out that where legislation exists it is generally regarded as ineffective.

2.6.1.6 The budget process

Related to political will is the allocation of resources through national budgets. Given the role of the legislature in the approval of national budgets in parliament, the budgeting process and allocation of resources are largely political processes. The lack of political will in Zimbabwe is reflected in the resource allocation and budget processes in the country. The national budget is approved by the parliament on a yearly basis with politicians having the final say. It follows that the resource allocations are political processes. The lack of budgetary support is a reflection of will on the part of the political processes. The Ministry of Labour and Social Services (2011) acknowledges a decline in government investment in social protection to less than 1% of the total yearly budget in Zimbabwe. This lack of investment in the social protection has resulted in spiral poverty in Zimbabwe further increasing vulnerability of children to CSA (United Nations Children's Fund and the Ministry of Labour and Social Services, 2011). Underfunding and lack of political has been observed in the developed world. According to New Zealand's Social Services Committee in Dickson and Willis (2015) a recent government enquiry revealed that specialist sexual violence services are unfunded and struggling to meet demands. Inadequate resourcing of government programmes therefore increase CSA vulnerability.

2.6.1.7 Political instability

According to Kacker et al. (2007), political instability and other internal disturbances, including conditions of insurgency in many countries create major problems such as increased numbers of child soldiers, refugee children, trafficked children and children on the streets. Kacker et al. (2007), further observed that political instability creates the grounds for CSA. It is estimated that by the end of 2014 almost 55 million people depended on the protection and assistance of UNHCR and partners (The United Nations High Commissioner for Refugees: UNHCR, 2015a). The UNHCR (2015b) estimates that almost half of the world's forcibly displaced people are children. UNHCR (2015b) further note that refugee children are at a greater risk of abuse. Cohen and Nordas (2015) argue that CSA is a form of wartime violence on civilians including children, through the recruitment of children as child soldiers. They found out that recruitment of children by militias is associated with a higher reported prevalence of sexual violence. The recruitment and perpetration of sexual abuse is perpetuated by governments themselves through the use of pro-government militias. Cohen and Nordas (2015) argue that government trained militias are associated with more sexual violence and this suggests that sexual violence is, at a minimum, implicitly sanctioned by these states, and that sexual abuse in wartime is a practice. War rapes can be committed by combatants during armed conflicts. Rape is used as a psychological weapon.

Chitereka (2012) notes that, in Zimbabwe, politically motivated violence exposes children to multiple risk of CSA. According to Chitereka (2012), the 2008 Presidential election runoff exposed children to multiple CSA risks. In emergency and displacement situations, a child's home, community and school environment are inevitably severely disrupted. Accommodating displaced communities in temporary camps potentially puts children at still greater risk of sexual abuse and exploitation as community structures and social roles break down, inadequate resources including food and shelter provoke social stress and insecurity, and crowded living conditions provide individuals with minimum security and privacy.

2.6.1.8 Secondary CSA

There is an argument that CSA can result from the interventions that are created to protect and respond to CSA itself. Kuijvenhoven and Kortleven (2010) argue that CSA can also be attributed to agencies and professionals that allegedly fail to prevent traumatic outcomes. They argue that failures by professionals and systems do place children at risk of CSA. September,

Matne, Adam, Kowen (2000) add that children can experience CSA from the examination and interventions that are put in place to protect them. Secondary abuse can be attributed to various factors. Firstly, the professionals may lack the necessary training to work with survivors leading to secondary trauma: medical and psychological. Secondly, the unavailability of resources may result in compromised services. Thirdly, many poor people may find follow up service beyond reach. CSA interventions are not and event but a process. Failure to raise the necessary bus fare may result in premature termination of treatment regimes with possible health implications. Failure to access interventions may result in secondary effects of CSA.

2.7 Social and cultural factors

According to Blagg et al. (1989), child sexual abuse is situated within complex social and cultural arrangements. Mendelson and Letourneau (2015, p.845) argue that "Ecological systems theory locates the individual in the context of multi-level systems including individual, family, and neighborhood factors and the larger cultural context." The following section discusses various social and cultural factors that contribute to CSA.

2.7.1 Cultural practices

Various cultural and social practices expose children to risk of abuse. Harmful traditional practices such as child marriage, caste system, discrimination against the girl child, impact negatively on children and increase their vulnerability to abuse (Kacker et al. 2007). In Zimbabwe, among the Shona people, cultural practices such as *kuzvarira* (child pledging), *kuripa ngozi* (appeasing spirits), *chiramu* (sexual orientation or socialization of in-laws) and virginity tests place children at risk or may constitute abuse themselves. According to Gumbo (1993) and Chitereka (2012), child pledging in Zimbabwe entails poor parents marrying off their underage daughters to rich men in the community in exchange for cash and other provisions. Chitereka (2012) goes on to describe a cultural practice in Zimbabwe of paying off an avenging spirit (*ngozi*) with a virgin to the surviving members of the spirit's family. The widespread belief is that if that spirit is not paid off, it will cause the deaths of many people. The Herald (6 May 2014) reports of a cultural practice known as "kutara," believed to treat the sunken fontanelle on the child. In this practice man use their manhood to treat his first child of sunken fontanelle (nhova/inkanda) *kutara* involves a father sliding his manhood on the face, left ear, right ear, the back of the head and the middle of the head.

Similarly cultural practices have been identified elsewhere as putting children at risk of CSA. Sossou and Yogtiba (2009, p.1223) report a cultural practice among the Ewe speaking people of Ghana and Togo, called 'trokosi practice'. They describe Trokosi as a traditional practice in which young virgin girls, as young as ten years old, are sent to fetish shrines as slaves to atone for the sins and crimes committed by their relatives, who usually were already dead. The crimes committed by the dead ancestors ranged from murder to petty crime, such as stealing and committing adultery with other people's wives. They further note that the children are sexually abused and impregnated by the custodial fetish priests in the shrines. They also cite a practice of giving young girls into marriage to older men is encouraged by parents in the rural areas and also among families of Muslim religion in the northern regions of Ghana, Nigeria and Togo. According to Zhu, Gao, Cheng, Chuang, Zabin, Emerson and Lou (2015), the Confucianism ethical, philosophical culture has dominated Taiwan for thousands of years, has some aspects of traditional Confucian culture that act as contributing factors to CSA. They argue that the Confucian culture could be conductive to CSA. They assert that the suppression of sexuality in traditional Confucian culture makes it difficult for children to talk about their sexual abuse experiences. In addition, in Confucian culture the needs of a family tend to be considered more important than those of an individual, which results in ignoring the abuse experiences of an individual family member in order to protect the family from the shame associated with its report. This is argued as giving potential perpetrators some leeway because they may be confident that neither children nor families will disclose the sexual abuse, thus indirectly encouraging such behaviour.

Population Council (2008) acknowledges the role of sexual initiation in CSA. They cite examples from South Africa, Tanzania and Namibia were girls as young as fifteen years are forced into having sexual intercourse in the name of culture. Similarly, Sossou and Yogtiba (2009) report of a set of social status rituals performed for young teenage girls to mark graduation into adulthood. It can be argued that initiation taken as rite of passage into adulthood. It can then be argued that making children undergo these rituals gives the impression that they are now capable for marriage and sexual relationships.

2.7.1.1Cultural Taboos

The subject of child sexual abuse is still taboo in many societies and cultures. According to Kacker et al. (2007) there is a conspiracy of silence around the subject in India, for example. They argue that a very large percentage of people feel that CSA is a largely western problem and that child sexual abuse does not happen in India. It is further argued that this culture of silence perpetuate CSA. According to Gilligan and Akhtar (2006), religions prescribe moral limits to sexual activity that clearly forbid the sexual abuse of children and promote their protection. However, religion also requires behaviour which maintains modesty to an extent that children may find it difficult to discuss matters relating to sexual activities both within their own families and with those outside (Gilligan and Akhtar, 2006). Jones and Jemmott (2009) argue that a lack of awareness or ignorance about what is sexual abuse is a salient factor contributing to child sexual abuse. Jones and Jemmott (2009) note that ignorance on the part of not only children, but the significant adults in their lives, including parents and guardians. They further argue that strong cultural taboos against talking about sex openly mat also be the reason why individuals are unaware about CSA.

2.7.1.2 Male domination

Larlor (2004) notes that the male dominated nature characteristic of Sub-Saharan Africa places children at risk of CSA. He argues that the African child's socialisation for obedience and acquiescence is a vulnerability factor for sexual abuse. He further notes the common perceptions of the 'uncontrollability' of male sexual urges and views on the role of physical force in sexual relations. These social constructs, he argues, may explain the prevalence of CSA in male dominated communities. According to Koss and Harvey (1991), the feminist analysis of CSA begins with the assertion that patriarchal societies are comfortable with and reliant with men's control and maintenance of political, economic and physical control of women and girls. Koss and Harvey (1991) further assert that in line with the feminist argument, girls are socilaised to be passive, good willed compliant and assume the status quo. However, literature from South Africa and Zimbabwe shows a relationship between higher levels of female education and increased vulnerability to sexual violence (Population Council, 2008). The argument is that female empowerment is accompanied by a resistance by women to patriarchal norms, which in turn provokes men to violence in an attempt to regain control.

2.7.1.3 Cultural Myths

Muvundusi (2013) reports that myths such as the belief that having sexual intercourse with a virgin child cures HIV place children at risk. Lalor (2004) notes widespread explanation for child sexual abuse in sub-Saharan Africa as the belief that intercourse with a virgin or young girl may have cleansing or curative powers and may act as a cure for HIV and other sexually transmitted diseases. Plumer and Njuguna (2009) report a pattern of abuse by men who target minors for sex in the belief that they are less likely to be infected with HIV/AIDS. He notes that men infected with HIV/AIDS have the illusion that they will be "cleansed" by having sex with a virgin. Richter, Komarek, Desmond, Celentano, Morin, Sweat, Chariyalertsak, Chingono, Gray, Mbwambo and Coates (2013) refer to this practice as the 'virgin myth. ' Similar belief systems and trends are observed in Zimbabwe and South Africa where sex with children is believed to be occasionally used as a traditional cure for sexually transmitted diseases and to bring luck in business (Chitereka, 2012 and Meinck, Cluver, Boyes and Mhlongo, 2015). Meursing et al. (1995) identify the belief common in Matabeleland that sexual intercourse with children may cure one of disease, or in other ways bring good fortune or financial success. Meinck et al. (2015), however, argue that while widely cited ''virgin cure,'' whereby sex with an infant or young child is said to cure HIV, there is a lack of quantitative evidence to test the prevalence of this practice. In addition to seeking cure from disease and quick wealth, young virgins in West Africa are forced into ritual sexual abuse by persons seeking power, long life and protection (Sossou and Yogtiba, 2009).

The Ministry of Labour and Social Services (2011) points out that while the prevalence rate of HIV in Zimbabwe has dropped from 20, 1% in 2005 to 14, 3% as at 2009, the HIV prevalence rate remains high in a society that has a pattern of abuse by men who target minors for sex in the belief that they are less likely to be infected with HIV. Lalor (2004) further points out that while the practice of 'curing' oneself of AIDS by having sex with a virgin or young girl is commonly reported in the literature, there is need for caution given the little scientific evidence to indicate how widespread this practice is in Sub-Saharan Africa. This belief not only increases children's vulnerability to HIV/AIDS but also increases the risk of being sexually abused.

2.7.1.4 Technology

The advent of new technologies has meant the introduction of new CSA risk exposure. New technologies and new media such as digital television, the internet, social networks (Facebook,

whats-up, twitter) and mobile phones make children vulnerable to CSA through exposure, voyeurism and child pornography (Kacker et al., 2007 and Medecins Sans Frontierers, 2011). Martin (2014) argues that the intentional production, uploading and distribution of child sexual abuse images online (CSAIO) has produced an emerging trend. Martin recognises the ascendancy of the internet has having introduced new aspects to child sexual abuse (CSA).

2.8 Physiological factors

Physiological factors relate to biological characteristics of the child and CSA offenders. It has been observed that the risk of CSA rises with age (Putnam 2003). It can however, be argued that the older the child the more likely they are to report the abuse therefore low levels of abuse in younger children should not be taken to represent the absence of abuse (Rudd and Brakarsh, 2001).

Statistics point to girls being at more risk of CSA than boys. Jones and Jemmott (2009) concluded that most victims are girls. Estimates suggest that girls have at about 2.5 to 3 more likely to be at risk than boys (Finkelhor in Putnam, 2003). Research by MacMillan et al. (2013) reported that females accounted for 22. 1% of CSA compared to 8.3% in males. This finding is in tune with the widely held estimates on the sex differentials. According to Finkelhor, Stattluck, Turner and Hamby (2014), the widely used statistic on the likelihood of child being sexually abused in the course of their childhood is one in every four girls and one in every 6 boys. There is need to be cautious as boys may not report abuses owing to socialization patterns, stigma and or how sexual abuse is perpetrated upon them.

According to Finkelhor (1993) and Putnam (2003), the risk of CSA rises with age. Data from the USA indicates that in 1996 approximately 10% of victims are between ages 0 and 3 years. Between ages 4 and 7 years, the percentage almost triples (28.4%). Ages 8 to 11 years account for a quarter (25.5%) of cases, with children 12 years and older accounting for the remaining third (35.9%) of cases (United States of America Department of Health and Human Services, 2008). Putnam further argues that age operates differentially for girls and boys, with high risk starting earlier and lasting longer for girls. Finkelhor et al. (2014) make the conclusion that the risk of CSA rises with each year from the ages 15 to 16 years of age.

Westcott and Jones, (1999) argue that disability is a CSA risk factor. They argue that children with physical and intellectual disabilities, especially those that impair a child's perceived credibility are more likely to be at risk. According Groce, Rohleder, Eide, MacLachlan, Mall and Swartz, (2013) in Kheswa (2014) 90% of the mentally challenged children experience sexual abuse at some point in their lives. Wissink, van Vugt, Moonen, Stams and Handriks (2015) confirm that children with disabilities have a greater vulnerability to CSA. They however, find that children with disabilities are also at risk of becoming perpetrators of CSA. Kheswa (2014) goes on to state the abused abuser hypothesis among children with disabilities can be explained by increased vulnerability, dependency, institutional care, and communication difficulties among children with disabilities. Phasha (2013) found out that communication barriers contribute towards underreporting of sexual abuse since the language used to name sexual parts are wrong. For example, in her qualitative study conducted with two professional social workers responsible for two schools for the mentally challenged in the informal settlements near Johannesburg, Kheswa (2014) found that convincing evidence to prosecute the alleged perpetrators often lack from the abused children.

According to Johnson (2007), perpetrators of CSA may in some cases have a psychiatric history. He notes that they often have experienced a mental health disorder. The disorders include depression, anxiety disorders and personality disorders. Briere, Madni and Godbout (2015) state that the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) diagnostic criteria characterise pedophilia as recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving sexual activities with a prepubescent child or children persisting for a period of at least 6 months. Such fantasies or behaviours cause clinically significant distress, interpersonal difficulties, or functional impairment.

Being a survivor of CSA is a risk factor for possible sexual abuses in future. Lalor and McElvaney (2010) cite numerous studies have also highlighted that CSA victims are vulnerable to later sexual revictimisation. Duncan (2005) argues that intergenerational aspects of sexual abuse include not only a risk of the trauma of sexual abuse being passed forward into the next generation, but also the belief system that sustains it. The odds of victimisation in adulthood were greater for women who were abused in childhood than those who were not abused (Jones and Jemmott, 2009).

While the section above presents CSA factors separately, Medecins Sans Frontier (2011) argues that the risk factors can be combined in a single society to expose children to CSA. They cite the example of the Zimbabwe, where in a struggling economy, unemployment, and poverty; hunger, culture and traditions as well as social norms combine to make children CSA vulnerable. Jones and Jemmott (2009) add caution that CSA risk factors do not mean that CSA is present and to also understand that even in the absence of risk factors, children may be sexually abused. In certain circumstances there can be multiple risk factors operating to make the child vulnerable. The most significant risk for children is the presence of a CSA offender in the child's ecological environment with a predilection for sexually abusing children. CSA offenders often seek out and create opportunities to commit CSA offenses.

2.9 Effects of CSA

The effects of CSA exhibited by child survivors are so varied that it is not possible to sustain the concept of a specific syndrome related to sexual abuse. According to Smallbone, Marshal and Worley (2008), children are not affected the same way by CSA. Nurcombe (2000) observes that while some children appear to be resilient to CSA, a significant number manifest psychiatric disorders following disclosure. Much research and clinical practice has focused on the varied impacts and difficulties experienced by child survivors. Hansen and Tavkar (2011) observe that in the aftermath of CSA, the child survivor and families often face multiple challenges. Nonoffending caregivers and siblings may also experience considerable social, emotional, and economic consequences. Hansen and Tavkar (2011) go on to state that the impact of CSA on the child victim is identified as quite complex and heterogeneous, and commonly described as short term and or long term in its effects. Chitereka (2012) argues that, in addition to affecting the child and non-offending family members, CSA affects the perpetrators and society in general. The effects of abuse on children are contingent on the duration and type of child sexual abuse, the relationship of the perpetrator to the child and the child's internal resilience and coping strengths (Jones and Jemmott, 2009). Nurcombe (2000) adds that familial factors are likely to affect the outcome of CSA. The effects of CSA are mitigated by the child experiencing emotional neglect, emotional abuse, physical abuse, exposure to domestic abuse, marital dissolution of the parents, exposure to parental psychopathology and parental substance abuse. Most recent studies (Birdhstle et al. 2011, Hansen and Tavkar 2010) indicate that, CSA is associated with multiple short and long term

psychological difficulties. These studies show a correlation between CSA and many adverse medical, psychological, behavioural and socioeconomic outcomes and correlates which can be short and long term in nature (Hornor, 2010; Birdhstle, Floyd, Mwanasa, Nyangadza, Gwiza and Glynn, 2011 ; Jones and Jemmott, 2009 and Euser, Alink, Tharner, van IJzendoorn and Bakermans-Kranenburg, 2015). Putman (2003) is of the view that the effects of CSA are so diverse. He attributes the wide range of outcomes to the diversity of forms of CSA. According to Jones and Jemmott (2009), the effects of CSA operate at the micro, meso and macro levels. In line with the ecological approach, it is argued that CSA effects operate at the level of the child, the family and society. The following section looks at the physical, psychological, social and economic effects of CSA within the child's ecology.

2.9.1 Micro CSA Effect

In keeping with the ecological thinking the micro level effects operate at the individual level. These are psychological, behaviour, social, physical, economic CSA effects on individuals that make up the survivors micro system. The following section looks at the micro effects of CSA.

2.9.1.1 Effects of CSA on the Child

The child is part of the microsystem. CSA leads to a series of psychological, physiological and behavioural challenges for the child. The effects of CSA on the child are discussed below:

2.9.1.2 Psychological effects of CSA on the child

Nurcombe (2000) reports an association between CSA and the development of abnormal behaviour by the CSA survivor. He further assets that CSA has been linked to a number of psychiatric disorders and maladaptive behaviours in adulthood. Ouellet-Morin, Fisher, York-Smith, Fincham-Campbell, Moffitt and Arseneault (2015) affirm the association between CSA and poor mental health. Lalor and McElvaney (2010) found psychological problems to include low self esteem, anxiety, depression, anger and aggression, post traumatic stress, dissociation, substance abuse, sexual difficulties, somatic preoccupation and disorder, self-injurious or self-destructive behavior, and most of the various symptoms and behaviour seen in those diagnosed with borderline personality disorder. These include depression, self harm and low self esteem.

According to Devries, Mak, Child, Falder, Bacchus, Astbury and Watts (2014), CSA is associated with increased odds of incident suicide attempts. Devries et al. (2014) cite a twin study that reveals an association between CSA and suicide attempts in CSA discordant twin

pairs, providing strong evidence for an effect of CSA controlling for both genetic and early family environmental factors. A study by Perez-Fuentes, Olfson, Villegas, Morcillo, Wangand Blanco (2013) confirmed a correlation between CSA and psychopathology. They found out those adults with child sexual abuse history had significantly higher rates of any Axis I (on the Diagnostic Manual of Mental Disorders 5) disorder and suicide attempts. Briere, Madni and Godbout (2015), however, show that CSA has a specific, independent effect on suicide. They suggest that sexual abuse increases the likelihood of suicide attempts.

Maniglio (2012) suggests that survivors of child sexual abuse are significantly at risk for anxiety problems, such as generic anxiety, obsessive compulsive, phobic, and posttraumatic stress disorder symptoms. He however, notes that, child sexual abuse was found to be significantly linked with several other psychological and behavioural problems. Maniglio (2012) study on the link between CSA and anxiety disorders concludes that child sexual abuse is a significant, although general and nonspecific, risk factor for anxiety disorders. Maniglio (2012) goes further to argue that additional biological, psychological, or social risk factors may be directly responsible for anxiety disorders in child abuse survivors; in other cases, certain biological and psychosocial risk factors may interact with child sexual abuse to increase the risk of anxiety disorders in survivors of early sexual victimisation. Maniglio (2012) thus makes the conclusion that child sexual abuse survivors may sometimes confer additional risk of developing anxiety disorders either as a distal and indirect cause or as a proximal and direct cause. Thus, child sexual abuse should be considered one of the several risk factors for anxiety disorders. Other childhood adversities, in multifactorial etiological model not only contribute to the development of anxiety problems in child abuse victims but also the compensatory mechanisms whereby some abuse survivors achieve positive adaptation despite experiencing significant adversity.

Godbout, Briere, Sabourin and Lussier (2013) note that there are mitigating factors in the development of psychological and anxiety disorders as a result of CSA. They attribute higher levels of anxiety and psychological symptoms to parents who are not supportive. They further argue that parental support is a strong mediatory factor of the effects of CSA. Fergusson, Swain-Campbell, and Horwood (2002) observed that there is a direct link between anxiety, depression, and gender and exposure to CSA. They also found out that females had significant higher rates of depression and anxiety. Therefore, child sexual abuse should be considered a general, nonspecific risk factor for anxiety symptoms or disorders.

It is well documented that the effects of CSA are often associated with psychological maladjustment for the child survivor that may continue into adulthood (Godbout, Briere, Sabourin and Lussier 2013). Godbout et al. (2013) observe that CSA survivors are more likely to develop insecure attachment associated with relational problems. Putnam (2003) links CSA and depression. He notes that major depression, a leading public health problem with high prevalence rates and substantial morbidity and mortality, provides a useful example of the converging lines of evidence is linked to a history of CSA to serious adult psychiatric psychopathology. This finding is also confirmed by Bhaskaran, Seshadri, Srinath, Girimaji and Sagar (2016) who found high psychiatric morbidity in an Indian population of children with a history of CSA.

O'Leary and Gould (2010) state that one psychiatric outcome for survivor of CSA particularly male survivors, is an increase in suicidal tendencies when compared to community populations. According to Devries, Mak, Child, Falder, Bacchus, Astbury and Watts (2014), CSA is a risk factor for suicidal behaviours. They make the argument that CSA experience increases risk of traumatic stress disorder and major depressive disorder both of which carry increased suicide risk. Devries et al. (2014) conclude that CSA exposure is associated with suicide attempts when a range of different confounders are controlled for, but the temporality of the association is not well established, and the association is highly heterogeneous. They also observe that while CSA is associated with increased risk of suicide attempts other suicidal risk factors such as genetic risk factors, early family environment and other risk factors need to be eliminated and controlled.

2.9.1.3 Physiological effects of CSA on the child

At the micro level, CSA may result in physiological challenges for the child survivor. In their study of children working and living on the streets of Harare, Muchinako et al. (2013) found out that children who suffered CSA were exposed to sexually transmitted infections including HIV. According to Richter, Komarek, Desmond, Celentano, Morin, Sweat, Chariyalertsak, Chingono, Gray, Mbwambo, and Coates (2013), CSA plays a contributory role in HIV transmission through many factors that include earlier sexual initiation, sexual activity, having more than one recent sexual partner, and unprotected sex by not using a condom at the most recent sexual experience, and using alcohol or drugs at the most recent sexual experience.

Chitereka (2012) argues that there is a higher risk of contracting HIV the virus that leads to AIDS, in Zimbabwe where one in four people are HIV positive. Birdhstle et al. (2011) established a link between CSA and being infected with the human immune virus (HIV) and other sexually transmitted infection among child survivors attending Family Support clinics in Zimbabwe. Rumble, Mungate, Chigiji, Salama, Nolan, Sammon and Muwoni (2015) observe that the majority of adolescent survivors of CSA do not seek HIV testing or post exposure prophylaxis (PEP) despite the prevalence of HIV in Zimbabwe.

According to Lalor and McElvaney (2010), other physiological effects of CSA include injuries to reproductive organs; sexually transmitted infections, pregnancy, abortion and associated risks may also result. Mutenga (2011) reported of girls in Zimbabwe being killed after being sexually abused by the perpetrators in a bid to conceal the crime. In addition, Mugawe and Powell (2006) and Population Council (2008) note that sexual abuse is a major cause of ill health among girls, as seen through death and disabilities due to injuries.

One of the net effects of CSA can be unwanted pregnancy (sexual violence related pregnancies - SVRPs) and conceiving a child as a result of the abuse. According to Scott, Rouhani, Greiner, Albutt, Kuwert, Hacker, VanRooyen, and Bartels (2015) having a child from a SVRP in itself is complex psychosocial phenomena that carries stigma. They go on to argue that stigmatisation plays a mediating role in the relationship between sexual violence and mental health outcomes in conflict settings.

2.9.1.4 Behavioural effects of CSA on the child

The child survivor may develop behavioural problems in the form of poor school performance, risky sexual behaviour, substance misuse and violence (Jones and Jemmott 2009; Hansen and Tavkar 2010). Finkelhor and Browne (1985) note that there are behavioural effects of child sexual abuse that seem readily connected to the dynamic of traumatic sexualisation. They state that clinicians have often noted sexual preoccupations and repetitive sexual behaviour such as masturbation or compulsive sex play. Lalor and McElvaney (2010) show later engagement in high risk sexual behaviour (such as having multiple sexual partners), prostitution, and changing partners frequently, engaging in sex with casual acquaintances and sexual promiscuity. In addition survivors may engage in smoking, drinking, drug use, suicide ideation and suicide attempt (Zhu, Gao, Cheng, Chuang, Zabin, Emerson and Lou, 2015). Zhu, Gao,

Cheng, Chuang, Zabin, Emerson and Lou (2015) further note higher rates of drinking, gambling, and suicidal ideation were found among respondents who had experienced CSA than those who had not among both males and females. Staples, Stappenbak, Davis, Norris and Heiman (2015) report that alcohol related sexual risk are associated with a history of CSA. Zhu et al. (2015) also found that males with a history of CSA before the age of 14 reported a higher rate of smoking, fighting, and suicidal attempt compared to those who had not experienced. They however, did not find these relationships among females. Harford and Grant (2014) found a correlation between CSA and violent behaviour and suicide

Putnam (2003) reports sexualised behaviours as a consequence of CSA. Sanderson (1995) is of the view that CSA has the propensity to influence sexualised behaviour in childhood which can continue into adulthood. Lalor and McElvaney (2010) link CSA and revictimisation. They cite numerous studies that examined the relationship between CSA and later engagement in high risk sexual behaviour. Richter et al. (2013) link CSA to adolescent and adult risky sexual behaviours, including early sexual debut, an increased number of sexual partners, unprotected sex, alcohol and drug use during sex and sexual violence. Putnam (2003) thus argues that CSA is a strong predictor of HIV risk related behaviours. Zhu et al. (2015) conclude that the adoption of different behavioural patterns may be out of curiosity, or to draw the attention of the parent. Sexualised behaviours result from sexual violence perpetrated on the child and exposure to sexual acts and pornography.

According Lamoureux, Palmieri, Jackson and Hobfoll (2012), CSA is linked to a series of intimate interpersonal poor social adjustment and general relationship problems. The list of negative intimate relationship outcomes includes decreased satisfaction in romantic relationships, intimate partner violence, and sexual assault in adulthood, greater prevalence of risky sexual behaviours, including having more sexual partners and having sexual partners who are more likely to be physically and sexually aggressive, more likely to have a history of risky sexual behaviours, and less likely to be willing to use condoms consistently. Lamoureux et al. (2012) asset that these behaviours, as argued above, constitute an increased risk of contracting sexually transmitted infections (STIs), including HIV. Population Council (2008) state that in China, Peru, the United States of America , and Uganda were they found survivors of CSA as significantly less likely to use condoms, and more likely to experience genital tract infection symptoms, unintended pregnancy and a higher incidence of unsafe abortion.

Also, at the microlevel, CSA may result in lower later workplace performance. According to Jones and Jemmott (2009), 25.9% gender wage differential and gender differences in the prevalence and wage effects from childhood sexual abuse. They associated CSA and poor workplace performance. Poor workplace performance which intern may result in poor earnings may be attributed to psychological effects that have economic implications such as lower wages and work difficulties (Jones and Jemmott, 2009).

Lalor and McElvaney (2010) note that, in addition to socio emotional and mental health effects, studies have consistently found that child survivors are vulnerable to subsequent sexual revictimisation in adolescence and adulthood. Jones and Jemmott (2009) point out that while children from all socio economic, ethnic and educational backgrounds are at risk of sexual abuse, their research shows consistency in the factors associated with higher risks of child sexual victimisation. Duncan (2005) sates that future victimisation to children is one of the outcomes of the confusion about who and when to trust. He notes that survivors either end up trusting the wrong people or not trusting the right people.

2.9.1.5 Social effects of CSA on the child

Perez, Aldrian and Stender (1997) state that emphasis on the social value attached to female virginity automatically robs abused or seduced young girls of their sense of social dignity. A person who has nothing more to lose and who is convinced that he or she is worthless is at far greater risk of being caught in transactional sexual work. Zimbabwe is largely a society that holds traditional beliefs that prescribe dignity to virginity at marriage. The loss of virginity to CSA may thus become a loss of social dignity for the child.

2.9.1.6 CSA Effects on the child survivor's family

The microlevel includes the child survivor's family and siblings. According to Chitereka (2012) and Foster (2014) the whole family system is affected by CSA. Elliott and Carnes (2001) argue that at this individual level, non offending family members experience considerable social, emotional, and economic consequences such as stigma, increased feelings of isolation, loss of partner or disruption of the family, loss of income, and dependence on government assistance. They further state other effects on individual family members such as anger and rage, disruptive to their life schedules, sleep, and relationships and divorce or

separation. Denov (2015) says that CSA may result in the birth of a child resulting in other social and cultural complications. He argues that children born of CSA, can affected by their biological origins and subsequent treatment by their families, communities and society. He further assets that children born of CSA may face resentment, stigma, abandonment, violence, barriers to legal citizenship and land rights, and are prevented from accessing formal health, education and employment systems.

Foster (2014) argues that families can be a source of tremendous hurt following disclosure or discovery of child sexual abuse (CSA) through actions such as disbelief, continuing a relationship with the perpetrator, communicating that the child was at fault, or asserting that the abuse should be hidden or forgotten. Foster (2014) however notes that supportive families can instil hope and cultivate healing. Jones and Jemmott (2009) acknowledge that interventions may yield poor results in terms of convictions and are generally experienced by children as harmful. September et al. (2000) conclude that there is no guarantee that a child who entered the system would be protected against further abuse by the system meant to assist them. They refer to this as secondary abuse.

Jones and Jemmott (2009) note that CSA may result in family problems that include divorce and family break up, distorted boundaries, betrayal of trust and intergenerational abuse. In the aftermath of CSA, families often face multiple challenges that are often accompanied by psychological distress, such as depression, guilt, embarrassment, grief symptoms, anger, helplessness, disbelief, shock, worry, deep sadness, self blame, betrayal, having failed the child, confusion, insomnia, change of appetite or other physical complaints and secondary trauma as a result of the stress and fear associated with learning their child has been abused (Hansen and Tavkar, 2011 and International Rescue Committee, 2012). Foster (2014) recognises that CSA changes marital relationships, parenting styles, relationships between the child survivor and other family members.

The effects at the family level may be economic. CSA may result in loss of income in interfamilial abuse that may lead to change of residency and school drop out for the survivor and the other children (Hansen and Tavkar, 2011). They further note that siblings of child survivors are not immune to the many changes that commonly take place following disclosure of CSA. According to Baker et al. (2001) and Hansen and Tavkar (2011) siblings may be

affected by psychological distress; greater risk of victimisation; change in family dynamics; change of residence; change of school districts; loss of friends; increased feelings of isolation, shame, and stigma; and reduced family income.

According to Chitereka (2010), CSA may result in the incarceration of the perpetrator who may be the breadwinner. He notes that members of the family may suffer financial setback because the breadwinner would have been incarcerated. There will be a shortage of food in the family and the family house, property or car might be sold to offset the financial crisis. Some of the children might drop out of school. Dropping from school will have economic and earning abilities in the future. In addition Chitereka (2012) states that irrespective of the outcome of the court proceedings, perpetrators who have been charged with sexual abuse face stigmatisation and ostracism for the child. Hansen and Tavkar (2011) are of the opinion that CSA poses serious mental health risks, not only to child victims but also to non-offending family members.

2.9.1.7 Macro CSA Effects

The larger society in which the child leaves is the Macro level. CSA has consequences at the societal level. Jones and Jemmott (2009) associate CSA with social ills such as teen pregnancy and associated consequences for young mothers and their children, unwanted pregnancy and abortions, abortion complications, drug and alcohol abuse, transmission of STIs and HIV, crime and violence, cycle of devastation, psychosocial impact on others and economic consequences of the above. CSA is a human right, a child rights, child protection issue in society and a legal issue at national and international level. CSA violates national and international laws. CSA constitutes violation of the child rights bestowed by society. The International Rescue Committee (2012) and Sossou and Yogtiba (2009) argue that in addition to the above effect, CSA constitute social injustice and abuse of human rights. They argue that CSA is an abuse of power over a child and a violation of a child's right to life and normal development through healthy and trusting relationship.

CSA will have an economic burden on society as human, economic and infrastructural resources will have to be committed to prevent and respond to the phenomenon. According to Ouellette-Morin et al. (2015), violence experienced in the context relationship has an economic

burden on society. The economic burden of sexual violence is estimated at $4 billion yearly just in direct medical costs. While the figures do not point to CSA, it is argued that CSA will have economic implications on society. Interventions are therefore costly, highly resource intensive in terms of the skills and training of those involved (Jones and Jemmott, 2009).

Chitereka (2012) argues that CSA produces anxiety for communities. According to Chitereka (2012) many CSA offenders are never arrested, due to the secrecy and threats used on the children. The result then is that many children abusers are at large, often repeating their offences. This puts more children at risk of CSA in communities were perpetrators are not apprehended.

Putnam (2003), however, argues that not all sexually abused children have serious effect sequel. He notes that children may present no symptoms due to the level of abuse (minor abuse), that they are more resilient, or that they have a coping style that masks their distress: the 'sleeper effects'. Dominelli (1989) states that CSA presents a complication that it cannot be easily substantiated as there may be no obvious physical marks. She argues that though unseen, CSA bruises can have just as damaging an impact on a child's emotional development. Finkelhor and Berliner (1995) found out that 40% of sexually abused children present with few or no symptoms of CSA. They nonetheless make the observation that 10% to 20% of asymptomatic children will deteriorate over the next 12 to 18 months (Finkelhor and Berliner, 1995).

The above medical or physical, psychological, behavioural and emotional effects of abuse operate at the three levels (micro, meso and macro levels), are a function of an array of factors. These mitigating factors include the child's personality, the support system, duration of the abuse, frequency of the abuse, age of the child, the degree of force used by the perpetrator, relationship with the perpetrator, intrusiveness, and the severity of the abuse (Rudd and Brakarsh, 2002; Putnam, 2003; Jones and Jemmott, 2009 and International Rescue Committee 2012). Putnam (2003, p.269) comes to the conclusion that "sexually abused children constitute a very heterogeneous group with many degrees of abuse about whom few simple generalisations hold."

It is also important to note that the absence of these effects should not be mistaken as the absence of CSA. Godbout, Briere, Sabourin and Lussier (2013) state that some survivors of CSA demonstrate asymptomatic and health disfunctioning. The scars of child sexual abuse can be buried or hidden and cannot be seen on the surface (Putnam, 2003 and Jones and Jemmott, 2009). Tavkar (2010) notes that it is important to note that the absence of symptoms does not confirm that the victim will remain symptom free. Triggers of symptoms include court appearances and subsequent changes in family dynamics such as psychological and emotional functioning of family members (Tavkar 2010). Nurcombe (2000) adds that while CSA may have psychological effects it remains an experience, not a psychiatric disorder.

2.10 CSA Interventions

The following section presents psychological, medical and judicial interventions that meet the needs of CSA survivors and their non-offending care givers. Chitereka (2012) argues that communities are affected by CSA thus these interventions target communities. These will be addressed as preventive interventions. Leander (2010) suggests child survivors may be highly resistant to reporting about the abuse thus interventions by professionals need to be conducive, accommodative more than one encounter to enable children to give complete and informative reports.

2.10.1 Medical Management of CSA

Medical interventions are aimed at addressing the physical and psychological consequences of CSA (Population Council, 2008). There are number of issues that the medical treatment seeks to address. Firstly, there is the treatment of physical injuries. As noted above CSA may result in sexual violence related injuries. Secondly, medical interventions seek to provide preventive services. CSA may result in pregnancy and the contraction of sexually transmitted infections. Medical interventions aim at providing the child survivor with medical interventions in Zimbabwe, including the provision of HIV diagnostic testing and counselling and post exposure prophylaxis (PEP) to HIV, STIs and pregnancy.

According to Medecins Sans Frontierers (2011), it is vital for CSA survivors to seek medical treatment within 72 hours of the sexual abuse incident. They point out that survivors are at risk of medical effects that require urgent attention. The immediate medical risks of unwanted

pregnancy, contracting sexually transmitted infections including HIV need urgent attention. In Zimbabwe, medical intervention is treated as an emergency and given priority. This involves access to post exposure prophylaxis to HIV and STI within 72 hours. In addition medical intervention seeks to prevent pregnancy that may result from the sexual abuse. According to Judicial Service Commission (2012), children in Zimbabwe should access emergency contraception within 5 days of the sexual abuse to prevent pregnancy.

Lastly, medical intervention includes the collection of forensic evidence, which is very critical in CSA response. Forensic evidence can be used in the identification of perpetrators were they are not known. However, with the limited availability of DNA (Deoxyribonucleic acid) technology and advance science in the investigation processes, the identification of unknown perpetrators can be difficult to achieve. Furthermore forensic evidence helps to substantiate the testimony of the child in the judicial system. The collection of forensic evidence and spacemen helps to remove doubt in the child testimonies. Forensic evidence helps in the identification of the perpetrator and prosecution of identified perpetrators. The following are barriers to medical interventions:

- *Inaccessibility*

Medical facilities that provide medical interventions in the event of CSA are inaccessible to the majority. Health care facilities are not within reach. Kaseke (1995) makes a similar observation looking at social assistance programmes. The same seems to be true for health care facilities. Kaseke goes on to say as a result needy persons will have to raise bus fares to travel to service providers. Kaseke (1995) concludes that the poor may consequently find it difficult to raise the fares preventing them to access needed services. It therefore follows that the poor may be unable to access the health facilities in the event of CSA.

- *Low completion rate*

Medical intervention in CSA are not an event but rather a process that require survivors to make follow up visits to the medical facilities. Related to the accessibility challenge above, Population Council (2008) also note the low rates of completion and adherence to medical regimes. Survivors may be discouraged from completing treatment if CSA survivours live far away from the health provider. Where CSA survivours are unable to raise bus fares their ability and motivation to return is reduced. CSA survivours may prematurely end their treatment further compromising their health.

2.10.1.1 Psychological Interventions

CSA is consistently linked with a host of negative physical health, mental health, and legal and social outcomes often requiring psychological treatment to address the trauma and distress (McPherson, Scribano and Stevens, 2012). Population Council (2008) recommends psychological intervention to help CSA survivors recover from CSA consequences that are often long lasting and difficult to deal with. The interventions seek to address the effects discussed above as well as any potential psychological effects that may develop later in life. According to Population Council (2008), the complications of CSA come from the observation that the perpetrators of child sexual abuse frequently either known to the family, or a family member. In addition, it has been observed that CSA disclosure by children is a process rather than a single event, over a longer period of time (World Health Organisation, 2003). What is critical is to view interventions as a process and not a single event. Psychological interventions address presenting immediate effects and fears such as HIV, pregnancy, family relationships and immediate consequences of reporting. Some of the effects develop or graduate from the initial and immediate aftershocks of the CSA. CSA developing concerns may include HIV, having to carry a baby, loss of a baby in the case of termination of pregnancy, family relations, post trial socio economic effects and support. Lastly, CSA effects do not have a time frame nor are they similar in all survivors.

According to Foster (2014), families can be a source of tremendous hurt following disclosure or discovery of child sexual abuse (CSA) through actions such as disbelief, continuing a relationship with the perpetrator, communicating that the child was at fault, or asserting that the abuse should be hidden or forgotten. Although families can do significant harm, they also have the potential to provide vital support to the child survivor, thereby instilling hope and cultivating healing. Counsellors working with CSA survivors can improve treatment outcomes through involvement of non offending family members. Counseling sessions can be child only sessions, parent only sessions, and joint family sessions. Foster (2014) thus advocates for the inclusion of parents in the intervention, arguing that benefits include improved treatment success and children's treatment outcomes as well as strengthened family relationships which may be strained following disclosure or discovery of abuse. Various CSA survivors and families psychological interventions have been suggested. The following section looks at individual psychological interventions and group psychological interventions. Central to all the approaches is the counselling processes.

2.10.1.2 Individual Psychological interventions

Individual psychological interventions target individuals who can be the child survivor, the parent or the siblings. Given the trauma, injuries and relations involved, CSA may present with immediate and pressing issues or crisis. Individual psychological interventions differ in timing scope and objectives. For Hansen and Tavkar (2011) individual psychological interventions start with crisis interventions. Subsequent there will be time limited psychological interventions that address specific issues that come up.

2.10.1.3 Crisis psychological interventions

Crisis interventions are targeted at addressing the presenting issues and fears of the child survivor and the family. According to Hansen and Tavkar (2011), crisis intervention is the initial stage that entails making a psychological evaluation. The evaluation helps gather background information of the child and the family. Secondly, initial evaluation helps assess the presenting problem and information about the sexual abuse. Lastly initial evaluation helps formulate individualised treatment plans for child survivors and the family. Part of the treatment plan may involve the provision of referrals for additional psychological services may be needed.

2.10.1.4 Time limited Psychological interventions

While presented and discussed separately, time limits intervention should be seen as part of a continuum and the psychological interventions process. Time limited interventions are sessions that build from the initial crisis interventions addressing identified issues. Time limited interventions can be done concurrent with the initial stage or later in the psychological treatment process. Individual time limited psychological interventions may provide the opportunity to focus on specific psychological difficulties such as trauma related symptoms, and cognitive distortions. Time limited individual interventions for victims of CSA and non-offending family members, particularly in cases when group treatments are not appropriate: safety issues, severe psychopathology; or prior to family therapy sessions for cases of interfamilial CSA.

According to Chitereka (2012), individual psychological intervention covers a range of activities, including play therapy and bibliotherapy. Psychotherapeutic methods derive from psychoanalytical theory of human personality development. Chitereka (2012) describes play

therapy as an approach that allows children to express themselves. In addition to play therapy, other techniques include art therapy, drama, and other expressive modes such as bibliotherapy. Bibliotherapy entails treatment with books using carefully selected books. Chitereka further argues that bibliotherapy has the advantage of giving natural and appealing setting to children.

2.10.1.5 Group Psychological interventions

Using the Group work method and techniques, Group Psychological interventions seek to provide support to the survivors: children and families in a group environment. While the target is the individual, the group is used as a medium for supporting CSA survivours. The group is used as a vehicle for support, therapy and growth for the group members. CSA survivors are placed in groups where they share experiences thus creating an environment for psychological support. Groups can be educational, therapeutic and recreational depending on the objective. Groups may include educational, therapeutic and recreational aspects depending on the intended outcomes. For child victims of CSA, group therapy is typically initiated later in treatment, as this forum may advance gains made in individual therapy session. As noted by Chitereka (2012), group interventions allow CSA survivors an opportunity to confront and work through experiences with a group of peers survivors who may be struggling with similar issues facilitating the healing process. Mistral and Evans (2002) consider Group interventions to be the treatment of choice particularly for preadolescent and adolescent CSA survivors. Chitereka (2012) identifies the benefits of Group Psychological interventions. Firstly, groups are powerful in the healing process that offers the opportunity for sharing the experience in a group format. Secondly, he says group interventions target survivors' feelings of isolation, social stigmatisation, and reduce desires for secrecy. Lastly, Chitereka regards group interventions as cost effective and efficient ways to treat many with the fewest resources available. Group interventions are frequently utilised with victims of CSA, as well as with non-offending family members to provide them with their own sources of support. It allows children to confront and work through experiences with a group of peers struggling with similar issues. Mistral and Evans (2002) make a distinction between recreational groups and therapeutic groups. Groups can include recreational activities such as pottery, art, horse riding, swimming, archery and weight training. Group Therapeutic interventions involve group counselling, aromatherapy and drama.

2.10.1.6 Judicial and Legal Interventions

The Judicial and legal interventions constitute a third intervention component in Zimbabwe. Jones and Jemmott (2009) identify justice needs of CSA survivors. Child survivors will have protection needs. Judicial and legal needs relate to children generally within a society and require the establishment of arrangements and processes to identify reduce and respond to the circumstances that place children at risk. According to International Rescue Committee (2012) children will need a secure place to recover if abuse happened in the home and children cannot return. Judicial and legal needs also relate to the child as an individual and one of the challenges is to ensure that the systems designed to protect all children are not so crude as to be ineffective in individual circumstances or that they do not create further harm for children.

There are various international statutes that protect children from CSA. Every community cares for its children and wants to protect them in principle. The United Nations Convention on the Rights of the Child (UNCRC) adopted by the United Nations General Assembly in 1989 is the widely accepted UN instrument ratified by most of the developed as well as developing countries. The Convention prescribes standards to be adhered to by all State parties in securing the best interest of the child and outlines the fundamental rights of children, including the right to be protected from CSA (Kacker et al 2007). The principle framework for addressing child's justice needs and safety in international and regional context are United Nations Convention on the Rights of the Child (1990) and the African Charter on the Rights and Welfare of the Child – ACRWC (1999). Zimbabwe is party to both conventions. Article 19 United Nations Convention on the Rights of the Child (1990, p.7) make the following proclaims that relate to CSA;

1. States shall take all appropriate legislative ,administrative, social and educational ,measures to protect the child from all forms of abuse including CSA, while in the care of parent(s) ,legal guardian (s) or any other person who has the care of the child

2. Provides for the establishment of prevention and for identification, reporting, referral, investigation, treatment and follow up programmes in cases of CSA.

In addition to the United Nations Convention, there is the African Charter on the Rights and Welfare of Children (1999). Article 16 of the Charter states that, "States Parties to the present

Charter shall take specific legislative, administrative, social and educational measures to protect the child from all forms of torture, inhuman or degrading treatment and especially physical or mental injury or abuse, neglect or maltreatment including sexual abuse, while in the care of the child." Sossou and Yogtiba (2009) further explain that by ratifying charters and conventions, states accept the primary obligation and responsibility to promote and protect the rights and welfare of children. However, the ways in which communities protect children vary from community to community (International Rescues Committee, 2012). Countries have sovereign laws that protect children. The laws protecting children may be derived from international conventions to which countries are signatories.

Zimbabwe has domesticated its international obligations regards the protection of children against CSA. Kaseke (1993) observes that, like many countries, Zimbabwe has adopted laws that regulate human interaction and thus serve to safe guard individual human rights and to protect society including children. According to Gwirayi (2013), CSA is a criminal offence in Zimbabwe that is punishable by law. Zimbabwe ratified the Convention on the Rights of the Child in 1992, and the African Charter on the Rights and Welfare of Children in 1999 (Ministry of Labour and Social Service, 2011 and Chitereka 2012). Chitereka (2012) argues that by ratifying the Convention and the Charter; the Government of Zimbabwe committed itself to implement the provisions of both instruments. One key area is the protection of children from abuse. Several laws and national policies have been framed to implement the commitment to child rights. Zimbabwe has a significant legal framework aimed at curtailing CSA (Gwirayi, 2003 and Chitereka, 2012).The major policies and legislations formulated in Zimbabwe in fulfillment of the international and regional conventions to ensure child rights and child protection. The following legal instruments provide for the protection of children from CSA in Zimbabwe.

1. *The Constitution of Zimbabwe*

The Constitution of Zimbabwe (2013, p.39) Section 81 elaborates the rights of children. It states that "every child (boy or girl under the Age of 18 years) has amoung other rights, the right to protection from economic and sexual exploitation … or any form of abuse."

2. *The Children's Act Chapter 5:06 (2001)*

The Act provides for the protection and welfare of children. The Children's Act also provides for the care and custody of children.

3. *The Criminal Law Codification and Reform Act Chapter 9:23 (2004)*

The Act criminalises sexual offences and defines conduct that constitutes offences. According to *the Criminal Law Codification and Reform Act Chapter 9:23 (2004, p. 45),*

Rape is "when a male person knowingly has sexual intercourse or anal intercourse with a female person and at the time of the intercourse." The Act also places the importance to consent by highlighting the following:

a. The female person has not consented to it and,

b. He has known that she has not consented to sexual intercourse or realises there is a real risk or possibility that she may not have consented to it.

It relation to consent relating to children, the Act states that children below the age of sixteen years are incapable to consent to sexual acts. Such acts then will be deemed as rape. There is a further distinction of rape made. The first, relates to children below the age twelve. In case of children below twelve (12) years the Act deems sexual intercourse with a child even with their consent as rape. In case involving children between twelve and sixteen years of age the law defines sexual intercourse with such a child with their consent as unlawfully having consensual intercourse with a minor. The difference between the two is the gravity of the offense where in the second instance a crime is committed but the consent of the child can be taken as defense and mitigation. In addition the Criminal Law Codification and Reform Act Chapter 9:23 punish the deliberate transmission of HIV by perpetrators.

4. The Domestic Violence Act Chapter 5:16 (2006)

The Domestic Violence Act (2006) recognises that CSA occurs within the family set up. The Act aids the protection of children as most CSA cases happen within children's microecological environments. Hitherto to the passing of the Act CSA was regarded as private issues that could be dealt with within and by the children's microecological environment. In relation to children, the Act outlaws child marriages.

5. Criminal Procedure and Evidence Act Chapter 9:07 (2006)

The Criminal Procedure and Evidence Act (2006) recognises survivors of CSA as vulnerable witnesses in the justice system. The Act provides for protective measures to support vulnerable witnesses (to include child survivors). Amendments to the Criminal Procedure and Evidence Act enabled the introduction of the Victim Friendly System (VFS) in Zimbabwe which was set up in 1997 in fulfillment of various national, regional and international declarations and to promote a coordinated and integrated approach to sexual abuse (Justice Service Commission, 2012).

The above laws have been harmonised with international law in an effort to protect children against sexual abuse (Chitereka, 2012 and Gwirayi 2013). According to Kaseke (1995) the need to belong to international organisations such as the United Nations and the African Union makes member countries accede to conventions. Countries harmonise their laws in tune with international conventions they will have ratified. Kaseke (1995) further observes that the parameters of local laws on the protection of children in United Nations and African Union member countries have largely been informed by these conventions. In addition, to the international and regional organisations determining local laws and policies in the protection of children, Kaseke (1995) also identifies other factors that influence the nature and scope of the policies.

Gwirayi (2013) questions the efficacy of existing laws on CSA. Gwirayi (2013) argues that despite the ratification of international conventions on CSA and the domestication of the laws, CSA remains a serious problem, not only in Zimbabwe but worldwide. This view is also shared by Kacker et al (2007) who see a major gap between the legal provisions relating to child abuse and the existing legislation. This gap points to lack of political will to enforce existing laws that should protect children from sexual abuse. Various factors can account for the lack of enforcement of existing laws. Firstly, counties may lack the necessary resources (both economic and human resources) to enforce the legal provisions. Ratification of conventions is not supported with resources by the international organisations to which countries belong. While with good intentions, developing countries ratify conventions that they cannot implement. Secondly, CSA occurs within cultural and structural contexts that tend to support the sexual abuse of children. In countries were cultural practices perpetuate CSA, it can be argued that enforcement of laws against perpetrators becomes a challenge. An example is the

issue of child marriages in Zimbabwe. While Zimbabwe is a signatory to international conventions on the issue and domesticated these statutes through Acts of parliament, child marriage remains a challenge. Thirdly, the public may be ignorant of the existence of the legal provisions and the services available. Enforcement becomes a challenge where people do not know their rights entitlement. Fourthly, the enforcement of existing laws is a challenge where the courts and justice system are inaccessible to rights holders. It is argued that government service and offices may be inaccessible to the majority of the people particularly people in the rural areas. Lastly, enforcement may be a challenge created by lack of synergy between the legislations and programmes. While the Constitution of Zimbabwe (2013) defines a child as any person below the age of eighteen, the Acts that operationalise the Constitution define the age of sexual consent as sixteen years. Such legal gaps create enforcement challenges. In their study of Eastern, Central and Southern Africa, Population Council (2008) identified barriers to legal interventions as:

- Poor forensic evidence collection

Population Council (2008) observes that there is poor collection of forensic evidence at health facilities. They attribute the poor outcome to inadequate legislation, a general lack in resources and training of health workers. Forensic evidence is needed in the legal intervention and justice system to confirm the occurrence of CSA and to prove or disprove a link between the alleged perpetrator and the assault (Justice Service Commission, 2012).

- Legal delays.

Legal delays were also observed as a barrier to the legal interventions (Population Council, 2008). They attribute delays to emphasis on collection of evidence by medical 'experts. 'In addition delays were a result of miscommunication between the various actors. The different stakeholders include the police, forensic analysts and medical personnel. Poor and limited communication among these stakeholders is seen as inhibitive of effective processes causing delays in the legal system.

- Lack of awareness

According to the Population Council (2008, p.27), "there exists a pervasive lack of awareness among the general population of the correct procedure after rape (i.e. not washing and keeping clothes) and of the window of opportunity for medical attention and forensic examination." This lack of awareness contaminates evidence and ultimately the court outcome. There is therefore need for awareness rising on procedures to be followed. Such awareness can be done through school, and mass media educating people on the correct procedure.

- Lack of resources

A fourth limitation is the lack of resources. Population Council (2008) recognises that while the use of DNA samples is an efficient means of proving or disproving a link to sexual assault, capacity is limited. They attribute inability to offer the service to limited resources.

2.10.1.7 CSA Preventive Interventions

Dickson and Willis (2015) observe that CSA has extensive and sometimes profoundly damaging effects on a large number of survivors thus the necessity for dedicated attention to primary prevention efforts. They advocate for comprehensive population based approaches to prevention that target individuals at risk of perpetration and victimisation, as well as environmental and social conditions that permit sexual violence. Putnam (2003) argues that there is considerable debate within the field of CSA, as to the best approach to CSA prevention. According to Gwirayi (2013), prevention programmes include the strengthening of existing legislation and policies, offender registration, community notification, sentence lengthening and civil commitment, and enhanced detection and control. While the prevention of CSA takes various forms, as there is no uniform general applicable definition. World Health Organisation (1994) in Zollner, Fuchs and Fegert (2014, p. 2) suggests that prevention of CSA operates at the following levels;

2.10.1.8 CSA Primary prevention

CSA primary prevention are measures taken to stop sexual violence before it occurs from the onset, for instance through workshops with minors and community awareness (Smallbone, Marshal and Worley 2008; Dickson and Wallis, 2015). Primary prevention focuses on sexual violence education and increasing awareness. Jones and Jemmott (2009) found two reasons why primary prevention is important. Firstly, there is a lack of awareness or ignorance about what is sexual abuse by children; parents and guardians and communities. Secondly, strong cultural taboos prevent open discussion of CSA. Cultural taboos may be the reason why individuals are unaware about the signs and symptoms of child sexual abuse. A third argument for primary prevention is that the way CSA abuse is defined and contextualised keeps changing. In view of different CSA contexts, there is need for continued education on the new trends in definitions, forms, laws and intervention strategies.

Finkelhor (2009) examines CSA prevention initiatives: offender management strategies and school based educational programs. School based educational programs teach children such skills as how to identify dangerous situations, refuse an abuser's approach, break off an interaction, respond in a self protective fashion, and summon help through tell a trusted adult (Putnam 2003). Finkelhor further states that recent major offender management initiatives in the United States of America have included registering sex offenders; notifying communities about their presence; conducting background employment checks; controlling where offenders can live and imposing longer prison sentences.

Primary prevention interventions targeting younger school children have produced promising results (Dickson and Willis, 2015). According to Putnam (2003), a Meta analysis of 16 evaluation studies of school based child education programs found that such programs are generally successful at teaching children CSA concepts and self protection skills. He adds home visitation programs as a primary prevention strategy. Home visitation programs seek to reduce CSA by providing the knowledge, skills, and support to improve the parenting skills of overwhelmed or at risk parents. Home visitation also seeks to impact CSA risk factors such as unemployment, marital discord and social isolation.

Gwirayi (2013) presents a number of primary prevention approaches. Firstly, there is need for the strengthening of Laws on child protection. Strengthening of existing legislation has the effect of deterring would be perpetrators thus serving the primary prevention role. Secondly, offender registration is recommended as a primary prevention approach. According to Finkelhor (2009), sex offender registers deter existing and future CSA offenders. Gwirayi (2013, p. 2), however, argues that "registration violates the rights of those who have already paid their debt to society." A third CSA primary prevention approach is the community notification approach. The community notification approach entails notifying communities that there is a CSA offender who has joined their community. In addition, law enforcement officers such as the police educate communities on how to be vigilant in vies of 'a new community member.' Finkelhor (2009) observes that families take steps to protect themselves following community notification. Fourthly is the sentence lengthening and civil commitment approach. The sentence lengthening and civil commitment approach involves passing lengthy sentence in cases of CSA. It is believed that lengthy prison sentences deter new CSA offenses. Fifth, there is the enhanced CSA detection and control. According to Gwirayi (2013) detection and

disclosure of CSA has a primary prevention effect. CSA detection and disclosure has a deterrent and primary prevention effect through termination of abusive relationships, which are frequently ongoing in CSA, and prevent future ones. Lastly, there is the educational primary prevention strategy. Gwirayi (2013) study, of Gweru secondary school going children revealed that most pupils believed that CSA can be prevented through teaching them about sexual abuse and also reporting to the police.

2.10.1.9 CSA Secondary prevention

Secondary prevention refers to immediate responses after the effect: CSA. Secondary responses aim to minimise short term harm (Dickson and Willis, 2015). According to Smallbone et al. (2008) prevention involves the development of intervention directed towards children and families identified to as being at risk of CSA. Secondary prevention also includes measures used in high risk situations, for example in order to put a stop to abuse that is emerging or in progress. Secondary prevention is concerned remedial action aimed minimising the effects of CSA. In addition, secondary prevention aims at helping CSA survivors and families cope with the CSA. This level involves psychological, medical and judicial service intervention discussed above. Zollner et al (2014) look at secondary CSA prevention as measures used in high risk situations that put a stop to abuse that is emerging or in progress. This study adopts the approach by Dickson and Willis (2015) that looks at the secondary prevention as all interventions concerned with the provision of remedial action aimed at minimising the effects of CSA.

2.10.1.10 CSA Tertiary prevention

Tertiary prevention aims to prevent repeat victimisation and perpetration, for example, through offender treatment (Dickson and Willis, 2015). Smallbone et al (2008) adds that prevention at the tertiary level may also target CSA offenders. Programmes with CSA offenders aim to rehabilitate them and reduce the likelihood of repeated sexual abuse of children.

2.10.1.11 Integrated CSA Interventions

An integrated CSA intervention strategy is a confluence of various medical, psychological and legal CSA interventions. The Victim Friendly System is a forum made up of different service providers offering CSA medical, psychological, preventative intervention and measures designed to manage CSA interventions in Zimbabwe (Judicial Service Commission, 2012). The VFS lays out stakeholders' roles and responsibilities with respect to the delivery of medical

care and support, psychological support, probation and judicial services and remedies to the survivors of CSA.

The VFS is composed of government departments and civil society organisations. Twenty nine organisations make up the VFS. These are the Police; Catch; Ministry of Labour and Social (Services Department of Child Welfare and Probation Services); Family Support Trust; Judicial Service Commission: Chief Magistrates Office; Ministry of Health and Child Welfare; Ministry of Women Affairs Gender and Community Development; Public Prosecution; Leonard Cheshire; Justice for Children Trust ; United Nations Population Fund (UNFPA); Population Services International Zimbabwe (PSI); Ministry of Media, Information and Publicity; United Nation Children's Fund (Unicef); Ministry of Local Government Rural and Urban Planning; Ministry of Primary and Secondary Education; Childline Zimbabwe; World Education (WEI); Plan International Zimbabwe; The Law Society; Medecins Sans Frontierers Zimbabwe Belgium (MSF Belgium); Medecins Sans Frontierers Zimbabwe Netherlands (MSF Netherlands); National Aids Council; Zimbabwe Women Lawyers Association (ZWLA); Adult Rape Clinic; Deaf Women Trust; Save the Children; UDACIZA and Zimbabwe National Council for the Welfare of Children The VFS has a national coordinating body and regional bodies. The national coordinating body is made up of senior managerial representatives of 28 participating organisations. The regional bodies are made up of operational representatives of all participating organisations. There are 29 VFS regions in Zimbabwe. Of these 17 are fully functional around the country.

According to Medecins Sans Frontierers (2011) there exist very few VFS services available at community level for survivors of child sexual abuse in Zimbabwe. Lalor and McElvaney (2010) argue that interventions in the area of CSA have not kept pace with international policy guidelines. Thus, whether such guidelines have empirical support is open to question. A proper multi-level prevention policy needs to include co-operation between the education, health, child welfare and protection, police and judicial sectors targeting not only children at risk but also the potential offenders. A successful strategy has to attack the problem on different fronts in a holistic manner (Save the Children Norway, 2005).

As noted above, the Criminal Procedure and Evidence Act Chapter 9:07 (2006) came out of the amendment of the law to accommodate the legal interventions used by the justice system in the VFS (Judicial Service Commission 2012). Despite the assistance of the above

interventions in Zimbabwe, CSA remain a reality which seems to be on the increase (Chitereka, 2012). Sossou and Yogtiba (2009) question the efficacy of many CSA interventions. A number of factors could be used to explain the limitations of the interventions. Firstly, existing interventions may have limited coverage, offering piecemeal services. Kacker et al (2007) conclude that CSA interventions do not cover the entire garment of abuse. As an example Jones and Jemmott (2009) argue that children's sense of justice often differs from that of the adults around them. They recognise that adults are often satisfied to see an abuser imprisoned. For a child survivor, being believed, adequately supported and protected as well as not being subject to invasive, destructive investigative processes could be equally important. Secondly, most survivors of CSA do not receive services due to the nonexistence of these services. Medecins Sans Frontierers (2011) observes that there are very few services available in Zimbabwe at community level to offer the emergency service in view of the medical risks. Kaseke (1995) also notes that the majority of people particularly in the rural areas are far away from the service points. Thirdly, there is a serious lack of resources to fund the spread of interventions. Fourthly, there is a lack of planned and integrated child welfare social programmes for intervention on the continent. Lastly, there is ignorance of the existence of services and the culture of silence and shame.

2.11 Challenges faced by professionals in the CSA field

The following section looks at the challenges faced in the field of CSA. There seems to be a dearth in information on the challenges. A number of challenges have been identified as affecting professionals from other countries in the field of CSA. In addition there are studies of generic challenges faced by professionals in Zimbabwe. Despite the recognition of the field of CSA as a specialised area by people like, Furniss (2013) there seems to be a lack of these specialised skills and training. Softestad and Toverud (2013) identify two training concerns in the area of CSA. The first concern is the need for adequate training and educational preparation for meeting the challenges in this kind of work. The second concern is the need to develop competence. These competencies can be developed through intradepartmental supervision, support from colleagues and leaders. Population Council (2008) recommends post qualification training of professionals in the field of CSA. Furniss (2013) adds that traditional professional roles (as taught in the generic professional training) may not apply as well as the danger of

professional burn out in the aftermath of CSA. Softestad and Toverud (2013) conclude that generic training results in poor educational preparation for the field of CSA.

Chitereka (2010) identifies a series of challenges that professionals in Zimbabwe experience. Chitereka (2010) further argues that most of the challenges are a result of serious socioeconomic and political problems faced by Zimbabwe for nearly a decade. Many sectors in the country have been affected, especially the education and health sectors. The first challenge is that of operating in an underfunded environment that is also understaffed and politically volatile. In addition to the general lack of resources, professional working in Zimbabwe, experience lack of logistical and operational resources. As an example, Mupedziswa and Ushamba (2006) found shortages of resources like stationary and transport, broken furniture, non-working telephones, and antiquated computers, demoralised and de-motivated work force and lack of maintenance within the government services (Department of Social Services). Jones and Jemmott (2009) found that in many Caribbean countries, the resources for child protection are limited. They attribute this to uneven spending on criminal justice processes rather than on the support or protection of children. They however acknowledge that interventions are costly, highly resource intensive in terms of the skills and training of those involved.

2.12 Conclusion

Despite the ratification of international and regional treaties, the adoption of a more progressive constitution and the enactment of domestic laws to protect children, CSA is a social, psychological, physiological and legal reality in Zimbabwe. CSA is prompted by social, cultural, economic, psychological, technological and political factors. CSA abuse seems to affect all children in the country with both short to long term social, physiological, psychological and behavioural effects. In response to the effects of CSA, government and civic organisations established the Victim Friendly System. The multi sectorial forum provides preventive interventions to child survivors and the non offending family members. However there are challenges that are faced by the system and the professionals in the field of CSA. The challenges threaten the efficiency of the various CSA interventions. The next chapter conceptualises CSA by providing models on the etiology of CSA and profiling CSA survivors and CSA offenders.

CHAPTER THREE

CONCEPTUALISING CHILD SEXUAL ABUSE

3.1 Introduction

Various models have been put forward to explain child sexual abuse. Each model spells out its basic scientific assumptions as well as guidelines for explaining and understanding CSA. CSA theories focus on why abuse takes place, the child survivor, the abuser, the family, factors predisposing children to the abuse and the effects of CSA. According to Corby (2000), theories on CSA serve three functions. Firstly, CSA theories give a sense of control to the professional over events that would otherwise be unexplainable. Secondly, CSA theories give a sense of direction in interventions and treatment. Finally, CSA theories inform policy making. While appreciating the various CSA theories that have been developed, each of the explanations has strengths and shortcomings that limit its ability to provide a satisfactory explanation of child sexual abuse (Ward and Seiegert, 2002). This chapter will be split into two sections. The first section presents models of CSA. The second section profiles CSA survivors and perpetrators.

3.2 Models of CSA

Several theoretical models attempt to explain CSA. The CSA models include biological, psychological, sociological, social psychological, cultural, and feminist models (Ellis, 1989; Corby 2008 and Dickson and Willis, 2015). The following section presents CSA models in greater detail.

3.2.1Psychological Perspectives of CSA

Psychological theories focus on the instinct and psychology of the abusers and the child (Corby, 2000). Included in the psychological perspectives is the attachment theory, the psychodynamic theory and the behavioural or learning theories.

3.2.1.1 Attachment Theory

According to Duncan (2005), the Attachment theory was proposed by Bowlby in 1969. It is based on the observation of the mother-child relationship. The theory focuses on the consequences of the disruption in a mother's attachment to her child's development. Schore (2001) argues that the disruption to maternal attachment is traumatic to the child and impacts the child's neurological development: structures of the brain; emotional development: affect regulation and social development: interaction with others. Disruptions result in long term problems throughout a child's lifetime.

The Attachment theory has been applied to understand consequences of past CSA trauma on relationships and in particular the mother to child relationship. Healthy mother to child attachment is viewed as one of the internal female foundations that enable a mother to nurture her child's development and protect her child from potential harm. The maternal attachment is shown by a mother through her parenting of her child. Women who are seen by their children as nurturing, attuned to their children's needs, encouraging appropriate development, emotionally available, physically healthy, and mentally alert are viewed as positive and healthy mothers capable of meeting the needs of the developing child from infancy to adulthood. The Attachment theory argues that mothers who are not able to meet their own needs let alone the needs of their developing child, are distant, hostile, passive and withdrawn. These women are perceived as emotionally harsh or punitive, permissive, and preoccupied solely with their own social and emotional needs, and they maintain adult family and partner relationships that are abusive and neglectful.

CSA shows trauma that occurs within a family context. The theory explains CSA as a consequence of a faulty relationship between the mother and the child survivor. The attachment theory assumes that CSA occurs in the absence of attachment between the mother and the child. The Attachment theory further explains that in the absence of a good relationship or attachment between the child and the mother, children establish and obtain attachment from alternative sources. Alternative attachment sources include care givers and person who have direct contact with the child. Children can be sexually abused by alternative attachment sources. Therefore, attachment theory lends support to interventions with both mother and child when the trauma of sexual abuse has occurred to the mother in her childhood. This co-intervention is imperative if the mother to child relationship is to be nurtured, established, or

restored; future disruptions to parenting (attachment) prevented; and the developmental and emotional needs of children are to be met within a healthy maternal and family environment and belief system.

3.2.1.2 The Psychoanalytic Approach

According to Corby (2000), the Psychoanalytic approach emerged from Freud's work with hysteric patients. In his 1896 book entitled "Aetiology of Hysteria" Freud attempts to explain the cause of hysteria and neurosis to be a result of childhood trauma (sexual abuse). Freud hypothesised that as part of normal life girls and boys at the phallic stage of development desired their parents of the opposite sex. These desires are repressed leading to modelling along the lines of the same sex parent. When this process is disturbed, it leads to the development of neuroses. Freud believed the recollection of sexual abuse as wishful of the repressed desires rather than fact. The above argument became the cornerstone of Freud's theory on psychopathology arguing that at the bottom of every case of hysteria was premature traumatic sexual occurrence. In his explanation of the Electra complex, he explains that the daughter is cast as the desiring agent who wishes her father to be her lover creating a fantasy sexual activity between the father and daughter. Sanderson (1995) criticises the approach for only explaining intrafamilial abuse on incest between father and daughter, while failing to explain the other forms of incest for example sister and brother. The psychoanalytical approach has been criticised for many shortfalls that include the manner in which it came to being (based on Freud's mainly women patients and his own subjective childhood experiences). According to Dominelli (1989), the Freudian psychoanalysis is flawed as Freud rejected women's accounts of incestuous behaviour perpetrated upon them by their father. Sanderson further argues that the approach fails to explain other types of intra and extra familial abuses. Comer (2010) and Barlow and Durand (2009) concur that while thePsychoanalytic Approachhas its fair share of shortfalls, it has had a monumental impact on the understanding of human behavior.

3. 2.1.3The Learning Theories

Corby (2000) notes that learning theories or behaviourists base their arguments on the notion that behaviour including CSA is shaped or learned through interaction of the individual (the abuser) and the environment. From this perspective, CSA is a learned dysfunction. Learning is attained through association, reinforcement and vicarious learning. Learning theories explain that CSA offenders learn to commit CSA offenses. Comer (2013) distinguishes learning as

being either vivo or covert. Actual and direct experience of sexual acts or events is called vivo. Having the child imagine sexual acts or events is called covert. Perpetrators could have been abused themselves or could have been exposed to sexual abuse. Exposure to CSA includes being shown pornographic material and witnessing sexual acts. Sexual abuse of children becomes a learned behaviour.

Omar, Steenkamp and Errington (2012) use the notion of operant conditioning to explain how perpetrators learn to sexually abuse children. Operant conditioning principles are based on previous work and principles developed by Thorndike and further refined by Skinner. Perpetrators, according to the Operant conditioning principles, are influenced and shaped by the different kinds of learning experiences encountered growing up. According to Comer (2013), Skinner introduced what he called operant conditioning which is the behavior that operates on the environment. Of note is positive reinforcement which is the strengthening of sexual abusive behaviours. Sexual abuse may result in children being rewarded by sexual pleasures. Omer et al. (2012) present the Addictive theory as part of the operant learning principles. The Addictive theory suggests that orgasm is a powerful reinforcement which results in CSA survivours committing CSA offences to attain sexual pleasure. Perpetration of CSA then becomes a learned behaviour through operant conditioning. To understand perpetrator of CSA we have to understand sexually abusive behaviours as rewarding behaviours. CSA is a consequences and a lent behaviour aimed at obtaining pleasure.

3. 2.1.4 The Post Traumatic Stress Disorder

The Post Traumatic Stress Disorder explains children who sexually abuse other children. According to Omar et al. (2012), children sexually abuse other children as a response to previous traumatic experiences. The theory further states that children sexually abuse other children as a way to cope with their own feelings. Failure by a survivor to cope with trauma may lead to the development of perpetrator tendencies.

3. 2.1.5 Social Psychological Perspectives of CSA

Social Psychological theories focus on the dynamics and interaction between the abuser, the child and the family. Included under the social psychological perspective is Finkelhor's four dimension approach, the family dysfunction approach and the sexual abuse accommodation syndrome.

3. 2.1.6 Finkelhor Four Dimension Approach

Finkelhor (1984) came up with a four hierarchical model explanation of child sexual abuse. The argument is that for abuse to take place four preconditions will have to be satisfied. Finkelhor (1997, p. 105) presents the four preconditions as follows,

> First, an offender needs to have some motivation to abuse a child sexually. This is usually a combination of having some particular emotional need that the child fulfils (labelled Emotional Congruence), acquiring the ability to be sexually aroused to that child, and the blockage of their ability to get their sexual needs met in more conventional ways, with peers or without the use of force. Second, the potential offender has to overcome internal inhibitions against committing sexual abuse, i.e. their moral scruples or fears of getting caught; alcohol and rationalizations that minimize the seriousness of the actions, also play a role here in undermining inhibitions. Third, the potential offender has to overcome external inhibitors against gaining access to the child and completing acts of sexual abuse; these include the supervision and protection of the child by other adults. Finally, the potential offender has to overcome the resistance of the child; that is, the child's suspicion or discomfort with the activity or their attempt to escape. Many of the risk factors I mentioned earlier work to undermine these external inhibitors and the ability of the child to resist."

Finkelhor's Four Dimension Approach assumes that the child has the ability to resist abuse. It takes a rational approach in explaining child sexual abuse. While the model has offered a valued view, Sanderson (1995) criticises it various reasons. Firstly, the theory is descriptive in nature and has not been tested empirically. Secondly, the approach fails to appreciate that CSA is violent and threatening and not a negotiated process. Lastly, research shows that CSA offenders begin by establishing a relationship with the child, not all will be based on such relationships as they may be violent and threat laden (Sanderson, 1995).

3. 2.1.7 The Family Dysfunction Approach

The Family Dysfunction Approach argues that CSA is a symptom of underlying family dynamics and disorder. It argues that children who live in dysfunctional families are more likely to survive CSA. Dysfunctional families are characterised by family problems such as domestic violence. CSA occurs in families that are pathological and dysfunctional. CSA becomes merely a sign of an already disturbed micro-environment; the family. Child sexual abuse becomes a rationale for maintaining the family's pathology and ensuring that it is kept a secret. According to this view, to understand CSA, one needs to understand the underlying family problems. The view looks at CSA as a symptom of underlying problems in a family.

Like the psychoanalytical approach, the Family Dysfunction Approach explains only intrafamilial sexual abuse and is not able to explain other forms of abuse (Corby, 2000). It follows that there are CSA differences between families.

3. 2.1.8 The Sexual Abuse Accommodation Syndrome

According Jones and Jemmott (2009), CSA results in the child survivor developing the Sexual Abuse Accommodation Syndrome. The syndrome is a coping mechanism. Accommodation involves the child survivor beginning to psychologically adapt to what is an unliveable situation over time. The adaption involves a series of events. Firstly, the child pretending they were not abused. Secondly, altering their sate of consciousness and pretending to sleep. Lastly, pretending during intercourse that the lower body does not exist, all of which ironically can fit the perverse view of the abuser that the interaction is 'permitted'.

3.3Sociological Perspectives of CSA

The sociological perspective emphasises social and political conditions as the most important reasons for the existence of abuse. Sociological theories include the feminist approach, the socio-cultural theory and the ecological theory.

3.3.1 The Feminist Approach

The Feminist Approach focuses on male power within society including unequal power between the child and the CSA offender. The approach argues that males are socialised to dominate the female sex and females are socialised to be subservient to males. Corby (2000) points out that the approach views child sexual abuse as an extension of violence against women and children. It arises from the social legitimation of unequal power relations within the family and society (Dominelli, 1989). CSA is used as a weapon by man to assert their patriarchal authority. CSA highlights the institutionalised power imbalances between the sexes and the different socialisation that they go through. The Feminist view places responsibility for CSA on the abuser, arguing that the CSA offender's action is an extension of the unequal power in society where man control, dominate and exploit women. In line with the feminist thinking, CSA is an extension of the unequal relations between men and women. True (2012) makes a distinction between Violence against Women (VAW) and Gender Based Violence (GBV) within the broad Feminists thinking. True (2012) also notes that VAW is an extension of unequal gender relations found in society. VAW affects women and girls while GBV affects

both man and women and can thus explain the sexual abuse of boys. Child sexual abuse is, an extension of the patriarchal social relations with the victim bearing the effects of gender oppression.

True (2012) further presents the Feminist Political Economy model as an offshoot of the Feminist Approach. The proposed alternative approach emphasises the importance of both political and economic power and resources at both the household, national and global level. In her view, CSA represents the manipulation of this power, benefits, privilege and authority that results from the control of economic and political structures at the various levels (household, national and global). Ellis (1989) argues that CSA is the use of sexuality to establish or maintain economic, political and social dominance and control of the survivor. Economic dominance by men (perpetrators) can be used to explain transactional abuse between children and older men in exchange for material and economic benefits. Anderson and Doherty (2008) summarise the feminist approach as arguing that CSA is socially produced and legitimised; used as a weapon of control intimately connected to society's definitions of masculinity. Colton and Vanstone (1998) argue that while CSA fits the abuse of power model, paradoxically, the majority of perpetrators view themselves as powerless and failures as men. The above conceptualisation, however, is still located within versions of masculinity in which power is a necessary ingredient. CSA should be seen and understood within stratification constructed on gender lines and sanctioned by deep rooted cultural and religious beliefs and practices that promotes and constitute CSA.

3.3.1.1 The Socio Cultural Perspective

Corby (2000) argues that the Socio Cultural Perspective approach explains CSA as being strongly related to and influenced by social and cultural factors such as class, inequality and poverty in society. The approach argues that incidences of CSA - prevalence and severity- are related to socioeconomic differences in society. The view locates the problem of CSA in terms of social structural factors. To solve the problem, advocates of this approach call for the realignment of social policy to address social, economic and cultural conditions that perpetuate the abuse of children. Jones and Jemmott (2009) argue that CSA occurs in all countries, across all racial, ethnic, religious and socio economic groups. CSA is more than a sociocultural problem.

3.3.1.2 The Ecological Perspective

Doyle (2012) looks at the ecological theory through a systems approach based on the assumption that CSA occurs between and within a child's ecological environment. The approach is traced to concepts advanced by Bronfenbrenner (1979).Bronfenbrenner's (1979) Ecological theory calls for exploration of systemic influences and how environmental forces influence things and phenomenon such as CSA. Harilall and Kasiram (2011) suggested that the Ecological theory is an extension of the Systems approach which allows exploration of the wide circle of systemic influences. The systems approach argues for the exploration of the wide circle of systemic influences and how environmental forces influence things. The Systems approach argues that individuals exist within a social context and to best understand them you have to look at them in context (Pincus and Minaham, 1973). The Ecological theory can help us understand why CSA occurs and why it has different and varying effects on children and families.

The Ministry of Women Affairs Gender and Community Development and Gender Links Zimbabwe (2013) present the Ecological perspective as vicious negative circles that reinforce sexual abuse. This perspective is an extension of the systems approach. The model emphasises the interaction between and interdependence of factors within and across all levels and systems of the abuse. The Ecological perspective brings out the interaction of the individual child with systems or environment. The approach makes two assumptions. Firstly, it argues that CSA both affects and is affected by multiple levels surrounding the child and, secondly, it argues that CSA shapes and is shaped by the social environment. The Ecological perspective goes further to argue that the very systems that contribute to CSA can be used positively in the management and prevention of CSA.

Bronfenbrenner in Harilall and Kasiram (2011) suggest five systems that influence the child and CSA in this context. Firstly, the microsystem is the direct environment in which the child lives and is directly impacted by. This level is comprised of the child, the child's family, friends and others with direct contact with the child. The child survivor also influences the system in that their behaviour and biological makeup may also influence the occurrence and effect of CSA. .

Secondly there is the mesosystem which involves the relationships between and within the micro systems surrounding and interacting with the child. The child's family experiences may be related to their school environment and CSA. The relationship between the child's parents may impact and expose the child to relatives and those surrounding the child (other microsystems that make up the meso system) may be themselves the perpetrators of CSA. According to Chitereka (2010), and Kheswa (2014), the majority of the perpetrators are related or close to the abused children, such as fathers, uncles, brothers, step parents, relatives, well-respected individuals by family members, neighbours and, in some instances, their school teachers.

The third system is the exosystem. The exosystem is the setting in which there is a link between the context and life events of the child and his or her family. An example is the transference of one of the parents to another work place that may expose the child to single parenting that is noted as a risk factor (Harilall and Kasiram, 2011).

Fourthly, the macrosystem relates to the cultural and social setting in which the child is situated. This level constitutes the cultural context in which the child lives. Studies (Lalor, 2004 and Meursing et al. 1995) show that strong cultural practices, belief systems and male domination in societies such as Zimbabwe do place children at risk of CSA. The macrosystem also involves the socioeconomic status of the child and family. Putman (2003) links low socioeconomic status to CSA. Poor housing, for example, has been shown to expose children to abuse. Poverty has also been linked to exposing children to transactional CSA (Jones and Jemmott, 2009). There are myths, cultural and social practices that may promote or expose the child to CSA. According to Meursing et al. (1995) there are common beliefs in Zimbabwe's Matabeleland region that sexual intercourse with children may cure one of disease or in other ways bring good fortune or financial success.

Lastly, there is the chronosystem which includes the transitions and shifts in the child's life. The sociohistorical contexts of the child may have an influence on the child. An example is divorce and separation of parents that result in risk factors such as single parenthood and step parenting. Separation may result in lowering of economic status that may result in poor housing and a drift into poverty. This may expose the child to CSA as research (Jones and Jemmott 2009) shows an increased risk of CSA, with the presence of a stepparent in the child's life.

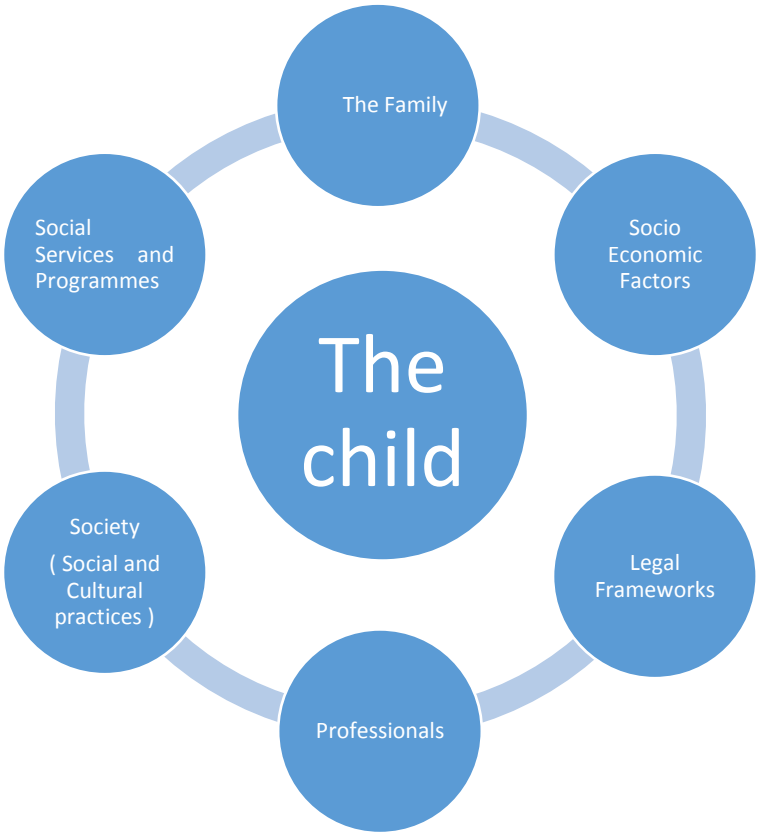
CSA should be understood within a particular context at the various levels or systems and environmental forces (Lalor and McElvaney, 2010).CSA is multifaceted operating at the various levels and influences surrounding the child. To understand the CSA, from a causal and intervention perspective, one will have to explore the various systems surrounding abuse. Figure 1 below illustrates the various factors and influences surrounding the child. These forces exact influence on CSA.

Figure 1 below presents the Ecological theory as a tool to analyse the different variables and systems involved in the conceptualisation of CSA (Calaa and Sorian, 2014). According to Harkonen (2007), CSA is thus a fruit of complex environmental factors that interact with the child's own microenvironment The child can either positively influence the occurrence of CSA or the factors surrounding him/ her can also positively or negatively influence CSA (the occurrence, factors and impact thereof).

Although generally well-received, Bronfenbrenner's model has encountered some criticism. Most of the criticism centre on the difficulties to empirically test the theory and model and the broadness of the theory that makes it challenging to intervene at any given level. Doyle (2012) offers a number of criticisms of Bronfenbrenner's model;

1. That the model is difficult to evaluate empirically.
2. The scope of the model is broad making application of the model difficult.
3. The model fails to recognise that individuals (children) cross suggested levels to develop complex identities.
4. The model view individuals as passive objects.
5. The model presents the systems surrounding the child as linear.
6. The model overlooks human feelings and complexity.
7. The model fails to see that the variables of social life are in constant interplay and that small variables can change a system.

Figure 1: The Ecological Forces Influencing CSA



3.4 The Biological Model of CSA

The Biological perspective focuses on the biological makeup of the child survivor and the CSA offender. The primary argument is that CSA is caused chiefly by biological factors. Proponents of the Biological or medical model believe that a full understanding of CSA must include an understanding of the survivors' and the perpetrators' biological basis. The approach adopts a medical view to CSA. Biological theorists view CSA as an illness on the part of the survivor or the perpetrator brought about by malfunctioning parts of the organism. Typically, Biological theorists point to problems in the CSA offender's brain anatomy or brain chemistry as the cause of CSA (Comer, 2013). Explanations under this model include the evolutionary theory, the brain structure and brain abnormality theory and the physiology theory.

3.4.1 The Evolutionary theory

According to Ellis (1989), the Evolutionary theory argues that man have propensity to rape that are inherent in them. This propensity comes from the abusers' natural selection pressures. Koss (2003) argues that sexual abuse is an inherited biological, natural instinct and impulse found in males. Rape is explained as a special adaptive strategy by man to gain sexual access and produce offspring. They go on to argue that man rape when they cannot access women through looks, wealth and status. It can be inferred that the Evolutionary view argues that perpetrators of CSA, commit CSA offenses when they cannot access their biological instinct and impulses. To answer why not all men rape, perhaps the genetic predisposition argument can best explain the question. Comer's (2013, p 50) explanation of genetic predisposition to abnormal behaviour can best be used to explain genetic predisposition to perpetrating CSA. Comer states that;

> "Genes that contribute to mental disorders are typically viewed as unfortunate occurrences—almost mistakes of inheritance. The responsible gene may be a mutation, an abnormal form of the appropriate gene that emerges by accident. Or the problematic gene may be inherited by an individual after it has initially entered the family line as a mutation."

CSA offenders inherit the tendency to commit CSA offences. Genes may be present in a family member but may not be active thus explaining the difference between CSA offenders and non perpetrators. The evolutionary theory is criticised for being controversial, imprecise and impossible to research (Comer, 2013).

3.4.2 Brain Structure and abnormalities

According to Davidson (2008), the physiological theory of CSA focuses on the existence of brain abnormalities and testosterone levels in the male offender. Johnson (2007) states that the physiological view argues that perpetrators of CSA may in some cases have a psychiatric history. In addition, the view explains that CSA offenders have histories of mental health disorder: depression, anxiety disorders and personality disorders. Comer (2013, p.49) explains that "problems in brain anatomy or brain chemistry as the cause of such behavior." Furthermore differences in brain structures or biochemical activities can cause abnormal behaviour (CSA), can be explained by genetics, evolution, and viral infections. Genetic predisposition and evolution have been suggested as possible explanations of abnormal brain structure that causes CSA offenders to commit CSA. The genetic hypothesis argues that

perpetrators have abnormal brain structure as a result of their inheritance of particular genes that make them susceptible to developing the tendency to sexually abuse children**.**

3.4.3 The Physiological view to CSA

The physiological view of CSA focuses on the biological characteristics and differences of the child survivors.There are arguments that girls mature faster than boys hence explaining why there is more abuse among girls (Rudd and Brakarsh, 2001). It can however be argued that boys are sexually abused but due to effects of socialisation they may not report the abuses. This may help discount the early maturity argument.

3.5 Profiling child survivors and perpetrators of CSA

Epps (1996) points out that while the construction of typologies of child survivors and perpetrators of CSA involves an over simplification of data, it can be useful in intervention. According to Jones and Jemmott (2009), the knowledge and in depth understanding of the complexity of why some children are abused and why some adults become abusers are important issues. Epps (1996) further states that while construction of typologies involves an oversimplification of existing data, typologies can be useful in choosing treatment and prevention of CSA. The knowledge informs treatment interventions which is critical to childhood functioning and recovery in the immediate and longer term (Epps, 1996 and Jones and Jemmott 2009). The following sections profile the child survivors and perpetrators of CSA.

3.5.1 Social and Economic profiles of child survivors

According to the Population Council (2008, p. 12), "children are especially vulnerable to sexual violence by nature of their relatively weak social position, economic dependence and lack of political protection." Much of the information has relied on studies done in the developed world. Various characteristics of child survivors have been observed elsewhere in survivors of CSA. These characteristics are presented below.

3.5.1.1 Sex of the child

Jones and Jemmott (2009) found out that girls were more susceptible to CSA than boys; arguing that while both boys and girls are sexually abused, girls outnumber boys. Girls of all ages are at risk of intra-familial sexual abuse and this can happen at any age (the abuse of babies was

reported by some respondents). According to Finkelhor et al. (2014), about 15% of girls and 8% of boys are likely to experience CSA offences in childhood. The Zimbabwe republic Police estimated that the majority of CSA survivours between 2008 and 2010 were girl children (Save the Children, Justice for Children Trust, National Council for the Welfare of Children and Plan International, 2011) Bhattacharya and Nair (2014) also note that the vulnerability of the girl child to CSA offenses comes from the belief that male's masculinity includes the right to sexual dominance thus placing girls to potential sexual abuse. This argument is in line with the feminist analysis that society is comfortable and reliant upon men's maintenance of political, economic, physical and political power and control over women and girls. Feminist further argue that the status quo in patriarchal societies is sustained by the socialisation of girls and women (Koss and Harvey, 1991). Finkelhor et al. (2014) further state that the above estimates are more in line with the widely held statistic that one in every four girls and one in every six boys is likely to be sexually abused in childhood.

Putman (2003) identifies low socioeconomic status with CSA. Children living in poverty are more likely to be sexually abused. Save the Children UK (2007) observes that poverty is one of the main factors underpinning early marriage among the girl children. Save the Children UK (2007) observe that Mozambiquean parents marry off their girl children to help support the family. Children from poor backgrounds can provide sexual 'favours' to meet basic needs such as accommodation, food or clothing. The key issue is that children are pushed into situations in which adults take advantage of their vulnerability to sexually exploit and abuse them (Jones and Jemmott, 2009 and Save the Children UK 2007). According to Chitereka (2012) pervasive poverty in Zimbabwe contributes to CSA. Old men, commonly known as "sugar daddies," and old women, commonly known as "sugar mummies," commit CSA offenses in exchange for money and other favours because of rampant poverty UNAIDS (2013) makes a case that girls and adolescence in poor communities are vulnerable to transactional abuse. The introduction of cash transfers targeting poor households in Malawi reduced the incidence of child marriages. It can therefore be argued that children were engaging in sexual activities to earn a living.

While most CSA survivors are girls, the extent of sexual abuse of boys seems to have been largely overlooked by researchers. Jones and Jemmott (2009) found evidence that the abuse of boys was a serious problem in the Eastern Caribbean. The growing phenomenon of boy CSA abuse of boys: within and outside the home was reported as a major issue in all except one

country and in this country, the view was offered that such was the extent of homophobia, the problem is deeply buried. Stoltenborgh, van IJzendoorn, and Bakermans-Kranenburg (2011) argue that boys may be reluctant to disclose CSA for a variety of reasons. Underreporting of boy CSA may be explained by feelings of weakness and of failure because of society's traditional view of men as aggressors rather than as victims. Secondly, boys might be afraid of being considered the instigator of CSA rather than the victim.

3.5.1.2 Age of the child

According to Putman (2003), the risk of CSA raises with age. Finkelhor, Stattluck, Turner and Hamby (2014) also confirm that the likely hood and rate of sexual abuse rose with age. Finkelhor et al. (2014) argue that the rate of CSA rose from 16.8% at 15 years to 26.6% at 17 years for females and 3% for 15 year old males to 5.1% at 17 years. They come to the conclusion that CSA in the United States of America rises with age. Save the Children UK (2007) estimates that almost one quarter (23%) of all Mozambican women were already married by the age of 15. In contrast, only 3% of the Mozambican male population was married at the age of 15. Save the Children UK (2007) attributes child marriages to poverty; arguing that poverty is one of the main factors underpinning early marriage. Save the Children UK (2007) further argues that many poor families withdraw their daughters from school and arrange marriage at a young age because the cost of taking care of the girl is thus passed to her husband and his family. Victims of transactional sexual abuse tend to be post pubescent teenage girls.

3.5.1.3 Children on the streets

Bhattacharya and Nair (2014) argue that within the larger population of girls there exist subgroups who have added vulnerability to CSA. Kacker et al. (2007) and Bhattacharya and Nair (2014) identify girl children living and working on the streets as being more at risk of being sexually abused. Bhattacharya and Nair (2014) further argue that the vulnerability of girls living and working on the street comes from not just being female without protection on the street but also from the historical sociocultural contexts in which they live. They make the argument that the girl child on the street suffers from a multifaceted vulnerability. In addition, CSA vulnerability stems from being a child, being born in a patriarchal society, living on the street and being without any protection.

Zimbabwe has a significant number of children living on the streets of its cities. Muchinako et al. (2013) found CSA to be a major challenge among both girl and boy children living and working on the streets of Harare. Muchinako et al. (2013) go on to observe the existence of intergenerational sexual abuse. According to the Zimbabwean Ministry of Labour and Social Services (2011), 25% of boys living and working on the streets of Harare have been subjected to CSA offenses. A number of factors make children on the streets vulnerable. Firstly, the children have no means of survival, thus placing them at risk of transactional sex. Secondly, as argued above and throughout this write up, CSA is an extension of exiting social and cultural practices and beliefs. Women and in this case the girl children are exploited by men (perpetrators), who abuse their power (social, economic and psychological) to abuse children.

3.5.1.4 Children with impairments

Chitereka (2012) and Kheswa (2014) note that children with disabilities are more likely to be sexually abused. Wissink, van Vugt, Moonen, Stams and Handriks (2015) confirm that children with intellectual disabilities (ID) have a greater vulnerability to CSA. They also found out that such children are at risk of becoming survivors and perpetrators of CSA.

3.5.1.5. Children in step or single parenting households

Wissink et al. (2015) confirm that their findings concur with international studies which show that stepfather abuse is significantly higher than abuse by biological fathers. They argue that orphaned children are more at risk of being abused. According to Servin, Strathdee, Munoz, Vera, Rangel and Silverman (2015), many women who engage in sex work are mothers. They further state that children with a parent in sex work were over 50% more likely to report being subjected to sexual violence in childhood. Factors that contribute to CSA vulnerability of children in step or single parenting households include inadequate access to safe childcare and being abused by parents' partner or clients.

3.5.1.6. Orphans

Birdhstle et al. (2011) observed a link between orphanhood and CSA. The loss of a parent is viewed as an important CSA. Many factors account for the increased CSA risk among orphaned children. Firstly, the death of parents may leave orphans with no one to provide guidance that leads to the problems noted above. Secondly, in the light of one's parents' death orphans may drop out of school. Thirdly, orphans are prone to transactional abuse in order to survive.

Ministry of Labour and Social Services (2011) observes that despite a decline in HIV prevalence in Zimbabwe, the country continues to experience effects of HIV Aids. It is estimated that over 1270 people die due to AIDS every week in Zimbabwe One of the devastating effects of HIV in Zimbabwe and elsewhere is the creation of large numbers of orphans and child headed families. It is estimated that approximately 1.6 million children in Zimbabwe have lost one or both parents to HIV/AIDS and related cases (United Nations Children's' Fund and the Ministry of Labour and Social Services, 2011). Orphans may be left with no parents in a country whose capacity to respond to the needs of orphans is limited both within and outside government. Available places of safety and alternative shelters for children in need of care: including orphans, can only accommodate 3% of the children needing places of safety, reduced government expenditure in social investment. Limited capacity to respond places orphaned children at risk of poverty; living and working on the street and ultimately being at risk of CSA.

3.5.1.7 Refugee and displaced children

Another category of children mostly at risk of CSA is refugee and displaced children. According to Save the Children UK (2007), displacement for whatever reason and placement of children into temporary camps potentially places children at greater risk of CSA. They further argue that displacement results in a series of challenges. One aftermath of displacement is the breakdown of community structures and social roles. Another result of displacement is the inadequate resources including food and shelter provoking social stress and insecurity. Lastly, displacement leads to crowded living conditions characterised by minimum security and privacy. Displacement situations make refugee children vulnerable to CSA. Sloth-Nielsen (2014), United Nations High Commission for Refugees (UNHCR) and Save the Children claim that CSA is endemic in refugee camps. Lalor (2004) revealed alarming levels of sexual violence and exploitation of refugee children. According to Sloth-Nielsen (2014) many girls and women traded sex for food and other items with peacekeepers as a survival tactic in the Democratic Republic of Congo (DRC). In addition, Sloth-Nielsen estimates that nearly 90% of refugee interviewed in Cote D'Ivoire, Sudan, and Haiti, recalled incidents of children being sexually exploited by aid workers and peacekeepers. The children most vulnerable to sexual exploitation were those without the care of their parents, children in child headed households, orphaned children and children in foster care.

Findings from the Save the Children's (2007) study of ten displacement camps in Mozambique established that contrary to expectations the issue of child sexual abuse was not perceived to be present in the emergency floods context. The absence of CSA offenses in refugee camps were attributed absence of CSA in part to speedy and effective response of the authorities to the floods; strong organisation in the camps; close grouping of people that inhibited the occurrence of any such incidents and public and egalitarian distribution of food and materials reduced the opportunity for sexual exploitation often associated with emergency aid. Chitereka (2012) argues that politically motivated violence exposes children to multiple-risks of sexual abuse. Chitereka (2012) cites Zimbabwe's 2008 Presidential election runoff as an example.

3.5.1.8 Children with absentee parents

On the other hand, parental absence is an additional cause of child sexual abuse. One of Kidman and Palermo (2016) key finding suggest that the lack of a father in the home places girls at heightened risk for childhood sexual abuse. Many parents have left the country to work in other countries, leaving their children alone. These children are now known as "diaspora orphans" and many of them have been targets of abuse. Similarly, some parents are cross-border traders who go to sell various wares in neighbouring countries. They also leave their children alone for long periods, leading to them being sexually abused.

2.5.1.9 Children in different Geographical Locations

Stoltenborgh et al. (2011) argue that there is a link between geography and CSA. They make the argument that children from African countries are more likely to experience CSA. They observe real socioeconomic and cultural differences between continents in the prevalence of CSA. There are differences in belief systems that can expose children to CSA. Furthermore, they argue that the male dominant societies may be responsible for high CSA rates because men in such societies feel that they have authority over women and children. Lastly, the socialisation of African children to unquestioningly obey older people puts them at risk for sexual abuse by people to whom they are expected to give respect.

Putnam (2003) disagrees with the above observations. According to Putnam (2003), race and ethnicity do not seem to be risk factors for CSA and influences the symptom expression. African societies are dominated by extended family systems. Support for children in such families comes from the extended family hence the different outcomes relative to nucleated

families. This is important considering that in most cases CSA involved a person known and even related to the child. The outcome and expression of symptoms can be different due to differences in support systems available to the child in the event of and abuse**.**

3.5.1.10 Siblings of survivors of CSA

Bhattacharya and Nair (2014) argue that surviving CSA is a risk on its own. They note that girl children living on the streets may have run away from abusive environments. CSA becomes a cycle in that being on the streets also exposes the children to further abuse. Clinically, the presence of abused siblings is thought to increase the child's risk, although this has not been empirically established (Finkelhor, 1993). Bagley and King (1990) provide evidence that being a victim increases one's vulnerability; arguing that being a survivor enhances the possibility of future sexual abuses. Messman-Moore and Long (2003) and Lalor and McElvaney (2010) all found that siblings of CSA survivors are between 2 and 11 times more likely to experience CSA. Siblings of survivors are more at risk as perpetrators have access to the children.

3.5.1.11Children in Institutional and Residential Care

According to Gallagher (2000), children in institutional care are prone to CSA. Institutional and residential care facilities include children's homes, special schools, independent boarding schools, churches, nursery schools, institution serving communities and voluntary organisations. Children are placed in institutional care for a variety of reasons. In Zimbabwe, children can be placed in institutions by their parents for purpose of their education for example school (boarding and day school). Children can also be placed in institutions (places of safety) at law through the Department of Child Welfare and Protection Services, if deemed to be in need of care as defined by the Children's Act Chapter 5.06 of 2001. Gallagher (2000) observes that children in institutional care are at risk of sexual abuse perpetrated by people who work with them in institutions. What is concerning is that people tasked to take care and protect children can be perpetrators of CSA. In cases involving children in need of care such children will have been placed in institutional care to protect them from sexual abuse only to be revictimised. The CSA vulnerability of children in institutional and residential care is presented above as a risk factor.

3.5.1.12 Children living with incarcerated mothers

Zimbabwe's Prison Act Chapter 7:11 (1996) allows for the admission of infants below the ages of two years into prison together with their convicted mothers. While joint incarceration of

mothers and their children is legally and morally justified from a social protection perspective. Matsika et al. (2013) found that such children were exposed nudity, sexually age inappropriate language and behaviour. They argued that their finding was consistent with the social learning theory. Children who are admitted into prisons with their mothers may be prone to CSA through exposure. Learning theorists suggest that people including children can learn inappropriate and maladaptive behaviours through modelling and observation. Children living with incarcerated mothers can learn maladaptive sexual behaviours observing and interacting with their mothers.

3.6 Child Sexual Abuse Perpetrators' Profile

According to the International Rescue Committee (2012), different parts of the world perpetrators of sexual abuse may have different characteristics. Lalor (2004) argues that there are many trends and characteristics of CSA perpetrators. These include the relationship to the child survivor, life histories of the abuser, the child's social and psychological circumstances, sex and age (Saradjian and Hanks, 1996). Chitereka (2012) argues that perpetrators of CSA fall within the child's ecology; suggesting that perpetrators are located microsystem, mesosystem, exosystem, and macrosystem levels suggested by Bronfenbrenner's Ecological Systems Theory.

3.6.1 Relationship to the Child Survivor

The first CSA offender trend of note is the proportion of child sexual abuse perpetrated by people known to the child (Zimbabwe National Statistics Agency, United Nations Children's Fund and Collaborating Centre for Operational Research and Evaluation, 2011). Finkelhor (2009) and Duncan (2005) observe that sexual abusers are not strangers. CSA: conventional and Child sexual abuse images online; is frequently perpetrated within the context of a family environment (Martin, 2014).

Lalor and McElvaney (2010) show that family, relatives, neighbours or those known and trusted by the child, typically perpetrate CSA. Chitereka (2012) and Kheswa (2014) note that the majority of the perpetrators are related or close to the abused children, such as fathers, uncles, brothers, step parents, relatives, well respected individuals by family members, neighbours and, in some instances, their school teachers. In their study of India, Kacker et al.

(2007) found out that 50% abusers are persons known to the child or in a position of trust and responsibility.

According to Lalor and McElvaney (2010), data on perpetrators are not always reported, but the studies above show that (for all types of CSA) 'strangers' make up only a minority of CSA offenders. They cite the following statistics; 1% (New Zealand); 2% (UK); 10% (Swaziland); 16% (Israel); 21% (strangers and recent acquaintances) (South Africa); 36% (Ethiopia). Accordingly, very high proportions of CSA offenders were well known to the child; 86% were family members in the New Zealand study described above; 76% of CSA offenders were family members or known to the child (Ireland); 78% were boyfriends, neighbours or a male relative (Swaziland); and in South Africa, 64% were teachers, relatives or boyfriends (Population Council 2008). Rumble et al (2015) found out that the majority of their sample (3 in every 4 females) had been sexually abused by their boyfriend. Population Council (2008) further points out that CSA offenders across Sub Saharan Africa are frequently either known to the family, or are family members. CSA frequently perpetrated by either a family member or someone the family knows and trusts. Lalor and McElvaney (2010) caution that the above findings should not be seen as comparisons in prevalence across countries, due to differences in study design, definitions and sampling.

Lalor (2004) reports stepfather abuse as a major problem both at the perceptual level and also at the level of social reality. This finding concurs with international studies (Finkelhor 2009) which show that stepfather abuse is significantly higher than abuse by biological fathers. Putman (2003) says that the presence of a stepfather in the home doubles the risk for girls of being sexually abused. One view offered for this was that biological fathers have a bond with children from the child's infancy and that the biological ties function as a protective factor that is nonexistent among stepfathers. Given that biological fathers also sexually abuse children, the likely explanation in most cases is simply that some men abuse children in their care and some do not.

According to Hall and Hall (2007) there is overwhelming evidence to the argument that multiple partnering or serial partnering by the child's parent (s) increased the risk for children. While the presence of a stable stepfather does not indicate reduced risk, the study suggests that the presence of several stepfathers may increase it. They found out that some communities,

female single parent headed households account for almost 50% of family form and in many of these families the adult male in the household is the mother's boyfriend or boyfriends.

Lalor (2004) further makes a distinction between non-contact and contact sexual abuse. He argues that perpetrators known to the child are more likely to engage in contact CSA. In their study of Taiwan, Zhu, Gao, Cheng, Chuang, Zabin, Emerson and Lou (2015) found male children to be more likely abused by relatives, while female children were much more likely to be abused by strangers. In other words, the perpetrators of non-penetrative contact sexual abuse and penetrative sexual abuse (oral, anal or vaginal intercourse) are more likely to be known to their victims; that is, family, and neighbourhood or community members.

While the above argument points to increased risk of CSA within families, Lalor and McElvaney (2010) note the difficulty in seeing any pattern in the identity of perpetrators. They cite a study by the WHO which reviewed that CSA reporting varied widely worldwide. In some regions, family members and acquaintances accounted for the bulk of the abuse (80.4% in Brazil 'province'; 84.7% in Brazil 'city'; 80.8% in Namibia). By comparison, in Thailand cities, family and acquaintances only accounted for 19.7% of perpetrators. In some regions, 'strangers' are significant abusers (69.7% in Bangladesh cities and 69.5% in Japan 'city'). By contrast, they account for only 8.7% of abusers in Brazilian cities.

3.6.1.1 Sex of the CSA offender

A second CSA offender trend of note is the sex of the CSA perpetrators. In general, most individuals who commit CSA offenses are male. Jones and Jemmott (2009) confirm findings reflected in other studies, that most child sexual abuse is committed by adult men (both heterosexual and homosexual) of all ages and across all levels of social class, educational background and professional status. Peter (2009) found out that 89.3% of child sexual abuse cases involve a male, and prevalence rate of female perpetrated sexual violence of 10.7%. Euser et al (2013) found out that 91% of all perpetrators were male, while 3% were female, and for 6% of the perpetrators the gender was unknown. Colton and Vanstone (1998) argue that CSA is located and should be understood within versions of masculinity in which power is a necessary ingredient. They further assert that it should be viewed as a reassertion of masculinity. Save the Children UK (2007) observes that male migrant workers on large infrastructural projects are more likely to be perpetrators of CSA. The girls were more vulnerable to transactional sex. Migrant workers were seen to use their financial power to

exploit girls' need for such as accommodation, food or clothing, higher grades at school or extra pocket money to purchase consumer goods otherwise out of their reach. Lack and poverty pushed girls into vulnerability of transactional sex.

According to Davison (2008), there is evidence from physiological theories that point to the existence of brain abnormalities and higher testosterone level in male sex offenders that prompt CSA. The theories argue that abusers cannot control their biological makeup and need medical attention. There was a time when it was believed that females could not be pedophiles because of their lack of long term sexual urges unless they had a primary psychotic disorder. Jones and Jemmott (2009) argue that while most recorded cases of CSA involve males, females do sexually abuse children. There is no male monopoly in the perpetration of CSA. While Peter (2009) makes the observations that female perpetrated sexual abuse is often an extremely rare occurrence, Population Council (2008) argues that sexual abuse is not solely perpetrated by males. Although female perpetrated sexual abuse is a relatively rare phenomenon compared to male violence. Peter (2009) goes on to give an estimated prevalence range of between 1% and 20%, depending on whether the data were collected from official criminal justice sources or self-report surveys. Finkelhor and Russell's (1984) study on child sexual abuse notes that 5% of girls and 20% of boys as being victimised by females. In Zimbabwe, an estimated 30% of secondary boys are reported to be sexually abused by women (Population Council, 2008).

Jones and Jemmott (2009) further argue that while women abuse children too, women mainly play accomplice roles to the sexual abuse of children. Similarly, Saradjian and Hanks (1996) argue that women are more likely to be accomplices. Peter (2009) found out that 23.5% of CSA reports involved women CSA offenders. Peter also adds other common characteristics of female perpetrators (based on convicted cases) as including being teenagers, being poorly educated and coming from lower socioeconomic strata. Women contribute to CSA through failing to protect children even when they are aware that abuse is going on. Secondly women contribute to the sexual abuse of children through disbelieving the child. Thirdly women put male partners before the protection of the child, permitting or actively encouraging sexual abuse to take place for material gain. Lastly women minimise the harm that abuse does to the child. Jones and Jemmott (2009) argue that single mothers who are unable to sufficiently provide for their family, and are economically dependent on men, may ignore abuse within the home in order to ensure the family's economic survival. It is important to stress, however, that

poverty in itself was not found to be a cause of child sexual abuse, since many poor families provide good protective care for their children.

Saradjian and Hanks (1996) give two categorises of women who sexually abuse children. The first category is what they call independent abusers. The second category is women who are co abusers and accomplices. In Zimbabwe under Zimbabwean law offences involving women perpetrating CSA are viewed as 'indecent assault' as noted above.

3.6.1.2 Children who Abuse other Children

Another category of abuser is that of children who sexually abuse other children. Finkelhor et al (2014) observe the common error made by many policy makers and the general public that is the assumption and conclusion that sexual offences are perpetrated by adults. Finkelhor (2009, p. 172) estimates that about "a third of offenders against juveniles are themselves juveniles." Snyder (2000) in Foster (2014) found out that 23% of documented cases of CSA involve children as perpetrators. Foster (2014) thus make the argument that little attention has been given to CSA acts committed by other children. It is important to acknowledge that a significant percentage of children are abusers. Kaufman, Hilliker and Daleiden (1996) point out that the sexual activity between teenagers and younger children is sometimes clearly abusive and is a 'clear red flag' for the identification of teenagers who may develop a deviant sexual interest that might last a lifetime.

Jones and Jemmott (2009) report a new trend of young girls agreeing to sex with teenage boys for money and material goods. CSA is also perpetrated by other children who are more sexually knowledgeable. Children are exposed to CSA either through vivo or covert. In vivo, the children will experiment their sexual experience on other children. In covert, children will expose other children to sexual materials. This can lead to children experimenting on other children what they will have experienced.

3.6.1.3 Persons of authority

According to Colton and Vanstone (1998), CSA has been and is perpetrated by persons entrusted to work directly with children and persons of authority. Lalor (2004) cites recent research from South Africa that shows unusually high incidences of abuse by professionals. Kacker et al (2007) found out that 50% abusers in their Indian study were persons in a position

of trust and responsibility. As noted above Gallagher (2000) identified the sexual abuse of children in institutions such as children's homes, special schools, independent boarding schools, churches, nursery schools, institution serving communities and voluntary organisations. CSA has been reportedly perpetrated by persons under whose care the children are.

The abuse of children in schools seems to be a global occurrence. According to the BBC (2015) child sexual abuse is widespread in Chinese schools. They report that over 30 million children who are in Chinese boarding schools are at risk of CSA. Kheswa (2014) reports that educators in Botswana are reported to be central in perpetrating sexual abuse. The sexual abuse of school children by educators is also observed in Mozambique. According to Save the Children UK (2007) studies by Save the Children and other organisations sexual abuse is a widespread problem in Mozambique's schools. Save the Children UK identifies three common scenarios associated with the abuse of girl students by their teachers. In some cases, a teacher offers a girl who is having problems in school the opportunity to advance to the next grade in exchange for sexual favours. The second scenario involves a girl being blackmailed into having sexual relations with her teacher who otherwise threatens to fail her, despite her adequate results. The third common scenario reportedly involves teachers sexually assaulting and raping female students.

Bagley and King (1991) found out that in at least 50% of cases the survivor revealed the perpetrator being a relevant person of authority. The persons of authority included teachers, parents, social workers and the police. According to Chitereka (2012) and Chikwiri and Lemmer (2014) children in Zimbabwe are abused by teachers and other education staffers for example grounds personnel. According to Nhundu and Shumba (2001) the problem of teacher perpetrated child sexual abuse is not uncommon among rural primary schools in Zimbabwe. They report that beginning teachers (with 0 to 6 years' experience) who comprised 63% of the study sample were most at risk of sexually abusing school children.

Lalor 2001 notes that allegations have been made against UN peacekeeping forces, international and local NGOs and government agencies responsible for humanitarian response. Most of the allegations involved male national staff, trading humanitarian commodities and services, in exchange for sex with girls under 18 years. According to Sloth-Nielsen (2014) the

Human Rights Watch (2014) reported African Union (AU) soldiers using a range of tactics, including humanitarian aid, to coerce vulnerable girls into sexual activity.

Parent, Lavoie, Thibodeau, Hebert, Blais and Paj (2015) present a picture of sexual violence perpetrated by sport coaches on Quebec adolescent boys and girls. In the overall sample, 32.75 adolescents have been sexually abused by a coach; therefore, the prevalence of sexual abuse by a coach is 0.5% among (0.4% for girls and 0.7% for boys). Duncan (2005) notes that man are in places of authority to influence belief systems. The perpetrator of the sexual abuse also influences a woman's thoughts and beliefs, especially those that define how she views herself in relation to the trauma of sexual abuse and her future relationships with men. When internalized, these maladaptive beliefs learned from the family and the perpetrator will continue to impact a woman's view of how to relate in future relationships and will (in some manner) define and guide her maternal attitudes and parenting behaviour with her child. The family environment where sexual abuse occurred to women is described as lacking adult supervision, harsh and punitive, inconsistent, and desensitized to stress, chaos, and crisis.

3.6.1.4 Personality Traits

Epps (1996) considers commission of CSA offenses by CSA offenders as abnormal behaviour. According to Comer (2013,p. 411) people with a maladaptive disorder referred as 'paraphilia' are persons who gain sexual gratification by watching, touching, or engaging in sexual acts with prepubescent children, usually 13 years old or younger. They have repeated and intense sexual urges or fantasies in response to objects or situations that society deems inappropriate, and they may behave inappropriately as well. They may be aroused by the thought of sexual activity with a child. Studies have shown that people with paedophilia generally experience feelings of inferiority, isolation or loneliness, low self-esteem, internal dysphoria, and emotional immaturity. They have difficulty with mature age-appropriate interpersonal interactions, particularly because of their reduced assertiveness, elevated levels of passive-aggression, and increased anger or hostility (Hall and Hall, 2007). Kring, Johnson, Davison and Neal (2013) further notes that according to the Diagnostic Statistical Manual of Mental Disorders (DSM5), a diagnosis of paedophilia should be made when over a period of at least six months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving certain inappropriate stimuli or situations (nonhuman objects; the suffering or humiliation of oneself or one's partner; or children or other non consenting persons). According

to Johnson (2007) perpetrators of CSA may in some cases have a psychiatric history. He notes that they often have experienced a mental health disorder. The disorders include depression, anxiety disorders and personality disorders. Davison (2008) however argues that there is no link between CSA and the perpetrator's psychiatric status.

Substance abuse also plays a major role in child sexual abuse. Uncontrolled intake of various substances dramatically increases the risk of sexual abuse of children and other forms of maladaptive behaviour. There has been a lot of abuse of alcohol by Zimbabwean adults during the economic and political crisis, and frustration might have led some of them to sexually abuse children (Chitereka, 2010). Jones and Jemmott (2009) show that CSA offenders who were sexually abused as children were more likely to have had fathers with a criminal or substance use history, parents with psychiatric problems, sexual deviance within the family and a high incidence of childhood neglect. Therefore, it is argued that substance use is a significant CSA contributory factor.

3.6.1.5. Survivors of CSA

Hooper and Koprowska (2004) present the concept of a 'cycle of abuse' which suggests that parents who were abused themselves may abuse or fail to protect their own children from CSA. According to Jones and Jemmott (2009) there is a possible link between being a victim of CSA and being an abuser later in life. Some CSA offenders are themselves CSA survivors (Comer, 2013). According to Population Council (2008) 66% of male and 71% of female adolescences in South Africa who themselves experienced abuse during childhood admitted to forcing someone else to have sex with them. It is therefore, concluded that survivors of CSA are more likely to perpetrate abuse against others.

Jones and Jemmott (2009) however, argue that being a victim is not necessarily a determinant for being a CSA offender in future. Leach, Stewart and Smallbone (2016) tested the sexually abused-sexual abuser hypothesis that survivors of CSA go on to become perpetrators by examining associations between maltreatment and offending in a birth cohort of 38,282 males with a maltreatment history and or at least one finalised offense. They found that of the sexually abused boys from their sample only 3% went on to become sexual offenders. This finding made them conclude that there is no specific association between sexual abuse and sexual offending, and nor did we find any association between sexual abuse and sexual offending.

3.7. Conclusion

Various perspectives on CSA have been presented in this chapter. CSA Literature on CSA has focused on survivors, and offenders and factors that contribute to the CSA. Despite their differences, CSA theories offer a holistic appreciation and understanding of the phenomenon. Our understanding of CSA is more complete if we appreciate the biological, sociological, psychological, and sociocultural aspects of the problem rather than only one of them. The next chapters will present findings of the study. The presentation of findings is guided by the individual research questions and objectives. Each chapter on the presentation of findings attempts to answer each of the research questions and various themes emerged out of the content analysis.

CHAPTER FOUR

METHODOLOGY

4.1 Introduction

This chapter outlines the research methodology that was used during the research process. The chapter covers how the research study was conducted: the research approach adopted in the study, the research design, research population and sampling, research instrumentation and data analysis. The last section of the chapter discusses the limitations and delimitations of the research and ethical considerations that were taken into account in undertaking this research.

4.2. Research approach

This study adopted a qualitative research approach. Creswell (2014, p. 3) defines research approaches as "plans and procedures for research that span the steps from broad assumptions to detailed methods of data collection, analysis and interpretations." There are three research paradigms: quantitative and mixed methods. The qualitative approach used in this study is an approach that emphasises words; the way individuals interpret their social world and social reality (Bryman, 2014). Strauss and Corbin (1990) define qualitative research as research that produces findings not arrived at by means of statistical procedures or other forms of quantification. The qualitative approach was adopted in this study to uncover, describe and understand what lies behind the CSA phenomenon. The strength of qualitative studies is that one is able to explore areas in which little is known and it also helps researchers to understand phenomenon from the participants' point of view (Rubin and Bubbie, 1993 and Creswell 2009).

Within the qualitative research paradigm adopted by the study; an exploratory dimension was employed. According to Babbie and Mouton (2012), exploratory research is better suited and appropriate for persistent phenomenon and areas in which very little is known and that are persistent and evolving. Exploratory research starts by seeking to discover what people think, how they act and why (Engel and Schutt, 2013). Given that the study aimed at exploring CSA in Zimbabwe and to develop a prevention guideline from the findings, the qualitative research approach was deemed to be the most suitable and applicable research approach to address the aim, research questions and objectives of the study. The exploratory approach assisted this

study uncover and better understand the phenomenon of CSA in Zimbabwe from the perspective of the participants. The phenomenon of CSA in Zimbabwe, like in the rest of the world, is persistent, changes, evolves and by nature is surrounded by secrecy. The elusiveness of CSA justifying an exploratory dimension employed in this study.

4.3 Research Design

The case study qualitative research design was used in the study. Babbie (2007) defines a research design as a plan or strategy that is used when conducting research. Creswell (2012) and Patton (2002) identify narrative research, grounded theory, phenomenological research, grounded theory, ethnography and case studies as different research strategies within the qualitative research paradigm such as this one. The case study strategy is a qualitative research design: a real-life context method of evidence gathering that investigates a contemporary phenomenon in depth and within its real-life context enabling researchers to develop an in-depth analysis of case: a programme, event, activity, process and individuals with a time frame that enables the collection of detailed information using a variety of data collection procedures (Yin, 2009 and Yin, 2012). Gerring (2007, p. 20) understands a case study as "the intensive study of a single case where the purpose of that study is to shed light on a larger class of cases (a population)." According to Yin (2012) and Babbie and Mouton (2012), case studies are a sub-type of qualitative inquiry that emphasise detailed description and understanding of phenomenon and human action in a context. Creswell (2009) defines a case study as an in-depth exploration of a bounded system. The case study design was adopted to help the researcher understand the CSA ecology: individuals, group, and VFS organisations. Case studies contribute to knowledge of individuals, groups, and organisations which helps researchers to understand complex social phenomena (Yin, 2009). In addition, the case study design offered an opportunity for in-depth knowledge and a better understanding of the whole; CSA ecology (Gerring, 2007). According to Yin (2009), case studies help researchers understand complex social phenomena while allowing researchers to retain the holistic and meaningful characteristics of real-life events.

Patton (2002) notes that units of analysis in cases studies or cases may be individuals, organisations, programs and records; arguing that field work may result in more than one object of study or unit of analysis maybe included within the overall primary case. This study adopted Victim Friendly System (VFS) in Zimbabwe: a multi sectorial CSA forum as the unit

of analysis in the case under study; to shed light on the phenomenon of CSA in Zimbabwe as the unit of analysis.

4.4 Research population

In this study, the target population was the Victim Friendly System stakeholders: the National VFS committee and the Regional VFS committee, key informants and VFS documents: court files and minutes of VFS meetings. Babbie and Mouton (2012) define research population as the theoretically specified aggregation of all eligible study elements. Similarly, Bryman (2014) and Creswell (2014) note that the research population is a group of units from whom the researcher selects a sample and seeks to make conclusions. The VFS is comprised of all government departments and Non-Governmental Organisations which are directly and indirectly involved in dealing with CSA survivors and CSA offenders. It is from this multiplicity of stakeholders that a sample for the study was drawn. Given that the VFS is multi-layered and made up of different organisations that provide complimentary CSA services; the study adopted the multicase design so as to capture the various complexities and categories of service providers that make up the primary case: the VFS. The use of more than one case in a study is referred to as multiple cases or what Patton (2002) refers to as nested and layered case studies. Multicase studies helped the researcher gather more information on CSA. According to Babbie and Mouton (2012) the use of multi cases increases confidence in the reliability of findings. CSA was explored through the development of an in-depth analysis of the Victim Friendly System within a time frame that enabled the collection of detailed information using in-depth interviews and a review of official documents.

4.5 Sampling

The study used theoretical sampling: a form of purposive sampling commonly used in qualitative research; to sample participants, official documents, key informants and research sites (Corbin and Strauss, 2008 and Bryman 2014). According to Bryman (2014), researchers are rarely in a position to collect data from all eligible study elements: individuals and documents due to time and cost limitations involved; hence the need to sample. Babbie and

Mouton (2012) define a sample as a selection of research participants from the target population as it may be not feasible to study whole populations.

Theoretical sampling was used to sample participants, official documents, key informants and research sites. Theoretical sampling is a purposive sampling technique used in exploratory research such as this one; in which the collection of data and its analysis responds to emerging concepts and themes (Corbin and Strauss, 2008). Analysis of collected data guided the researcher to the next participants, documents and sites that became sources of data. Corbin and Strauss (2008) note that when using theoretical sampling a researcher may look for persons, sites, documents and or events where he/she can purposively gather data related to emerging categories and themes; informing the next sources of data. According to Corbin and Strauss (2008, p.143), "the purpose of theoretical sampling is to collect data from places, peoples and documents that will maximise opportunities to develop themes." Bryman (2014) states that the goal of purposive sampling is to select participants, documents and research sites for their relevance to research questions being perused. The study sites for selected for this investigation are Harare and Gokwe. They present maximum opportunities for data collection (Corbin and Strauss, 2008). The following are the sampling categories used in the study:

4.5.1Sampling of role- players in the VFS

The VSF role players are made up of 29 Government and non-Governmental organisations. VFS organisations provide CSA intervention services: medical, judicial, counselling and psychosocial support, policing and administrative services to child survivors, families and role players. The VFS is divided into the National VFS Committee and Regional VFS Committees. The National VFS Committee is made up of heads and senior managerial representatives of all the 29 participating organisations in the VFS. VFS Regional Committees are made up of VFS organisational representatives at regional level. From the National VFS, the study sampled 28 VFS participants using theoretical sampling (refer to Appendix K).

From the analysis of the interviews with the National VFS representatives it became clear that the VFS has regional VFS committees and that the regional committees were a rich source of qualitative data on CSA and thus relevant to the research questions being addressed in the study. Theoretical sampling was used to follow up on evolving and emergent CSA themes and concepts from qualitative interviews with the 28 National VFS representatives. The use of

theoretical sampling maximised the discovery of new CSA concepts. In addition, the use of theoretical sampling provided an in-depth understanding of emergent CSA themes, patterns and concepts. Furthermore, the use of theoretical sampling enabled the research to verify emerging themes as well as densify emergent concepts, categories and concepts. From the selected two regions: Harare and Gokwe, a sample of 10 regional representatives: 4 from Harare and 6 from Gokwe was selected.

4.5.2 Sampling of VFS official documents

In addition to the use of participants, the study sampled and made use of VFS official documents: VFS court files of completed CSA cases and VFS committee meeting minutes. The use of VFS court files in the study was emergent in response to the analysis of data collected from participants. The VFS qualitative documents were made up of two categories. The first category of VFS official documents used in the study' were made up of 300 VFS court files which contain medical records, counseling notes, records on police investigations and court proceedings of CSA cases Two levels of sampling were used to come up with the court file sample. In the first level purposive sampling was used to identify the CSA files. Regional Courts in Zimbabwe deal with murder, rape and CSA cases. Based on this knowledge the researcher purposively selected Regional courts as the source of official CSA documents. In addition, based on analysis of data collected from interviews with participants; the researcher had prior knowledge that CSA court file contain information from all the VFS role players.

The second level of sampling involved the selection of 300 official CSA court files sample comprising of two hundred (200) CSA court files from Harare Regional Magistrate Courts and one hundred (100) CSA court files from Gokwe Regional Magistrate Courts. A combination of purposive sampling and simple random sampling was used to select 300 CSA court files. The first level involved purposively selecting CSA case files from the Regional court case log books. From the Regional court case registers, containing all criminal cases dealt with by the regional courts murder, all rape cases, assault cases, CSA cases and theft, the researcher purposively selected CSA cases. From the identified CSA case file, the researcher used simple random sampling to identify the 300 CSA files: 200 CSA court files from Harare and 100 CSA court files from Gokwe. For the Harare sample, a total of 603 CSA cases had been completed and closed by the Harare Regional Court. From the 603 completed CSA cases, the researcher sampled 1 CSA file in every 3 CSA court files to come up with the 200 CSA files used in the

study. For the Gokwe sample, a total 100 CSA cases had been completed and closed by the Gokwe Regional Court. The researcher used theoretical sampling to choose100 CSA completed and closed cases.

The second category of qualitative VFS official documents used in the study comprised of VFS quarterly committee meeting minutes. The study sampled minutes from the VFS National committee, VFS Harare regional committee and the Gokwe regional committee meetings. A total of 9 quarterly meetings were purposively sampled: 3 meetings by the National VFS committee; 3 meetings by the Harare Regional VFS committee and 3 by the Gokwe VFS Regional VFS committee.

4.5.3 Key informants

In addition to participants and official documents, the study purposively sampled 4 key informants as a source of data. Patton (2002) defines key informants as people who are knowledgeable about the inquiry setting and able to articulate their knowledge. As Yin (2009, p.107) states," key informants provide the case study investigator with insights into a matter and can also initiate access to corroborative or contrary sources of evidence." Purposive sampling was used to identify 4 participants in this category: a scholar; traditional chief and 2 experts in the field of child sexual abuse. Key informants in this study were selected to shed insight on the emergent themes and concepts. Key informants' knowledge, expertise and experience were used to clarify data collected from qualitative interviews and qualitative documents reviewed. Data from key informants was used to validate data and maximise opportunities for the development of concepts from the study participants' narratives; the 300 CSA case files and the minutes of VFS meetings: 4 VFS National committee meetings, 4 Harare Regional VFS committee meetings and 4 Gokwe Regional VFS committee meetings.

4.6. Research instrumentation

Semi-structured interview schedules were used as the main research instrument during data collection. Babbie and Mouton (2012) define a research instrument as the mechanism or system which the researcher makes use of when gathering data. According to Rubin and Babbie (1993), Bryman (2012) and Creswell (2014), semi-structured interview schedules use open ended questions to allow participants to express their perspectives. Two different categories of interview schedules were used in the study. The first interview schedule was for 38 participants

within VFS category. The VFS category had two different interview schedules. The first interview schedule was for 28 National VFS representatives. The second interview schedule was for 10 Regional VFS representatives. The second interview schedule was for the key informants' category. The key informants' category was made up of a scholar; a traditional chief and 2 experts in the field of child sexual abuse. The semi-structured interview schedules had specific CSA topic areas that needed to be covered during the course of the interview. However the order of the questions and the exact wording of the questions were left to the discretion of the researcher (Bryman, 2012). Patton (2002) and Corbin and Strauss (2008) argue that open ended questions and probes in qualitative research such as those used in this study yield in- depth responses about experiences and the CSA phenomenon. The use of semi-structured interview schedule allowed deeper understating of CSA. In addition, the use of semi-structured interview allowed participants to share their experiences and social realities working in the field of CSA. Bryman (2012) also supports the use of semi structured interview schedules in qualitative research such as this one arguing that, semi structured interview facilitate participants to give rich and detailed answers.

4.7. Pre-testing the research tools

After the interview schedules were designed, the researcher pre-tested the two different categories of interview schedules used in the study. Three different pre-test interviews were done. The first interview was done to pre-test the national VFS semi-structured interview schedule. The second interview was done to pre- test the regional VFS semi-structured interview schedule. The third interview was done to pre-test the key informant semi-structured interview schedule. The pre-test interviews provided feedback to the researcher regarding the effectiveness of the research tools. In addition, pre-testing of research tools provided the researcher with experience at interviewing techniques. Modifications the wording and translation of the semi-structured interview schedules were made based on the pre-test results.

According to Marshall and Rossman (2011), pre-testing involves administering research tools to people who will not form part of the actual study but have similar attributes to those who will participate in the main research. Babbie and Mouton (2012) argue that pretesting minimises mistakes and errors through the use of a pre-test sample before the main research begins. Rubin and Bubbie (1993) add that the preliminary usage of research instruments helps ascertain usability of the research instruments and also to check the suitability of the questions

in addressing the research objectives. The pre-testing samples were excluded from the main study to minimise contamination and bias. Babbie and Mouton (2012) caution researchers that despite care; data collection tools will always have the possibility of error. Pretesting research tools therefore, helps researchers understand themselves and find ways to eliminate barriers such as tape recorders not working (Marshall and Rossman, 2011).

4.8. Data collection

Qualitative researches typically use qualitative methods of data collection (Corbin and Strauss, 2008 and Babbie and Mouton, 2012). Patton (2002) and Creswell (2014) observe that qualitative data using cases can be obtained through in-depth open-ended interviews and the review of documents. In this study, the primary source of qualitative data collection was through the use of semi- structured in-depth interviews and document analysis from Victim Friendly System's stakeholders. The researcher used the following qualitative data collection methods:

4.8.1 Qualitative interviews

The research gathered data using 42 individual face-to-face in-depth interviews. The interviews were guided by the use of semi-structured interview schedules (refer to Appendices C, D, E, F, G, H, I and J). Two categories of interviews were used in the study. The first category comprised of 28 interviews with national VFS representatives and 10 regional VFS representatives. The second category of interviews comprised of 4 interviews with key informants. According to Marshal and Rossman (2011), qualitative research relies extensively on in-depth interviewing. Creswell (2014) identifies interviews as one of the data collection procedures used in qualitative research where the researcher conducts face-to-face interviews with study participants. In-depth interviews are a data collection method that allows participants to speak for themselves while discussing a theme of mutual interest (Marshall and Rossman, 2011). Yin (2009) identifies in-depth interviews as one of the sources of case study information were respondents are asked about facts of the matter and their opinion. According to Creswell (2014), qualitative interviews are intended to elicit views and opinions from the participants. Semi-structured interview schedules in appendices C, D, E, G, H, and J were used interviewing 28 national representatives. The semi-structured interview schedule in appendix F was used to gather data from 10 regional representatives while the semi-structured interview

schedule in appendix I was used to interview key informants. According to Creswell (2014), interviews can be tape recorded with the consent of the interviewee to enable the capturing of actual words used. To this end, the interviews were tape recorded to obtain the actual quotations spoken by the interviewees (Patton, 2002). Similarly Yin (2009, p. 109) notes that "audio tapes certainly provide a more accurate rendition of any interview than any other method." For ethical reasons, written consent to record the interviews was sort from each participant (refer to Appendices B). Two (2) participants objected to being recorded and the researcher took field notes of the two interviews. Interviews were on average approximately ninety (90) minutes in length.

4.8.2 Document analysis of VFS court Records and VFS minutes of meetings

Another source of data used in the study was VFS court Records and VFS minutes of meetings. From the analysis of the qualitative interviews with participants; the researcher was driven to use VFS files and minutes of meetings as a major source of data. Documents used to gather data included 300 CSA court files of completed CSA cases and minutes of VFS meetings. The three hundred (300) CSA case files that were used in this study comprised of two hundred (200) CSA court files from Harare Regional Court and one hundred (100) CSA court files from Gokwe Regional Court. The court files were a rich source data that was used to profile CSA survivors and offenders. The court file were also useful in establishing the socio economic circumstances leading to CSA of children, challenges faced by VFS role players and the efficacy of the current CSA intervention strategies. In addition, the study used minutes of Victim Friendly System quarterly meetings; to corroborate the participant's narratives, on the efficacy of the VFS. Furthermore, minutes of VFS meetings provided insights into the challenges faced by the VFS. The use of documents as a rich source of data in qualitative research is well supported. According to Bryman 2012 and Creswell (2014), documents can potentially be useful in qualitative research. VFS documents such as CSA case files and minutes of VFS meetings were a rich source of qualitative data on CSA.

4.9 Data analysis

The study adopted applied thematic analysis to analyse data from in depth interviews and analysis of reviewed court files and minutes of VFS meetings. Guest, MacQueen and Namey

(2012) describe applied thematic analysis as a method of qualitative analysis that is eclectic and that draws from a broad range of several theoretical and methodological perspectives. Guest et al. (2012) further assert that applied thematic analysis is primarily concerned with presenting the stories and experiences voiced by the study participants as accurately and comprehensively as possible. Applied thematic analysis is a form of qualitative data analysis concerned with reducing the large corpus information and data; interpreting data and making meaning of the data collected either from interviews and or review of documents (Bryman (2012). Qualitative data analysis refers to all forms of analysis of data that would have been gathered using qualitative techniques (Babbie and Mouton, 2012). Central to the process was the need to answer research questions. The following data analysis steps were followed:

Step 1: Assembling the raw case data

According to Engel and Schutt (2013) and Creswell (2014), data analysis in qualitative research is an ongoing process that starts as the data is being collected ending with the construction of the case study. In keeping with the principles of theoretical sampling used in this study, the reduction of large corpus information and data from participants' narratives and documents; interpreting data and making meaning of data begin immediately in the field as the data is being collected (Corbin and Strauss, 2008).

Step 2: Reading verbatim

The researcher transcribed all the tape recorded interviews and assembled documents that were collected for use in the study. According to Patton (2002), case data consists of all information one has collected about each case from the diverse sources of data and multiple cases: interviews and review of documents. Thereafter, the researcher read and reread the data from the interviews with the study participants; the 300 CSA court files; minutes of VFS meetings and personal notes made during the interviews looking for key terms and patterns that were emerging from the data. The process of reading data was ongoing with the researcher reading data of collected. Collected data directed the researcher to the next source of data.

Step 3: Identifying possible themes

According to Babbie and Mouton (2004), thematic analysis emphasises the importance of examining and recording emerging trends or themes within data which are associated with the research question. Patton (2002) and Engel and Schutt (2013) define themes as emerging and

recurring categories. At this stage the researcher identified possible themes and sub-themes that were coming out of the data comprising participants' narratives and reviewed documents. From the participants narratives themes emerged comprising of common words and topical issues which were aligned to research questions. The identification of themes from reviewed documents involved reading and examining recurring issues identified from participants' narratives (Brown 2009). Themes from reviewed documents were drawn from data aligned to research objectives. The documentary data were analysed together with data from the participants' interviews. This enabled the emergence of themes that cut across the interviews and documents (refer to Appendix L).

Step 4: Comparing and contrasting themes

At this stage the researcher compared and contrasted the themes and sub-themes from participants' narratives and documents, looking for similarities and placing similar themes in singular theme compartments. This stage allowed for the avoidance of replication and repetition. In addition, the researcher compared the themes from the different data sources used in the study that included participants' narratives, minutes of VFS meetings and VFS court files. Qualitative research may utilise different sources of data: participants' narratives, data from official documents and key informants' narratives to build a coherent justification of the themes that were established from the data (Corbin and Strauss, 2008 and Creswell, 2014). The researcher was able to establish similar themes from the three sources of data used in this study.

Step 5: Constructing a case record

Here the researcher condensed the data into a manageable and accessible file. Condensation of data was achieved through the reduction of field data presenting it thematically (Patton, 2002). Patton (2002, p. 450) adds that "each case will stand alone presented and understood as a distinctive manifestation of the phenomenon of interest." The researcher also compared official statements and records with what is occurring in the VFS linking it with the interviews.

Step 6 Ensuring that interpretations are supported by actual data

At this stage the researcher ensured that all themes- major and subthemes - are aligned to and supported by verbatim data from participants and documents. The process ensured that the researcher is not making up the findings. Alignment of themes and sub themes to participant

narratives is critical in qualitative research such as this one. Central to qualitative research is the need to understand phenomenon from the participants' point of view (Rubin and Bubbie, 1993 and Creswell, 2014). Therefore, it was important to ensure that interpretations are supported by actual data.

Step 7: Development of a CSA guideline framework.

At this stage, the collected and analysed information was used to design the guideline framework. This stage involved the following processes;

i. Writing of chapters based on the individual research objectives.
ii. Proposing a draft guideline framework. The proposed CSA prevention guidelines are based on the findings of the study (refer to Chapter 9).
iii. Discussion and inputting feedback and comments by research participants during quarterly meetings.
iv. Sending back to the role players for further comments.
v. Presentation of a CSA guideline framework.

Step 8: Writing a final case study narrative

Here the researcher wrote a final case narrative that is readable, descriptive, easily comprehended and telling a story about the phenomenon of CSA in Zimbabwe. The narrative sought to make accessible all the information necessary for the holistic presentation and understanding of CSA in Zimbabwe. The final case narrative takes the readers into the case situation and experiences of CSA in Zimbabwe. This narrative contains the proposed guideline and framework on CSA.

4.10. Ethical considerations

This study adhered to ethical standards and principles of research. According to Bryman (2012) and Creswell (2014), social research raises ethical issues. Silverman (2010) explains that qualitative research such as this one unavoidably involves contact with human subjects therefore bringing ethical considerations for researchers. Ethics are standards, principles and guidelines to be followed when carrying out research (Brink and Wood, 2001; Babbie, 2007 and Willis, 2007). Engel and Schutt (2013) state that qualitative research such as this one; will raise some complex ethical issues such as anonymity of participants, submission and approval

of research to ethics review boards and voluntary informed consent; that will need to be attended to. The following ethical principles and standards were adhered to:

4.10.1 Confidentiality and Anonymity

This study adhered to the principles of confidentiality. To adhere to the principle of confidentiality, the researcher implemented a number of measures. Firstly, interviews were conducted in areas were not crowded. In addition, no other person was allowed during the interviewing. The interviews were conducted in confidence at the offices and convenience of participants. The researcher protects participants` anonymity by use of pseudo names in the compilation of the final research report. Secondly, the researcher maintained care over data and the identity of participants: VFS organisations, participants, CSA survivors, CSA perpetrators and documents used in and emerging from the study (Bryman, 2012). In addition, the researcher made an effort to expunge the possible identity of material as a way of preventing possible identity disclosure (Babbie, 2007; Bryman, 2012 and Engel and Schutt 2013). Furthermore, the researcher took steps to ensure that research data and its source remained confidential. This study protected the identity of participants and official records reviewed employed in this study.

Thirdly, data from interviewed and documents was stored in confidence and its access was limited unless participants had consented to the disclose (Silverman, 2010). Fourthly, audio recordings and notes collected from the participants are kept in confidence and will be destroyed after six years. During data collection and after, the data was locked away in a safe so that no one had access except the researcher. Recordings of the interviews were and are kept in a password protected personal computer. Only the researcher has access to these files on the computer (refer to, Appendices A and B). Lastly, the researcher was asked to sign the official secrecy commitment in terms of the applying Zimbabwe's Official Secrets Act Chapter 97 (2004). Signing of the official secrecy commitment enabled the researcher access to official government documents that were used in this study (refer to Appendices K). The principle of confidentiality was maintained at all times.

4.10.2 Submission and Approval of proposal to ethics review boards

Submission and Approval of proposal to ethics review boards is another ethical standard and principle of research that this research upheld. Approval from the Wits ethics committee and the Medical Research Council of Zimbabwe was sought prior to undertaking the research.

Renewal of ethical clearances from the ethics boards: Wits ethics committee – H15/02/20 and the Medical Research Council of Zimbabwe – MRCZ/A/1969 were also sought (refer to Appendices K). Letters of request to the organisations and Government Departments within the VFS were sent out and positive responses were received from all participating organisations (refer to Appendix K). Silverman (2010) states that obtaining ethical approval from boards benefits research two fold. Firstly, ethical approval helps in the detection of potential flaws in the research design that can harm participants. Secondly, ethical approval earns the researcher participants' confidence; which helps address any reservations participants might have of answering question and sharing their opinions. Central to qualitative research such as this one is obtaining the view point and social reality of participants. Therefore, obtaining the confidence of participants was central in participants expressing their opinion and social reality on CSA.

4.10.3 Voluntary informed consent

Informed consent means that prospective research participants in this research were given as much information about the research. Participants and organisations were given information on what is the study was about, potential harm and or gains. Information given to participants and organisations enabled participants and organisations to make informed decisions about whether they wanted to willingly participate in a study (Patton, 2002 and Bryman 2012). According to Silverman (2010), informed consent includes the participants' right to refuse to participate or withdrew from the study for whatever reason. The principle of voluntary informed consent combines the ethical norm of voluntary participation and that of no harm to participants (Babbie and Mouton, 2012). Participation in this study was purely voluntary and no harm was caused to participants and organisations. To achieve voluntary informed consent, the researcher sought and received expressions of interest from the 29 organisations that form the VFS (refer to Appendix K). In addition, the researcher sought informed consent from the participants and the role players. Participants could withdraw from the study at any time or refuse to answer any questions without any negative consequences. Furthermore, consent forms (see, Appendix A and Appendix B) were administered on the participants. To avoid the secondary abuse of participants and possible emotional and psychological distress, participants were alerted to the possibility of being referred to a psychologist and a clinical social worker on request for free. However, none of the participants made use of this service. Lastly, the

participants were asked to sign the consent form as a sign of agreement to take part into the research (refer to Appendix B).

4.10.4 Appropriate boundaries

To uphold the principle of appropriate boundaries the researcher maintained appropriate professional boundaries with participants. Engel and Schutt (2013) emphasise the importance of appropriate boundaries by social workers who carry out qualitative research such as this one. The researcher used professional social work guidelines to help address the boundary issues.

4.10.5 Feed back to the research community

The researcher undertook to give feedback on the research findings after the study was completed. This commitment was given in writing to participating organisations and is set as a condition in the letter of authority (refer to Appendix K). A feedback meeting with participants in groups was undertaken. Copies of the research summary were provided to all participating organisations.

4.10.6. Limitations and delimitations of the study

Limitations are criticism or shortcomings of research methodology used. According to Bryman (2012), qualitative research is fraught with shortcomings. One of the potential limitations of the research design and methodology adopted in this study is the difficulty in generalisation of findings. Rubin and Bubbie (1993) suggest that one of the chief goals of science is to generalise findings. Firstly, generalisation is difficult in qualitative research such as this one. Difficulty in generalisation of findings is compounded by the use of non-probability sampling methods used in this study that cannot yield a representative sample (Engel and Schutt, 2013). However, Babbie and Mouton (2012, p. 283) argue that difficulty in generalisation of findings can be mitigated by showing the linkages between findings and previous knowledge: "analytical generalisation." Therefore, to mitigate the difficulty in generalisation of findings linkages between findings and previous knowledge were shown.

Secondly, the problem of generalisation is more difficult when studying CSA. The way CSA is defined, theorised, recognised and talked about is reflective of the changes and differences in history, geography, culture, laws and social policies (Warner, 2009). This study relied on

the definition of CSA from a Zimbabwean legal and cultural context. While the study may be generalisable to the Zimbabwe, it will not be generalised to other countries. The limitations notwithstanding the study will have positive contributions in child protection in Zimbabwe and elsewhere.

Another limitation found within qualitative research, such as this one, is trustworthiness. According to Lincoln and Guba (1985) and Bryman (2012), trustworthiness can be enhanced through a number of ways that include triangulation, member checks and the provision of thick, rich descriptions. A number of steps were taken by the researcher to enhance trustworthiness. Firstly, trustworthiness was enhanced through triangulation of data sources. As noted by Creswell (2014), triangulation involves use of different sources of information and using it to build a coherent justification for the themes. Data was obtained from multiple sources that included participant narratives, CSA court files and minutes of VFS meetings. Furthermore, data was validated using key informants narratives. Themes were then established based on coverage of the different sources of data: participant narratives, CSA court files and minutes of VFS meetings and perspectives of the participants. Creswell (2014) claims that triangulation of sources adds to trustworthiness. Secondly, member checking was utilised to enhance trustworthiness. Member checking involves multiple contacts with participants which enabled perspectives to be revisited. Member checking also involves checking findings with participants. Member checking includes taking semi polished products of the research such as major findings to participants. According to Creswell member checking helps check for accuracy of qualitative findings. While appreciating the short comings noted above, it should however, be noted that the components provided by the research data can be used to generate Child sexual abuse prevention guideline(s) framework; that might still be useful to other settings as the research offers valuable insight into CSA.

4.11 Conclusion

This chapter outlined how the research was undertaken. The chapter justifies the choice of methods chosen. In addition, the chapter addresses the ethical considerations that were followed in this research. Chapter five which follows focuses on presenting and discussing the findings of the study on the first objective of the study.

CHAPTER FIVE

SOCIO ECONOMIC CIRCUMSTANCES LEADING TO CSA IN ZIMBABWE

5.1 Introduction

This chapter presents identified social and economic circumstances leading to CSA. The chapter answers the research question: 'what are the socioeconomic conditions and environmental factors that contribute to sexual abuse of children in Zimbabwe?' The objective that relates to this chapter is:

- To explore the social and economic circumstances leading CSA.

This research identified trusting relatives, neighbours and friends with children; temporal isolation of children; poverty; absentee parents and guardians; cultural and religious beliefs; child trafficking; substance use; child labour; step parenting; disability; living arrangements; access and exposure to pornographic materials and revictimisation as key CSA socioeconomic contributory circumstances. The identification of circumstances leading to CSA is essential for the development of successful prevention programmes, as CSA prevention programmes can then be designed to reduce risk factors and increase protective factors. World Health organisation (2001) observes that knowledge on the socioecological factors leading to CSA provides the focus and strategies needed for effective CSA prevention. Utilising the ecological model, the following sections will discuss the identified socioeconomic circumstances that contribute to CSA. The Ecological view assumes that circumstances leading to CSA are complex and involve the interaction of factors at different levels of the social system (Bronfenbrenner, 1979 and World Health organisation, 2001).

5.2. Microecological Circumstances leading to CSA

Microecological circumstances leading to CSA relate to the child's biological and personal history factors that increase the likelihood of a child becoming a survivor of CSA. Microecological circumstance leading to CSA also includes factors linked to the child's family.

5.2.1 Trusting relatives, neighbours and friends

Trusting relatives, neighbours, domestic workers and friends was an apparent CSA contributor in the majority of CSA identified in this study. From the 300 CSA files sample in this study, 21 VFS court files involved parents leaving their children alone; while 57 VFS court files were CSA cases of parents leaving their children in the care of relatives, friends and neighbours, who turned out to be the CSA offenders. Participant's accounts also concurred with the observation from the court files used, that trusting relatives, neighbours and friends with children is a key CSA socio economic contributor. According to the participants the first level of trust involves parents and guardians trusting relatives, neighbours and friends with the care of children. Participants explained that many parents and guardians largely trust relatives, friends and neighbours with the care of their children making children more vulnerable to CSA. Participants explained that by trusting neighbours, domestic workers and friends with the care of their children; parents and guardians were exposing their children to CSA risk. Participants identified two levels of trust**.**

Participants also identified a second level of trust: children trusting relatives, neighbours and friends who later became CSA perpetrators. According to participants, children, particularly girls between the ages of 12 and 16 years, trust the company of strangers and boyfriends who later commit CSA offenses. Trusting relatives, neighbours and friends is apparent in the court case records and participants accounts given below. One of the official files contained the following:

The mother gave him [CSA offender] the child to play with at his grandmother's residence (Harare Case 94).

Similarly, in another case, the child was left in the company of the perpetrator.

The child's father took the child to his work place. He left the child, 3 years, in the company of the accused, 62 years, while he went the shops to buy the child food. The accused is a friend and workmate to the child's father (Gokwe case 61).

Another case record stated that:

The child, 7years, was at school waiting for her sister to pick her up after school. The accused, a ,neighbour, arrived at the school and told the child that he had come to take her home and lied that her sister had gone home already. Accused took the child into a bushy area and raped her once (Harare Case 55).

In another recorded case:

The accused, 40 years, stopped his car and offered the child, 11 years, a lift home from school. The child got into the car. The accused then diverted the route and stopped in a secluded place; where he raped her once (Harare case 70).

In one other CSA case, the child's parents trusted their male domestic worker. The following read from the file shows the CSA vulnerability of the boy child:

The accused, 20 years [male], was employed as a domestic worker by the child's parents. The accused and the complainant, 8 year old boy, slept in the same bed and share the same blankets. The accused would occasionally have anal sexual intercourse with the complainant (Gokwe case 63).

In another CSA case the presiding magistrate made the following ruling:

What is further disturbing in this matter is that the complainant is your friend's daughter and therefore by raping her; you breached the trust bestowed upon you by her father (Gokwe case 20).

Again, in another case the following comments were made by the presiding magistrate:

You breached the trust which was bestowed upon you by the complainant's parents (Gokwe case 1).

The above statements were corroborated by participants of the study. One participant remarked:

Gokwe is a rural set up and being a rural set up parents trust their relatives so much that if they have girl children they leave them with the relatives to attend funerals, church gathering and in their absence most of the rape happen (Participant 29).

Similarly, another participant made the following comment:

I believe sometimes we are too trusting (Participant 3).

The following extracts from selected court files used in the study; show how CSA perpetrators gained trust from the child survivors leading to CSA. One file read:

The undisputed facts of the case are that the accused and the complainant knew each other before the offence. The complainant was given money by the accused (Harare case 6).

Another read:

The accused met the child, 8 years, while coming from school. He called the child and promised to give her sweets if she accompanied her to his house; where he raped her (Harare case 76).

It is evident from court files and selected participants' accounts above that trusting relatives, neighbours and friends with the care of children is a major contributing factor that leads to CSA. Trust involves children trusting adults and any person older than them that the adult will protect them and not harm them. The trusted adults may later abuse the trust by taking advantage of the child's trust and abusing the child. Children trust adults for support, care and protection resulting in vulnerability and risk of CSA. Most often children are naive and do not think ill of adults or relatives, neighbours and family friends older than them hence children become trusting.

Trust also involves parents and guardians of children, trusting relatives, friends and neighbours with the care of their children. It is evident from the cases highlighted herein; that in many instances parents and guardians leave their children in the care of relatives, friends and neighbours who may later sexually abuse their children. The third level of trust involves the perpetrators. At this level of trust, the CSA offenders are in most cases known to the child. The relationship between the child and the CSA perpetrator makes children CSA vulnerable: as perpetrators manipulate the trust children have in them. Perpetrators are cunning and manipulate children to build trust between the child and themselves. Perpetrators manipulate the relationships based on trust using money, gifts, authority and children's dependence for care and support to sexually abuse the children. Given that the majority of the 300 VFS court files sampled in this study, 287 cases, involved perpetrators who are known to the child and whose proximity to the child's environment earned them trust from the children, it can be argued that trust creates CSA vulnerability of children. Trust creates access and proximity to the child's ecology which make it easy for CSA offenders to commit the offence: CSA.

Findings from this study give weight to the Attachment theory which shows that CSA occurs within close relationships, where attachment and trust are involved (Duncan, 2005). Again, the current findings corroborate Jones and Jemmott (2009) finding that the CSA in the Eastern Caribbean mostly involved trusted and known persons such as neighbours, teachers and shopkeepers. Parents and guardians arguably, assume that relatives, friends and neighbours

will take care of the child; offer care support and protection. This assumption makes parents and guardians trust adults and older persons who may be relatives and neighbours with the care and protection of children in their absence. This trust creates layers of CSA vulnerability for children. Chitereka (2012) argues that relationships, as developed by Bronfenbrenner (1979), are characterised by interrelated systems or layers that affect a child's developmental processes. The layers of trust are evident in the child's microsystem which includes the family and close relatives up to the microlevel where parents trust relatives and neighbours with the care of their children; creating vulnerability to CSA. In addition, to gaining the child's trust as a result of relations; CSA offenders may also use incentives to gain the trust of children. Children are often given food, money and other gifts to lure them and gain the trust of the child. It is apparent from the above accounts, that CSA should be understood within a particular context of the child's ecology and environment; which perpetrators access to gain the trust of the child. It is the gained trust that perpetrators manipulate to commit CSA offenses. Trusting relationships built by perpetrators can also affect CSA disclosure explaining the underreporting and witness interference challenges discussed in Chapter 8. It can therefore, be argued that trust creates grounds for CSA: access and proximity to the child and manipulation of the child. This finding that trust neighbours, relatives and friends with the care of children is a major CSA socio economic CSA contributing factor concurs with international studies (World Health Organisation, 2003 and Jones and Jemmott, 2009) which show that CSA offenders are persons known to the child and are located within the child's micro ecological environment. In addition, it can be argued that CSA offenders manipulate trust: of the child's trust or of parents and guardians; to gain proximity and access to the child; facilitating committing of CSA offenses.

5.2.2 Temporal isolation and seclusion of children

Another key factor related to socioeconomic circumstance that lead to CSA unearthed by this study is that CSA perpetrators take advantage of the temporal isolation and seclusion of children. It came out in this study that children were sexually abused while temporally isolated and secluded. Participants' accounts and official court documents used in the study show children being temporally isolated and secluded when they walk alone in secluded areas and left home alone without supervision. These two circumstances were shown to lead to the temporal isolation and seclusion. The following section presents the two circumstances separately:

5.2.3 Walking alone in secluded places

This study found that children are vulnerable to CSA when they are temporally isolated while walking alone in secluded places. It emerged from the 300 official CSA court files examined in this study that, by walking alone to and from social services such as schools, shops, herding cattle and water points; children are isolated and secluded; increasing CSA vulnerability. Of the 300 cases sampled in this study, 21 CSA cases involved children who were walking alone to and from social services such as schools, shops, herding cattle and water points. From the VFS court files used, it was clear that the temporal isolation and seclusion of the children involved created a window of opportunity for CSA perpetrators to commit CSA offenses; increasing CSA vulnerability. Participants of this study validated the argument that CSA offenders take advantage of the isolation and seclusion of children: walking alone to and from social services such as schools, shops, herding cattle and water points to commit CSA offenses. The participants identified children living in rural areas, urban areas and newly resettled areas as susceptible to walking alone in secluded places. The study participants noted that due to the geographical location of social services; children particularly those in rural areas have to walk long distances of up to 10 kilometers to schools, water points and other services, resulting in temporal isolation of the children and making them susceptible to CSA. Participants explained that while isolation and seclusion was more pronounced in rural areas and newly resettled areas, children in urban areas are also prone to temporally isolation and seclusion. Participants explained that due to disruptions in social services such as water and electricity, some children in urban areas have to endure queuing for water at boreholes late at night and looking for firewood; creating isolation and seclusion; increasing CSA vulnerability. From the files and participants sampled in this study it came out that isolation and seclusion leading to CSA vulnerability is increased by a number of macroeconomic conditions obtaining in the country. The dispersed location of social services such as schools, clinics and shops makes children more vulnerable to isolation which in turn may lead to CSA. Social services such as schools, hospitals and water points are located a long distance from communities. Despite the majority of the Zimbabwean population residing in rural areas, access to services and social amenities remains limited. To access social services such as school, clinics and water, children have to endure long distances. The location of social services far away from the users makes children vulnerable to CSA perpetrators who can prey on them, while travelling to and from social services. The following court records highlights how children were isolated leading to CSA. One of the court files used in this study reads:

On 3 March 2015 at around 1420, the complainant, 13 years, was coming from school alone. She passed through a maize field and met the accused coming from the opposite direction. The accused dragged her into the maize fields and produced a knife. The accused raped the child through both the vagina and anus. He then disappeared. The complainant went to a nearby white garment gathering where she told the worshipers her ordeal. A search was conducted but the accused was not found. A report was made to the police. The medical examination showed that the child had multiple fresh injuries, bites and brushes on her body and genitalia. The examination confirmed sexual abuse. On 5 August2015, the child spotted the accused leading to his arrest (Harare case 165).

Another file read:

On 9 May 2015 while coming from the river carrying 2 x 5 litter Water bottles for home use, the child, 13 year old girl, met the accused, 18 year old, who raped her (Harare case 113).

In another CSA case the probation officers report read in part:

In this neighbourhood, children spend a lot of time queuing at the borehole for water. This normally extends into late hours. In most cases these children are alone. Juveniles at this stage are prone to experiment with sex (Gokwe Case 44).

Lastly a third file read:

The accused, 16 years, followed the complaint, 13 years, to the grazing fields where she was herding cattle (Gokwe case 15).

Participants' accounts validated the vulnerability of isolated children. They noted that grazing areas, social services and facilities such as schools, clinics and water points, are located far from the communities. Resultantly, children are isolated, placing them at greater risk of being sexually abused. The vulnerability of children in rural and resettlement areas is brought out in the following participants' accounts. One of the study participants said:

People where resettled in Zimbabwe in faraway areas [far from service and facilities such as schools, clinics and water points] where there are not enough social services such as schools. Usually …… children walk long distances through thick forests [to service points] where perpetrators can take advantage and rape those children when they are going to school or coming back. Some children even walk 10 kilometers and they come back late (Participant 18).

Another study participant lamented:

People settled in new areas where there is a deficit of services such as water points and schools. The issue of distance to schools and water points remains a problem. Children still walk more than 5km to the nearest school. So that is one challenge (Participant 24).

The above statement was supported by another participant who mentioned that:

*In the rural areas, the average distance to school is of 5km. I think they [CSA perpetrators] know children are going to walk from school and there is a distance. Sometimes children are dismissed late making children walk at night (*Participant 6).

Similarly another study participant said:

I think distance [to social services] is a challenge. In some rural areas, children travel 10 kilometers to the nearest clinic and 20 kilometers to the nearest police station. People end up not going there [to get medical attention or to report CSA]……they might resort to keeping quiet and not accessing medical services (Participant 36).

The vulnerability of children from rural areas was also validated by other participants' narratives. One of the participants said:

Climate change has meant that those who made a living out of farming are now not able to make a living out of farming. Now if they were married to 15 wives they are now unable to look after their large family. But if he had 15 wives and 60 or 80 or even 100 children he will be unable to pay for fees or even feed the large family. If he relied on cotton there is no market due to the sale of second hand clothing. So that will push children into vulnerability. Some are pushed into marriage to another man with many wives and the cycle of poverty continues and increases due to lack of education (Participant 19).

Another participant said:

Communities derive income from cotton marketing. The children within the district started to face challenges in terms of accessing education ever since the prices of cotton started to fall down on the world market. If you look at the town [Gokwe] itself is no longer as vibrant as it used to be. We no longer have the cotton industry we used to have. That is reason why we are having a lot of school children dropping out of school (Participant 30).

It is evident from the participants' account and extract from court papers used above that isolated and secluded children are more likely to be sexually abused. CSA perpetrators take advantage of the isolation and seclusion and sexually abuse the children. Travelling long distances to social services such as schools, clinics, shops and water points contuse to make children isolated, secluded and vulnerable to CSA perpetrators. A number of factors may be used to explain the isolation of people from social services. Firstly, the isolation of social services can be traced to the colonial period. The colonial governments largely neglected rural areas where the majority of the population resided and continued to reside. While developing countries, such as Zimbabwe have enjoyed relative improvements in social service delivery post independence rural areas, in particular, continue unaffected by improvements in services; services remaining inaccessible (Todaro and Smith 2011; Sewpaul 2014). The location of

services in faraway places could also point to a lack of appreciation of local felt needs by the planning authorities.

Secondly, the isolation of social services from the people can also be linked to the mass agitation for land and desperation on the part of the resettled people. According to Scoones, Marongwe, Mavedzenge, Mahenehene, Murimbarimba and Sukume (2010), the colonisation of Zimbabwe resulted in a dual land tenure system that favoured the settlers, displacing the indigenous populations. The history of Zimbabwe documents the dislocation of indigenous groups in response to the introduced monetary economy and white settler commercial activities such as farming, urban settlements and mining (Hampson and Kaseke, 1987). Thus indigenous populations where removed from their ancestral lands leaving behind their source of livelihood, identity and dignity. Kiire (1995) argues that Zimbabwe, like most African countries, has a large rural sector, which remains largely characterised by lack of development, poverty, overcrowding and lack of services such as schools, hospitals, and access to roads, irrigation schemes and bridges. Given the economic, social and psychological value attached to land, the historical land debate and land question in Zimbabwe; indigenous people may be willing to resettle in remote areas with no social revives and amenities to escape overcrowded communal lands, poor rainfall patterns and poor soils. Furthermore, indigenous groups may be willing to be relocated to ancestral lands as a way of reclaiming lost identity. Resettlement therefore, becomes an attractive option towards reclaiming lost identity and dignity and access to economic, social and psychological value. Often resettled populations have not been provided with matching social services. The lack of social services continues to place children at risk of CSA as they have to walk to distant service locations, creating isolation and seclusion. Unlike the immediate post 1980 resettlement programme, the latest resettlement programme was characterised by anarchy and poor planning. Kiire (1995) describes the immediate post independence resettlement programme as organised and planned movement of deserving Zimbabweans.

Again, it can be argued that the isolation of social services has played into the hands of politicians. With Zimbabwe critically being a predominantly agricultural country, agitation for quality agricultural land remains a possibility which often plays into the hands of politicians (Kanyenze Kondo, Chitambara and Martens, 2011). Politicians often use the land question and lack of services for their political advantage to solicit for votes and support into political office.

In some cases, the resettlement of people in poorly serviced areas has been with the blessing of politicians. It could be further argued that political independence was not matched by political will to develop the hitherto neglected rural areas promoting desperation for relocation. Politicians use desperation of communities as capital that they use to stay in office.

From the selected participants' accounts and official documents used in this study, it can also be argued that urban areas are not immune to the isolation and seclusion of children that lead to CSA vulnerability of children; due to poor service delivery. As a result of the lack of and breakdown of social service delivery system as a result of the following: poor economic performance and political governance (Kanyenze Kondo, Chitambara and Martens, 2011 and Chitereka, 2012); children in urban areas also have to travel distances to and from social services such as school and water points, resulting in isolation and seclusion increasing their CSA vulnerability. The deterioration of social services in urban areas may be sings of mismanagement of urban councils. Given, the level of social infrastructural development in urban areas before independence; deterioration of social services points to mismanagement of urban areas in post independent Zimbabwe.

It is evident that the lack of development contributes to isolation and exclusion of children increasing CSA vulnerability. According to Sewpaul (2014), under development of Africa is attributable to slave trade, colonisation, structural adjustment programmes, corruption, dictatorships, civil strife and lack of democratic policies and institutions. The land reform and the lack of social services in both rural and urban areas can best be explained using Sewpaul's (2014) explanations on the lack of development in Africa. This lack of development contributes to isolation and seclusion of children which in turn increases CSA vulnerability. It can therefore, be argued that children living in underdeveloped, isolated and secluded macro environments characterised by a lack of social service delivery such as the ones depicted above are more likely to be CSA vulnerable. Thus underdevelopment leads to isolation, seclusion and having to walk alone contributing CSA exposure.

5.2.2.2Children temporarily left at home alone

This study identified temporarily leaving children home alone; as a second trend that isolates and secludes children, increasing CSA vulnerability. Official court documents used in this study show that some parents and guardians leave children at home alone without any supervision resulting in isolation and seclusion, creating CSA favourable conditions and

increased CSA vulnerability for children. Of the 300 CSA cases sampled in the study, 21 CSA case files involved cases of parents leaving their children alone at home. CSA cases involving children being temporally left home alone; parents and guardians went to work, visited relatives, attended to their fields, attending to funerals and attended family gatherings and functions. The study participants' accounts corroborate that leaving children at home alone created circumstances for CSA. Participants explained that parents and guardians leave their children at home unattended increasing CSA vulnerability. The following extracts from official court documents highlight the phenomenon of children being temporarily left at home alone:

Complainant, 4 years, was left playing at home with her brother, 7 years (Gokwe case 8).

The child, 5 years, was left with her brother, 2 years, while the mother had gone to a funeral. The accused, a neighbour, came asking for the parents. Upon learning that the parents had left the children alone, he raped the complainant (Gokwe case 73).

Participants' accounts support the notion that children were being left alone unattended and unsupervised; thus isolating making the children vulnerable to CSA. One participant claimed that:

People leave their children unattended, exposing them to sexual abuse (Participant 21).

It is also apparent from the selected participants' accounts and the sampled court files cited above that temporarily leaving children alone and unsupervised contributes to CSA. Lack of supervision provides CSA perpetrators with access to the children. Leaving children alone removes external inhibitors for the perpetrators. According to Finkelhor (1997), one of the CSA preconditions that CSA perpetrators have to overcome for CSA to take place is obtaining access to the child. Lack of supervision as shown in the selected accounts satisfies the third precondition giving the perpetrator access to the child. CSA perpetrators take advantage of the parent's absence to sexually abuse the children. Given the finding from this study that most CSA offenders are persons known to the child survivors, children are vulnerable to relatives, neighbours and family friends, who may have knowledge of the temporal absence of the parents and care givers and that the children have been left alone.

Temporarily leaving children alone at home is related to lack of supervision, substance abuse, consequential relationships and access to pornographic material that also contributes to CSA. In addition, temporally leaving children alone is related to parental absence. Mendelson and

Letourneau (2015) associate family communication about sexual behaviour, with improved sexual safety among adolescents and delayed initiation of sexual activity. The argument that temporally leaving children alone increases CSA vulnerability, resonates well with the argument by Miner, Romine, Robinson, Berg and Knight (2014) who link CSA to poor attachment to parents, which is associated with an inability to form intimate relationships. The Attachment theory explains that the absence of a good relationship or attachment between the child and parents results in children establishing and obtaining attachment from alternative sources. It can therefore be argued that children who are left alone children establish and obtain attachment from alternative sources. Alternative attachment sources include care givers and person who have direct contact with the child. Children can be sexually abused by alternative attachment sources. It was the finding of the study that CSA offenders are mostly within the child's micro and meso ecological environments. Leaving children alone increases CSA vulnerability.

5.2.4 Parental absenteeism

Parental absenteeism was also found to be a notable CSA contributory factor. In this context, parental absenteeism refer to situations where parents are not physically available in the child's microecological environment: working in the diaspora, working extended hours and not having time with the children and parents divorcing or separating resulting in one or both parents being absent in the child's micro-ecological environment. From the 300 files reviewed in this study, 78 child survivors were sexually abused while their parents were absent. Participants concurred with the finding that parental absence due to work commitments, separation and divorce was one of the key CSA socio-economic circumstances leading to CSA. Participants explained that children with absentee parents were often staying alone in child headed families or left in the care of relatives and or domestic workers. The participants also explained that children of absentee parents were at the risk of CSA by persons in whose care they were left with such as neighbours, family friends, relatives and the domestic workers. Participants further explained that parents and guardians are occupied with their professional careers, work, the need to make money and opportunities leaving their children to live alone or with maids or with relatives. Participants also noted that CSA offenders take advantage of parental absence to gain access and proximity to the children. Participants identified parental separation and divorces as another source of parental absenteeism. The rate of divorce was noted to be on the raise

increasing CSA vulnerability. The CSA vulnerability of children of absentee parents is evident from the following comments by participants:

Parents are absent.... they are so busy with their own lives, jobs and careers. They are not present at home. Who is doing these parental duties for these parents while they are so busy? They leave home at 7 in the morning and are back at 7 in the evening. They do not see their children. Usually these are high income families. Their maids are doing most of their parenting roles while their gardeners are doing their driving errands. They have no interaction with their children so they are absent. So these children are at risk of CSA. They are not aware if the children are being sexually abused. They never talk to their children because they are not there. Diaspora parents are even better because they appoint a guardian for their children. These people only sleep at home but they are absent (Participant 3).

*Because of the socio economic challenges and other challenges, our society has changed. Sometimes parents do not see their child at all, or present home late. They leave home at 6 am and so whatever happens throughout the day they are not part of it. They are not involved in the daily routine of bathing. We are too busy for our children. We now go to college [school] after work and return home around 9:00 pm then we ask the maid is everything ok here. We leave everything with the maid. We even give them money to pay rentals. Life is a routine. So the children have no relationship with the parents (*Participant 16).

And the other thing is that some of the parents who are of the working class leave their children unattended or maybe they [the children] could be attended by someone, a maid or a neighbour. Those neighbours and maids take advantage that they are in control of the children. And some of them they take advantage of them and rape them (Participant 18).

It [CSA] also links back to our economy as well. Parents are going out [of the country] to try and fend for the family. So in the end they do not have time with their children, monitoring what their children are watching and what children are doing. They are not having time for discussions with their children about sexual reproductive health, what is right what is wrong and setting of principles. So children left to their own watching pornographic content on television. Some programmes that are coming out of television are depicting teenagers….. Teenagers would relate that oh yah we can date we can engage in sexual activity and there are adults playing roles of children within those programmes on television (Participant 2).

*Children of diaspora parents and those children with parents in diaspora are at risk of CSA. A lot of cases that we see are of children being raped by male relatives looking after the children. Those children whose parents live in the diaspora are economically empowered. They have no rules or boundaries set by family they are more technologically advanced so again that brings another issue which is exposing children to internet and social media in general because what they see on internet and exchange information on social media they end up wanting to enact and experiment what they see (*Participant 1).

*And one other thing that I noticed is that the problem is we are not having time with our children. In most of the cases the child is staying with the maid. The parents are staying in South Africa or United Kingdom busy looking for money. Most of our families, mother is in UK, father is in South Africa, the child is with the grandmother or the child is with the uncle (*Participant 16).

Most of the parents have left their children unattended and have gone to look for greener pastures in the diaspora and they have left their children with relatives who sometimes abuse them. Sometimes the children are left alone without anyone to take care of them and that's putting children at risk of being sexually abused (Participant 5).

*If you are a guardian and you are not there it means that the child does not have someone to provide guidance. In search of the dollar, people are going to the United Kingdom and South Africa leaving children alone and then send money to those children. The teachers were saying you can note the behaviour from children staying with their parents and those who are coming from 'ma' child headed families [whose parents are in the diaspora]. Children with parents in the diaspora are staying in flats alone, driving to school, have a lot of money and with nobody to guide them (*Participant 8).

We have children who become vulnerable to CSA as a result of separation of parents. They [the children] can easily get exposed to abuse [CSA] (Participant 9).

We have high numbers of marriage break down; we have numbers of children who are left without any one to take care of them (Participant 38).

The argument that parental absenteeism due to work commitments and divorce is a CSA risk factor was corroborated by court files used in the study. One of the files read:

While the child's parents were at work, the accused, 19 years, entered the child's room and unlawfully had sexual intercourse with child, 9 year; on several occasions (Harare case 79).

Similarly another following case involved an absent parent:

The complainant, 6 years, was left in the custody of the accused [grandfather 63 years old] when the parents divorced. The accused had unlawful sexual intercourse with the complainant on three different occasions (Harare case 32).

Lastly, the vulnerability of children of absentee parents is captured in the following:

The child's mother is an informal trader in the Harare CBD. She is a vegetable vender. The court was told that the accused, 31years, would escort his wife daily to the bus stop, in the morning. He would return back home around 6 o'clock in the morning, before the child, 13 year old, started preparing for school. He would then play pornographic videos before forcing the child to have sex with him. This happened on numerous occasions. The complainant threatened the child not to tell anyone. He told the child that if she revealed the abuses, he would refute the claims and say that it was the child who bought the pornographic videos. The abuse came to light after the land lady discovered that the child was pregnant. Neighbours reported the matter to the police. The child then disclosed that it was the stepfather. The accused ran away from home for some months to evade being arrested. He was later arrested (Harare case 122).

From the 300 case files used in this study and the selected participants' accounts above, it can be claimed that the removal of parental or guardian figures in the child's ecology creates CSA vulnerability and may lead to CSA. The poor economic and political environment in Zimbabwe

has resulted in parents and guardians migrating or having to leave their children. Factors such as the high unemployment rate, the constrained economic performance and the prevailing restrictive political environment have all pushed Zimbabweans into the region and the diaspora. Kanyenze Kondo, Chitambara and Martens (2011, p. 327) note that "although estimates of the Zimbabwean diaspora differ from study to study, it ranges between three and four million." The study observed that some parents and guardians now migrate into the region and internationally in search of opportunities. Again , locally based parent and guardians have to endure long working hours and sometimes have to live far away from their children to make a leaving creating a parental and guardian vacuum in the child's ecology. It is argued that the mismanagement of the child's microecological environment creates parental and guardian absenteeism by forcing parents and guardians to work away from their children. Parental absence creates CSA vulnerability as CSA offenders gain access to the children in the absence of the parents or guardians.

One of the possible explanation of divorce and separation of parents is breakdown of the extended family system. Before industrialisation, urbanisation and the introduction of the monetary economy, marriage was perceived as a union of families where families contributed to the bride prize (Foster, Makufa, Drew and Kralovec, 1997). Given the contribution of the family to the bride prize the man could not simply divorce his wife without the consent of the family. The breakdown of the extended family system due to factors such as urbanisation has arguably resulted in the family having a diminished role in marriages. According to Foster, Makufa, Drew and Kralovec (1997), marriage in the traditional Zimbabwean society used to be not so much the linking together of two individuals but rather a union of two families. The role of the extended family has been diminished by factors such as labour migration, the cash economy, demographic change, formal education and Westernization (Foster, Makufa, Drew and Kralovec, 1997). The above factors and the ability of individuals to earn cash used to pay bride prizes on their own has also reduced the influence of the extended family on marriages and the decision to divorce. Individuals can now earn individual wealth and marry without the blessing of the extended family. Given the ability to earn and pay one's bride price, one can simply divorce without the consent of the extended family. Again, the ability of women to earn and to be formally employed can result in them having greater independence, a voice in marriage and being able to walk out of marriages if they see fit. Access to formal education and employment has increased women's independence and rights in marriages. Divorce

becomes an option if the women deem the marriages not working. It can further be argued that due to women's access to formal education and employment marriage is not a survivor and dependence option but rather a choice. So women can now choose to divorce. Anand and Devadoss (2013) observe that some of the causes of divorce are boredom in marriage, low tolerance and rigidity, family background, sexual dissatisfaction, child rearing issues, family pressure, lack of commitment, lack of communication, high expectations, religious and cultural strains and adultery.

The introduction of the monetary economy, colonisation and urbanisation weakened the role of the extended family system hence its executive role in the care and protection of children in the absence of their parents or guardians (Kaseke, 2015). Families have moved towards a nucleated orientation such that in the face of any vacuum, children do not have the any parental and guardian fall back system within the microlevel of their ecology. Therefore, in the absence of the extended family network system, parental absence due to migration, devoice, parental separation, working long hours and working faraway from ones children creates a parental of guardian vacuum in the children ecology making children more CSA vulnerable. Many parents and guardians may not afford to employ child care givers in the face of the prevailing economic hardships characterised by unemployment, high cost of living and economic uncertainty. It is also the finding of this study that care givers themselves: relatives, neighbours and domestic workers commit CSA offenses. The abuse of children by domestic workers found in this study may drive parents and guardians not to employ childcares as a child protection measure, which in itself also exposes children to CSA. In addition, a vacuum is created due to the absence of comprehensive State run formal child protection systems. CSA vulnerability is exacerbated by the diminished role of the extended family system.

It is evident from the above accounts that parental vacuum, resulting from working commitments, separation and divorce, is a significant socioeconomic CSA contributing factor. The diminishing role of the extended family system exacerbates the challenge further exposing children to CSA. However, it is important to note that children can be sexually abused within the extended family system. From the selected participants narratives and analysis of VFS documents used in this study, it was also noticeable that CSA offenders are mainly persons known to the child including relatives. That parental absence is a significant socio economic CSA contributing factor is consistent with the argument made by Meinck, Cluver, Boyes and. Mhlongo (2015) who identify different levels of the Model of Ecological Development factors

that include parental level factors: parental changes, family functioning, parenting and caregiver-child relationship. In their review of 23 quantitative CSA studies, they find out that parental issues including parental absence contribute to CSA. Similarly, Bhaskaran, Seshadri, Srinath, Girimaji and Sagar (2016) add weight to the current findings. In their Indian study, Bhaskaran et al, (2016) found out that 52.5% of CSA survivors came from broken families. Hence, Attachment theory argues that faulty parental relationship particularly the mother to child relationship between the mother and the child survivor contributes to CSA. In keeping with the ecological view point, it can be reasoned that parental absenteeism within the child's micro ecological environment therefore results in faulty a parental relationship that contributes to CSA. The attachment theory further explains that in the absence of a good relationship or attachment between the child and the mother, children establish and obtain attachment from alternative sources. This study identified consequential relationships that involve the consent and cooperation of the children: teenagers in particular as leading to CSA. It can further be argued that parental absenteeism lead to children establishing and obtaining attachment from alternative sources: boyfriends. Parental absenteeism in the child's ecological environment due to work commitments, divorce and separation increases CSA vulnerability. In addition, children may establish and obtain attachment from alternative sources: boyfriends.

5.2.5 Trafficked children

Related to the phenomenon of diaspora parents presented above, is trafficking of children across Zimbabwe's boarders. From the study participants' narratives, it emerged that children are trafficked leading to CSA. Children are trafficked to neighbouring countries to join their parents temporarily: to be with their parents during holidays and other festive periods; or permanently. At law children crossing international boarders should be accompanied by an adult and in possession of affidavits from their parents giving the escort permission to travel with the child. In addition, internationally travelling children should have their passports and abridged birth certificates: showing details of both parents. Smuggled children often do not have the needed travel documents. The diaspora parents arrange for their children to be smuggled through the boarders into the neighbouring countries. Participants of this study explained that tracking of children increases children's CSA vulnerability at the hands of the hired traffickers. One of the participants made the following observation:

There are issues to do with unaccompanied migrants' children; who cross the border to the neighbouring countries like South Africa. Because they do not have travelling documents; they

sometimes make use of illegal ways of getting into South Africa. They are abused on the way (Participant 5).

From the selected participant's account above, it can be argued that the trafficking of children across Zimbabwe's boarders leads to CSA. According to Chitereka (2010), Zimbabwe's macro environment has been characterised by political and economic rights violations. Chitereka (2010) further chronicles events such as assaults on the media, the political oppression of civil society activists and human rights defenders; mass forced evictions and demolition of homes and informal businesses in poor urban areas; the controversial land reform and disputed elections, as factors leading to the forced exodus of many Zimbabwean citizens. Often such migration is unplanned resulting in lack of proper documentation of the migrant parent and the children left behind. The political and economic environment that pushed people out most likely means that coming back is impossible or risky. Parents and guardians of children could have left their countries on refugee status and or without proper immigration requirements thus visiting their children becomes problematic as it compromises their refugee status and/or the ability to return to the assumed country. Trafficking of children may be motivated by the above arguments, placing trafficked children at increased CSA risk. Trafficked children are at risk of CSA by the hired escorts and other people they come across on transit to their parents.

It is evident from the above accounts that trafficked children are CSA vulnerable. CSA offenders gain access and proximity to the children while in transit. Trafficking and escorting children brings CSA offenders within the orbit of the child's micro-ecological environment: providing access and proximity to the child. Again, it can be argued that by trusting the traffickers with their children, parents and guardians make their children CSA vulnerable. The current finding that trafficked children are at a heightened risk of CSA, gives weight to earlier findings by Sossou and Yogtiba (2009). Similarly, a British Broadcasting Corporation (2017) report demonstrates vulnerability of trafficked children to CSA. According to the news report many of the Libyan trafficked children suffer from violence and sexual abuse at the hands of smugglers and traffickers. From the selected narrative, it can therefore be argued that the trafficking of children is one of the CSA socio economic circumstances. Trafficking of children provides traffickers with access and proximity to the children making it easy for CSA offenders to commit CSA offenses**.**

5.2.6 Teenagers entering into consequential relationships

Another notable socio- economic circumstance that leads to CSA to come out of this study is teenagers entering into consequential relationships. In this context, consequential relationships are voluntary sexual relationships that children enter into with partners of either their age or older. The findings of the study clearly show that a number of children between 12 and 16 years enter into consequential sexual relationships increasing CSA vulnerability. The official court documents sampled in this study show that 12 to 16 year olds knowingly enter into relationships with persons older than themselves which increases their CSA vulnerability. Of the 300 CSA court files reviewed, 70 CSA cases involve 12 to 16 year olds who were sexually abused by their boyfriends. It also emerged from the official court documents used in the study that of the 70 cases involving boyfriends, 58 cases involved adult boyfriends. In the majority of cases involving boyfriends, the children entered into consequential relationships with the CSA perpetrators (boyfriend), consenting to sexual intercourse, cooperating with the CSA perpetrators and helped the CSA perpetrators to commit the offence. Participants sampled in this study validated the above accounts by identifying the role of consequential relationships in contributing to CSA. The role of consequential relationships in CSA is evident in the cases and comments by participants. In one of the court records the presiding magistrate's made the following remarks:

At the end of the trial it was clear to this court that at the time of the offence; a love affair existed between the accused [CSA offender] and the complainant [child]. This court finds the accused not guilty of rape as defined in the Criminal Law Codification Act. The accused is however found guilty of section 70 of the Criminal Law Codification Act that of having sexual intercourse with a young person (Harare Case 9).

Another official court document contained the following record:

The complainant went to the accused's place or residence where she waited for him. Accused came back and found her waiting for him. He went to the shops to buy the child drinks and snacks as per her request. They had sex and she went back home. She lied to her mother that she had gone to collect her books from a friend (Harare case 36).

Similarly, the following case record brings out vulnerability created by relationships:

The abuse came to light when the mother found the child, 14 years, in possession of gifts; braids and money. She revealed that the gifts where coming from her boyfriend, 18 year old, with whom she frequently has sexual intercourse (Harare case 27).

Finally, the following record also shows the cooperation of the child:

The accused offered to go with the child, 13 years, to look for a form one place; in his car. On their way back he bought the child a burger and promised to teach her how to drive. They drove around Harare. They parked in a seclude area where they had sexual intercourse (Harare case 111).

The cooperation of CSA survivors in the committal of the CSA offences was confirmed in one of the official court records that were reviewed. The child admits to having sexual relations with the accused who is her boyfriend. This is captured in the affidavit written by the child, who states the following:

I am a complainant, 12 years, in this case. The truth of the matter is that I was not raped. I had sexual intercourse with the accused, [who is 25 years], after agreement (Harare Case 28).

The study participants corroborrated the claim that by knowingly and coperatively eneterting into conseqiuentil relationships, teengaers contirbute to CSA. One of the participants made the following comment:

What usually happens is that parents may not know that their child is sexually active. Maybe she slept with that guy [CSA offender] with her consent. Parents may think that their teenage daughter has been raped when they come here (Participant 33).

It is apparent from the participants' accounts and case records above that children between the ages of 12 and 16 years are more likely to knowingly enter into consequential relationships that are in most cases likely to lead to their sexual abuse. CSA offenders manipulate their access and proximity to teenagers in many ways. Firstly, CSA offenders manipulate their maturity to convince children into entering into relationships with them. Consequential relationships are characterised by age imbalance between the child and the boyfriend. The age imbalance between the child survivor and the boyfriend may account for the knowledge imbalance between the two. The perpetrator in most cases is more likely to be sexually knowledgeable and older than the child. The CSA offender is able to manipulate the age and knowledge imbalance to obtain sexual consent from the child, leading to CSA. While the children between the ages of 12 and 16 years had given their consent as shown in the selected court documents and selected participants accounts, such consent is not recognised at law, as the children in this age bracket is deemed incapable of consenting. According to Loewenson (1997), the legal age of sexual consent in Zimbabwe is 16 years. The Criminal Law Codification Act Chapter 9.23 (2004) specifies that girls under the age of 12 years are legally incapable of consenting to sexual

intercourse. Consensual sexual intercourse with a child between the age of 12 and 16 years is having sexual intercourse with a minor because a child is not regarded as old enough to make an informed decision.

Secondly, 12 to 16 year olds may enter into consequential sexual relationships, due to lack of psychological maturity. The psychological immaturity of teenage girls relative to the CSA offenders leads to their vulnerability to sexual abuse. Given that CSA usually involves an adult or significantly older or more knowledgeable child as the perpetrator (Horner, 2010); it is clear from the cases highlighted above that boyfriends take advantage of the child's immaturity to manipulate them into sexual intercourse. In other cases, as will be presented below, the 12 to 16 year olds were given alcohol before being sexually abused. It is therefore important to consider the premature relationship together with other factors that lead to the sexual abuse of children.

Thirdly, CSA offenders use the concept of gift exchange to lure children into consequential relationships. CSA perpetrators use gifts and presents to obtain proximity and access to the children. The presents and gifts make children more likely to cooperate and consent to sexual intercourse. The children may feel obliged to reciprocate for the presents and gifts. Consenting to sexual intercourse with the older perpetrator becomes obligatory on the part of consenting children. 12 to 16 year olds may enter into sexual relationships as a way of escaping poverty. Poverty may lead the 12 to 16 year olds into transactional sexual relationships. As noted below, poverty in relative and absolute terms makes 12 to 16 year olds vulnerable to transactional relationships. The 12 to 16 year olds living in absolute poverty may find consequential relationships as a poverty escape route, as their boyfriends provide for them with basic needs necessary for sustenance. While, 12 to 16 year olds not living in absolute poverty, may find provision for needs that they may not be getting from their parents and guardians. Consequential relationships may be a source of supplementation of needs relative to other children from families that they perceive as better off than themselves.

Fourthly, CSA offenders may manipulate children's cry for help. Children between the ages of 12 to 16 year olds may enter into consequential relationship as a cry for help. According to Richter et al (2013) children who do not receive professional help after CSA may develop risky sexual behaviours; early sexual debut; increased number of sexual partners and unprotected sex can suggest that the child has a history of CSA. Teenagers who enter into consequential

relationship may have been previously sexually abused and fell through the cracks of the VFS. It also follows that entering in sexual relationships becomes an effect of previous sexual abuse that will have been perpetrated on these children. This argument supports the Sexual Abuse Accommodation Syndrome theory. According to Jones and Jemmott (2009), CSA results in the child survivor developing the Sexual Abuse Accommodation Syndrome. While entering into consequential relationships may lead to CSA; such relationships may also be a consequence of previous CSA. Lastly, CSA offenders may manipulate children's need for attachment. According to Duncan (2005), a faulty relationship within the child's microecological environment such as between the mother and the child survivor may lead to CSA. In the absence of a good relationship or attachment between the child and the mother, children establish and obtain attachment from alternative sources. It can therefore be argued that CSA offender manipulate the child need for attachment and obtaining faulty relationships between the child and the parent to establish alternative attachment relationships: consequential relationships

It is evident from the accounts above that children, who enter into premature relationships, will be sexually abused. This current finding is consistent with Rumble, Mungate, Chigiji, Salama, Nolan, Sammon and Muwoni's (2015) observation that the majority of CSA among girls occurs within the context of peer relationships. Similarly, Finkelhor (2009) observes that children are involving what calls "compliant victims" or "statutory sex offenses. From the 300 CSA case files employed in this study and the selected participants' narratives above, it can therefore be argued that voluntary peer relationships increase CSA vulnerability. Arguably, children enter into consequential relationships as a cry for help, for gift exchange and due psychological maturity of the child. This proximity and familiarity creates access to the child. Again, boyfriends are more likely to be well informed by the cooperating child of the absences of the parents and guardians thus gaining access to the child.

5.2.7Orphanhood and vulnerability to CSA

Orphanhood was also attributed as one of the key socioeconomic factors that lead to CSA. An orphan, in this case, relates to a child below 18 years of age, who has lost one or both parents. Participants recognised HIV and AIDS as one of the leading causes of orphanhood. The study participants observed that despite the advent of antiretroviral treatment (ART), the HIV epidemic has resulted in children being orphaned. Participants explained that orphaned children where at an increased risk of CSA. The court files used in this study validated the

claim that orphaned children are most likely to be sexually abused. Folowing the death of their parents, orphans are sometimes made to stay with relatives who may later commit CSA offenses. The vulnerability of orphans to CSA is evident from the following comments by participants:

So I can say orphanhood is one of the key factors of sexual abuse. Like I said absence in parenting exposes children to abuse because usually when your parent is there, the parent is going to protect you, is going to provide even in terms of your financial needs. So if the parent is not there it means you are vulnerable. You do not have your provider and the parent to protect you. So for me orphan hood makes the child more accessible (Participant 23).

There are several CSA risk factors. The HIV pandemic is one of the factors. There are a lot of orphans. Some of the orphans live in child headed families. They live in child headed families and as a result perpetrators pounce on those children. So it puts them at risk of being raped (Participant 18).

We have children who become vulnerable to CSA as a result of death of parents. They [the orphaned children] can easily get exposed to abuse [CSA] (Participant 9).

Court files used in the study demonstrated that orphanhood is a key CSA economic factor. One of the files:

The accused, uncle, was staying with the complainant after the death her father (Harare Case 162).

Similarly, another court file corroborated the argument that orphanhood is a key CSA socio economic factor as follows:

The complainant, 7 years, is an orphan whose parents passed away when she was still young. The complainant was left in the custody of the accused parents [her uncle and aunt] who are both employed (Gokwe case 97).

The selected participants' accounts and case files above clearly show that orphanhood places children at increased CSA risk. While Zimbabwe's Children's Act Chapter 5.06 (2001) provides for the protection of orphaned children and regards them as children in need of care. . CSA vulnerability of orphans can be linked to various factors. Firstly, the inefficiency of government funded programmes increases the vulnerability of orphaned children. Kaseke (2015) argues that Zimbabwe does not have a comprehensive social security system. The majority poor have nothing to fall back on to cover their needs. People in rural areas for example, find it difficult to travel to the relevant government offices due to distances. Given the need to travel, finding the bus fares to service providers, it becomes impossible for to get help. Kaseke (1995) observes that the processes involved in applying for the assistance for

example school fees as being lengthy. Lengthy processes make beneficiaries withdraw prematurely. The lack of comprehensive social security programmes may thus explain the vulnerability of orphans to early onset of sexual activity and transactional sex.

Secondly, the poor performance of the country's economy arguably wipes out parents' estates, savings and asserts making orphans economically vulnerable. Orphans may not have any income to fall back on. Given the past and current mismanagement of the country's economic, political and social affairs earnings, livelihoods, savings and pensions have been wiped out (Chitereka 2010; Kanyenze, Kondo, Chitambira and Martens, 2011 and Sewpaul 2014). The value of savings, asserts and pensions are affected by such factors as hyper inflationary, negative policy announcements and political instability over the years. Many people, including orphans, are left with no social safety net to fall back on. Some orphans in Zimbabwe may not have their parents' savings and investment to fall back on. There is a link between CSA, orphanhood and school dropout. Being in school delays the onset of sexual activity, marriage and vulnerability of CSA. It is important to acknowledge the existence of CSA in schools. Chikwiri and Lemmer (2014) found CSA prevalence in Zimbabwean schools. While not discounting abuse in schools, children in schools are less vulnerable due to the existence of security structures. Schools, through the Ministry of Education, are part of the VFS. In addition, the education system is more likely to identify cases of CSA than if the child is out of school. A child out of school will not get the above response while at home. Drooping out of school may thus mean a child does not have information on CSA, prevention of CSA and the VFS.

Thirdly, the weakening of the extended family system has exposed children to child headed families. Culturally children belong to the extended family. Foster and Williamson (2000) describe the extended family as a large network of connections among people extending through varying degrees of relationship that includes multiple generations, involving reciprocal obligations that act as a mechanism that keeps members from destitution. According to Twikirize (2014), colonisation and industrialisation altered ways of helping and solving problems which were largely carried through the family, kinship and collective actions facilitated by traditional and customs. Foster, Makufa, Drew and Kralovec (1997) therefore argue that in the traditional Zimbabwean society: Shona and Ndebele; the concept of an orphan did not exist. However, Kaseke (1998) observes the diminishing role of the extended family in Zimbabwe as a social security institution due to industrialisation, urbanisation and globalisation. Kaseke (2015) argues that the responsibility to care for orphans mainly falls on

older persons who are themselves income insecure. Kaseke (2015) further argues that the narrow reach of the social protection system due to resource constrains and limited coverage, most of the caregiver find it difficult to meet the needs of the orphaned children. Barriers to social security increase the vulnerability of orphans to CSA. In addition, orphans may be moved among relatives; making children vulnerable to CSA. This study found that relatives make up a significant number of CSA offenders.

Lastly, as a result of the weakening of the extended family system, orphans increasingly find themselves in child headed families with no parental guidance. Parental guidance is important in instilling values and reinforcement of age appropriate behaviours. This study is largely consistent and agrees with Kidman and Palermo (2016) who found increased CSA vulnerability among orphans and children with absent parents from thirteen sub-Sahara African countries.

Given the estimation that over 1270 people die due to AIDS every week in Zimbabwe and approximately 1.6 million children have lost one or both parents to HIV/AIDS and related cases (United Nations Children's Fund and Ministry of Labour and Social Services, 2011 and UNIADS 2015); orphans in Zimbabwe are at a greater risk of CSA**.** Their CSA vulnerability is compounded by the limited ability by government to accommodate them in places of safety. United Nations Children's Fund and the Ministry of Labour and Social Services (2011) further state that the available places of safety can accommodate only accommodate 3% of the children needing places of safety. While adoption of children is an option to parenthood, this option seem align to the Zimbabwean context. Zimbabweans seem not to entertain adoption of children. The above arguments may account for the CSA vulnerability of orphans to early marriage or being involved in transactional sex for survival and worse to take care of their siblings.

It is evident that orphans are susceptible to CSA, given their dramatic decline in their economic and social circumstances following the death of their parents. In addition, the disintegration of the extended family, its weakened role and the lack of comprehensive formal social security provision, increases CSA vulnerability of orphans. This study adds to the existing evidence that orphanhood is strongly associated with CSA vulnerability to CSA. Kidman and Palermo (2016) found paternal orphaning and paternal absence to be significantly associated with experiencing CSA in pooled analyses of nationally representative data on female adolescents from 13 sub-Saharan African countries. Similarly, the findings of this study resonate with the

finding by Birdhstle, Floyd, Mwanasa, Nyangadza, Gwiza and Glynn (2011) who linked HIV and orphanhood to CSA amoung new clients attending a child sexual abuse clinic from July 2004 to June 2005. It follows that orphans are likely to be at a higher risk of CSA following the death of their parents, the diminished role of the extended family and the inability of government as the upper guardian of children to provide for orphans.

5.2.8Children with single parents in sex work

Children of sex workers are also CSA vulnerable. Participants explained that children of commercial sex workers were exposed to CSA by experience. Such children are at an increased risk of watching their parent have sex and/or are exposed to the male clients who may later commit CSA offences. It was further explained that children with mothers in commercial sex work were prone to entering commercial sex work. Participants brought out the vulnerability children of commercial sex workers. One of the participants argued that:

Due to the bad state of the economy, some women are into sex work and prostitution. Mothers who are in prostitution may bring in men into her home. When the mother is sick, they [the mother's boyfriend] will rape the children or the children will also start doing the sex work because they had seen their mother doing it (Participant 4).

Similarly, another participant argued that:

Some single parents are involved in sexual work. Children engage in sexual work at an early stage because of the exposure that they get. Parents are going out and bringing in girlfriends or boyfriends (Participant 18).

From the above participants' accounts, it can be argued that, children with single parents in sex work are most likely exposed to CSA. Such children are vulnerable at two levels. Firstly, these children are exposed to their parent having sexual intercourse with partners. Such children may end up wanting to experiment. The argument that children who are exposed to explicit sexual intercourse end up wanting to experiment argument is in line with the Behaviourist notion that children exhibit what they experience abusing other children then becoming vicarious trauma(Omar et al. 2012 and Comer,2013). Children who abuse other children are most likely to expose other children to what they will have observed.

Secondly, children of parents involved in commercial sex are at risk of CSA by their parents' clients. From the 300 court files and participant comments used in the study it is established that persons who are most likely to sexually abuse children are persons who are known to them, persons with access to the children and persons within the child's proximity and persons

familiar to the child. CSA offenders may obtain access and proximity to the child that lead to CSA through the mothers: commercial sex workers. Access to the mothers gives CSA offenders access to the child ecology increasing CSA vulnerability. This current finding that the children of female sex workers are CSA vulnerable is consistent with the conclusions of Servin, Strathdee, Munoz, Vera, Rangel and Silverman (2015) that children of sex workers are CSA vulnerable: being coerced into sex as a minor and exposure to explicit sexual acts. In a study of vulnerabilities faced by the children of commercial sex workers in two Mexico United States border cities; Servin et al conclude that children of commercial workers were vulnerable to exposure or being raped by clients of their mothers. Similarly, Hall and Hall (2007) argue that multiple partnering or serial partnering by the child's parent (s) increased the risk for children. Therefore, it can be argued that children of commercial sex workers are at an increased CSA risk. The introduction of the parents' clients within the child's micro ecological environment level creates familiarity, proximity and being known to the child: factors attributed to CSA vulnerability in this study.

5.2.9Street children

Another notable circumstance that leads to CSA is the street children phenomenon. Children on the street are persons below the age of 18 years who live and work on the streets of urban areas. Such children live and work on the street without any parental or guardian care and support. Parents and guardians of such children are absent in their lives making them CSA vulnerable. One of the court files sampled in this study shows how living on the street is a vulnerability factor. Such children are of no fixed aboard and meet CSA offenders on the streets. Participants of this study validated the vulnerability of children living and working on the streets. Participants explained the vulnerability of children on the streets. It was explained that children on the street do not parental protection making them CSA vulnerable. It was further noted that children on the street lack parental guidance further exposing them to CSA. The following accounts show the vulnerability of children who live on the streets. One court record contained the following:

The complaint is an eleven (11) year old of no fixed aboard. She met the accused at Copacabana bus terminus in the central business district of Harare (Harare Case 110).

The living of children on the streets as a CSA vulnerability factor was supported by participants selected in this study, who mentioned the following:

Children on the streets are very vulnerable as well because they have nobody looking out for them (Participant 3).

Children living and working on the streets spend most of their time without parental guidance. They are exposed to CSA (Participant 5).

It is evident from the selected accounts above that parental absence of children living and working on the street makes this key population of children more vulnerable to CSA. It is argued that children are forced to live and work on the streets due to poverty, orphan hood, juvenile delinquency and weak formal and informal child protection systems. Children living and working on the streets are CSA exposed in many ways. Firstly, as argued above parental absence in itself is a CSA risk factor. Children living and working on the street have a parental vacuum which exposes them to CSA. The parental vacuum is exacerbated by the breakdown in the extended family which hitherto to industrialisation, the introduction of the monetary economy would have filled the parental vacuum. According to Lalor (2004), the rapid disintegration of clan authority is due to exposure to the harmful elements of modernity and rapid social cultural change. Similarly, Stoltenborgh, van IJzendoorn, Euser, and Bakermans-Kranenburg (2011) argue that rapid social changes in Africa along with increased pace of urbanization and individualism has led to greater isolation of families. Secondly, the well documented lack of comprehensive social security provisions (Kaseke, 2015) makes children working and living on the street more vulnerable.

Given the argument that street children do not have adults to provide and protect them, children living on the streets are vulnerable to transactional CSA; where perpetrators play the provider and protector role. In addition, these children are unsupervised are likely to be manipulated thereby exposing them to CSA. Street children may not have adults in whom they can disclose CSA, making them more vulnerable to perpetrators. The vulnerability of street children also demonstrates the lack of social security or priority on the part of the state as the upper guardian of children. According to Kaseke (1998), while social security systems exist in developing counties, the social security systems available remains rudimentary and beyond the reach of the needy. It therefore follows that vulnerable groups such as street children are not covered by available systems making them vulnerable to CSA. This finding corroborates the view by Bhattacharya and Nair (2014) that living and working on the streets of India makes children CSA vulnerable. Similarly, a study by Muchinako, Chikwaiwa and Nyanguru (2013) finds that children living and working on the stress of Harare are CSA vulnerable. The current finding that living on the streets is a significant CSA socio economic factor also gives weight to the

Ecological and Attachments theories. It can be argued that, the absence of parents within the ecological environments of children living on the streets results in absence of attachment between the mother and the child. According to Duncan (2005), children establish and obtain attachment from alternative sources in the absence of a good relationship or attachment between the child and the mother. From the current findings, it can therefore be argued that living and working on the streets is another notable CSA contributory factor. Again it can be argued that children living and working in the streets experience parental vacuum: which leads to lack of attachment and CSA. In addition CSA vulnerability of children living and working on the streets is exacerbated by the lack of or weak informal and formal social protection systems: erosion of the extended family system and a lack of comprehensive social protection provision.

5.2.10 The presence of a stepfather

Participants and official court files sampled in this study revealed that the presence of a step parent, particularly a stepfather increased CSA vulnerability. Of the 300 CSA cases sampled for the study, 14 CSA cases sampled in this study involved step fathers as the CSA Offenders. The case files reviewed the economic dependence of CSA survivours and their mothers on the CSA offenders: step fathers increasing CSA vulnerability. Participants of this study confirmed the finding that the presence of a step father in the child's ecological environment is a significant CSA factor. The study participants explained that the presence of a step father was a CSA risk factor and that step parents were more likely to sexually abuse their step children. Participants also explained that children in step parented families felt vulnerable to the withdrawal of care such as housing, food and schooling. It was explained that some children in step parented households ended up agreeing to sexual advances by their step fathers not to disturb the status quo and provision of care. The presence of a step father as significant CSA socio economic circumstance is evident in the following comments by participants:

I can say children who leave with their step fathers are more at risk of CSA. Step fathers may be the owner of the house and provide for the child and the mother, including taking the child to school. They may threaten the child with the withdrawal of care if she says no to his advances. The child may give in to the advances so as to receive care and upkeep from the step father (Participant 37).

I have dealt with cases involving rape by step-fathers. The girls will then report to the mother that I am being abused by your husband. The mother will say, 'no I am supposed to talk about it' because he is the bread winner. So the case is swept under the carpet. This becomes a

continuous cycle. So this is the reason why this child has become much traumatised (Participant 29).

One of the cases files used in the study brought out the presence of a step father as significant CSA socio economic circumstance. The file read:

Accused, 43 years is the complainant's stepfather. The complainant, 11years, has two younger step brothers. The complainant is doing grade five. The child indicated that the abuse started when she was in grade two, 8 years. Accused would touch her breasts and privates parts in the absence of her mother. With time he started having sexual intercourse with the child Accused took advantage of the fact that his wife would be away in South Africa where she sells a variety of wares. She spends up to two weeks in South Africa selling her goods. During the absence of the mother, the accused would rape the child and threaten to eviction her and her mother from his house. The matter came to light when the child's mother heard child's step brothers mocking child that she was father's 'girlfriend.' This prompted the mother to ask child what her step brothers were saying. This made the mother do an examination of the child's genitalia. The mother suspected sexual abuse. This led the child to confessing that she was being sexually abused. A police report was made leading to the arrest of the stepfather. The child was referred to the hospital were a medical examination and affidavit written for the court. The medical examination confirmed that Talent was being sexually abused (Harare case 124).

The participants' accounts above clearly show that the presence of a step parent particularly the step father in the child's microenvironment increases the likelihood of CSA. Two factors can explain the occurrence of stepfather CSA. Firstly, the nonexistence of a biological relationship between the child and the perpetrators may motivate CSA. This non existence of a biological relationship may remove emotional attachment to the child increasing the likelihood of CSA. Euser et al. (2013) attribute step father CSA to the absence of a biological relationship between the child and the caregiver can increase the risk of CSA. Secondly, given the prevalence of both cultural and religious beliefs that promote CSA, step fathers may target their step children than their own biological children. Step parenting environment are more likely to create CSA enabling environments within the child's ecology.

Step parenting creates proximity and access to the child's microsystem in the ecology, factors that have been identified by the study as increasing CSA vulnerability. In addition, given the prevailing economic environment and patriarchal roles step parenting may be a sources of livelihood for the child's microecological system making it difficult for CSA disclosure. This finding is that step parenting is a significant CSA contributory factor, is corroborated Jones and Jemmott (2009) and Euser et al. (2013), who found out that rates of CSA to be significantly higher among children living with stepfathers; compared to children living with their biological fathers. Similarly, Stoltenborgh et al. (2011) identify non-biological relationship between child

and the CSA offender as a CSA risk factor. A number of reasons can explain why women remarry increasing the vulnerability to sexual abuse by step fathers. Firstly, society tends to ascribe status to married women. The ascribed social status may motivate single mothers into marriage. Women may remarry to obtain social status in society that places value on married women. Secondly, men tend to enjoy economic security as compared to women in Zimbabwe. While women are now visible in the economic spheres of life, the gender divide still remains visible (Twikirize, 2014b). Kanyenze, Kondo, Chitambira and Martens (2011) observe that gender divide in all spheres of life remains visible in Zimbabwe. In the past women were side lined from participation in the economic, social and political spheres. Women were also limited in accessing opportunities such as education. Women could not inherit property which further marginalises them. These factors continue to explain some of the vulnerability of women in the Zimbabwean society. The economic, social and political vulnerability may explain why women continue to rely on men for survival. In the case cited above the child together with her mother were threatened with eviction from the stepfather's house. The above argument is consistent with feminist view presented by Corby (2000) and True (2012), who view CSA as an extension of or caused by male domination in society and unequal power between the child and the abuser. For feminists, CSA represents the manipulation of this power, benefits, privilege and authority that results from the control of economic and political structures at the various levels: household, national and global. From the above case, the stepfather's manipulation of power, benefits, privilege and authority that resulted from the control of economic resources, in this case accommodation, control and sexually abuse the child. Continued disparities in the access to critical resources and male domination may perpetuate CSA. In addition parents may remarry to seek stability; further exposing children to CSA.

It is evident from the above arguments that the present of a step father is a CSA risk factor. Jones and Jemmott (2009) argue that biological fathers have a bond with children from the child's infancy and that the biological ties function as a protective factor that is non-existent among stepfathers. However, it is important to note that the current study found those biological fathers are among known CSA offenders. This study concurs with Jones and Jemmott (2009) conclusion that some stepfathers are CSA offenders and others are not.

5.2.11Disability

Disability is another significant CSA socioeconomic factor that contributes to CSA. While this study found a minority of CSA cases involving children, parents and CSA offenders with

disability; participants in this study noted that disability is more likely to contribute to CSA. Participants' accounts and CSA court files used in this study show that disability of the child or the parent or the perpetrator increased CSA vulnerability. The section below examines the impact of disability.

5.12 Disability of the child

One of the key findings in this study is that the disability and/or impairment of a child is a significant CSA contributing factor. Children with disabilities have psychological or physical impairments or both such as the deaf and the blind. Participants of the study said that CSA perpetrators take advantage of child's mental incapacity to comprehend that they are being abused. Participants further explained that children with disabilities cannot defend and protect themselves increasing CSA vulnerability. It was also explained that children with disabilities are targeted by CSA offenders because they are not competent enough to testify in court. The following extracts from official court records used in this study bring out the vulnerability of persons with disabilities and how living with impairments leads to CSA:

I Dr X a Psychiatrist based at Ingutsheni Central Hospital in Bulawayo. I examined the complaint [name given], 16 years, at Ingutsheni Central Hospital. She was accompanied by her mother and a police officer who helped with the translations. My conclusions are as follows:

The complainant is suffering from mental retardation functioning between mild and moderate hemiplegic of left side. Due to her mental sub normality, she was not able to give any consent to sexual intercourse. She is unfit to stand trial (Gokwe case 22).

I Dr Y do hereby make oath and swear that I am a duly registered medical practitioner. The child [name given], 16 years, has a history of delayed development milestones such as crawling, walking and talking. She cannot do simple mathematics. She needs assistance of daily living for example bathing and washing clothes. The child has mental retardation. She cannot give informed consent but can testify in a Victim Friendly Court (Harare case 97).

The accused, 29 years, is a neighbour to the child [name given], 11 years. The child has a moderate to server mental retardation as indicated by the Psychiatrists report. On several occasions, accused would call the child to his house. He used Zap Knacks [snacks] to entice her to come to his house. On another day, child was sent to go and get water from the local borehole. The child's mother saw her coming out of the accused's house. The child told her mother that the accused had done 'silly things to her.' She disclosed the abuses to her mother leading to a police report. A medical examination confirmed CSA (Harare case 124).

The child [name given], 14 years, was raped by the accused, 20 years; who stays in the same neighbourhood. The accused took advantage that the child was left alone and he raped her. A psychiatrist who examined the child stated that she is mentally retarded and not able to give

informed consent. The complainant's [child] mental problem made her vulnerable to men taking advantage of her; hoping she will not be able to tell her story (Harare case 8).

The vulnerability of children with disabilities highlighted in the above case record was validated by accounts given by participants of this study. Participants linked disability to CSA vulnerability. One of the participants said:

The issue of disability is also very critical in as far as child sexual abuse. We are beginning to see a trend where children with disabilities are also being pounced on [by CSA offenders], especially those with mental disability. There is an issue of vulnerability. Abusers and perpetrators tend to take advantage. These children may not be able to relate the abuse or their statements will not be taken as credible in the eye of the community and in the eyes of the courts therefore such children are also prone to being abused (Participant 22).

Similarly another participant said:

Disability is a CSA factor that puts children to risk of abuse. In one of the [CSA] cases I worked with, a child with disability was abused several times. The reason why it [the CSA] was discovered was because of the pregnancy. They [CSA offenders] take advantage of the [child's] disability. Children with disability cannot report. They cannot [Children with disability] talk whatever about what has happened to them. So people [CSA offenders] take advantage. So disability is also another factor (Participant 13).

While another noted that:

Disability and impairment reduce the defence ability for those with disability. Perpetrators take advantage of the inability to defend oneself [the child's inability to defend themselves from the CSA offender]. I mean perpetrators study and hit [target] on easy targets [children with disabilities]. Sometimes the children with disability do not comprehend that this is abuse. Some of them literally agree [consent to sexual intercourse] but do not fully understand what is happening (Participant 10).

Again another participant remarked:

Children living with disability are more at risk of being sexually abused. Someone [CSA offenders] can take advantage of that because the child may not be able to express what had happened. In cases whereby they [children with disabilities] are excluded from other children they usually play on their own. They do not have friends. So someone may take advantage of them; they are lonely they are isolated. There are people who believe that if they have sex with a young girl or disabled they get healed of their illness. So that puts children at risk (Participant 5).

One key informant corroborated the files and participants' accounts used above. He said:

The other issue is that the credibility of their story [children with impairments' testimony in court] may also come into question. The other issue is that those people that take charge of them be it their guardians, their parents at times may not even believe that it happened (Key Informant 1).

From the selected accounts above, disability of a child is one of the leading causes of CSA. Children with impairments are CSA vulnerable for various reasons. Firstly, they are unable to physically defend themselves which makes them easy targets. Impairments may make the children defenceless. In the case cited above the child's mental capacity made her unable to defend herself and resist the enticement used by the perpetrator. Children with disabilities are dependent on their care givers It is not unusual for child survivors to be asymptomatic. It therefore, follows that cases of CSA may go unreported and undetected for long periods. Known cases of CSA in children with disabilities are therefore, only a tip of reality. Due to their dependency, children with disabilities continue to silently suffer CSA and the negative effects of CSA. Studies (Finkelhor, 2009; Lalor and McElvaney, 2010 and Martin, 2014) confirm that in most cases perpetrators are known or related to the child. The dependency of children with disability increases their vulnerability to CSA.

Secondly, CSA offenders take advantage of loopholes in the legal system. Depending on the nature of impairment children with mental disabilities are not able to coherently give testimonies in court making them CSA vulnerable. CSA perpetrators may take advantage of the legal loopholes. CSA offenders may appreciate that at law it is difficult to prosecute them in a legal system that depends on personal accounts and not more of scientific evidence. An appreciation of the weaknesses in the legal system makes children with disabilities particularly those with mental disabilities more vulnerable. Children with disabilities may be psychologically and mentally incompetent to put across arguments in court increasing their CSA vulnerability. In addition, perpetrators may also take advantage of the child's mental incapacity to obtain consent. The mental incapacity of the child can be used to get consent from the child who does not fully appreciate the sexual act and what is happening.

The CSA offender may take advantage of delayed CSA disclosure. Impairments may make it difficult for children with disabilities to disclose CSA. As a result CSA may remain unknown or may come out later further weakening the CSA offence. Finkelhor (1997) demonstrates that the longer it takes for intervention processes to occur, the harder it is for the child to begin the recovery process. Delays in CSA disclosure have profound implications on CSA survivours' health and wellbeing. Delayed identification of CSA may translate to delayed interventions; denial of vital medical services can lead to negative effects such as HIV infections, pregnancy and trauma. Children with disabilities are therefore, placed at double disadvantage. CSA among children with disabilities normally come to light as a result of pregnancy for girls.

Unfortunately for boys with disabilities, CSA may go unnoticed. As a result children with disabilities may not receive the necessary interventions. Delayed identification of CSA has serious implications for the justice system and VFS outcomes to cases of CSA. Delayed identification of sexual abuse of disabled children; may result in the comprising and loss of vital evidence that is needed to prosecute CSA offenders. CSA offenders may target children with disabilities with the knowledge that CSA offenses may not be detected. In addition, children with disabilities may be targeted by CSA offenders because CSA offenses may be hard to prove due to loss and contamination of forensic evidence and witness testimony. The result would be continued abuse of children in society and amplified vulnerability of children living with disabilities to CSA. According to Gwirayi (2013) detection and disclosure of CSA has a CSA primary prevention effect. It can be argued that delayed CSA disclosure leads to continuation of CSA abusive relationships and contamination of evidence.

Thirdly, related to the above argument, is the absence of support systems available to children with disabilities within the VFS. The absence of support for children with disability further increases their CSA vulnerability. These challenges are presented and discussed in Chapter 8. The VFS challenges identified in this study, further places children with disabilities at CSA risk. Lastly, societal attitude on disability may also contribute to the vulnerability of children with disabilities. According to United Nations Children's Fund (2013), Zimbabwean children with disabilities tend to be vulnerable and disadvantaged due to negative societal attitudes and beliefs about disability. Negative social attitudes and beliefs on disabilities exacerbate the plight of children leaving with disabilities resulting in some families keeping their children away from the public domain. Children with disabilities are removed from the public eye and scrutiny increasing CSA vulnerability. Disability therefore is one of the notable factors that may lead to the sexual abuse of children.

The current finding adds weight to the arguments that the disability of the child is a significant CSA contributory factor. Euser, Alink, Tharner, van IJzendoorn, and Bakermans-Kranenburg (2013) made an observational study that examined the 2010 year prevalence of CSA in Dutch residential and foster care for children with a mild intellectual disability and concluded that children with disabilities: mild intellectual disability have an increased risk of CSA. Similarly, Wissink, van Vugt, Moonen, Stams and Handriks (2015) confirmed that children with disabilities have a greater vulnerability to CSA. Research by Kheswa (2014) also shows CSA vulnerability of children with disability. Again, Optimus Foundation (2016) argues that South

African children with disabilities are at a significantly higher risk of CSA than children with no disabilities. It is argued that children with disability are made CSA vulnerable due to their impairment, societal attitudes surrounding disability, the absence of support systems and CSA offenders taking advantage of the child's impairment. The argument that children with disabilities are at a disadvantage is consistent with the argument made by Choruma (2007), Mutetwa and Nyikahadzoi (2013) and UNICEF (2013) that children with disabilities face challenges that ordinary do not experience are due to negative societal attitudes, beliefs, labels and stigma. These finding resonate with the social model of disability that argues that it is society that fails to provide appropriate social services and protection to children with impairments that creates disability (Oliver, 1990). It can therefore be argued that it is not the impairment that creates CSA vulnerability but rather failure of the child's ecological environment that creates CSA vulnerability among children with disabilities.

The above findings have implications on children with disabilities' ecology. At the macrolevel, there is need for political will on the part of government to strengthen social service provision for children with disability. The provision of social services to children with disability may reduce their vulnerability to CSA. The provision of social security and education for children with disabilities reduces dependency and ensures the participation of children of children with disabilities in mainstream society. The provision of schooling for children with disability will not only bring them into mainstream society but will mostly likely increase children's access to CSA education and information. Given the participation of education and other social services in multi sectorial forums such as the VFS, children with disabilities will most likely have access to CSA preventive information and CSA therapy. Again, at the macro level, the admittance of testimonies by children with disabilities and the extension of time frames within the VFS legal system will also arguably reduce vulnerability. The VFS has to intensify awareness on the vulnerability of children with disabilities to CSA. All information and educational material must be disability sensitive; this would mean translating CSA messages into braille and sign language. There is need for selected social services targeted specifically for families and social safety nets for families with children living with disabilities. The need for disability sensitive policies and disability mainstreaming cannot be understated.

Findings forms this study have implications for families of children with disabilities. Given the inability to communicate the CSA that some children with disabilities may have, parents need to pay attention to CSA behavioural signs such as change in gait, bed wetting and sexualised

behaviours. Paying attention to behavioural changes may help in the early identification of CSA. Early identification of CSA facilitates early access to PEP and preservation of vital evidence that is needed to prosecute CSA offenders. It is however important to acknowledge the need for positive societal attitude towards people with disabilities. The VFS is better placed in influencing government and general attitude of society towards disability. Again, the findings have strong implications on the disability targeted CSA prevention and intervention strategies to factor the peculiar circumstance of children with disability.

5.2.13 Disability of the parent and caregivers

This study also found out that the disability of the child's parent or guardian is a significant CSA risk factor. CSA offenders take advantage of the caregivers' disability to obtain access and proximity to the child. In addition, CSA perpetrators take advantage of the parents' inability to report CSA. The inability to report may be caused by the impairment. Furthermore, persons with disability are dependent on care givers for help making them and their children vulnerable as they may not have anywhere to go after reporting CSA. Participants explained that the disability of the care giver was a CSA risk factor. The selected participant used in the study identified children of persons with visual impairments as more CSA vulnerable. It was explained that CSA perpetrators took advantage of their inability to visually recognise the CSA perpetrators. The following accounts from the reviewed court papers and participants show the CSA vulnerability of children with parents or guardian with disability. One of the court records contained the following statement:

The accused took advantage of the complainants' mother, who is a psychiatric patient. He raped the child on several occasions. Complainants was asked why she did not report the matter and she led evidence that she and her mother with disability had nowhere to go so it would not help her to report. This is supported by the evidence that when she reported at last she and her mother were chase d away from the homestead (Harare case 5).

Similarly the following official court record shows how the perpetrator took advantage of the guardian's impairment:

The complainant, 15 years, went to sleep in her room with her grandmother. Complainant's grandmother is very old, deaf and blind. The accused took advantage of the grandmother's condition and entered the house and raped the complainant (Gokwe Case 17).

Participants singled out children with parents with disabilities as being among survivors of CSA. Participants explained that CSA offenders took advantage of the disability of the children's parents and guardians. It was noted that children of parents with disabilities are not

well taken care off. In cases of blindness, care givers were more likely not able to see CSA offenders and offences. One of the participants said:

*I have noticed that sometimes we have parents who are blind. These parents may also have children who are blind. These children are not well taken care of because the mother cannot see. If some people get to know that the care givers are blind, these children are likely to be sexually abused (*Participant 4).

It is apparent from the court papers and participants' accounts above that the disability of a child's parent or guardian is a CSA risk factor. Children with parents and guardians with disabilities are most likely to be sexually abused as perpetrators take advantage of their impairments and inability to physically defend their children. In addition, the disability may itself result in the inability to give witness to the abuse such as blindness of psychiatric conditions. Furthermore, due to their disability, parents and guardians who have disabilities are more likely themselves to be dependent on other. Given the finding from this study that a majority of CSA offenders are located within children's ecological environment, disabled parents and guardians may themselves be dependent on the CSA offenders. The dependency of the parent or guardian with disability on others may affect CSA survivors' access to CSA intervention services and care.

5.2.14 Disability of the CSA offender

Disability of the CSA offender was also identified as another CSA socioeconomic contributory factor. Participants' narratives and one of the official court records used in this study show that while persons with disability are at increased risk of CSA, children are also at risk of being sexually abused by people with disabilities. Medical examination records annexed to the files used in this study show how disability of the CSA offender could have contributed to the committal of the CSA offense. The Medical report concluded that metal disabilities of CSA offenders involved had contributed to the CSA offenses. One of the participants concurred with the argument that disability: mental illness of the CSA offender was a CSA socioeconomic contributory factor. The participant in question explained that persons with disability were more likely to abuse children owing to their impairments. One participant reasoned that impairments exposed persons with disability to lack of information on acceptable behaviours, access to the information of what constitutes CSA and the ability to comprehend their actions, particularly those with mental illness. According to the participant, there are high levels of illiteracy among people with disabilities. It was also explained that persons with disabilities

lack information on what constitute CSA offenses. The participant also reasoned that ignorance of persons with disabilities on CSA offenses was exacerbated by the communication media used and the inability to attend educational forums. The following medical report gives evidence that disability of the CSA offender is another CSA socio economic contributory factor:

I Dr XXX a Psychiatrist based at Ingutsheni Central Hospital in Bulawayo. I examined the accused, 35 years, at Ingutsheni Central Hospital. My conclusions are as follows:

When I examined the accused, he gave me the impression of mental retardation functioning between mild and moderate for example he was disoriented to the claim that he is 5 years old; was able to count up to number 10 but not backwards. He admits cannabis and alcohol use but cannot give clear explanation as to when he started. He said he never had sexual intercourse before and was trying it for the first time.

In my opinion there is reasonable possibility that at the time of the alleged crime the accused was suffering from mental retardation functioning between mild and moderate. He was mentally disturbed to such an extent that he should not be held responsible for his act (Gokwe case 42).

The vulnerability of persons with disabilities to sexually abuse children owing to their impairments was corroborated by one participant. The study participant noted that:

Information [on CSA] is not getting to them [people with disabilities] because of many factors. Why? We start with the packaging of information [on CSA]. Most of the information is in written format such as the pamphlets. The circulated and distributed pamphlets may not get to those with disabilities. In addition there is high illiteracy rate amongst people with disability so even if you write and give them [the pamphlets and information on CSA] they [persons with disabilities] may not understand it. Again you will not see people with disabilities at forums where CSA is discussed and explained, because of mobility challenges or people will just say we will hear for them and tell them. So what will happen is these boys [with disabilities] sometimes do not have the knowledge that what they are doing [sexually abusing other children] is a crime. They will only realise it [that they have committed a crime] after doing it [sexually abusing another child]. They are now told what you have done is wrong (Participant 10).

It is clear from this participant's account and the official court document used above that the disability of the CSA perpetrator is a factor that contributes to CSA. A number of factors could be explained why impairments contributes to commission of CSA offenses. The lack of appreciation of acceptable and unacceptable behaviours may stem from the inability to appreciate and comprehend acceptable and unacceptable behaviour. Persons with mental illness may not appreciate the gravity of their actions. In addition, information of what constitutes acceptable and unacceptable behaviour may not reach persons with mental

disabilities as they may not have access to forums such as schools, the media and gathering, where information on CSA is disseminated.

While information on abuse and social services such as schools are meant to provide services to all citizens, persons with disabilities are often left out of the programming due to resource constrains, lack of political will, attitudes, structuring of the programmes that does not accommodate the impairments of persons with disabilities. CSA offenders with disabilities are arguably left out of mainstream society: schooling and CSA information. Societal attitude on disabilities keep persons with disabilities excluded from mainstream society denying them information and education on CSA. This exclusion, it can be argued deprives CSA offenders with disability vital information on acceptable and non acceptable sexual behaviours This argument corroborates the observation by Mtetwa and Nyikahadzoi (2013) that persons with disabilities in Zimbabwe face challenges that ordinary people do not normally experience due to the difficult circumstances that they live under: negative societal attitudes and beliefs and limited access to facilities necessary for human and social development. It can be argued that negative societal attitudes and beliefs expose person with disabilities to CSA: as survivours and offenders.

It is evident from the above accounts that disability of the CSA offender is a significant socio economic contributory factor. This current finding is consistent Johnson (2007) observation that CSA offenders may in some cases have a psychiatric history: depression, anxiety disorders and personality disorders. From the study findings, it can therefore be argued that disability of the CSA offender is a significant CSA socio economic contributory factor. In addition social exclusion of persons with disability may increase vulnerability of persons with disabilities committing CSA offences.

5.2.15 Contributory living arrangements

Another notable CSA socioeconomic contributory circumstance that came out of this study is adverse contributory living arrangements. In this context adverse contributory arrangements mean sharing of sleeping space, beds and rooms. From the 300 CSA court files reviewed in the study, it is evident that there exist detrimental living arrangements that place children at increased risk of CSA. Of the 300 CSA case files used in this study, 37 CSA cases involved children having to share sleeping space with CSA perpetrators. The following remarks and case

records place the adverse living conditions as contributing to CSA. One of the sampled court files reads:

The complainant, 15 year old boy, and the accused 22 years share the same bed. The accused is employed as a domestic worker at the child's homestead (Gokwe case 62).

Another court file reads:

The accused 22 years, visited the complainant's homestead. The complainant's parents made arrangements for the child, 9 years, to sleep in the same room as the accused (Gokwe case 84).

Again another file reads:

The child, 9 years stays with her mother a vendor. The mother is a lodger at the accused's parent's house. On 2 December 2015, at around 1500hrs the complainant was home alone in their rented room, when the accused entered and raped her once (Harare case 57).

Lastly another court file sampled reads:

The child, 5years, stays with her grandmother and step grandfather. The three sleep in the same bed. The child's grandmother woke up to find the step grandfather, 54 years, on top of the child (Harare case 47).

The study participants' accounts confirm the argument that adverse living conditions characterised by families sharing single rooms; children share rooms with domestic workers, relatives and visitors, leads to CSA. Participants of this study also raised the fact that housing shortages, particularly in urban areas where families share rooms, contribute to CSA. Other participants of this study felt that the housing shortage resulted in the sharing of sleeping space among children and their parents. It was stated some parents had sexual intercourse in the presence of children. Having sexual intercourse in the presents of children resulted in children wanting to experience sexual intercourse and experimenting. Participants were of the view that sexual curiosity and experimentation lead to CSA. Children sexually abused other children or were sexually abused by other children. One of the participants remarked:

We see cases involving children coming from families that have many children using one room (Participant 7).

Similarly, another participant said:

Some share a room with their children and being sexually active in their presence. Children are then exposed and may want to imitate what they are exposed to (Participant 34).

Another participant said:

A child lives in a family, community so they learn and adopt what they see and what they hear in their living surrounding. If parents are engaging sexual activity in the presents of children,

children will want to experiment. It is usually seen kumahumbwe [playing house] where they try to emulate what happens within the household [parents having sexual intercourse] (Participant 2).

The above views were shared by another participant. She noted that:

Let say a family uses a single room and parents are sexually active, children will want to experiment and experience how it feels like (Participant 37).

While another study participant brought out the sharing of accommodation with relatives as follows:

Let us say my brother goes [migrates] to SA and leaves his two daughters with me. They will sleep in the dining room under the table. So along the way these children are at risk off [CSA] because every room is a bedroom (Participant 26).

Lastly, another participant noted that due to the housing challenge in urban areas, parents and guardians moved their children to rural areas. The relocation of children to rural areas resulted in increased vulnerability as it created circumstances such as parental absenteeism discussed above. The participant said:

Poverty exposes children to CSA. Accommodation challenges in urban areas forces parents to move their children to rural areas to stay with grandparents. We have cases were perpetrators give guardians [grandmothers] material possessions maybe food. According to the evidence in one case we handled, the accused person was providing food for the grandmother. The grandparent facilitated sexual intercourse between this man and her grandchild. These are some of the challenges. The grandparents will not have any support. In cases where the child's parents do not send financial support, their children expose children sexual abuse (Participant 29).

Data from case files and accounts from participants cited above show that adverse living arrangements are one of the key circumstances leading to CSA. Due to the housing shortage children experienced contact and none contact CSA. At the non contact level, children are at risk of voyeurism. The sharing of living space with children can expose children to abuse resulting in them learning and wanting to imitate sexual acts that they see adults performing. Children who are exposed to adults engaging in sexual acts are more likely to develop into CSA offenders as they seek to experiment what they observe. The sharing of sleeping space between parents and children could lead to child on child sexual abuse as children act out sexual acts observed during 'playing house.' According to Comer (2013), Behaviourists argue that behaviour, in this case, sexually abusive behaviour is learnt. Through observation and modelling children learn sexual behaviour and act it out on other children. Voyeurism could

partly explain child on child sexual abuse (Omar et al., 2012). Contact CSA involves perpetrators having sexual intercourse with the child.

It is apparent from the selected accounts above that the sharing of sleeping space with relatives, domestic workers and visitors, increased CSA vulnerability. The housing challenge in Zimbabwe is attributable to many factors that include, cost and affordability of owning a house, strict municipal bylaws and building standards, shortage of land, demand out pacing supply due to population growth caused by natural population growth and rural to urban migration. The argument that there exist a housing shortage particularly in urban Zimbabwe supports Moyo's (2014) argument that most urban areas in Zimbabwe have a critical shortage of housing due to population increase, high demand and high cost creating a backlog with the low-income earners, most affected. Housing shortage creates CSA vulnerability for children through exposure or experience. Children are exposed to adults indulging in sexual acts or they are abused while sharing sleeping arrangements. This finding further illuminates the finding that CSA is mainly found within the child's micro ecological environment committed by known CSA offenders. In addition, adverse living arrangements highlight poverty as a key cross cutting CSA socio economic contributory factor. Furthermore, the current finding that, adverse living arrangements contribute to CSA highlight housing as more than just an economic problem. Housing shortages is also a social problem as reflected by its contribution to CSA.

5.2.16 Child labour

It also emerged from this study that the phenomenon of child labour contributes to CSA. The official court documents reviewed in the study show that in some cases children employed as domestic workers are subjected to sexual abuse by their employers. As a consequence of poverty and orphanhood, children may be forced to work as domestic workers. Participants of this study also explained that working children are vulnerable to CSA. It was explained that families sent out their children into domestic employment due to poverty. The following extracts from official court documents show the vulnerability of working children. One court record contained the following:

The child is an 11 year old; grade 5 pupil at a farm school near Kwekwe. The Accused, 66 years, is married with 5 children. He is employed as a farm worker. The boy occasionally looks for part time employment. The accused requested the child from his mother to accompany him to his homestead; where he wanted assistance with milking his cows from the boy the

following morning. The boy went with the accused to his homestead at around 2000 hrs. The accused forced the child to have anal sex with him. Joe threatened the boy with assault if he reported. The case only came to light when a neighbour was looking for casual labourers. She told the court that one of the boys to check for experience and references. One of the boys revealed to her that they had once worked for the accused and that he had a tendency to having anal sex with the boys he hires. The matter was reported to the police leading the arrest of the accused (Gokwe case 2).

Another court record contained the following:

The accused, 29 year old, came home and found the complainant, 16 year old maid, alone at home with the children; while the wife had gone to work [nightshift]. Accused asked the complainant to come to his bedroom as he wanted to give her something. He then raped her (Harare Case 38)

Similarly, another file contained the following:

On 27 September 2015 the accused called the child, 16 years from Chipinge saying that he had found her a job in Harare as a maid. When complainant arrived in Harare the employer said she could not stay with her and they all resolved that the child stay with the accused [friend] while going to work. The sleeping arrangement was that she would sleep on the sofa while the accused slept in his bedroom. On 15 November 2015, while sleeping, the complainant was awakened by the accused who was on top of her having sexual intercourse with her. He threatened to chase her back to her rural home if she revealed the abuse (Harare case 39).

The following accounts from one of the participants; validates the above court records:

Due the current economic hardships, families send their daughters to work as maids. These girls are vulnerable to sexual abuse (Participant 3).

From the selected case files used and participants' accounts cited above, it can be argued that children in child labour circumstances are CSA vulnerable. Despite the protection of children from child labour in Zimbabwe: the Constitution of Zimbabwe Number 20 Act, Section 81 (2013), it is evident from the accounts above that children remain vulnerable to child labour and CSA. As discussed above, poverty, parental absence and poor economic performance may force children into domestic employment. In addition, children in child headed households due to the death of their parents may be forced into employment as way of supporting their siblings. Again, the absence of comprehensive social security increases the vulnerability of children to CSA. Furthermore, the lack of social protection may push children into domestic employment further increasing vulnerability to CSA. Children in domestic employment are mainly employed in unskilled roles wherein they are vulnerable.

It can be argued from the selected files and participants' narratives that child labour is a notable CSA contributory factor. Despite existing laws that protect children from child labour in Zimbabwe, children remain vulnerable to child labour which places them at risk of CSA. Gwirayi (2012, p.2), argues that "although existing laws are meant to safeguard children against sexual violence, literature suggests that they seem to have fallen short in doing so." Despite the existence of laws to protect children from such practices as child labour, children continue to be found in employment thus placing them as greater risk of CSA. Gwirayi (2012) seriously questions the adequacy of existing laws that protect children. The issue therefore, is not the non existence of legal frameworks to protect children, but rather the political will to enforce existing legislation to protect children from domestic labour; to provide children with social security and protection a to combat CSA. What seems to lack is political will by government, politicians and professional, as duty barriers to implement existing laws that protect children. In the absence of political will by duty bearers, child protection issues such as child labour and CSA will most likely continue unabated which continues to place children at the risk of CSA.

5.2.17 Substance use

Substance use was identified as one of the leading causes of CSA. In this context, substance use refers to the use of substances such as cannabis, alcohol and cough mixtures such as Bronco. Participants of this study linked the abuse of substances by children and CSA offenders to CSA; validating the court files employed in this study. The study participants observed a trend were children are now being abused when they are under the influence of alcohol and drugs such as cannabis. Participants of the study also noted a new trend of sex parties; commonly known as 'pasa pasa". It was explained by the participants that pasa pasas are nude parties where attendees mainly teenagers have sexual intercourse competitions under the influence of substances such as cannabis, alcohol, drugs and cough mixtures. The study participants also linked substance abuse to absentee parents and lack of parental monitoring and supervision. However, the role of adults in substance use was highlighted. Participants explained that some adults gave the children the substances so as to take advantage and commit CSA offenses. Again, it was also explained that some adults facilitated the sex parties for economic gain by providing the venues for the sex parties and also selling the substances. Some of participants observed substance use among street children. The role of substance use as a CSA contributory factor was also highlighted in the court files used in the study. Children

were abused after the intake of substances such as cannabis and alcohol. In some cases, the CSA survivors were not even aware of the CSA incident. CSA offenses were only confirmed through the medical examination reports. The following case records link substance use to CSA as follows:

On 21 November 2015, the child, 15 years, went to the accused place of residence. She found him having beer with his friends. She then joined in the beer drinking. The child said she got drunk and does not remember how the sexual abuse took place (Harare case 101).

Similarly, the following record shows how the use of substances led to CSA:

Accused, 22 years, asked complainant, 15 years to come to his place of residence and she agreed. Upon arrival, the two started smoking marijuana. Complainant states that she became intoxicated and fell asleep. The complainant says she is not aware of what transpired at night because she was drunk. For the next three days the two would smoke marijuana together. A missing person report was made at the police by the complainant's parents. The complainant was found at the accused pace of residence in the company of the accused and several other young men. A medical examination of the complainant revealed that she had been sexually abused. The complainant however says she does not know how it happened because she was intoxicated (Harare case 169).

The study participants validated the claim that CSA is linked to subsatnace use. One of the participants made the following comment:

When children go to the parties, they will be given drugs, beer, and cannabis. They do not know what will be happening when they are drunk. They will only see after two weeks on Facebook their naked pictures or guys [boys] taking turns to sleep with them. Then they will realise that she was drunk. She would not know what happened to her (Participant 33).

Another participant said:

There is an increase in nude parties and these nude parties are happening during the day. It [CSA] happens when parents are at work especially during the holiday. The children go to the party were they have sex under the influence of alcohol, drugs and cough mixture (Participant 16).

Similarly another participant noted that:

Pasa pasas [sex parties] are going on in the high density areas and the low density suburbs were the elite live. The concept is almost the same people are just having sex and competition of some sought. The children and will be under the influence of substances. People are selling alcohol to the children. And also children are abusing drugs. I think sex parties are arranged by an adult whose place or house is used as the venue and then kids come in and then they will be rotating sex. They say the more girls you sleep with the more you are the winner, something like that (Participant 23).

Again another study participant mentioned that:

If you were to go out now and walk around the peripheries of the CBD, you will be surprised by the number of street kids you will see lying around [drunk], like they have passed out. Some of them engage in transactional sex while drunken form broncho [cough mixture]. And once they are high they are abused sexually. This is the level of substance abuse that is happening with these children. Many a times it is the adults who introduce these children to the substance. If you are following the news in one of the tabloids there is a story of a child living on the streets offering free sex by the Mukuvisi river bridge (Participant 15).

Lastly, the following observations were made by another selected participant:

We have observed particularly towards the end of 2014 towards the end of exams kids tend to become more relaxed and the parents tend to become more reluctant, kids go to functions, school leavers' functions and all sorts of end of year parties. There are incidents of date rape, intoxication and people taking advantage of intoxicants. Some intoxicants are used in date rape and some are common daily intoxicants like day to day alcohol (Participant 1).

Substance abuse was mentioned as one factor placing children at risk of CSA. It is argued that children who abuse substances were more at risk of surviving CSA. Various factors may explain the availability of substances to children in Zimbabwe. Firstly, it is argued above that parental absence in the child's ecological environment for whatever reason results in lack of attachment, monitoring, supervision and guidance. As discussed above the absence of parents may result in children finding alternative support systems and attachment, which may include peer influence. Their peers can influence them into substance use and sexual intercourse. Children may become dependent on substance as a way to cope with the absence of their care givers. As a result, parental absence, lack of attention, attachment and support, children may turn to substance use as a coping mechanism. Alternatively, children may turn to friends and alternate care givers for support, who later introduce them to substances. In the absence of parental figures in the child's ecological environment, children may establish and obtain attachment from alternative sources: CSA offenders.

Secondly, the role of poverty and the link to transactional sex involving children plays a role in exacerbating CSA. In light of the prevailing economic environment, children increasingly find themselves in poverty and abuse substances to escape the harsh realities of life. Poverty within a child's ecological environment can lead to transactional sex involving children (Putnam, 2003; Sossou and Yogtiba, 2009 and Bhana, 2015). Proceeds from the transactional sex, may be used to access substances. Thirdly, the availability of substances could explain the non-availability or lack of enforcement of regulation, controls and laws in accessing substances in the country. Lastly, children may be exposed to a culture of substance abuse. The abuse of substances by children could explain a culture of substance abuse in society as a whole.

Children who abuse substances are exposed to role models in their families and in the larger community that also abuse substances. In addition such children are exposed to music and advertisements that promote and encourage the use of substances. In Zimbabwe a culture of substance abuse is developing as cheap drugs are now readily available on the streets. The introduction of the multi currency system in the Zimbabwean economy; and in particular the use of the United States of America dollars makes the country an attractive market for substances.

The argument that substance use is linked to social factors resonates well with the Socio Cultural explanations of substance use presented by Comer (2013). According to the sociocultural view, there are higher levels of substance abuse in micro and macro ecological environments: families and communities. It is further argued that, substance use is a creation of the child's micro and macro ecological environments. Furthermore, CSA and substance use have a reciprocal causal relationship. The current argument that substance use is linked to CSA is in harmony with Berg, Hobkirk, Joska and Meade's (2016) finding that links CSA history to drug use in the Western Cape Province of South Africa. Similarly, Jones and Jemmott (2009) identified substance and alcohol use as a cause and effect of CSA amoung CSA survivors in their study of the Eastern Caribbean. Substance use is therefore, linked to stressful micro and meso systems in the child's environment. There seems to be a reciprocal causal relationship between substance use and CSA. The use of substances can place children at risk of CSA, while CSA can cause the use of substances as a coping mechanism.

5.2.18 Child's history of CSA

Having a history of CSA another socioeconomic circumstance that leads to CSA, identified in this study. From the 300 files reviewed in this study, some of the children presenting to the VFS had a history of CSA. The files involved children who were either previous CSA survivors or CSA offenders who were previous victims of CSA offences. Participants reaffirmed that having a history of CSA was a notable CSA socio economic circumstance that lead to CSA. According to participants having a history of CSA was a strong determinant of future CSA; as either a CSA survivors or CSA offender. Participants explained that having a history of CSA could either lead to repeat CSA experiences for CSA survivours or CSA survivors committing CSA offences in the future. The following accounts show how having a history of CSA is a notable CSA socio economic circumstance that leads to presenting CSA incidences:

I have a survivor [girl] whom I first worked with in my support group in 2011. She now has her second pregnancy (Participant 7).

The medical report is of little probative value in my view since the complainant [the child], 16 years, was already sexually active at the time of the offence (Gokwe case 12).

The complainant, 4 years, says that she was abused only once but there is physical evidence of several sexual penetrations (Gokwe case 54).

The accused, 15 years went to fetch firewood with the complainant, 7 years. It is alleged that while in the bushes the accused had forces anal intercourse with the complainant. After some time, the complainant's father was called at school. The complainant had been seen having sexually behaviour and play with other children; taking a leading role. When asked by the teachers about his behaviour, the complainant mentioned that he had been sexually abused by the accused while fetching firewood (Harare case 3).

From the selected files used in this study and the above participants' accounts, it can be argued that being a CSA survivor is a significant CSA risk factor. Children with a history of CSA are mostly likely to be revictimised due to a number of reasons. Firstly, as confirmed by this study CSA offenders are in most instances people located in the child's micro ecological environment. The location of CSA offenders in the child's micro ecological environment increases the likelihood of CSA offenders 'continued contact and access to the children. It is the conclusion of this study that people located in the child's micro ecological environment commit CSA due to access and proximity to the child's ecological environment. This study argues that access and proximity to the child gives known CSA offenders access to commit CSA offences. Secondly, it can be argued that CSA revictimisation is a symptom of CSA itself. Failure to detect CSA may lead to the development of CSA symptoms that include sexualised behaviours. The argument that sexualised behaviours is a symptom of CSA resonates well with Lalor and McElvaney (2010) who argue that one of the effects of CSA is the development of high risk sexual behaviour: having multiple sexual partners; prostitution; engaging in sex with casual acquaintances and sexual promiscuity. Gwirayi (2013) also argues that CSA detection and disclosure of CSA has a deterrent and primary prevention effect through termination of abusive relationships, which are frequently ongoing in CSA, and prevent future ones. It can therefore be argued that failure to detect and stop initial CSA offenses leads to future CSA incidence. Therefore, having history of CSA becomes a strong CSA vulnerability factor.

It is evident from the accounts above that child survivors of CSA are more likely to experience further abuse in future and that their CSA experience is more likely to lead to future sexual abuses. The current finding that being a CSA survivor is another socio economic circumstance likely to put children at risk of CSA is consistent with findings by Bagley and King (1990) provide evidence that being a victim increases CSA vulnerability; arguing that being a survivor enhances the possibility of future sexual abuses. In view of the finding that CSA survivors are more likely to experience CSA, there is need for interventions to involve and monitor the child's ecology as an important source of support and source of CSA. Continued monitoring of CSA survivors' ecological environments is most likely to decrease revictimisation.

5.3 Macroeclological Factors leading to CSA

Macroeclological circumstances leading to CSA relate to social and community context in which the child exits, that increase the likelihood of becoming survivor of CSA.

5.3.1 Access and exposure to sexual explicit content

Participants identified access to pornographic material from mediums such as social media and technological advances as one of the factors that lead to CSA. According to the participants, the advent of social media and uncontrolled access to technology through platforms such the World Wide Web, whatsapp and face book has increased children's exposure to pornographic and explicit sexual material. The participants argued that exposure to such material leads children to want to experiment. Participants further argued that explicit sexual content, materials and videos were now readily available. Participants' accession that access and exposure to explicit sexual content was another CSA contributory factor was corroborated by court files used in the study. Some files used in the study support the finding that access and exposure to sexual explicit content contributes to CSA. The files show that some CSA offenders are motivated to commit CSA offenses after being exposed to explicit sexual content. The CSA offenders had access and exposure to sexual explicit content influencing them to commit CSA offense. The following participants' narratives show access and exposure to sexual explicit content as CSA contributory factor:

There is easy access to pornography. Now pornography is just a click of a button away. So children view such videos and some of them end up trying to experiment what they see on the videos. You even now notice that there is an increase in juvenile offending who offend in sexual related matters because of access to pornography (Participant 17).

In this global village of technology our children can access pornography on their phone they have got access to uncensored television. They also seek to emulate the role models they see (Participant 8).

The social media has also contributed to the sexual abuse of children. Girls are being lured into relationships using technology. The availability of pornographic material amongst children through technology and the use of technology put children at risk of sexual abuse. We have instances where one would tell you that the perpetrator showed the child some pornographic material before they sexually abused him or her. So CSA is worsened by technology (Participant 22).

The above participants' accounts are supported by the following extracts from one of the reviewed court files. One of the files contained the following:

From the Probation Officer's opinion; the juvenile; accused, 11 years, is aware of how sexual intercourse is performed from watching television (Harare case 53).

Similarly another file read:

The court did not lose site that the accused, 14 years, has been exposed to pornography at a tender age. It shows that his surroundings are not the best for a child at his age. This [access and exposure to sexual explicit content] influenced him to commit the offense (Harare case 145).

It is visible from selected participants' accounts above that access and exposure to sexual explicit content by children is a notable CSA contributory factor. The advent of smart phones and social media increase children's access to pornographic material and exposure to CSA. Zimbabwe has also witnessed the proliferation and increased access to technological devices increasing vulnerability of children to CSA. While offering positives, new trends in technology have the potential to contribute to CSA. Technological development increase access to pornographic materials. Access to the material in itself constitutes CSA at a level of sexual abuse by exposure. At another level, access to pornographic material may result in the children wanting to experiment and experience what they see on television and social media. Access to pornographic materials can explain why children commit CSA offenses. The availability of pornographic materials could point to a dearth in regulatory frameworks in the Information Technology and Communication (ICT) sector in the country. In addition, the availability of pornographic material to children, can point to laws not keeping pace with new technological advances further placing children at risk of CSA.

The current finding s that exposure to explicit sexual content leads to CSA is supported by findings by Kacker et al (2007), Medecins Sans Frontierers (2011) and Martin (2014) who all observe that technological advances have the potential to expose children to non-contact sexual abuse. They further argue that the ascendancy of the internet has introduced new CSA aspects and that children are more likely to experience what they are exposed too. The findings of this study also confirm that there is a link between CSA and technological advances. Increased use and access to cell phones, digital television, the internet and exposure to foreign countries through migration and tourism, has seen the increased use and availability of pornographic materials among children.

The exposure of children to explicit sexual content has implications for several stakeholders. At the micro levels of parents need to monitor the use of technological devices. Again parent will need to educate their children on healthy and responsible use of technological devices. It is argued that while parent provide access to technological advances for their children. At the level of service providers there is need to acknowledge the potential role of technological devices in CSA. There is also need to provide appropriate training and responses. Martin (2014) found professional social workers ill prepared to deal with the growing problem of child sexual abuse images online (CSAIO). The lack of preparedness among professionals has implications for professional training. There seems to be need for the introduction of professional training curriculum that meets new CSA trends. At the level of government, it can be argued that there is need for constant revision of policies and statues to meet new trends such the use of new technology. Again, governments must ensure the enforcement of laws. It is argued that in most cases the problem is not the non existence of regulation but rather the implementation of existing regulations and policy framework.

5.3.2 Poverty

Poverty is another notable crosscutting socioeconomic circumstance leading to CSA identified in this study. Poverty in this context is the inability to meet minimal basic needs, having income that is below a given proportion of average income, the denial of basic capabilities that contribute to the decrease in life expectancy, participation, health, responsibility, freedom from CSA, environmental degradation and the absence of opportunities, in both its absolute and relative form (Sewpaul, 2014). From the 300 files reviewed in this study, poverty is arguably

a cross cutting socio economic factor that places children at risk of CSA: trusting relatives, neighbours and friends with children; temporal isolation of children; absentee parents and guardians; cultural and religious beliefs; child trafficking; substance use; child labour; step parenting; disability; living arrangements and access and exposure to sexual explicit content. Participants reaffirmed that poverty was a key cross cutting socio economic circumstance that contributed to CSA. Participants explained that high levels of poverty pushed children into sexual work; parents to leave children unattended while working long hours: locally and internationally; children being engaged as domestic workers and children being married off by families. The participants also explained that due to poverty children were directly and indirectly exposed to CSA. Direct CSA related to children having to exchange sex for favours; working as commercial sex workers and being married off. Indirect exposure relates to children being left alone while parent worked; children working as domestic workers and children taking up household roles. Some participants, however identified children from well to do backgrounds as being equally susceptible to CSA. This group of participants explained that children from well to do backgrounds could afford sex parties, substance use and exposure to explicit sexual content. In addition children from well to do backgrounds were often left in the care of domestic labour: who could end up committing CSA offenses. The role of poverty in leading to CSA is evident in the following comments by participants:

The levels of poverty in this country are really staggering. You find instances where people have to leave their families in order to look for livelihoods. You find fathers are going out of the country maybe South Africa, Botswana or the UK and they are leaving children to be taken care of by relatives, sometimes by friends and sometimes by well-wishers. That leaves the child in a vulnerable situation (Participant 20).

Similarly, another participant made the following remarks:

Children are left alone in their homes. The older persons, parents and caregivers are going to work. They do not afford someone who will look after the children. So because of poverty children are left unattended and people will take advantage they will come and abuse the children. Also due to poverty people cannot afford medical services. In some situations you will find people saying that if you cannot afford to go to clinics [health centre] to access treatment for example HIV, you might be cured by having sexual intercourse with a child. You find they end up abusing children (Participant 36).

Other participant noted that poverty contributed to child prostitution. The following participants' accounts capture the effects of absolute poverty and how poverty leads to child prostitution:

We have realised that one of the key drivers can be poverty. Poverty can put children at risk at times children are sent to sell to generate income that kind of scenario puts children at risk of rape or sexual violence. So I think poverty can contribute to child sexual abuse. So we feel it's important to assist the survivors with skills that will enable them to move out of poverty (Participant 12).

Similarly another participant noted that:

With the current economic situation, we have both boys and girls dropping out of school. What do you expect a 14 or 15 year girl old to do [out of school]? You should move around in town you will be shocked. Children as young as 12 years are into prostitution. Visit one of the night clubs you will be stunned. Young girls strip naked in the streets at night (Participant 9).

Another participant also echoed the following:

If you see here in Y there is a place near X; there is a lady who is recruiting children. These children are below the age of 18. She would make them sell the eggs during the day but during the night there are men who are coming to sleep with these children. So the children come here and we ask them and we ask them why and they say I had come here looking for a job. So it means that it is because of the economic hardships. If it was not because of that meaning they should have been at school wherever place they came from. And I don't think there is a parent who would want his or her child to work when they are below the age of 18 years (Participant 13).

Other participants said:

I am told usually most of the children are below 16 years. They go there for prostitution now some of them are attached to senior prostitutes where we are saying they recruit them working for them and taking the money. I did a case I think last week it should be last week. One of the ladies recruited a child for purposes of prostitution. The children get used to sexual intercourse making their own money. But I hear it is happening in Epworth [20km from Harare] (Participant 16).

We have seen this proliferation of girls coming into Gokwe urban in search of maybe greener pastures. Most of these girls come from broken up families as you know the impact of HIV. Maybe the parents are late and most of these children are bread winners, in child headed families. Mostly because of poverty children are pushed to prostitution (Participant 29).

Some participants in this study also explained that due to absolute poverty, families could be forced to marry off their girl children, promoting CSA. One of the participants said:

Our economic situation in the country is forcing families to marry off their children [the girl]at an early age for economic benefit either reducing the expenditure in the house [through drooping out of school] or getting income for the family in terms of lobola [bride price] or the in laws now contribute to the upkeep of the family so girls are being married off at an early age and that contributes to sexual violence or even gender based violence because whilst they are in the marriage institute they are still children and there is bound to be friction and conflict and they often married off to an older person they are susceptible to

abuse . it … goes down to boys and girls trying to seek income to bring into the family they would resort to sexual activity if they do not have anything they end up selling their bodies and then boys as well as I said before there are also sugar mummies I will take care of you so they resort to engaging in sexual activity with older women (Participant 2).

Participants in this study also identified poverty in its relative form as a CSA socio economic factor. They explained that there existed relative differences in CSA due to differences in socio economic backgrounds of children. One of the participants remarked:

In other situations in cities there are other issues related to children with inadequate schooling requirements this has also tended to lure children into abuse. They are lured by commuter omnibus drivers, for instance, who can also pay and provide such material benefits for them (Participant 22).

Another participant said:

These days every child is at risk even those from wealthy backgrounds. When parents are busy engaging in economic activities they leave their children with maids or garden boys so you will be surprised that every child is at risk (Participant 9).

Similarly another participant said:

These children [from well to do backgrounds] will be having lots of money ……. so she [the child] has plenty of time to be out there. And out there she gets (sexually) abused. And out there are these sex parties going on (Participant 23).

The following extracts from selected court files used in the study demonstrate how poverty: absolute and relative leads to CSA:

Child asked the accused to carry her mother to hospital who was not feeling well. When they returned for the hospital, she asked for a lift. On their way accused parked in a secluded bushy area and asked for sex as a token of appreciation for taking her mother to hospital (Harare case 80).

In August 2015, at around 1700 hours, the child, 16 years, went to Crest Breeders forest to fetch firewood for cooking. While in the forest the accused, 32 year old neighbour, suddenly appeared from behind. He pulled her down and raped her (Harare case 106).

Poverty within the child's ecology contributes to CSA in many ways. At the micro level, poverty pushes parents and children into a survival mode. This study has identified children of absentee parents as CSA vulnerable; parents marrying off their children and children engaging in transactional sex: transactional CSA as survival strategies. Again, in an attempt to escape absolute poverty, parents become absentee parents as highlighted above, leaving their children CSA vulnerable. Parents, who work in country, work for longer hours staying away from their children leaving their children in the care of other people or in some cases alone

without supervision. Some parents opt to migrate in search of opportunities leaving their children at risk of abuse. While parents can provide for their children materially, their children remain at risk of CSA. For those who cannot provide for their children, the children may be forced to contribute to the family's income further exposing children to the elements of sexual abuse. CSA elements include child prostitution, child marriage, being on the streets, illegal mining and other activities that place the children at risk of CSA.

Secondly, absolute poverty at the micro level may result in parents not affording to send their children to school. Out of school children are exposed to perpetrators who are usually known to include the neighbours, relatives, family friends and co lodgers. The inability to meet basic needs may lead children into to transactional sex discussed above. Children may be forced into consequential relationships in an attempt to escape absolute poverty and to meet basic needs. In addition, children may be pushed into early marriages as a poverty escape route. Given that more than two thirds of the child population in Zimbabwe lives below the food poverty line with little or no access to basic services such as education and health; CSA will remain problematic (Ministry of Labour and Social Services, 2011).

This study argues that absolute poverty is a strong factor resulting in CSA among children in Zimbabwe. Absolute poverty influences accommodation, the ability of families to send children to school, pushing children into economic activities, early marriages and transactional sex. These poverty related factors may result in CSA. This study validates Optimus Foundation (2016, p.20) argument that "poverty sometimes sets the conditions for child maltreatment to occur." Similarly, Jones and Jemmott (2009) established the role poverty in pushing children into transactional relationships. Research by Save the Children also found poverty as a powerful CSA driver among children in Mozambique. Poverty pushed children into early marriages and transaction sex with older men. Calves, Cornwell, and Enyegue (1996) observe a cultural norm in Cameroon where poor adolescent girls exchange sexual services for food, gifts and money. Sossou and Yogtiba (2009) also observe a similar trend in West Africa were young girls aged eleven to fourteen years are abused by men known as 'godfathers. ' Chitereka also notes the "sugar daddies," and "sugar mummies", phenomenon in Zimbabwe: older men and women commit transactional in exchange for money and other favours due to rampant poverty in Zimbabwe.

Poverty in its relative form also affects the child's ecology at both the micro and macro levels. Relative to other countries in the region and internationally, it can be argued that Zimbabwe is poor. Relative poverty at this macro level therefore pushes parents and guardians to migrate to well to do countries leaving their children behind and susceptible to CSA. At the micro level it can be argued that children from relatively well to do families are at risk of CSA. This finding confirms an earlier finding by Zimbabwe National Statistical Agency, United Nations Children's Fund and Collaborating Center for Operational Research and Evaluation (2013) that CSA occurs in both low and high income families in Zimbabwe. The finding that children from relatively well off backgrounds bring out the role of relative poverty in CSA vulnerability. While it has been argued that absolute poverty increase CSA vulnerability, relative poverty is also a CSA risk factor. Children from high income families may lack parental guidance as parents and guardians are busy working and earning. The role of absentee parents in CSA has been discussed above. Children from high income backgrounds may also have access to technologies that further place them at risk of substance use and exposure to explicit sexual content discussed above. In addition, children from well off backgrounds are more likely to be left in the care of domestic employees who may commit CSA offenses. Furthermore, children from high income families may have the capacity to access substances and have sex parties that all place children from relatively well off backgrounds at increased CSA vulnerability relative to children from absolute poverty backgrounds.

Again, there seems to be service provision differentiation in the country in terms of facilities such as schools, clinics and water. It can be argued that there are areas such as rural areas and resettlement areas that are relatively poor as compared to urban areas. Relative poverty at this macro level arguably creates CSA vulnerability for children in relatively poor areas. This study found out that children from rural areas and resettlement areas have to walk alone to and from services such as school creating isolation and seclusion. Isolation and seclusion are CSA circumstances identified by this study. From the study findings, it can therefore be argued that poverty: absolute and relative form contributes to CSA. Poverty within the child's micro and macro systems directly and indirectly contributes to CSA. The study findings resonated well with Sewpaul's (2014) view of poverty. The inability of households: the child's micro environment to meet survival needs contributes to CSA: through the migration of families leaving children alone and or with relatives; contributory living arrangements; children being isolated and children being vulnerable to consequential relationships. Relative poverty:

household income below a given proportion, it is argued contributed to CSA consequential relationships, substance use the isolation of children. As families fail to meet school fees and secure modes of transport to school for example, children have to walk to school exposed to isolation and seclusion. Again, relative to other families, some families cannot drill boreholes for example in the face of water shortages thus exposing their children to isolation travelling to water points. This study found isolation and seclusion as CSA risk factors. Therefore, the role of relative poverty was evident in the study.

Importantly, this study argues that poverty is cross cutting in contributing to CSA. Using Sewpaul's holistic and broad view of poverty, this study argues that poverty in its holistic and broad sense contributes to CSA. Disability, contributory living conditions, orphanhood, religion and culture the absence of economic opportunities: employment all contribute to CSA. The current confirms earlier arguments that CSA cuts across economic and social classes (Finkelhor 1997). The current finding that poverty is a cross cutting CSA risk factor is consistent with the argument made by Bhana (2015) who makes a strong argument that conditions of chronic poverty and inequality places the girl child in South Africa at risk of CSA. Similarly, Jones and Jemmott (2009) observed that difficulty in providing minimal survival needs for example food, clothing and shelter placed children in the Eastern Caribbean at risk of transactional CSA. Putnam (2003) also identifies low socioeconomic status as a powerful risk factor. Research by Kacker et al (2007) concludes that poverty is a major CSA contributing factor in India. Again Save the Children UK (2007) attributes early marriage trends among poor families in Mozambique to poverty. A finding by United Nations Population Fund (2012) also notes poverty in Zimbabwe as a contributory factor to early marriages. From the 300 CSA case files employed in this study and the selected participants' account above, it can therefore be argued that poverty: absolute, moderate and relative poverty, is a significant socio economic CSA contributing factor. CSA therefore, affects all economic classes. Children from all economic classes are at risk of CSA. What may differ are the specific CSA contributory factors and the ability to access CSA interventions.

5.3.3 Religious and cultural dispositions

Another key contributor to CSA that was identified by this study is the role of religion and culture embedded in children's ecological environment: families' and societies' culture and religion. Participants and official court documents reviewed in the study singled out the cultural practices and beliefs endemic apostolic sect: white garment churches as a contributory

factor to CSA. Similarly, religious and cultural beliefs of parents, guardians, perpetrators and society in general, contribute to CSA. Participants explained that children are made to believe that CSA is part of life: the tradition and religion that the children have to perform. The majority of participants identified the church and cultural teachings as fuelling sexual abuse of children. In some churches, girl children are regarded as wives who can be married off. This practice encourages early marriages. The following remarks highlight the CSA vulnerability of children from religious beliefs. One participant said:

The apostolic sect like the Marange for example, when it comes to children in general, you will see child marriages are sanctioned by the church. In that church you will see faith and religion come to play where certain things are acceptable within the church. Children are also indoctrinated [taught] to say this is ok. So I would say there is a very big contribution to that [CSA] and some people talk of the chinamwari they all have some kind of abuse (Participant 10).

Similarly another participant mentioned that:

For those following the white garment church, there are no rules and set ages for wives whom we can marry. In addition issues of human rights are regarded as earthly teaching and a recent development for us. Some do not see anything wrong marrying girls because according to their faith having many wives and children is a duty to increase the number of angels and wealth for God on earth. The bible was used to oppress women. They use the verse in the bible that says women are men's ribs making women inferior to men. In our church we marry as many wives as we want (Participant 19).

While another participant made the following observations:

Quite a number of people in our society believe in white garment churches. People in the white garment church believe in having as many wives as they can. And in churches Women now hunt these little ones (young girls) for their husband. I did a case involving of an 11 year old girl. Women in the church look for girls for their husbands to marry. They call it moulding girls for their husbands. They teach the girls, the way they do it [sexual intercourse] its abuse. In addition to having many wives including girls the white garment churches. They also believe that these prophets have healing powers and that [having sex with a minor] abusing children is part of the healing. Some of them claim to be given wives in their dreams and the girls become their wives just like that (Participants 16).

In addition society holds various belief systems that lead to CSA. Official records and participants accounts show how children were sexually abused in the name of culture and traditions. One of the court documents samples in this study read:

The accused, 41 years, is the child's father. On the unknown date, in July 2015 around 0600hrs; the accused woke up the child, 16 years. He asked her if she knew the cultural practice called kuripirwa [sacrificing]. The accused gave the child 'bute' [snuff / powdered tobacco] before forcing the child to have sexual intercourse with her. On 20 October 2015, the accused told the complainant that his business was not running well and attracting customers so he wanted

to have sex with her. After having sex with the child he cleaned his genitals and those of the child and sprinkled the water in this business premises. It is alleged that the accused repeated the sexual abuses on five different occasions (Harare case 11).

While another noted that:

On her way back, the child in the company of the accused met her father. The father told the child to go back to the accused. From that day the accused and child started staying together as husband and wife. The complainant reported as the accused no longer loves her and refuses to take care of her (Harare case 13).

Similarly, the following court records demonstrate how cultural practices lead to CSA:

The court also wants to look at the behaviour of the complainant's parents. The parents took the complainant to the accused home to stay there (Harare case 105).

The child came to Harare, from the rural areas to stay with her pregnant aunt; helping her as expected. The uncle would have sex with her several times. The case only came to light when the child fell pregnant (Harare case 72).

On the date not known to the prosecutor but in November 2015, the accused complained of a sexually transmitted infection (STI) for which he blamed his two wives. This resulted in him refusing to sleep with any one of his two wives. The accused went to sleep in the kitchen where the complainant, 15 years, was sleeping. Later that night he asked to have sex with the complainant who refused. He raped. The following morning the complainant reported the matter to her aunt [one of the accused person's wife] who did not take any action (Gokwe case 51)

Participants of this study also mentioned that cultural practices were leading to the sexual abuse of children in the country. One participant stated that:

During our awareness campaigns, participants only acknowledge rape as a form of CSA. They think that touching and cultural practices such as chiramu are acceptable (Participant 3).

Another participant noted the following:

Let me start by talking about myths and beliefs [held by people]. These include the cure of HIV/AIDS. There is a belief that if you sleep with a minor you might also get rich and wealthy we do find myths and beliefs within our society (Participant 22).

Similarly, another participant mentioned that:

In Chiredzi they have the initiation process of which girls as young as 12 years go for initiation and it has been noted that most of them when they come from initiation they start experimenting sex and also the men in the community they target them. Once a girl has gone through the process of initiation is no longer viewed as a girl, she is now a woman and they are saying that she is ripe for marriage. The new graduates from initiation are targeted by men for sexual activity (Participant 17).

Another participant added that:

Our culture plays an important role in child sexual abuse. We have realised through research that there are Shona cultures like playing chiramu where a brother in-law is allowed to touch private parts fondling the breast and buttocks of a young sister in law. That puts children at risk as well. There is also this other thing of wife inheritance. In-laws might think of giving a second wife or a young girl to that son in-law so that the relationship continues. And other issue is the issue of kuripa ngozi in Shona, like if someone kills someone in a family of a different family they call it ngozi in Shona (Participant 21).

It is evident from the participants' account and the official court records above that some religious and cultural practices lead to CSA. From the selected participants' narratives and files used in this study, it can be argued that religious and cultural beliefs are engraved in people's lives and contribute to CSA. Religion in Zimbabwe, contributes to the sexual abuse of the girl child. In Zimbabwe the white garment church (Apostolic churches) are one on the main churches and faiths practiced in the country. Marrying children in the church is acceptable and normal. Their belief in marrying many wives including girls as young as 12 years old, confirms the notion put forward by the Socio cultural view of CSA. It argues that CSA is caused and perpetuated by social factors that include cultural and religious beliefs. Firstly, the church's belief systems make the practice normal and acceptable to the children and the families. To demonstrate the acceptability of the practices, it is the families that arrange the unions and marriages including the wives of the marrying man. In addition, while laws are there to enforce the unacceptability of practices, there have not been any significant arrests cases involving these churches. The non-arrest of perpetrators from the church could be a result of practices being done secretly. The acceptability of practices that expose children to CSA is consistent with arguments by Koss and Harvey (1991) who argue that girls are socilaised to be passive, good willed, compliant and to accept the status quo. Members of such macro ecological environments: churches; are socialised to comply and accept the teachings making the practices normal and acceptable.

Secondly, church members may not be aware of the legality of the practices. Church followers may not be aware of the law. Thirdly, as noted elsewhere in this chapter children are socialised to obey their parents including being married off. Lastly, the role of poverty in the Zimbabwean society should not be under estimated. Parents within the church may arrange for the marriages for economic and material gain. In addition religious beliefs exist within patriarchal societies. The above arguments seem to support the Feminist view that in patriarchal societies, men use their control and maintenance of political, economic and physical resources to control women

and girls (Koss and Harvey, 1991). It is evident from the above accounts that that CSA is situated within complex social and cultural arrangements; affirming earlier arguments by Blagg et al. (1989).

This finding supports earlier arguments by Gumbo (1993), Meursing et al. (1995) and Chitereka (2012) that there are widespread cultural practices that led to CSA in Zimbabwe. Our finding on the role of religion and cultural beliefs is consistent with studies done elsewhere. Population Council 2008 acknowledges the role of sexual initiation in South Africa, Tanzania and Namibia were girls as young as fifteen years are forced in the name of culture. Kacker el al. (2007) also observed that some cultural practices in India impacted negatively on children and increased their CSA vulnerability. Such practices involve older men preying on young girls, whilst some myths upheld in society on virgin girls increase CSA vulnerability of girls. Similarly, Save the Children (2007) observed that child marriage is still culturally accepted within the Mozambiquean cultural space despite the new Family Law prohibiting marriage under the age of 18 years. Resultantly, CSA of CSA and marriage were not reported as they were acceptable. Tishelmana and Fontes (2017) also argue that religion allowed CSA to flourish in their study of the United States of America. They however present the paradox of religion on CSA. While religion was identified as strong CSA factor, Tishelmana and Fontes (2017) identify the potential of religion on CSA resilience and trauma recovery. Research from other countries also shows that religion and culture are key CSA contributory factors. Sossou and Yogtiba (2009) report a cultural practice among the Ewe speaking people of Ghana and Togo, called 'trokosi practice'; where young virgin girls, as young as ten years old, are sent to fetish shrines as slaves to atone for the sins and crimes committed by their relatives, who usually were already dead. Zhu et al (2015) also found aspects of traditional Confucian culture as CSA contributing factors. From the 300 CSA case files employed in this study and the selected participants' account above, it can therefore be argued that cultural and religious disposition are a key CSA socioeconomic contributory factor. In addition, the current finding illuminates another finding from this study that situates CSA in the child's micro ecological environment. Furthermore, it can also be argued that given the influence that religion has on people's lives, CSA offenses committed within people's belief system are difficult to detect and may go unreported. This study identified under reporting as a key challenge. Religion and cultural beliefs can be used to explain underreporting, delayed detection and withdrawal of cases.

5.4 Conclusion

From the 300 CSA court files reviewed in this study and narratives by the study participants; it can be argued that CSA in Zimbabwe does not happen in a vacuum, but rather there exist complex socio economic circumstances that lead to CSA. The discussion above has presented socio economic circumstances that lead to CSA in Zimbabwe as being largely microecological and macroecological factors. Poverty in both its absolute and relative form was identified as a cross cutting CSA socio economic circumstance that leads to CSA directly and indirectly. The next chapter will present and discuss the findings on the profiles CSA survivors and CSA perpetrators identified from the selected study samples employed in this study.

CHAPTER SIX

PROFILING CHILD SEXUAL ABUSE SURVIVORS AND PERPETRATORS IN ZIMBABWE

6.1 Introduction

This chapter profiles child sexual abuse (CSA) survivors and perpetrators in Zimbabwe. The objective that relates to this chapter is:

- To profile child survivors and perpetrators of child sexual abuse offences.

To answer the research question: " what is the profile of child sexual abuse survivors and perpetrators?" the study used profiles of CSA survivors and CSA perpetrators in a sample of three hundred (300) official CSA court files involving Victim Friendly Court cases. Finkelhor (1997) argues that certain groups of children appear to be at higher risk for abuse than others. An in depth appreciation of the profiles of children who appear to be at higher CSA risk, will inform CSA prevention (Epps, 1996 and Jones and Jemmott, 2009). The study's findings on the profile of CSA survivors and perpetrators are discussed below.

6.2 Profiles of CSA survivors

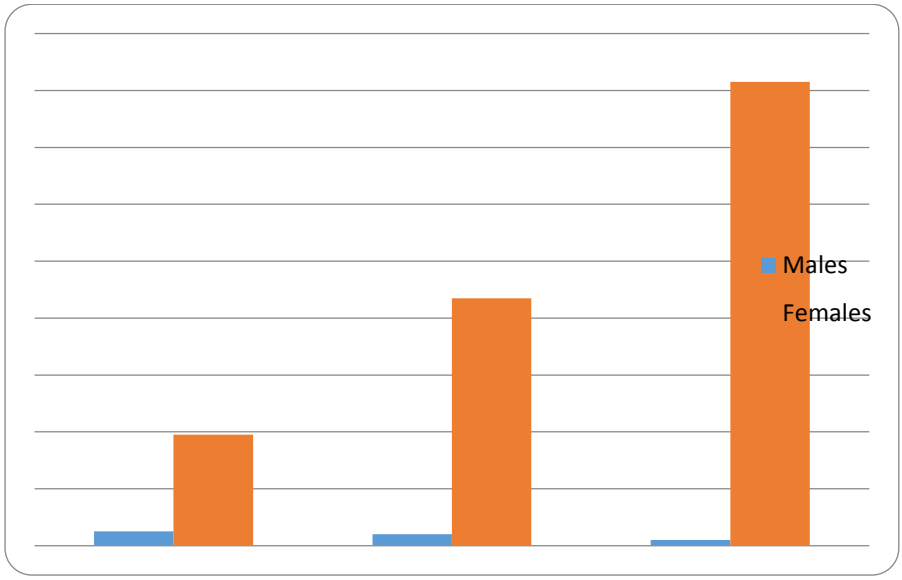
From the 300 CSA files reviewed in this study, the following key characteristics of CSA survivors emerged: sex of the child; age of the child; relationship and familiarity with the perpetrators and children with prior history of being sexually abused. The following sections present these CSA survivor profiles in detail.

6.2.1Sex of CSA survivors

Figure 2 below illustrates the sex and age distribution of CSA survivors from the 300 CSA case files that were reviewed in this study. The gender of the child survivor came out as a key profile trend. The majority of CSA cases, 289 CSA cases, involved girls; while only a minority, 11

CSA cases, involved boys. It can be deduced from the evidence of the 300 CSA files reviewed in this study that gender is an important characteristic of children more likely to be sexually abused; with girls being more likely to be sexually abused.

Figure: 2 Sex and Age distribution of CSA Survivors



The gender trend emerging from the quantitative analysis of 300 CSA court files reviewed in this study was also validated by accounts of participants of the study. Participants acknowledged the gender disparity in CSA vulnerability between boys and girls. While acknowledging that girls were in most cases CSA survivors, participants noted that boys too were sexually abused. The participants suggested cultural and socialisation patterns as possible explanations for the statistical variations between CSA involving boys and girls. The gender disparity in CSA vulnerability is evident in the following comments by participants:

The girl child of course is more vulnerable to sexual abuse [relative to boys] (Participant 25).

Boys also subjected to CSA big time. What we see before the court is just a tip of the iceberg. We see fewer cases involving boys because boys are taught not to be weak. Again generally people believe that a boy cannot be raped. Who would believe a boy who says I was made to have sexual intercourse the person? People will ask how you achieved an erection to have sex if you were not interested in sex (Participant 35).

With the boy child, we are having rare cases [involving boys]. In fact ever since I came here, I have only attended to 3 cases of indecent assault [cases of CSA involving boys are classified as indecent assault in Zimbabwe]. The rape cases that we are receiving from our community

normally are of those perpetrators who target the girl child. The current intervention programs tend to focus on the girl child neglecting the boy child (Participant 26).

Males do not report sexual violations [done on them]. So we do not know how high it [CSA on boys] is. It might be happening but they are not reported. Males by nature feel that being violated is a sign of weakness that's why they report. Many [boys] who have been abused are never seen them at our clinic because they fear being laughed at. Aah hazvitaurike [CSA amoung boys is never talked off]. That is why they do not report (Participant 1).

The emerging trend that girls are more likely to be sexually abused than boys was also corroborated by key informants. One of the five key informants said:

96 to 97 % of all cases: within the VFS: are cases involving the girl child. More attention has been placed on the girl child leaving out boys. In addition, Zimbabwe is a patriarchal society. Women are taken as sex objects. The patriarchal system can also explain why there are more cases involving the girl child (Key informant 2).

This current finding that girls are the majority of CSA survivors resonates well with earlier findings by Jones and Jemmott (2009), Finkelhor et al. (2014) and Bhattacharya and Nair (2014) who found out that girls are the majority of CSA survivors than boys. A number of factors can be used to explain why girls are in the majority of CSA survivors. Firstly, there may be under reporting of CSA offences involving boys resulting in fewer recorded CSA cases involving boys. Boys could be subjected to CSA and not report thus professionals may not see more male CSA cases. Underreporting of CSA among boy children could be explained by the socialisation and the teaching that boys get. Boys are socialised to believe that reporting is a sign of weakness, thus discouraging CSA disclosure among boys. Boys may not report CSA out of the shame and associated stigma that accompanies CSA reporting. CSA is deemed abusive when it involves girls and a weakness when it involves boys. The definition of CSA then becomes a social construct defined by the child's macrosystem in which a child's culture is located in the ecological system. Warner (2009) explains that the way CSA is defined, recognised and talked about is reflective of the prevailing culture. The argument that boys seldom report CSA due to cultural expectations is consistent with the findings of a survey done in Zimbabwe, Tanzania and South Africa by Richter, Komarek, Desmond, Celentano, Morin, Sweat, Chariyalertsak, Chingono, Gray, Mbwambo and Coates (2013) who reported lower rates of reported CSA among men. Richter et al. (2013) attribute the lower rates to stigma and the fear of being considered 'un-manly' prevents males from reporting CSA.

Secondly, the sex disparity in the CSA statistics between boys and girls may be a reflection of underlying gender disparities in patriarchal societies such as Zimbabwe. CSA may be a

reflection of the existing gender dynamics in society. The CSA vulnerability of the girl child may explain the belief that male's masculinity includes the right to sexual dominance over women thus placing girls at increased CSA risk. The argument that males are socialised to dominate women sexuality is in line with the feminist analysis that society is comfortable and reliant upon men's maintenance of political, economic, physical and political power and control over women and girls. Feminist further argue that the status quo of male domination in patriarchal societies such as Zimbabwe, is sustained by the socialisation of girls and women (Koss and Harvey, 1991). The Feminist view locates CSA within the child's macro environment that includes culture and tradition. Moreover, as discussed in the previous chapter, there exist religious and cultural beliefs in the Zimbabwean society that place the girl child at greater risk of CSA such as child marriages and myths and misconception on having sexual intercourse with a girl child (Richter et al. 2013; Meinck et al. 2015). It can be argued that cultural and religious beliefs account for the CSA gender disparity between the boy child and girl child. Thirdly, the gender disparity can explain the difference maturity between boys and girls. Girls mature faster than boys. This early maturation makes girls mores CSA susceptible relative to boys. Rudd and Brakarsh (2001) make the observation that girls physically mature faster than boys making them more sexually attractive to CSA offenders. This physical attraction makes girls more CSA susceptible.

Fourthly, the disparity between CSA rates involving girls and boys can be a reflection of a largely heterosexual ecological environment. It therefore follows that girl children are more sexually appealing to CSA offenders than boys in heterosexual ecological environments such as Zimbabwe. Differences in CSA rates between girls are explained by the heterosexual and conservative nature of sexual relationships characteristic of Zimbabwe. Zimbabwe is generally a heterosexual and conservative country that expects men to have sex intercourse with females. The heterosexual expectation could help explain the fact that girls are more likely to be survivors of CSA relative to boys. The sexual orientation expectation may account for CSA perpetrators targeting the girl child. Furthermore, the heterosexual nature, patriarchal and conservative outlook of the Zimbabwean society implies that marriages involve men and women. Thus child marriage will involve the female child.

Lastly, girls experience more CSA as a result of child marriages. Girl children may be pushed into early marriages due to economic or cultural factors. UNAIDS (2013) makes a case that

girls and adolescence in poor communities are vulnerable to transactional abuse. Chitereka (2012) argues that pervasive poverty in Zimbabwe contributes to CSA. Old men, commonly known as "sugar daddies," in exchange for money and other favours because of rampant poverty. Similarly, Save the Children UK (2007) estimates that almost one quarter (23%) of all Mozambican women were already married by the age of 15. In contrast, only 3% of the Mozambican male population was married at the age of 15. To demonstrate the vulnerability of girls to transactional heterosexual relationships, UNAIDS (2013) found a decrease in child marriages and transactional sex involving girls in Malawi. The introduction of cash transfers targeting poor households in Malawi reduced the incidence of child marriages involving girls.

Again, it can be argued that while both boys and girls survive CSA, CSA survivors are typically girls. The current finding that girls are more susceptible to CSA is consistent with Finkelhor's (1997) that girls constitute the majority of CSA survivours. This finding also gives weight to findings by Nhundu and Shumba (2001) who observe that the majority of CSA survivors in Zimbabwe are girls. In their investigation of the nature and magnitude of reported cases of teacher perpetrated child sexual abuse of rural primary school pupils in Zimbabwe, Nhundu and Shumba (2001) concluded that 98% of the victims were girls. Similarly, Zimbabwe National Statistical Agency, United Nations Children's Fund and Collaborating Center for Operational Research and Evaluation (2013) conclude that females constitute the majority of CSA survivors in Zimbabwe. Zhu, Gao, Cheng, Chuang, Zabin, Emerson and Lou (2015) found that more females than males reported experiencing CSA in Taipei. They also argue that their finding which is similar to the current finding is consistent with the findings from studies in the West and mainland China were more female survive CSA than males. Another study, a Meta analysis of studies from Asia, North America, Europe, Africa and Central and South America by Barth, Bermetz, Heim, Trelle and Tonia (2013) confirm a global trend that female children have a greater CSA risk compared to male children. From the current findings, it can therefore be claimed that relative to boys, girls are more susceptible to CSA due to a number of factors that include culturally defined sexual preference of CSA offenders; child marriage; male domination; under reporting of CSA offenses involving boys and poverty.

6.1.2 Age of CSA survivors

From the 300 court files reviewed in the study, it was also evident that there exists an age dimension in CSA. The study utilises three age groups: 0 – 5 years; 6 – 11 years and 12 to 16 years to analyse the age of the child. The 16 year age threshold is used in line with the

Zimbabwean Criminal Law Codification Act Chapter 9.23 (2004) which defines the legal sexual age of consent as 16 years. Table 1 below summaries the age distribution of 300 CSA cases reviewed in this study.

Table 1: Age Distribution of CSA Survivors

Gender of Child	AGE of the Child			
	0 - 5 years	6 - 11 years	12 - 16 years	Totals
Males	5	4	2	11
Females	39	87	163	289
Totals	44	91	165	300

Table 1 above shows that CSA vulnerability for girls increases with age, while CSA vulnerability for boys decreases with age. This current finding validates Finkelhor (1993), Putnam (2003) and Finkelhor, Stattluck, Turner and Hamby (2014) that the risk of CSA raises with age: rising with each year. Rudd and Brakarsh (2001), however, caution that low levels of CSA in younger children should not be taken to represent the absence of abuse. As argued above, lower rates among boys can be as a result of underreporting, culturally defined sexual preference of CSA offenders; child marriage and male domination. The CSA age vulnerability for the different age and gender groups identified in this study are discussed below.

6.1.2.1 Twelve (12) to 16 year olds

From the 300 official CSA court files reviewed in this study, it became apparent that the majority of CSA survivors are girls between 12 and 16 years of age. This observation was validated by participants in the study. The participants attributed the vulnerability of the 12 to 16 year group to consequential relationships, transactional sex, poverty, cultural practices, access to explicit sex content and child marriages. The CSA vulnerability of the 12 – 16 year age group is evident in participants' narratives. One of the participants noted that:

The most vulnerable group is the 12 to 16 year group. In most cases they [12 to 16 year olds] are in relationships. There are adolescents who are into relationships and they do not realise they are putting themselves at risk of CSA. They even protect the perpetrator; calling him their boyfriend and they do not even want the perpetrator to be prosecuted (Participant 7).

Similarly, another participant said:

If you go to our face book page you will come across a case where a woman got $100 for giving away her daughter. So economic issues come to play but it is also to do with cultural practices; were a girl child is used as a commodity in our African set up (Participant 9).

Another participant remarked:

It is happening to teenagers [12 to 16 years]. Most of the teenagers may not be going to school because of poverty. They have nothing to do, so they are not going to school, their parents cannot pay fees or that their parents are late. They end up going for commercial sex. So they indulge in relationships with older men called generational relationships and for materials gains. There is a place called the Booster, housing a lot of commercial sex workers. Most of the commercial sex workers are young children, young girls bellow the age of 16. Men buy sex for a dollar from young girls that are below 16 years of age (Participant 14).

You have got a scenario where the children might have a boyfriend for a particular need. Young girls sell sex. They will tell you that I need bus fare so I have my minister of transport, and this is a person who maybe is driving a company car, who picks this child from point A to point B. They will also tell you that so and so gives me food. That is the scenario we are having (Participant 16).

While another participant said:

If you see here in Mbare there is a place near Matapi, a lady is recruiting children. These children are below the age of 18 years. She would make them sell the eggs during the day but during the night there are men who are coming to sleep with these children (Participant 13).

Lastly another participant stated that:

Once a girl has gone through the process of initiation, she is no longer viewed as a girl. She is now a women and they [society is] are saying that she is ripe for marriage. So here the issue is about age. …….once they [the girls] come [from initiation] they are coming from there … targeted [by men] as ripe women who can go into sexual activities and even go into marriage. So it's [CSA] about age (Participant 17).

It is evident from Table 1 and the participants' accounts above, that girl children between the age of 12 and 16 years constitute the majority of CSA survivors. It is also visible from Figure 2 above that CSA vulnerability increases with age for girls and that the 12 to 16 year age group particularly girls are more likely to be CSA survivors than children younger than 12 years of age. A number of factors can expain the CSA vulnerabilty of girls between 12 and 16 years of age. Firstly, girls between the ages of 12 and 16 years are more vulnerable to consequential relationships as discussed in Chapter 5. The study observed that consequential relationships can be transactional in nature; where perpetrators give girl children between the age of 12 and 16 years gifts and money in exchange for sexual favours. Secondly, child marriages could help explain why children between the ages of 12 and 16 years are in the

majoriy of children more likely to survive CSA. According to United Nations Population Fund (2012) 31% of girls in the 12 to 16 year age group, in Zimbabwe are married off. Given that Zimbabwe is largely a patriarchal society (Chikwiri and Lemmer, 2014); children between 12 and 16 years of age may become vulnerable to CSA as they may be viewed as a resource owned by the family that can be married. In addition, given the high levels of poverty in the country (Chitereka, 2012); children in the 12 to 16 year age group become vulnerable to transactional sex and child marriages.

Secondly, the ages 12 to 16 years mark sexual maturation and devolpment stage in human life. The 12 to 16 year age developmental milestone is associated with the onest of puberty and physiological changes. This age range is associated with biological, physiological and cognitive changes that begin and end more or less during this stage of development. Children at this stage experience physical growth and development (Stang and Story, 2005). It follows that girls in the 12 to 16 year age group may be at developmental stage that is appealing to would be CSA offenders. These physiological changes make girl children more appealing to male CSA offenders. . Thirdly, the 12 to 16 year age range is a developmental milestone associated with sexual experimentation and peer influence (Hassan and Creatsas, 2000). Resultantly, children in the 12 to 16 year age range arguably experiment with sex, transactional and consequential realtionships.Fourthly, the high prevalence of CSA in the 12 to 16 year age group can support the Sexual Abuse Accommodation Syndrome suggested by Jones and Jemmott (2009). Jones and Jemmott (2009) argue that CSA results in the child survivor developing the Sexual Abuse Accommodation Syndrome; where children sexually abused in earlier years accommodate sexual abuse as a coping mechanism. CSA in the 12 to 16 year range becomes an accomodation of previous sexual abuses. Two significant explanations can be made to explain the Sexual Abuse Accommodation Syndrome. Engangement in risky sexual behaviour by children such as engaing in consequential sexual activities, may speak to a lack of professional intervention at the time of the earlier abuse. Again, engangement in risky sexual behaviours by children in the 12 to 16 year group could point to the inefficacy of existing CSA interventions. Given that only 2,7% of girl CSA survivors in Zimabawe receive professional help upon a CSA incident (Zimbabwe National Statistical Agency, United Nations Children's Fund and Collaborating Center for Operational Research and Evaluation, 2013), the majority of child survivors do not get assitance. The children who do not get professional help are more likely to develop Sexual Abuse Accommodation Syndrome, shown in risky sexual

behaviour that is seen to be a characteristic of the 12 to 16 year old range in this study. According to Lalor and McElvaney (2010) children within the 12 to 16 year age range develop risky sexual behaviours as a result of CSA.

Fifthly, children grow to assume household roles, responsibilities and chores that increasingly expose them to isolation, seclusion and other CSA socioeconomic circumstances identified above. As girlsmature, they begin to contribute to the household economy through activities as herding of cattle and goats; fetching of water and firewood and being left at home with the care of other siblings. The long distances that they travel in fulfilment of these roles and responsibilities make children isolated from potential help and more accessible to perpetrators who can follow the children and sexually abuse them. To survive in certain environments, children have to contribute in the rural economy and family livelihoods placing such children at risk of CSA. Despite their increased vulnerability to CSA, this study found that girls participate in household economic activities and roles such as herding of livestock: cattle and goats, fetching of drinking water and fetching of fire wood. These roles place this key CSA population in greater risk of CSA. CSA vulnerable backgrounds such as rural daily economic activities are therefore potentially unsafe for children as it exposes this key population to CSA. Again, children in the 12 – 16 year age group may assume responsibilities over the other siblings in the event of death of a parent. Given the diminished role of the extended family and weak social security systems noted above, children in the 12 to 16 year group may assume the role of head of household. The assumption of roles such as head of household exposes children to employment as domestic workers and transactional sex. This further gives weight to the finding of this study that orphanhood and vulnerability and child labour are CSA socio economic circumstances. Related to the assumption of roles and responsibilities, is the argument that children between the ages of 12 and 16 years are more likely to left with the responsibility of looking after the house while parents attend to other businesses and event. This makes the children in this age group CSA vulnerable.

Sixth, it can be argued that culture also places rite obligations and responsibilities on children of particular ages. The cultural rites place children at CSA risk. In some cultures, children within the twelve to sixteen years of age undergo initiation and the rite to passage at this age. The argument that cultural practices and rites promote CSA gives weight to studies on male circumcision and female genital mutilation. In their research of Libode rural communities, Eastern Cape South Africa, Mbuyiselo and Hongoro (2016) found that boys as young as 12

years underwent Traditional Male Circumcision. United Nations Children's Fund (2013,p. 186) found that ", in Somalia, Egypt, Chad and the Central African Republic, at least 80 per cent of girls are cut between the ages of 5 and 14, sometimes in connection with coming of age rituals marking the passage to adulthood." Such cultural practices signal the beginning of adulthood and womanhood. Arguably, these practices make such children vulnerable to CSA. Men may start viewing such children differently as they may be considered women who are available for marriage in such society. Again, the children themselves may start to view themselves differently: as women and men who can now be married and or marry. It can therefore be argues that cultural practices such as initiation of girls is more likely to be a CSA contributory factor amoung the twelve to sixteen year age group.

Seventh, the 12 to 16 year old age group is associated with secondary school going age. Traditionally, secondary schools are fewer than primary schools due to the colonial legacy which created a bottleneck in the educational system. According to Madzokere (1995), the white settler regime in Zimbabwe did not prioritise education for Africans. Resultantly, African children had to endure. Children continue to travel long distances through isolated places to school (Kanyenze et al., 2011). The long distances through isolated places increase CSA vulnerability. From the study findings, it can therefore be argued that children in the 12 to 16 year range particularly girls are more likely to survive CSA in Zimbabwe due to a series of factors: sexual appeal to CSA offenders, assumption of roles and responsibilities, rite of passage and having to travel long distances to secondary school.

6.1.2.2 Six (6) to 11 year olds

The 6 to 11 year age group is another notable CSA vulnerable age group that came out of this study. From the 300 files reviewed in this study, 91 CSA cases involved children between the ages of 6 to 11 years, as shown in Table 1 and Figure 2 above. Participants corroborated the finding that 6 to 11 year age group was another CSA vulnerable age. Participants attributed the vulnerability of the 6 to 11 year olds to lack of information, trust and the relationships involved between children and CSA offenders. Participants attributed the CSA vulnerability of the 6 to 11 year group to the children's lack of information, trusting CSA offenders, the relationship between the child and the CSA offender. The 6 to 11 year age as a significant socio economic CSA circumstance comes out in the following participant narratives:

From our [organisation given] statistics we have realised children from age of six to eleven years are the ones who are usually abused. I think its lack of information to these children [children between six and eleven years of age. There are also issues of trust among children between the ages of six years and eleven years. They [children between six and twelve years] trust these people [CSA offenders] because they know them. They say they [the CSA offenders] are our relatives so they [the children] trust them and at the end of the day they are being abused. There are also cases whereby even babies are abused but they are not common. Its [CSA is] usually from ages of six to twelve years (Participant 5).

Another group of children that is helped here is the six to eleven year olds. This group represents the second category of children that we see at [name of organisation] (Participant 7).

It is evident from Figure 2, Table 1 and the selected participant's account that the 6 to 11 year age group is another significant CSA vulnerable age. While the 6 to 11 year olds are at lesser risk relative to the 12 to 16 year olds, there are a number of factors that seem to place this age group at CSA risk. Firstly, as argued above, trust is a significant socio economic risk factor and this age group is not immune to trust issues. Unlike the 0- 5year old age group which is arguably dependent on the primary care giver, children between the ages of 6 to 11 years are more likely to be left home in the care of neighbours, relatives and domestic workers. Primary care givers are more likely to leave children between the ages of 6 to 11 years behind while attending to work, funerals other family businesses. It was the finding of this study that in the majority of cases CSA offenders are persons known to the child and in whose trust and care children left in by parents and guardians. Children in the 6 to 11 year group were left home alone. Children between the ages of 6 to 11 years are therefore at risk of CSA due to trust and the risk of being left at home alone. Being left alone provides CSA offender's access to children, given the finding that the majority of CSA offenders are within the child's micro ecological environment.

Secondly, the ages 6 to 11years mark the onset of schooling in Zimbabwe. From the ages of six years most children start attending formal schooling which makes them vulnerable to being isolated: walking alone increasing CSA vulnerability. Arguably, children between the ages of 6 to 11 years begin to move away from the attachment that they have with their primary care giver assuming greater independence. It is the finding of this study that isolation is a circumstance that lead to CSA among school going children. Thirdly, children in the 6 to 11 year group may assume roles in the household such as heading goats. As noted above some roles such as herding of goats and cattle may isolate children and expose children to CSA. Lastly, it has been argued above that some cultural practices such as female genital mutilation expose children to CSA. United Nations Children's Fund (2013) observes that female genital

mutilation in some societies begins at ages as young as 5 years. It can be argued that while not significant, children in the 6 to 11 year group may also be subjected cultural practices that contribute to CSA. As argued above, men may start viewing grandaunts cultural rites differently considering them as women who are available for marriage. It has also been argued above that children themselves may start to view themselves differently: as women and men who can now be married and or marry.

From the study findings, it was observed that children between the ages of 6 and 11 years constitute another CSA vulnerable group. However, relative to the 12 to 16 year group, their figures seem to be lower confirming the argument that CSA rates raise with age as shown in Table 1 and Figure 2 above. The current finding that CSA raises with age is consistent with the findings of Putnam (2003) and Finkelhor (1993). Similarly, the United States Department of Health and Human Services (1998) showed that CSA rises with age. Figures showed that 10% of CSA survivors in the United States of America were between ages 0 and 3 years; 28.4% of CSA cases were between the ages 4 and 7 years; 25.5% of CSA cases were between 8 and 11 years and 35.9% of CSA cases were for children above 12 years of age. The current findings also illuminate the Zimbabwe National Statistical Agency, United Nations Children's Fund and Collaborating Center for Operational Research and Evaluation (2013) finding that CSA among children younger than 13 years in Zimbabwe is low. Only 17 % of children in the Zimbabwean survey reported being below 13 years at the age of first incident of CSA. Thus, this study essentially identifies children between the ages of 6 to 11 years as being the second CSA significant vulnerable age after the 12 to 16 year age group.

6.1.2. 3 Children below 5 years

From the 300 files reviewed in this study, 44 CSA case files involved CSA survivours between the ages of 0 to 5 years. The study participants also identified the 0 to 5 year age group as more likely to survive CSA in Zimbabwe. Participants noted that infants as young as six months old were being sexually abused. Participants also identified the 0- 5 year age group as easily manipulated and threatened by CSA perpetrators. Again, it was explained that CSA offences on children in the 0- 5 year age group are used for charm, religious and cultural belief systems. According to participants, it was common in most Zimbabwean communities for CSA

offenders to commit offences for ritual purposes. The CSA vulnerability of the 0 to 5 year age group is captured in the following comments by participants:

Child sexual abuse also affects infants. We have situations where children in diapers [infants] being abused. We have seen children as little as 6 months old being sexually abused (Participant 23).

Another participant said:

We have a number of children who are below the age of 5 years being raped. We have few cases of other ages. The other thing is that children of that age [below 5] are also vulnerable; easy to threaten and manipulate. If the child is 10 years old and below, the rapist knows that the victim will not report. I have noticed that these cases [involving minors] are not being reported timeously. Most of these victims [minors] would have been threatened, 'if you report this crime I am going to kill you. I am going to cut off your throat.' So these cases come out when the child develops a sexual disease and the child will be having difficulties in walking and then the parents say what is wrong with you (Participant 29).

The above sentiments were also supported by one of the key informants employed in this study, who commented:

The age of the child is a [CSA] factor. Gold panners in Gokwe, believe that if you have sexual intercourse with a child between 0 to 5 years you can double your earnings and luck. Others believe that if you have sexual intercourse with a minor, you will be cured of HIV (Key informant 2).

It is palpable; from the selected accounts from the participants that while CSA survivors below 5 years were in the minority, such children are vulnerable to CSA. Various factors can explain why there are fewer CSA cases involving the 0 to 5 age group. Firstly, the 0 to 5 year old age group is more likely to be in the company of the mothers and care givers. Given their need for constant attention and dependency on adults, children in this age group are most likely to be constantly in the care of their mothers and primary care givers. Children in this age group need assistance with feeding and other life tasks. Children in this age group are in many cases always accompanied by adults. Their dependency makes them more likely to be with the principle care giver and not exposed to CSA risk factors: isolation and being left alone.

Secondly, due to their age, children in this age group are not exposed to CSA risk factors walking alone and child labour. Given their age, children in this age group do not assume responsibilities that exposure them to CSA. Related to the above, it can also be argued that while schooling begins in this age group, children in the 0 to 5 year group are more likely to be accompanied to school by their principle care givers thus eliminating isolation and CSA vulnerability.

Thirdly, children in the 0 to 5 year group are more likely not to be abused as they may not be sexually appealing to CSA abusers. Given their age, children in this age group are not physical developed to have sexual appeal relative to the 12 to 16 year olds. This makes the 0 to 5 year olds less attractive group due to their underdeveloped physical features. By their very less appealing nature to CSA offenders, children between the ages of 0 to 5 years therefore would be less vulnerable to CSA. Children between the ages of 0 – 5 years will not have physiologically developed to appeal to CSA offenders. The sexual underdevelopemnt of girls at this stage therefore makes them sexually less appeling to men.

Fourthly, children in the 0 to 5 year age group may not be able to communicate and disclose the abuse as they have limited language proficiency. The 0 to 5 year old children's inability to converse makes this age group more vulnerable. This inability to converse is taken advantage of by CSA perpetrators. The inability to properly communicate by the 0 to 5 year old age group; was affirmed by a key informant , as one of the reason for fewer CSA cases. More effort has to be done to try and reach out to the smaller children. The use of play and drawing can be used to help younger children to articulate and possibly disclose abuse. Again, it is important to note that in most cases; perpetrators use incentives such as threats and gifts to silence the child. This can also explain under reporting within the 0 to 5 year age group.

In addition, children in the 0 to 5 year old age group can be easily manipulated. Manipulation can be two fold. Given the limited language proficiency, children in the 0 to 5 year age group may not have knowledge on CSA. CSA offenders take advantage of this lack of knowledge. It therefore, follows that in most cases children in the 0 to 5 year age group may not have knowledge of CSA: such as where to report and how to report CSA. In addition, perpetrators may manipulate the inability of the 0 to 5 year olds through the use of incentives such as sweets. Furthermore, CSA perpetrators may use threats. Children in the 0 to 5 year age group may not comprehend the threats used making them more CSA vulnerable and most likely leading to CSA of the 0 to 5 year olds. CSA perpetrators in most case are related to the child survivors. Perpetrators are more likely to manipulate their relationship, access and vulnerability relationship of children within the 0 to 5 year age range.

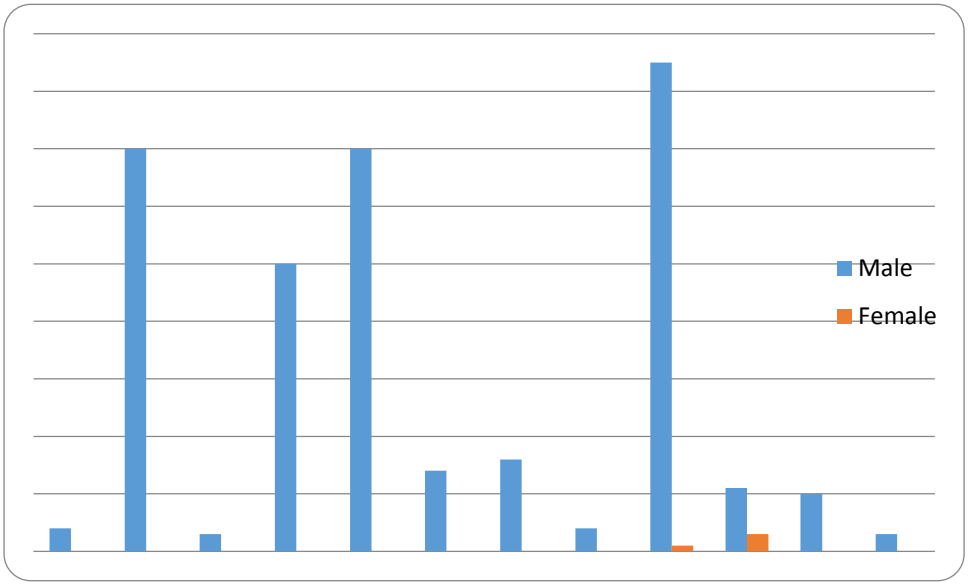
It is noteworthy that figures of CSA offenses involving 0 to 5 year olds should not be taken as the absence of CSA among children in this age group. The argument that the absence of symptoms of CSA and CSA disclosure does not mean the absence of CSA is well supported

by Smallbone, Marshal and Worley (2008) who argue that children are not affected the same way by CSA. Similarly, Godbout, Briere, Sabourin and Lussier (2013) state that some CSA survivors demonstrate asymptomatic and health disfunctioning. Again, Putnam (2003) and Jones and Jemmott (2009) argue that the scars of CSA can be buried or hidden and cannot be seen on the surface. It is important to note that lower CSA offences among children between 0 to 5 years noted in this study should not be mistaken as the absence of CSA. From the study findings, it can be reasoned that children between the ages of 0 to 5 years are list likely to experience CSA due to a series of factors such as 0 to 5 year olds being in many cases always accompanied by adults, being less sexually attractive to CSA offenders group due to underdeveloped physical features and not having any role responsibilities in the household. However, children between the ages of 0 to 5 years remain CSA vulnerable due manipulation and limited language proficiency.

6.1.3 Child survivor is known to the perpetrator

Another notable characteristic of CSA survivors evident from the files reviewed in the study is that CSA survivors are known to the perpetrators. Of the 300 court files reviewed in this study, 287; involved person that are known to the child. Figure: 3 below shows the relationship between the CSA survivor and the CSA offender.

Figure 3: Child's Sex and Relationship to Perpetrator



It is evident from the table above that children are more likely to be sexually abused by persons known to them such as neighbours, boyfreind, family friends, employers, and relatives, than strangers. In one of the reviewed judgment, the presiding magistrate made the following admission:

Rape where children are sexually abused by people either related to them or known to them is disturbingly a prevalent offense countrywide (Harare case 8).

Participants of the study validated the finding that CSA sutvivors are more likely to be children known to CSA offenders. Participants located CSA offender in the child's micro ecological environment. Participants noted that children are in the majority of cases sexually violated by persons known to them; including members of the family. Participants also explained that it was rare for CSA offences to be commited by strangers. One of the participants said:

According to our statistics the majority of the perpetrators are people who are related and acquainted to the children. Child sexual abuse is an offense where security walls would not work and security perimeters do not work. It can occur in the places like the home where we think it is safe (Participant 22).

In the same breath another participant mentioned that:

We identify parents and relatives as the main perpetrators within the family. It is very rare to have a case of a stranger abusing children (Participant 3).

A third participant insists that:

From the statistics we get children are mostly abused by people they know. Children are not strangers to the perpetrators. There are very few cases whereby children are abused by strangers. They are abused by people who know them (Participant 5).

It is evident from the files reviewed and selected accounts by participants used in the study that CSA perpetrators are largely part of the child's micro system. Perpetrators analysed in the study showed that they had access to the children through their proximity and trust discussed in the previous chapter. The CSA offenders' proximity to children and being part of the child's micro environment gives CSA offenders access to children. The relationship between CSA survivors and CSA offenders may explain why CSA case withdrawals were rampant in the VFS. This study identified the withdrawal of CSA offences as challenges facing the VFS. Furthermore, the relationship between the CSA survivor and the CSA perpetrator can explain why there is

the challenge of underreporting and delayed CSA disclosure. Delayed CSA reporting and CSA disclosure has the effect of delayed response increasing the probability of HIV infections, pregnancy and trauma for the child survivor.

6.1. 4 Children with prior history of being sexually abused

Children with prior history of being sexually abused were also identified as most likely to experience CSA. From the 300 files reviewed in this study, it was evident that children with a history of CSA were vulnerable to CSA revictimisation. Participants identified revictimisation as a key characteristic of children most likely to be sexually abused. Participants observed that children with a prior history of CSA would come to take CSA as normal and acceptable in family life. The vulnerability of children with prior history of being sexually abused to CSA revictimisation is evident in the following comments by participants:

I remember we did a case of a girl who had been raped on three different occasions by different three different family members. The child had come to think that it [being raped] is something acceptable within her family (Participant 16).

Similarly, another participant said:

I have come across CSA cases involving revictimised survivors. An example is that of a case involving a child who attended my support group in 2011 but has since became pregnant again as we speak (Participant 7).

The vulnerability of children with a history of CSA is also supported and evident in the following court files used in the study. One of the files read:

The medical examination shows that the child, 16 years, was sexually active before the current abuse (Harare Case 38).

Another file contained the following write up:

The medical report is of little probative value in my view since the complainant, 16 years, was already sexually active at the time of the offense (Gokwe case 12).

Similarly another file read:

The medical examination shows that the child, 15 years, was sexually active before the current abuse (Harare Case 29).

It is evident from the 300 court files and participants' accounts above that, CSA survivors are prone to CSA revictimisation. The selected accounts above show that children with a history

of sexual abuse fit in the profile of CSA survivors. Various explanations as to why children with a history of CSA are prone to CSA revictimisation can be suggested. One possible explanation is that CSA survivors develop an adaptation to CSA as a coping mechanism. CSA survivors may develop the Sexual Abuse Accommodation Syndrome. The argument that CSA survivors develop an adaptation to CSA resonates with studies by Jones and Jemmott (2009), who explain that CSA survivors develop a Sexual Abuse Accommodation Syndrome; an adaption and accommodation of the sexual abuses. Similarly, Lalor and McElvaney (2010); Bhaskaran, Seshadri, Srinath, Girimaji and Sagar (2016), found that CSA survivors are more likely to be sexually abused in the future.

Another possible explanation for CSA revictimisation is the lack of professional help after the first CSA. If a CSA survivor gets professional support, they are more likely to cope and move on. Lack of professional support and intervention therefore, may result in the manifestation of some of the CSA effects such as sexualised behaviours, being overly seductive and promiscuity (Putnam, 2003; Lalor and McElvaney, 2010 and Staples, Stappenbak, Davis, Norris and Heiman, 2015). Gwirayi (2013) also argues that CSA detection and disclosure terminates ongoing CSA and prevents future CSA. It is therefore plausible from the selected participants' accounts above and court files reviewed that history of being sexually abused may lead to CSA in the future. As noted above, CSA survivors may develop an adaption and accommodation of the sexual abuses or that revictimisation demonstrates a cycle of CSA due to lack of professional interventions (Jones and Jemmott (2009). The current finding that CSA survivors are more likely to experience revictimisation is consistent with the findings from Population Council (2008), who found out that 66% of male and 71% of female adolescences in South Africa who themselves experienced abuse during childhood admitted to forcing someone else to have sex with them. It can therefore be concluded that survivors of CSA are more likely to experience CSA revictimisation.

6.2 Profiles of CSA offenders

The following sections present the CSA offender trends that emerged from this study. From the 300 files reviewed in this study, the following CSA offenders' key characteristics came out: Relationship and familiarity with the child; Gender of the CSA Offender; Age of the CSA

Offender and Repeat CSA offenders. The CSA offender profile findings were validated using participants' accounts. The identified CSA offender profiles are presented below.

6.2.1 CSA offender Child relationship

From the 300 CSA court files, sampled in this study, the majority of CSA cases; 287 CSA cases; involved a person known to the child; familiar with the child and within proximity to the child. Based on the 300 CSA files reviewed, CSA perpetrators included fathers, stepfathers, uncles, cousins, grandparents, neighbours; boyfriends; domestic workers; family friends and employers. Figure 6 below shows the perpetrator child relationship, in the 287 court files involving CSA. Participants and files reviewed in the study agree that CSA perpetrators are usually related to CSA survivors. Participants explained that CSA offenders take advantage of their relationship with the child, relationship with the parents and knowledge of the absence of other care givers to commit the offence. Participants further noted that the majority of cases professionals attended too, involved CSA offenders who were known to the child.

Figure 4: CSA offender Child Relationship

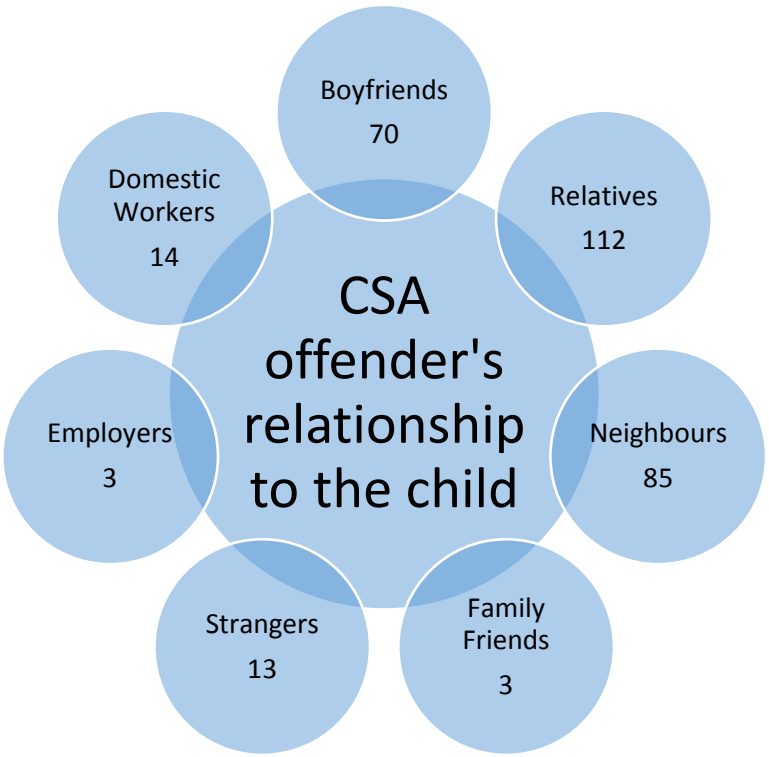


Figure 4 above shows that CSA perpetrators: fathers, stepfathers, uncles, cousins, grandparents, neighbours; boyfriends; domestic workers; family friends and employers are persons within the child's microecological sytem and persons whose direct proximity to the child's ecology gives them acess to the child. The following extracts from court files validate the claim made in this study that the majority of CSA perpetrators are peopleknown to the child. One of the court records show how domestic workers can have access to the children and commit CSA offences:

The child, 3 years, is a boy who stays with his single mother. The mother is employed in a hair salon in Harare as a hair dresser. During the mother's absence, the accused person, 23 years, is left in the care of the accused; the maid. On 21 November 2015, the child was in the main bedroom with his mother. He started touching his mother's private parts and the mother asked him where he had learnt such behaviour. He did not tell his mother saying that he was afraid of being beaten up. He later indicated that the accused had taught him to touch her chidhononnho [vagina] and breasts. The child further stated that the accused had put his thing in her chidhononnho. A police report was made leading to the arrest of the accused. Tendai was found not guilty and acquitted due to lack of evidence (Harare case 197).

Similarly, the following case involved a domestic worker employed by the child's family:

The accused was employed as a herd boy [cattle minder] by the child's parents. The accused was left in the company of the child, while the parents were away (Gokwe case 1).

The study participants validated the claim that CSA is most likely to be perpetrated by persons related or known to the child; within the child' s proximity and with direct access to the child. One of the participants made the following comment:

The majority of cases we attend to involve relatives. Many of the cases involve fathers, brothers, sisters, uncles, mothers' boyfriends and step parents. Three quarters of the cases involve people from the family (Participant 34).

Another participant said:

Some parents in the working class, leave their children unattended or attended by a maid or a neighbour. They [the child minders] take advantage that they are in control of the children. And some of them take advantage of them [the children] and rape them (Participant 21).

Again, the notion that persons known to the child are the major perpetrators of CSA is supported by the following accounts by participants:

Research in Zimbabwe shows that in 99% of the [CSA] cases the perpetrator will be a relative. It could be a brother, an uncle, a father and any male within the family (Participant 21).

Commenting on the perpetrator child relationship, one key informant argued that:

The majority of child sexually abuse cases involve person who are known or related to the child (key Informant 3).

It is evident that CSA perpetrators are typically persons known to the child: relatives, boyfriends, domestic workers, neighbours and child employers. In keeping with the ecological view; it can be argued that CSA perpetrators are people located within the child's micro ecological system. The microsystem is the direct environment in which the child lives and is directly impacted by. The child's micro ecology is comprised of the child, the child's family, friends and others with direct contact with the child. Familiar CSA perpetrators take advantage of the bond, trust, proximity to the child and their relationship with the child, between the child and themselves to commit CSA offences. In addition, being part of the child's micro system, CSA perpetrators are part of the child's meso system that includes the child's culture and religion. CSA offenders may also use religion and culture to manipulate the child and justify CSA offenses. CSA in Zimbabwe may occur within a cultural context of myths and beliefs. The CSA myths and beliefs explanation is consistent with previous observations in the Zimbabwean and other African societies (Meursing et al. 1995; Sossou and Yogtiba, 2009; Muvundusi, 2013; Richter et al 2013 and Meinck et al. 2015) who all found beliefs and myths being at the centre of CSA. According to Chitereka (2012), some business persons believe that having sexual intercourse with a minor will increase their earnings; while other farmers believe having sexual intercourse with a minor will increase their agricultural output. Given that the majority of people in Zimbabwe make a livelihood on agriculture or are self employed, beliefs such as having sexual intercourse with a child increase one's business or agricultural fortune could explain CSA offences. Furthermore, with a high HIV prevalence in Zimbabwe, CSA perpetrators holding such beliefs and myths may target children, in the hope of a cure.

Children in African societies are socialised to obey elders. This instruction places children at greater CSA risk as they may not question but obey their relatives even in sexual abuse circumstances. The argument that socialising children to unquestioningly obey adults reaffirms the argument put forward by Stoltenborgh et al (2011, p.89) that ", the socialisation of African children to unquestioningly obey older people puts them at risk of sexual abuse by people to whom they are expected to pay their respects." It can therefore be argued that traditions and cultures contribute to CSA offences committed by persons located in children's micro ecological environment.

Given the relationship between the child survivor and the CSA perpetrator there may exist dependency of child survivors on the CSA perpetrator. Children are dependent on adults for support and care. The dependency of the child may make CSA more likely difficult to detect than CSA incidences that involve strangers, where there exists no dependent relationship between the child and the perpetrator. Again, the presence of the perpetrator within the child's microecological system may result in the perpetrator manipulating the child and other family members. Manipulation may be in the form of threats to withhold material, social and psychological resources, following CSA disclosure. Given the finding that CSA normally involved persons known to the child, it is most likely that detection and disclosure beyond the family and micro system is difficult. Family members may influence the child not to disclose CSA beyond the micro ecological system: the family system to protect the perceived losses, making CSA difficult to detect relative to incidence that involve strangers. Gwirayi (2013) argues that detection and disclosure of CSA terminates of abusive relationships, which are frequently ongoing in CSA, and prevent future ones. In CSA cases involving strangers, family members are more likely to support the child making CSA detection and disclosure easier. Families will have nothing to protect and no perceived losses in cases involving strangers making CSA detection easier, than cases involving known persons.

Lastly, CSA offences committed by persons known to the child may be difficult to detect. CSA by known perpetrators may be difficult to detect owing to the likely hood of the child survivor developing the Sexual Abuse Accommodation Syndrome, where the child adapts to the CSA over time. According to Jones and Jemmott (2009), Sexual Abuse Accommodation Syndrome may result were interaction between the child and the CSA perpetrator is permitted; resulting in difficulty in detection of CSA that involves persons known to the child.

That CSA offenders are located within the child's micro ecological environment is consistent with that of Lalor and McElvaney (2010). Their analysis of data from New Zealand, Ethiopia, Swaziland, Israel and South Africa shows that CSA offenders are mostly persons known to the child. Similarly, in their study of the Child Assessment Center (CAC) at Nationwide Children's Hospital for suspected CSA in the United States of America, McPherson, Scribano and Stevens (2012) reported that CSA offenders were mainly household members: biological mother, biological father, step-parent, parent's partner, sibling, stepsibling and the sibling of the parent's partner. Chitereka (2010) reports that the majority of CSA offenders in CSA cases

attended to by the Fiji Women Crisis Centre involved persons known to the child: biological fathers, grandfathers or stepfathers, as well as family friends, neighbours, teachers, priests and boyfriends. Again, Sawyerr and Bagley (2017) conclude that in Britain, as elsewhere in the world, CSA takes place in the family. The above studies give credence to the finding that CSA offenders are mainly person known to the child. In addition it is concluded that CSA is largely intra familial: CSA takes place within the child's micro ecological environment and family relations. It can also be concluded that CSA offenders involving known CSA offenders are difficult to detect than cases involving strangers. Non disclosure and detection lead to continuation of CSA relationships, failure to prevent future CSA offences and failure to receive professional help.

6.2.2 Sex of the CSA offender

Of the 300 files reviewed in the study, 297 cases involved male CSA offenders. Participant gave weight to the finding that CSA offenders are mostly males. While not denying that women committed CSA offences, participants explained that CSA offenses were mainly committed by male offenders. Participants noted that men attributed their actions to girls' and women's dress codes and men's manipulation of psychological, social and economic power dynamics. Participants also noted that CSA offenses involving women perpetrators were rare and not easily socially and legally accepted. The gender of the CSA perpetrator is evident from the following comments by participants:

From my experience I have never encountered a case involving a woman as the perpetrator. It was only men. Maybe cases involving women are there in the community but are not coming up because of our cultural beliefs. Men think that women do not have rights in our patriarchal society. If you are raped, people start to talk about what you were wearing and how you contributed to being raped. They say you were raped because you were wearing a mini skirt. It is your fault. You made the man rape you (Participant 31).

Another participant of this study said:

Who will believe a boy who says I was made [forced] to have sexual intercourse? People will ask how you achieved an erection to have sex in the end if you were forced. The abuser may have lured the child without consent. I must confess women do sexually abuse children but it is mainly men (Participant 32).

While another participant made the following comment:

Generally men are very cunning. They can manipulate the situation to their advantage to the extent that somebody can be abused in the process not knowing that she has been abused. Their (men's) advantage is that they hold most of the key positions. So they have manipulative tactics

because they hold powers. All the corruption and evil powers can be manipulated to sexually abuse someone (Participant 11).

Another participant in the study noted that:

It [CSA] is about power dynamics. I think that men take CSA as a weapon to reinforce their dominance over women or to reinforce women subordination. It [CSA] is a way of saying I am dominating over you (Participant 12).

Again another participant said:

Typically it is men who sexually abuse children. But there are cases were older women sexually abuse young boys. We have challenges with our laws in Zimbabwe. When older women have sex with boys it is not rape. It is aggravated indecent assault (Participant 5).

From the participants' accounts used above, it can be argued that, CSA offences are mainly committed by males. It is clear from the above participant's accounts, that CSA is predominantly perpetrated by males: adult and young. The patriarchal belief systems in the Zimbabwean society can account as one possible explanation of why CSA offenders are predominantly male. According to Tatira (2016), Zimbabwe is rooted in patriarchal belief systems. Patriarchal system are characterised by beliefs of male control and domination in the social, economic and psychological spheres of life. Males in societies such as the Zimbabwean society may be socialised to dominate women and girls in the ecological system: in the home and in society. Sexual domination becomes an extension of the domination that males grow up to believe in. It can also be argued that having sexual relationships with many females is taken as a sign of prowess and conquering. It can therefore be argued that sexual relations with as many females including children is taken as a sin of virility for male CSA offenders In addition, male children may be exposed to role models who dominate women and girls. Such role models expose children to being CSA perpetrators. Again male children grow up being socialised to dominate the ecological environment including sexual domination of females. The role model and social teaching on ecological environments may lead males to believe that it is acceptable to sexually dominate females including children. CSA becomes an extension of the teachings and role model domination of ecological environments.

Again, in patriarchal societies such as the Zimbabwean society males have access and dominance to the means of production: economic power and psychological power. CSA illustrates men's assertion of dominance over women represented by girls. Findings in this study illustrate that men prey on girls for transactional sex: through consequential relationships. Men have access and control the means of production. Men therefore use their access and

control of the economic and psychological power to gain access and proximity to girl children leading to CSA. This male domination may explain why males account for the majority of CSA offenders. This finding from this study that males use their economic power to access transactions sex validates studies by Jones and Jemmott (2009); Peter (2009) and Euser et al. (2013) who found that males are involved in transactional sex with female teenagers. The male domination argument is consistent with Dominelli (1989) and True (2012) assertion that men use their economic and psychological advantage to control and force children to have sexual intercourse with them. Psychological and social dominance is also used to force children to have sex with them (Corby, 2000). According to Rudd and Brakarsh (2001) male CSA offenders use social and psychological dominance rape and threaten the children. Colton and Vanstone (1998) also argue that CSA is located and should be understood within versions of masculinity and reassertion of masculinity.

The common denominator in the arguments above is males sexually abusing children and using their power. Power can be in the form of economic and material resources that men use to manipulate the children. Power can also be psychological (Rudd and Brakarsh, 2001). Psychological power can be in terms of maturity and being more knowledgeable about sex that is used by the men and other children who sexually abuse children (Omar et al., 2012). Male child perpetrators are in the majority of cases older than CSA survivors making child CSA offenders arguably psychologically mature than the CSA survivor. In addition, the feminist thinking argues that CSA perpetrators grow in a society where they are socialised to dominate females thus increasing their likelihood to commit CSA offences. Furthermore, it can be argued that in addition to economic and psychological power and advantage, males have and manipulate social power to commit CSA offences. Social power can arguably be status and standing in society as well as role expectations. The dominance of CSA cases involving males in this study; reinforces True's (2012) feminist view that explains CSA as an extension of male domination in society that arises from the social legitimating of unequal power relations between males and females within the family and society. Again, this study seems to validate Colton and Vanstone (1998) argument that CSA is located and should be understood within versions of masculinity in which power is a necessary ingredient and a reassertion of masculinity. Again, male CSA offenders may themselves be victims of CSA. According to Omar et al. (2012) children who are themselves survivors of CSA may develop to be CSA perpetrators in the absence of interventions.

Despite this study finding that CSA perpetrators are predominately males, fewer cases involving women can be explained by many factors. The committal of fewer CSA offenses by women can be explained in a number of ways. Firstly, women by their social nature are nurturing and caring for children. Women are socialised to be careers for children. Socialisation of females into nurturing and caring roles could help account for the fewer CSA offenses involving female CSA offenders. Secondly, the absence of advance scientific technology to prove female CSA offending could help explain fewer female CSA offences. The lack of Deoxyribonucleic acid (DNA) technology could account for lack of evidence resulting in the acquittal of cases involving women. In Zimbabwe, the use of DNA to confirm CSA is very limited in most cases non-existent. Most cases that involve women are difficult to prove. The lack of DNA technology may result in the acquittal of cases involving women.

Thirdly, cultural stereotypes and perceptions on rape can account for the lower number of convicted cases. As argued above, the Zimbabwean society is largely heterosexual meaning that female CSA would ordinarily target male children. Given the cultural stereotypes and perceptions on females committing CSA offences, CSA may be under reported. It can be argued that generally society does not believe that women are capable of committing CSA offences. It can therefore, be argued that CSA offences involving female offenders exist but are underreported. CSA offences involving female offenders may not be reported due to societal stereotypes and stigma that may come with reporting. Thus reporting CSA offences committed by females on male can be viewed as a sign of weakness attracting stigma and shame. This argument resonates well with that made by Stoltenborgh et al (2011). In their meta-analysis of prevalence around the world, Stoltenborgh et al (2011) attribute fewer female CSA offences to amoung other factors cultural reasons which result in under reporting. Finkelhor (1997,p. 103) also argues that " large amounts of underlying sexual abuse can occur in an area with few official reports, especially if the culture is one that treats sex with a great deal of shame or secrecy." Finkelhor (1997) concludes that boys seem less likely to disclose CSA due to the peer ethic of being independent and not asking for help; concern about loss of masculine reputation and the stigma goes along with admission of surviving CSA. It therefore follows that female CSA offenders exist but CSA offenses by females are under reported.

Lastly, CSA offences female CSA offender may be underreported due to legal definitions of CSA offences. The legal definition of CSA offences involving female CSA offenders are defined and classified differently to those involving male offenders. CSA offences involving

female offenders may not be reflected in official statistics as would male CSA offences. Female CSA offences are legally considered and defined as aggravated indecent assault which is a lesser offence compared to CSA offences committed by male CSA offenders. In Zimbabwe CSA offences involving female CSA offenders can be classified as aggravated indecent assault. The difference between rape and aggravated indecent assault is the issue of consent where the former implies none and the latter indicates a certain level of consent. Rape also includes having sexual intercourse with a child below the age of 12 years even with their consent. Such consent is not recognised by law. The differences in codification of male and female CSA offences can explain commonly held attitudes that females are incapable of raping males. It could be argued that commonly held beliefs influence laws on female CSA offending. The laws that exist in society are a reflection of commonly held attitudes and beliefs held within the CSA survivors' ecological environment. Table 2 below and participants' accounts above; confirm that CSA offences female CSA offender may be underreported due to legal definitions of CSA offences. Table 2 below shows only 3 CSA offences involved female CSA offenders, who were all charged with aggravated indecent assault and not rape.

The above arguments can be used to explain why males constituted the majority of CSA perpetrators in this study. Findings from this study that CSA offenders are mainly male confirm earlier research done elsewhere. Results of a study by Peter (2009, p.1117) on Canada show that ", 89.3% of child sexual abuse cases involve a male." Similarly Jones and Jemmott (2009) also found males as the majority of CSA offenders in the Eastern Caribbean. Similarly, Kacker, Varadan and Kumar (2007), report that the majority of CSA offenders in India are males. Research by Euser et al (2013) also found out that the majority of all CSA offenders are male. According to Optimus Foundation (2016), the vast majority of CSA offenders in South Africa are sexually abused by boys and men. Finkelhor (1997) concludes that female perpetrators are rare. From the samples: CSA files and participant narratives used in this study, it can therefore be argued that male CSA offenders constitute the majority of CSA offenders. Patriarch, culture, socialisation, stereotypes and legal definitions for CSA may explain the sex and gender disparities in CSA offences.

6.2.3 Age of the CSA offender

In addition to the above characteristic features of CSA perpetrators, the age of the perpetrator came out of the 300 court files sampled in this study, as a significant trait associated with CSA. From the 300 CSA court files, 237 CSA cases involved adult accused perpetrators, and 63 CSA

cases involving child perpetrators. Adult CSA perpetrators are accused persons above the Zimbabwean age of majority in Zimbabwe: 18 years. Child perpetrators are accused persons below the age of 18 years; the age of majority in Zimbabwe. Table 2 below shows the Perpetrators' Age sex distribution of cases reviewed.

Table 2: CSA Perpetrators' Age Sex distribution

Gender	Age of CSA Perpetrator		Total
	Child CSA perpetrators	Adult CSA perpetrators	
Male	61	236	297
Female	2	1	3
Total	63	237	300

Participants concurred with the finding from the analysed court files, that adult men are more likely to commit CSA offenses. In addition, participants singled out adult men from the white garment church as more likely to sexually abuse children. It was explained that adult males from apostolic sects marry children with the parents' blessing and cooperation of their wives. One of the study participants said:

Men from the white garment church constitute the majority of perpetrators of cases that we see. They claim that marrying girls is part of their church teachings (Participant 34).

Similarly another study participant said:

Some men from the apostolic sect claim to be given girls for wives in the spirit. These children are mostly 12 year olds. Because the child's parents believe what Madzibaba [the prophet] is saying they give away their girl child. They believe they can have as many wives as they can. The women [the senior wives] hunt these little ones [girls] for their husbands. They teach them [the girl] the way they do it [to have sexual intercourse]. They mould her [the girl] for him, teaching her the act and everything. And for them [the women], it is normal because it is happening within the church. For our purposes it will be aggravated indecent assault. It is sexual abuse (Participant 16).

The following case shows the committing of CSA offenses by an adult male:

On the unknown date to the Prosecutor, the Accused, 48years, proposed love to the Complainant, 15 years, who denied. The Complainant told her mother who advised her to accept the proposal since the mother did not have money for rent. Accused gave the child the rent money the following day. On the same day mother asked the complainant to ask for $20 from the accused. The accused came at around 2300hrs. Complainant and accused have been

having sexual intercourse from January 2015 to January 2016; with the accused giving the child money (Harare Case 199).

It is evident from the selected 300 CSA court files that children are largely sexually abused by adult male CSA offenders. Many factors can account for this finding. Firstly, as noted above, men have access to the means of production and manipulate their economic advantage and position; sexually abusing vulnerable children who include orphans and children from poor back grounds. Secondly, adult males are sexually mature relative to the girls they sexually abuse: with consent and without consent. In the majority of court files reviewed in the study, the perpetrator is older than the victim. Adult men use their psychological maturity to manipulate children and commit CSA offences (Rudd and Brakarsh, 2001).

Secondly, adult men have social authority and occupy positions of authority in society; which they may manipulate, making children vulnerable to CSA. Persons with authority are people who have influence and power over the children. Persons with authority include police officers, soldiers, teachers, church leaders, community leaders and other professionals in society. Participants singled out the white garment church as an organisation that has CSA located in the church teaching and belief system. Men from the church use religious authority to gain access and proximity to children's ecological environment leading to CSA. The white garment churches referred to as Mapositori are a Christian denomination. As highlighted in the previous chapter, believers in the white garment church believe that they were created to procreate. To fulfil this mission, they marry many wives including children as young as 12 years old. To demonstrate their belief and faith, their senior wives and church members including the child's family assist them in identifying 'child wives'. As discussed in Chapter 5, children who belong to the white garment church ecological environment are at risk of sexual abuse. It therefore follows that men in the church are possible CSA perpetrators. These men are taught and believe that their role is to have as many children as they can. This has arguably resulted in the proliferation of CSA among this key religious population in Zimbabwe which has a significant number of followers; explaining why the cases of CSA and child marriages are higher among this religious population. The role of socialisation becomes important. Females in the church, grow up and are socialised to assume their roles, including selecting wives for their husbands. CSA becomes normal and acceptable to children within the white garment ecological environment. CSA offenses may only surface if there are anonymous reports made. It can also be argued that given the high levels of poverty in the country, the reliance of the majority of

people in Zimbabwe on agriculture and a climate that is susceptible to droughts ; lower commodity prices, people who have many wives and children may find themselves in poverty. Poverty, as argued in Chapter 5, places their children in such families at risk of CSA. In addition, a belief in marrying off their children further places children at risk of CSA.

Lastly, the role of males having survived CSA in earlier years should also be considered. Omar, Steenkamp and Errington (2012) suggest that some male CSA offenders were victims of CASA offences themselves. Given the high levels of CSA in the country, CSA adult perpetrators could have been themselves victims of CSA. It is evident from the participants' accounts and official court records sampled in this study that CSA perpetrators are more likely to be adult males. Jones and Jemmott (2009) however, argue that being a victim is not necessarily a determinant for being perpetrators of CSA in future. Leach, Stewart and Smallbone (2016) tested the CSA survivor – CSA offender hypothesis that survivors of CSA go on to become perpetrators by examining associations between maltreatment and offending in a birth cohort of 38,282 males with a maltreatment history and or at least one finalised offense. They found that of the sexually abused boys from their sample only 3% went on to become sexual offenders. This finding made them conclude that there is no specific association between sexual abuse and sexual offending, and nor did we find any association between sexual abuse and sexual offending.

While the current study found that the majority of CSA offenders are make adults, it is important to note that child CSA offenders were also identified. The observation that children commit CSA offenses is consistent with the Finkelhor et al (2014) observation that the common error made by many policy makers and the general public that is to assume and conclude that sexual offences are perpetrated by adults. Similarly, Omar et al. (2012) recognise CSA offences by children. Foster (2014) thus make the argument that little attention has been given to CSA acts committed by other children. Form the study findings; it is therefore argued that the majority of CSA offenders are male adults due gender roles, patriarchy, poverty and religion. However, it is also argued that child on child CSA is a reality.

6.2.4 Repeat CSA offenders

Apart from the above CSA offender profiles, repeat CSA offenders came out as another CSA offender trait. From the 300 files reviewed in this study, some of the files contained CSA offenses involving repeat CSA offenders. Participants concurred with the files reviewed in the study. Participants explained that CSA offenders are in some cases repeat CSA offenders. A

repeat CSA offender in this context refers to a CSA offender with more than one CSA offence. Repeat offences were described by participants as multiple CSA offences involving the same CSA offender on the same child or multiple CSA offences involving the same CSA offender or different CSA survivors. Repeat CSA offenders were also described as habitual CSA offenders who commit CSA offences against girls. Repeat offenders' ability to hire expensive lawyers and advocates was seen as one possible reason for avoiding prosecution. Repeat CSA offending is evident from the following comments by one of the participants

You know there are people [CSA offenders] who have a habit of sexually abusing, sexually molesting these little girls. And when they are arrested they can hire the most expensive lawyers and advocates. For most of them the bar will be full in court with lawyers. They [repeat offenders] take advantage of the law. They know kuti [that] they will create enough [legal] loopholes to create enough doubt for their client to walk scot free. Most of the times people, [the general public] say that people with money escape justice (Participant 29).

Repeat CSA offending is evident in one of the 300 files reviewed in this study. The file read the following:

The perpetrator appears to have developed a habit of committing the same offense over and over again. The subject targets boys younger than him (Gokwe case 65).

From the 300 case files used in this study and the above participants' accounts, it can be argued that, repeat CSA offending is also characteristic of CSA offenders. Repeat offending is a creation a number of possibilities. One possible explanation is the proximity and accessibility of children by CSA offenders. As argued above, most CSA appears to occur within the child's ecological environment committed by familiar CSA offenders who have access to the child. It is therefore, most likely that detection and disclosure beyond the family and micro system is difficult. This could help explain underreporting, continued and repeat offending.

Again, habitual CSA offenders may have the capacity to hire legal counsel allowing them to be released into children's ecological environments; continuing to commit CSA offences. The CSA offenders' ability to hire expensive lawyers and advocates could be another possible explanation why repeat offending exits. As argued above men have access and control the means of the production at both the micro level and macro level. Given male domination over economic resources, it can be argued that men being the majority of CSA offenders can afford to hire expensive defence lawyers and advocates. Their access to economic resources is able to buy them freedom. It can be argued that repeat offenders can afford to commit CSA offenses unabated.

Furthermore the loss of hope and trust in the legal system may account in the creation of repeat offenders. It can also be argued that in the absence of action against CSA offenders, offenders reinforced due to the lack of sanctions: social and legal punishment. It can be argued that inactivity and lack of punishment serves only to reinforce CSA offenders' behaviours: committing CSA offences. It was also the finding of this study that the VFS allegedly has corrupt elements. Corruption within the VFS serves to undermine credibility and discourages CSA survivors and non offending family members to pursue CSA interventions. Resultantly, CSA survivors may miss out on interventions that mitigate the negative effects of CSA. It can also be argued that lack of intervention within the child's micro ecological system may serve to encourage CSA offenders. From the selected CSA case file employed in this study and the selected participant's account above, it can therefore be argued that CSA offenders are more likely to be repeat CSA offenders; due to their financial ability and perceived inability by the justice and legal system. In addition, it can be concluded that the proximity of most CSA offenders to the child facilitates CSA reoffending.

6.3 Conclusion

It is clear from the above discussion that CSA offenders exist within the child's ecological environment. From the 300 case files used in this study and the above participants' accounts, it has been demonstrated that CSA offenders are typically adult males and repeat offenders who exist within child's ecological environment**.** The study also concludes that CSA survivors are mainly girls, children known to the CSA offender, victims of CSA revictimisation. It is also the finding of this study that CSA risk increase with age. Chapter Seven will focus on presenting and discussing the findings on the efficacy of the current intervention strategies used in helping survivors of child sexual abuse.

CHAPTER SEVEN

EFFICACY OF THE VICTIM FRIENDLY SYSTEM

7.1 Introduction

This chapter exposes the strengths and loopholes of the Victim Friendly System (VFS). The objective that relates to this chapter is: to investigate the efficacy of the current VFS CSA intervention strategies used in helping survivors of child sexual abuse. The chapter answers the question: how effective are the current CSA intervention strategies in Zimbabwe?' This research identified the creation of a suitable environment that is conducive for children to testify; the provision of an integrated service delivery; the pulling of resources, creation of role player accountability; the inclusion of none offending family members and the introduction of evidence based interventions as key strength of the VFS. Some of the main weaknesses of this system are limited coverage; poor post trial services; reliance on donor support; the VFS is not known; poor forensic collection; releasing of CSA perpetrators on bail into the child's environment and CSA survivors having to retell CSA incidences throughout the VFS chain.

7.2 Strengths of the VFS

This section presents identified strengths of the VFS. It emerged that the VFS has a number of strengths; that contribute to the efficacy of the multi sectorial forum. Participants noted that the introduction of the VFS: integrated service delivery, VFS creates a suitable environment that is conducive for children, prevented duplication of effort; resulted in the pulling of resources; made players accountable to each other, saw the inclusion of none offending family members and introduced evidence based interventions. The participants' perceived strengths were also corroborated in the official documents reviewed in this study: VFS court files and VFS minutes. The following section presents the key areas of strengths that were identified by participants.

7.2.1 VFS provides integrated CSA responses

One of the key strengths of the VFS networking forum is its ability to provide integrated services to CSA survivors comprised of statutory and non-statutory CSA interventions. From the 300 files reviewed in this study, child survivors were assisted by the police, doctors, psychiatrists, social workers, psychologists and counsellors, providing CSA survivors with an integrated network of CSA intervention services. Participants reaffirmed that the VFS forum integrates medical, legal, psychological care and preventive services for CSA survivors. The participants explained that through the networking forum participating stakeholders are able to respond to the complex psychological, social, medical and legal CSA short and long term effects on the child and the family; through an integrated approach. The multi sectorial nature of the VFS is evident from the following comments by participants:

Victim Friendly system is made up of the police, the judiciary, stakeholders in the protection cluster, education, health, social services. We are like a ring in a chain of activities or services. Each ring is serving a particular service. We network with the other rings in the chain of service (Participant 7).

When we talk about the Victim Friendly initiative we are saying that it is multi sectorial. We need the health, police, the counselling services and the judiciary [service providers]. So one stop centre means not necessarily less than one roof but the co stakeholders are in the same geographical area (Participant 8).

When the Victim Friendly system is working properly, it enables us to work together with other people to ensure that survivors of rape or other forms of sexual violence are able to access their rights (Participant 20).

The forum enables us to create synergies with strategic partners such as donors and policy makers. We are able to raise policy issues and influence policy. We cannot work in the area of CSA alone. We need the courts, counsellors, prosecutors, donors, policy makers and others to be effective. We discuss and try to solve policy and operational challenges (Participant 22).

We have a protocol that gets all the members of the system together. The protocol also outlines what the vulnerable witnesses and their relatives can expect from each and every other member from this society. To me that has gone right (Participant 26).

Actually coming with this minimum package of having that protocol to say in as much as you may fail to meet it but you are working towards it and you are aware of what is expected of you as a stockholder in terms of your role in child protection. The very fact that these meetings are organized and people come and attend the meetings it shows that the will is there although there are less various challenges that we are facing. We have seen the movement of cases improve (Participant 17).

We specialise in the 12 to 16 year age group; while other service providers that we partner with that attend to specific children under 12 (Participant 1).

The multi sectorial approach to CSA is one of the strength of the VFS. Stakeholders hold each other to account. We now have other countries studying the system. We have a system that has been understudied and replicated by other countries such as Mozambique, Malawi and Lesotho (Key informant 2).

From the 300 case files used in this study and the above participants' accounts, it can be argued that the VFS forum results in the integration of CSA interventions. The integration of CSA services benefit survivours, organisations and families in many ways. Firstly, the VFS forum enables the pulling of CSA services into a basket of CSA services. The integration of CSA services ensures that CSA survivors get a comprehensive package of CSA services due to a layered approach in CSA service provision. An integrated approach to CSA ensures that VFS stakeholders provide the different interventions that target different aspects affecting the child and the family. The study also observed that the VFS brings together service providers that provide direct and indirect services to the child and the family. Direct service providers are stakeholders that provide medical, psychological services targeting the child and the family.

Direct service providers come in direct contact with the child or the child's family. Such organisations include: the police; with investigations, the judiciary with prosecutions and social services aiding with education and rehabilitation. Indirect service providers are organizations that do not interact directly with the child. Such organisations provide support to direct service providers in the form of financial, logistical and technical support, inter alia. The provision of integrated services is consistent with arguments put forward by Chikadzi and Mafetsa (2013, p.493) that

> "if people from different professional backgrounds such as doctors, social workers and psychologists work together, it leads to improved outcomes for the service user, while improving the understanding that each professional will have of the complexity of social pathologies that confront service users. This sharpens attention to detail, which allows for a holistic response to helping service users. Such outcomes may not be possible when professionals work in isolation."

The integration of CSA services by stakeholders working in forums such as the VFS therefore, sharpens attention to detail in the provision of services by different stakeholders. In addition, a forum approach to CSA services has the ability to pull together knowledge and skills resource base for the benefit of CSA survivors and their families.

Secondly, an integrated approach to CSA intervention, results in clarity of roles and responsibilities among VFS actors. The VFS developed a protocol that clearly defines

stakeholders' roles and responsibilities in the forum creating a system of services for CSA in Zimbabwe. Since its inception in the 1990s, the VFS has come up with various editions of protocol that have been published and revised. Protocols function to clearly define the roles and responsibilities of each professional and agencies. The clarity of roles and responsibilities has a number of advantages. Protocols reduce potential conflicts between professional and stakeholders. Finkelhor (2009) supports the use of protocols in multisectoral forums such as the VFS by arguing that protocols specify the roles that each stakeholder should play thereby removing conflict. In addition, the study observed that protocols ensure the provision of minimum standards and uniform services throughout the country. Clearly defining the stakeholders' roles and available services, unearthed in the study, ensures that children across the country are provided with uniform services. Again, protocols, as revealed in the study, ensure that stakeholders can be held to account if they do not meet the minimum standards set in the protocol. The VFS protocol becomes an accounting, monitoring and evaluating tool for the VFS forum. Related to the above, the protocols inform service users of their rights and entitlement. Protocols can also make the forum accountable to the users as they claim their rights and entitlements. This finding corroborates Finkelhor's (1997, p. 111) view that a multidisciplinary approach to CSA uses "detailed, agreed upon, collaborative protocols for handling cases, with clear roles that each institution and professional should play. The use of protocols in the VFS means that cases will be handled uniformly, guided by a common philosophy and that all cases will receive the benefit of all the relevant institutions." Similarly, the establishment of the VFS resulted in the coordination of stakeholders' roles removing a 'silo culture' (Chikadzi and Mafetsa, 2013). Chikadzi and Mafetsa (2013) further describe a silo culture as a disjointed and haphazard service delivery effort which leads to ineffective and inefficient service delivery. In addition, a multisectoral approach provides an opportunity for stakeholders to improve each other's policies and practices. The multisectoral approach enables the participation of all the stakeholders who include the service providers and users. The interaction of the service providers enabled and promoted the consideration of the views of the users of the services. Subsequently, due to this interaction, challenges encountered by clients are presented and discussed. Solutions to problems are given at various levels of the committees resulting in quick resolution of challenges encountered by the different stakeholders and users of the VFS. By working in a forum, VFS organisations are able to find one another on various CSA issues finding solutions on the challenges they face and the problems that children and families present with. Again, the multisectoral approach such as the VFS enables the

refinement of services by the different VFS service provider. Sharing of experiences and policy suggestions enables the refinement of interventions approaches and policies. Furthermore, the VFS becomes a single voice that could influence policy on child protection. The multisectoral approach enables synergy and integration of policies. The involvement of different ministries and government departments facilitates synergy of roles and policies. The VFS enables the players to view CSA from different perspectives. CSA becomes more than just a medical, legal, cultural, economic, political, familial and developmental issue but more than the dimensions it brings. This enables various role players to contribute their areas of expertise in the wellbeing of children. A holistic approach is then attained.

Thirdly, the study also found out that a multisectoral approach to CSA addresses the different effects of CSA. CSA has well documented negative physiological, psychological, legal, social and economic effects on the child and the family (Hansen and Tavkar 2011). CSA results in numerous outcomes at different levels of the child. CSA outcomes require medical, psychological and legal interventions. The VFS was established to provide a holistic approach to CSA in Zimbabwe with each stakeholder playing a specific role towards treatment and management of child survivors. It was observed that child survivors receive layered specialised services from the VFS role players. A chain of services and interventions is provided in a coordinated manner. Children received psychological, social, medical and legal services. The VFS managed to integrate medical, psychological, social and legal services into a basket of services. The multisectoral forum provides an opportunity to exchange ideas and policy issues that will assist the healing process for the child and the family.

It is evident from the above accounts that stakeholder specialised in services and age groups that they attended to. It can be argued that the creation of the VFS resulted in the accrual of benefits to stakeholders; service providers and services users, as a result of integrated service provision. Furthermore, it can be argued that an integrated approach to CSA intervention using multisectoral forums such as the VFS reduces duplication, improve service coordination, improves efficiency and results in specialisation. This current finding that the VFS forum results in interrogated CSA interventions; finding is consistent with the argument made by Chikadzi and Mafetsa (2013), who show how the Nelmapius networking forum: South African Welfare system, which operates on the same model, improved service delivery, curbed duplication of services, improved coordination and delivery of services, and was cost effective and improved capacity building among organisations. Research by Willis, Greene,

Abramowicz and Riley (2016) also shows that collaborative ventures make best use of available resources, skills and talents; creating lasting advancements in the prevention and control of chronic diseases such as cancers, heart disease and mental illness. Finkelhor (2009) found that prior to the establishment of CSA multisectoral forums, in the United States of America; professionals and agencies working with survivors acted independently resulting in duplication and conflicts. Finkelhor (2009) reports that service users and providers benefited from the multi sectorial approach. From the study findings, it can therefore be argued that the VFS resulted in an integrated approach to CSA service intervention which results in a series of benefits: improved efficiency and specialisation; all to the benefit of VFS stakeholders: CSA survivors and VFS service providers. In addition, integration of services resulted in the avoidance of duplication that is presented below.

7.2.2Avoidance of duplication of effort

Another notable strength of the VFS networking forum related to the provision of integrated services is the avoidance of service duplication. From the 300 files reviewed in this study, it is evident that the VFS is a confluence and a community of CSA interventions in which child survivors, non- offending family members and child CSA offenders are assisted by the police, doctors, psychiatrists, social workers, psychologists and counsellors; each providing specific intervention services. Again, in the course of fieldwork for the study, it was observed that by forming a community CSA services, VFS organisations avoid duplication of effort. Each VFS organisation provides and concentrates on CSA specific services. The VFS provides targeted CSA interventions: targeted at specific CSA effects: medical, social, psychological and legal effects of CSA. Furthermore, the services are targeted at specific clientele: CSA survivors, juvenile CSA offenders and non-offending family members. As a result of specialised services VFS clients cannot claim the same service from two or more organisations VFS services are also provided in a chain, with CSA service users moving from one stage: organisation to the next. A paper trail is established culminating into one court file. The court files contain outcomes at every stage of the interventions.

From the fieldwork observation during the study, it was evident that the introduction of the VFS, integration of services and working as a forum resulted in the avoidance of service duplication for VFS organisations. Avoidance of duplication has benefits to the children and the VFS forum. At the level of the child, avoidance of duplication arguably eliminates possibilities of secondary trauma. September, Matne, Adam, Kowen (2000) argue that

secondary trauma results from CSA examination and intervention. Kuijvenhoven and Kortleven (2010) also argue that CSA agencies and professionals are a source of trauma. Duplication of services and effort arguably results in secondary trauma: secondary CSA. It can therefore, be argued that by specialising VFS organisations avoid duplication of effort which avoids secondary trauma. It can also be argued that another benefit accruing from the avoidance of duplication of effort at the micro ecological level is the saving of time for parents and children. It can be argued that seeking CSA intervention is time consuming. Having to go through the VFS chain of services and process requires time. It can be therefore, be inferred that integration of VFS services and avoidance of duplication of effort in the VFS chain saves time. Saving time translates into economic benefits through increased production time.

At the level of the VFS organisations, avoidance of duplication potentially saves resources: human resources, equipment and time. Given the finding of resource scarcity within the VFS, avoidance of duplication arguably serves time, man hours and other consumables that VFS organisations use. The avoidance of duplication eliminates possible conflict and competition amoung role players. The argument that avoidance of duplication potentially saves resources agrees with the arguments put forward by Chikadzi and Mafetsa (2013). Chikadzi and Mafetsa (2013) found out that the Nelmapius networking forum: South African Welfare system benefited from avoiding duplication of services. Amoung the benefits of avoidance of duplication of services recorded were the curbing of wasteful expenditure and avoidance of clients claiming the same service from two or more organisations. Similarly, research by Kramer and Vogelsang (2012) shows that co-investment by telecommunications industry in Switzerland, Germany, France, Italy and other cellular investors in Europe virtually eliminated the risk of duplication. Elimination of duplication achieved cost savings, increased network coverage and may additionally reduce retail prices. From the field observation, it can therefore be argued that working as a community of CSA services results in avoidance of duplication. In addition, VFS stakeholders benefit from avoidance of duplication through cost savings and increased production. Cost saving is achieved through curbing of wasteful expenditure and avoidance of clients claiming the same service from two or more organisations. Productivity increases through saving of time that translates to increased production time.

7.2.3 VFS creates a suitable environment that is conducive for children

The creation of a suitable environment that is conducive for children to testify is another key notable strength of the VFS networking forum. In this context, a suitable environment that is

conducive for children is an atmosphere where children feel free to communicate with professionals: doctors, police officers, psychologists, lawyers, magistrates, prosecutors, psychologists and social workers; about the CSA offense without fear. A suitable environment that is conducive for children enables children to relax, overcome communication barriers and feel free to disclose CSA offences. Child survivors using VFS services are provided with a suitable environment that is conducive for them to testify. The environment was characterised by VFS role players providing children with separate examination and counselling rooms, the provision of a support person during the court process, giving testimonies in camera, furnishing rooms: counselling, medical examination rooms, separate interview rooms and courts with toys, paintings and books and the use of anatomically correct dolls. Participants reaffirmed the argument that the VFS forum creates a suitable environment that is conducive for children to testify. Participants compared the period prior to the introduction of the VFS and the post introduction of the VFS and came to the conclusion that the VFS had created a suitable environment that is conducive for children. Participants explained hitherto the establishment of the VFS; children had difficulties coming face to face with the accused. Participants explained that before the inception of the VFS, CSA survivors were attended to in open areas such as receptions of police stations, hospitals and court rooms. Children had to give testimonies in open courts. Participants argued that this discouraged CSA survivors from telling their stories and giving testimonies. Participants further argued that, the open system intimidated CSA survivors, created communication barriers and was traumatising for CSA survivors. It was also explained that given the usual relationships involved in CSA, CSA survivors found it hard to communicate and give testimonies. Cultural factors were singled out as producing communication barriers. The net result of communication barriers was the prevention of effective communication with health professionals, the police and judicial officials. According to participants the VFS separates CSA survivors from CSA offenders removing intimidation and fear in the children. The VFS removes intimidation and fear in the children by addressed communication and cultural barriers, protected vulnerable witnesses and making children feel comfortable: to be medically examined, interviewed by the police and give testimony in court. The creation of a suitable environment that is conducive for children to testify is evident from the following comments by participants:

I can start to say the Victim Friendly System as I see it addresses the barriers [communication barriers] to accessing justice which are faced by survivors of sexual violence. There were certain aspects of the system which were unfriendly to the survivor that would prevent the

survivor from telling the story freely. Which [communication barriers] would prevent survivors from giving witness, giving evidence in a case in a manner that would allow the prosecutor to be successfully prosecuted and thereby addressing impunity? So what would happen is that in a lot of cases a child would get raped or a woman would get raped. When they get raped they go to the Police station. The reception that they receive right at the Police station would discourage them from going further. If they were brave enough to go further and like go through there prosecution sometimes the atmosphere within the court the manner of questioning the witness, also the idea that you find, the traditional adversarial system were the complainant is required to face the accused person it would result in secondary trauma of the survivor which intern would prevent the survivor from giving evidence in a manner that would allow for the successful prosecution of the perpetrator (Participant 20).

Victim Friendly Courts were established specifically for vulnerable witnesses in the court system. It was discovered that they [children] are vulnerable and for that [reason] they may need extra support. There was a lot of investment in trying to have practitioners in the Justice system that can understand child development in general, when children come to court, children's language and things like that. If we look at, if we want to give a cultural perspective example we do not mention private parts by their names. Actually your father and mother will not teach you that up to a grown up men. My father never taught me what they [genital part] are called. I learnt them from the playground right. And even if we get those children to court they will be surprised to mention those reproductive organs by name. So the VFC system also tried to explain those things in child development so how should also the court understand children's language (Participant 21).

In the past [before the introduction of the VFS] witnesses [children] had to give their testimony facing the perpetrator. It was difficult [for the children to give testimony]. In most cases they failed to give testimony. Most of the time they [children] would not say what happened, or they changed their story. Maybe also issues to do with somebody having threaded them. When they see that person and that person looks at them, it's like he is reminding them of the threat. Cases were being lost. Victim friendly courts are specialised courts in the sense that they are friendly to the victim as it is safe. What happens is that, the way that they are designed the witness does not give their testimony when they are facing their perpetrator face to face, directly. So what happens is that the witness who may be a child, woman who is a survivor of domestic violence will be in a separate room which is connected through the closed circuit TV. So it means that the people in the main gallery where there is the magistrate and everyone else having their cues can see the witness in the next room which is connected through the circuit TV giving their testimony but the witness cannot see the people it is vise vesa (Participant 17).

When they [child survivors] come to court we have to assist them in a friendly manner which makes them feel very comfortable. So that is what is called the Victim Friendly System. You know a court environment is very intimidating so these children when they come to court they sought of appear to be very much intimidated by the environment. So we try very much to make sure that they are very much comfortable with the system so that they will be able to open up and narrate their ordeals in a friendly manner. We are very much privileged that we are equipped with the latest technology, the state of the art meaning we are equipped by the latest plasma TV. We have a well-furnished separation where these kids [survivors of CSA] normally give their evidence via the camera. And apart from that, the separation room is well furnished, there are as well painted with friendly pictures for the kids and there are a lot of toys inside. So that minor kids or children will be very comfortable in that setting. If it was not for the system we would be losing cases (Participant 29).

So what would happen is that in a lot of cases a child would get raped or a woman would get raped. When they get raped they go to the Police station. The reception that they receive right at the Police station it would discourage them from going further and if they are brave enough to go further and go through the prosecution sometimes the atmosphere within the court the manner of questioning the witness, also the idea that you find, the formatting of a traditional adversarial system were the complainant is required to face the accused person it would result in secondary trauma of the survivor which intern would prevent the survivor from giving evidence in a manner that would allow for the successful prosecution of the perpetrator. So that is the background that I can give (Participant 20).

Commenting on the strengths of the VFS, one key informant argued that:

Before the VFS initiative children's voices were not heard. The VFS gave children a voice. The criminal justice system meant children would face the perpetrator. So it gave children the voice. Children are now not intimidated to talk of the sexual abuse. Stakeholders use colours, drawings and play to help children open up in interviews. The children are not influenced. Through their play you can also establish whether the children are sexualized. Children are provided with separate rooms to give their testimonies, to be medically examined and to be interviewed. They can use anatomically correct dolls to illustrate (Key informant 2).

From the selected case files used in this study and the above participants' accounts, the introduction of the VFS creates a suitable environment that is conducive for children. A suitable environment that is beneficial in many ways. Firstly, the VFS environment removes cultural barriers to communication. Each society defines communication roles and protocols between children and adults. In the Zimbabwean context children are not allowed to speak when adults speak for example. They are also not allowed to contradict and argue with adults let alone accuse them. It can be argued from the participants' accounts and court files above that; before the introduction of the VFS: children would have found it difficult to talk about the CSA offense, communicate with professionals and receive appropriate interventions. The introduction of the VFS thus removed communication barriers for the child survivors, family members and professionals working with CSA survivors. The initiation of the VFS; culminated in an age, disability and gender sensitive CSA approach that removed communication barriers. Accounts from participants cited above confirm that the VFS removed communication barriers for children and other vulnerable witnesses. Society prescribes limits on subjects of discussion. The subject of sex remains taboo in many societies including Zimbabwe. The Zimbabwean society is largely a conservative patriarchal system that defines the restrictive conduct and communication patterns between men, women and children. The social rules of conduct between men, women and children can become barriers to communication on sexual matters. Children may be unable to communicate freely in the presence of adults who may be the CSA offenders. The classification of sexual matters as taboo makes it difficult for children to talk

freely about CSA incidence, let alone confront the perpetrators, who in most cases are related to the child. Making sexual issues taboo also means children cannot describe the abuses to professionals that would be trying to offer assistance. The introduction of the VFS therefore, removed cultural and communication barriers, enabling children to obtain professional help and openly talk about the abuse. Furthermore, the VFS enables children to give evidence in camera. The introduction of closed circuit television (CCTV) enables children to communicate with the court, giving evidence without intimidation and being face to face with the accused CSA offender. Due to cultural sanctions on communication and child appropriate communication discussed above children may not be able to give evidence in court. In addition children in African societies are socilaised to be obedient (Larlor, 2004). The above factors contribute to communication barriers that may make children unable to give testimony and accounts of the abuses. The introduction of the VFS removed communication barriers between professionals and CSA survivors; creating a suitable environment that is conducive for children to testify.

Secondly, the VFS forum creates a suitable environment that is conducive for children through enabling children to use culturally appropriate terms. Interviewing, examination, counselling and cross examination of CSA survivors involves asking CSA survivors to fully describe what happened to them in great detail. Description of CSA incidence in great detail may create a challenge for children as doing so may be culturally unacceptable, vulgar and taboo to use the anatomical terms to describe the CSA incident. The use of anatomically correct dolls by the children giving accounts and evidence of the abuse to medical practitioners, police investigators, counsellors and judicial officers, for example enables children to use age and culturally appropriate language. The use of anatomically correct dolls enables children to communicate freely using culturally appropriate terms to describe the male and female genitalia for example. Given the finding of this study that most CSA offenses are committed by known CSA offenders, the VFS enables children to freely give testimony without fear or guilt. Fear or guilt is removed from CSA survivors by removing in direct contact with the accused CSA offenders. To achieve a child enabling environment; VFS stakeholders, invest in play equipment that enables the child to become free to talk to the court through a well trained intermediary. Therefore, the introduction of the VFS would arguably removes the dilemma that children face using culturally unacceptable, vulgar and taboo sexual terms during counselling, medical examination, cross examination and interrogation.

Thirdly, the VFS forum creates an enabling environment for children to testify by removing trauma. Trauma results from threats and violence used by the CSA offender, injuries sustained and fear: fear of the unknown, fear of contracting HIV, fear of getting pregnant and fear of the future after reporting. It can further be argued that the VFS shields child survivors from the trauma inherent in the VFS interventions. Again, the removal of formal settings and wear may enable communication and remove communication barriers for children. According to Rudd and Brakarsh (2001), CSA offenders often use threats. These threats may make children afraid to communicate the abuses. It can therefore, be argued that a suitable environment that is conducive for children reduces trauma and facilitates healing and trauma reduction.

Lastly, the VFS forum creates a child friendly environment for children to testify by providing a confidential environment. One would imagine that prior to the creation of The VFS; children were attended to in open and public areas within police stations, hospitals and courts. CSA takes away ones dignity and worth and the attendance of children in public would have traumatised CSA survivors further, taking away the dignity and worth left of them in. It can therefore, be argued that the VFS give children dignity and worth through the separation of children and attendance of CSA survivors in designated rooms.

The current finding that creating a conducive environment is beneficial to CSA survivors gives weight to a study by Rowe, Watson-Ormon, English, Rubesin, Marshal, Linton, Amolegbe, Agnew-Brune and Eng (2016) who demonstrate how the Art Therapy Institute used art therapy to encourage personal growth and alleviate symptoms of mental illness among refugee adolescents from Burma. From the study findings, it can therefore be argued that the VFS creates a suitable environment that is conducive for children through the removal of communication barriers, the use of culturally acceptable words and language, removal of trauma and restoration of dignity and worth of the CSA survivor and their non offending family members.

7.2.4 Ability to attract and pull resources

Another notable strength of the VFS networking forum is the VFS's ability attract and pull resources amoung role players. It emerged from study participants' narratives that the VFS forum enables VFS organisations to pull and share of economic, human resources, informational resources, experiences and equipment. The participants explained that networking in the VFS forum enables participating stakeholders to share resources, technical

support and attract funding as a unit. Participants also explained that participating organisations are able to provide funding to each other. In addition, participants noted that working as a unit meant that organisations are able to attract funding organisations to be part of the VFS. The VFS's ability to attract and pull resources is evident from the following comments by participants:

Can I also put on the element pulling of resources because this is a multi-sectorial stakeholder platform there is pulling of resources were at times a case is brought forward and there is need to do something about the case and some stakeholders actually chip in with some funds or some resources (Participant 17).

Another participant stated that:

So I could say in a way [name of organisation given] is offering financial support to partners who are already working in the Districts and the Provinces as long as those partners can link with their intervention to reduce new infection besides that we also have the M and E Framework, National M and E Framework (Participant 16).

Similarly, another participant mentioned that:

We are supporting those [VFS organisations], getting services and maintenance of the IT equipment and the CCTV System. We are also help with the expenses. We fund them to provide services in different locations, also together with Ministry of Health (Participant 26).

Lastly another participant said:

We do no implement. We manage funds for programs. We also offer technical support in terms of implementing of programs (Participant 23).

It emerged from the participants' accounts above that the integration of CSA services presented above, also resulted in an ability to pull and attract resources such as funding, training, intellectual resources, information and skills on CSA. As argued above, the VFS pulls intellectual resources for the benefit of the organisations and service users through information sharing. In addition, the inclusion of indirect service providers such as policy makers and funders, in the VFS, is in principle meant to enhance the organisational role fulfilment. Alternatively; the study observed that VFS organisations could refer the children to other VFS organisations that provided services and resources that were beyond their scope of work. This finding corroborates the view by Chikadzi and Mafetsa (2013) that multisectoral forums saved a lot of time by having to focus on a smaller radius and curb wasteful expenditures through the pulling of resources. The VFS has the ability to pull human resources thereby improving human resource capacity, skills and talent building among organisations and professionals. The VFS provides a platform for the exchange of ideas, case consults and CSA best practices among

professionals and VFS organisations. The exchange of ideas and experiences results in pulling of human resources and arguably the improvement of CSA interventions within the VFS.

It can be argued from the selected accounts from participants of the study that the VFS forum enables the pulling and attraction of resources for the different actors. The ability to collaborate means that resource, economic resource and human recourse limitations of VFS actors could be countered by other organisations that would provide VFS organisations with the resources. Given Kaseke's (1995) argument that the availability of resources is critical in policy formulation and programming, pulling of resources enables VFS programmes to meet set objectives. A study by Prince, Petitjean, Benyouci, Beaulieu and Nole (2016) entitled a Canadian multi sectorial forum: The Consortium for Research and Innovation in Aerospace in Quebec (CRIAQ) and the Consortium for Aerospace Research and Innovation in Canada (CARIC) adds weight to the current finding that working in multisectoral forums such as the VFS under study attracts and pulls resources. According to Prince , Petitjean, Benyouci, Beaulieu and Nole (2016), by utilising a multi sectorial model the Canadian consortium to managed to co funding for projects thus attracting and pulling resources. From the selected participants' account above, it can therefore be argued that the collaborative culture within the VFS enables the forum to attract and pull intra and inter resources that benefit forum members and the VFS client base. In addition, pulling and attracting resources strengthens partnerships: staff skills, visibility, resources and sustainability (Jones and Verity 2017). Furthermore, it can be argued that the VFS benefits from puling of resources through saving time and curb wasteful expenditures.

7.2.5 Making stakeholders accountable to each other

Making stakeholders accountable to each other was also identified as another key strength of the VFS forum. Participants explained that working in a multi sectorial forum fosters accountability and mutual oversight among stakeholders. Participants of this study stated that VFS forum makes stakeholders and actors accountable to each other. Participating organisations are held accountable for their services and actions. In addition, participating organisational and professional decisions can be questioned by peer organisations and professionals. The participants stated that within the forum, VFS actors are made to account for their services, programmes and plans. Participants explained that the national and regional VFS committees through the quarterly meetings were part of the VFS checks and balances through which each member accounted for their services, programmes and contribution to the

forum's attainment of the set goals. The accountability role of the networking forum is highlighted in files reviewed in this study. In one of the files reviewed in the study, a participating VFS organisation questions the decision of the court and asks for clarity. The following participant narrative demonstrates stakeholder accountability within the VFS. One participant was of the view that:

We [the VFS forum] are of more of checking mechanism on our mandate and others can also question us and say prosecution why are we getting this? (Participant 16).

Another participant stated that:

We play facilitating, monitoring and evaluation roles. We do our own personal review of which institutions [within the VFS]. We look at what is working, the gaps, what can be done to strengthen coordination (Participant 9).

Similarly, another participant mentioned that:

Zimbabwe is signatory to a lot of human rights conventions and we have international obligations towards human rights and so in our programming we target that we make an approach where we recognize that there are duty bearers and that certain segments of the population like women and young girls that …are rights holders and that when they claim these services from the government or from the duty bearers they are not claiming them as a bagger might be claiming charity but as an entitlement (Participant 20).

The oversight role is evident in the VFS. In one of the case files sampled in this study is a letter; dated 22 January 2016; from one of the VFS stakeholders challenging the judicial outcome and asking for transcribed records; to facilitate an appeal. The letter reads:

We refer to the above matter, which we have instruction from D who is the aunt of minor child X. Our client tells us that the child was sexually abused by the accused and the accused was acquitted. Our client has approached us seeking advice on the matter. In ordered for us to advise her properly we kindly request the court record and the reasons for judgment (Harare case 89).

It is evident from the participants' accounts and the selected case record used that the VFS forum creates an accountability culture among the different VFS role players; by making VFS players accountable and answerable to the larger group. Accountability improves service delivery and service quality as organisations are held to account for their roles, responsibilities and mandate as set in the protocols. The inclusion of non statutory bodies and civic organisations in the VFS forum necessitates the advocacy of child rights and state obligation towards the vulnerable and marginalised groups in society. The government, civic organisation, professionals and duty barriers hold each other to account for the non availability and the nature

of services provided to rights holders by the role players in the VFS. The inclusion of non-state organisations in the VFS forum provides an opportunity to hold the State to account for the fulfilment of the commitments that the State has committed to.

In addition, the Zimbabwean Government represented by Government Departments in the VFS forum can also hold civic organisations to account with regards to the objectives that they are supposed to represent. The mutual role of accountability may be of benefit to the clientele. From the selected participants' narratives above, it can be argued that multisectoral approaches to service delivery such as the VFS, create an opportunity for peer and collegial reviewed CSA services. The adoption of peer reviewed and collegial services may result in improved services offered to CSA survivors and their families; effective mitigation of CSA effects and improved client satisfactions.

7.2.6 Inclusion of non- offending family members in VFS interventions

Another notable strength of the VFS that was revealed by the study is the inclusion of non-offending family members in the intervention processes. The VFS provides non offending family members are provided with services such as psychosocial support and counselling. Non offending family members are also involved in the treatment management and judicial processes. Participants reaffirmed that the VFS forum included non-offending family members in VFS interventions to the benefit of the child and the non offending family members. The participants explained that non-offending family members received support services: informative counselling, individual psychosocial therapy and group counselling. Participants acknowledged that the inclusion of non offending family members in VFS interventions is beneficial to child survivors. It was argued that the inclusion of non-offending family members in treatment processes expands the scope of intervention broadening the scope of treatment to include the parts of the child's ecological system. Participants explained that widening the target was critical as children do not leave in isolation but rather within an ecological context. The inclusion of non-offending family members in VFS interventions is validated in the VFS files used. There is evidence of parents and guardians participating in the medical examination and court processes. Non-offending parents of children are present during medical examinations, police interviews and court sessions. The participation of non offending family members in VFS interventions is evident the following participants' narrative and case file:

We offer psycho social support for children and their families because the child does not live in a vacuum they live in a family set up even in the community, so the family and the community are involved (Participant 2).

We also do support groups with pregnant teenagers and those who will have delivered their babies. We also have support groups for the parents. In both support groups [teenagers' and parents support groups] we also do exchange visits with the other support group members where they go and learn and interact with children and parents (Participant 7).

I examined the complainant [the child] at Ingutsheni Central Hospital. She was accompanied by her mother and the police officer was helping with the translation (Gokwe case 22).

It is evident from the participant's accounts and selected case files used above that non - offending family members participate in VFS intervention processes: as clients and as support systems for CSA survivors. The participation of non-offending family members offers a number of benefits. Firstly, the inclusion of the family in the VFS processes aims to enable non offending family members to offer support to the child survivor. Where conflict arises in the family following CSA disclosure, the inclusion of non-offending members provides support for the child in the face of family conflict. The participation of non offending family members is important given Mendelson and Letourneau (2015) observation that parents of CSA survivors are largely neglected by most CSA interventions, despite the well documented impact of CSA on CSA survivors' parents. The participation of family members in CSA interventions therefore increases non offending family members' ability and capacity to support the child during the intervention processes; thereby cultivating healing (Foster 2014).The inclusion of non offending family members in the VFS interventions resonates with findings by Godbout et al. (2013) who notes that CSA survivors with supportive parent(s) experienced adjustment, relative to survivors with no family support. Similarly, Finkelhor (1997) found the impact of CSA on a child to be reduced by family support. Conversely, Foster (2014) argues that families can be a source of tremendous hurt following disclosure or discovery of CSA through actions such as disbelief, continuing a relationship with the perpetrator, communicating that the child was at fault or asserting that the abuse should be hidden or forgotten.

Secondly, the extension of services and support to other family members including siblings has the effect of breaking the cycle of CSA. Given that siblings of CSA survivors are at an increased CSA risk (MacMillan, Tanaka, Duku, Vaillancourt and Boyle, 2013); inclusion of non offending family members potentially breaks the CSA cycle. Similarly Messman-Moore and Long (2003) and Lalor and McElvaney (2010) all found that siblings of CSA survivors are between 2 and 11 times more likely to experience CSA. The studies argue that CSA

offenders have access to siblings of presenting CSA survivors. The extension of services to non- offending family members can break the CSA cycle. In addition, given the argument that CSA offenders' access and proximity to CSA survivors, it can be inferred that CSA offenders have equal access and proximity to CSA survivors' siblings. The inclusion of the non offending family members including the child survivors' siblings may also result in the disclosure of other sexual abuses committed by the same CSA offender. In their Canadian: Ontario Child Health Study MacMillan, Masaka, Vaillancourt and Boyle (2013) concluded that siblings of CSA survivors are at increased risk for the same abuse exposure. The inclusion of non offending family members therefore has the potential of stopping other abuses and extending help and assistance to the non offending siblings who may have suffered CSA.

Lastly, the extension of services to non- offending family members may reduce the negative effects of CSA on the family. Given the argument that CSA poses mental health risks (Tavkar and Hansen, 2011) and social, emotional and economic risks, to non-offending family members (Jones and Jemmott, 2009 and Foster, 2014); the participation of non offending family members can reduce the negative effects of CSA on the family. Tavkar and Hansen (2011) argue for accessible and varied interventions not only benefits CSA survivors, but also non offending family members address the CSA negative effects. It can therefore be argued that extension of interventions improves treatment outcomes for CSA survivors' micro ecological environment.

Despite the benefits of involving non offending family members in CSA treatment, Finkelhor (1997, p.112) unfortunately observes that ", many kinds of sexual abuse result in an alienation of a child from his or her family." In addition, Tavkar and Hansen (2011) argue that CSA is likely to result in significant levels of distress and considerable social, emotional and economic consequences: stigma, increased feelings of isolation, loss of partner, loss of income and disruption of the family. The current finding that the VFS includes non offending family members is thus a notable strength of the current CSA interventions. The involvement of non offending family members considers them as victims of the situation: providing family members with information, group and individual counselling and gives them an opportunity to deal with their own feelings about the situation, without venting them on the child (Finkelhor 1997). This current finding that the inclusion of non offending parents in the VFS interventions is strength is consistent with the findings of McPherson, Scribano, and Stevens (2012) that

associated successful completion of CSA therapy with caregiver participation in therapy within the USA context. Macpherson et al. (2012) conclude that the inclusion of non offending family members improves the identification of caregiver issues that interfere with appropriate parental support and post abuse adjustment for CSA survivors. Similarly, a case study by Foster (2014) in the United States of America shows how the inclusion of non offending family members was rewarding to the child and the family. From his case studies in the United States of America, Foster (2014) came to the conclusion that the inclusion of the family in CSA interventions improved treatment outcomes through the provision of vital support to the CSA survivor, thereby instilling hope, cultivating healing and meeting the CSA survivors' developmental needs. Results from Godbout, Briere, Sabourin and Lussier (2013), Canadian study of the role of parental support and involvement indicated that, compared to CSA survivors with supportive non offending family members , CSA survivors with no supportive non offending family members reported higher levels of anxious attachment, psychological symptoms, and maladjustment. Again, the inclusion of non offending family members promoted healthier intrapersonal and interpersonal adjustment in CSA survivors. In contrast, CSA survivors with supportive non offending family members showed better treatment outcomes. Arguably, the inclusion of non offending family members in the treatment process by the VFS is rewarding for the child and the family: increased support for the child, helping family members deal with the CSA, improved treatment outcome, reduces negative effects of CSA, breaks the cycle of abuse and betters chances of treatment completion. Hansen and Tavkar (2010) showed that non offending family members with limited support system, showed a measure of overall psychological distress compared to non offending family members who received support.

CSA survivors of parents who received support showed increased client treatment retention compared to parents who did not receive support. Jones and Jemmott (2009, p 167) also argue that inclusion of non offending family members in CSA interventions such as the VFS increases "CSA awareness and ownership of the child protection policies; possibly win champions who could advocate the child protection policies at the grass root level." CSA survivors are more likely to benefit from support given to their non offending family members through therapy completion, psychological support from their non offending parents. Involving non offending family member in the treatment process is a notable strength of the VFS as it promotes healthier intrapersonal and interpersonal adjustment in CSA survivors. Arguably, it

can be reasoned that CSA survivors are more likely to benefit from support given to their non offending family members through therapy completion, psychological support from their non offending parents. It can therefore, be argued that involving non offending family member in the treatment process is a notable strength of the VFS as it promotes healthier intrapersonal and interpersonal adjustment in CSA survivors.

7.2.7 Provision of continuous professional training

Another notable strength of the VFS that came about as a result of networking is the ability to provide continuous training in best practices and emerging trends to professionals working in the field of CSA. According to the participants, networking and working through the VFS forum facilitated continuous professional training and dissemination of knowledge on, new trends, new CSA best practices, CSA prevention, CSA community awareness and CSA treatment. Participants advised that continuous professional training was either outsourced or provided by peers within the VFS. Participants acknowledged the need for continuous training within the VFS. The participants mentioned that continuous professional training within the VFS helped stakeholders identify new trends and best practices that are cascaded through continuous training of professionals. Participants further explained that continuous professional training helps discover what works; dissemination of new knowledge, coming up with tailor made CSA responses and awareness campaigns. The use of evidence based interventions informed by continuous training is clearly evidenced in the view of one participant who asserted that:

There is need for continual training and then also the knowledge around survivors centered and around best practices for survivors centered approaches grows almost on a daily bases as people like you continue to do their research. Sometimes it is then discovered that another component could then enhance the system, could maybe enhance the approach. So as Y it is our role to put our fillers out to find out what is new about CSA? What are the new CSA best practices and CSA treatment? We then disseminate that knowledge, we package that knowledge either we do it ourselves or we partner with civil organization society (Participant 20).

Another participant noted:

We do use the trends that come out of our statistics to determine our awareness at province, district and station level, taking account the trends that will be emanating. It is important for us to have tailor made awareness campaigns as what happens in area A may not be happening in area B for instance the trends and situations in Harare might be different in trends and situations in Matebelelend South. Within the same province, the trends might be different. Different trends and circumstances, from our statistics influence our interventions strategies

and also our community awareness. This is assisted by analysis of circumstances and trends. The analysis informs our awareness campaigns (Participant 22).

The participants' accounts above clearly show that the VFS continuously provides training to professionals and organisations that make up the forum. The generation of new knowledge within the fields of CSA is important for a number of reasons. Firstly, trends in CSA keep evolving. The way CSA is defined, conceptualised, prevented and treated change with changing trends. It follows that the generation of new knowledge and the identification of new best practices clearly show the use of evidence based interventions and management techniques in line with the changes and trends in CSA that sprout is essential for effective CSA prevention and management. According to Warner (2009), the way CSA is defined, theorised, recognised and talked about is reflective of the changes and differences in history, geography, culture, laws and social policies. Given that the contextualisation, prevention and management of CSA evolve with time, there is need for continuous adaptation. Without the generation of new knowledge and training within the VFS the management of CSA could be difficult to achieve given new CSA trends that continue to emerge over time. Networking forums are a mechanism through which generation of new knowledge can be facilitated. Continuous training therefore helps multisectoral forums such as the VFS discover what works and refine their interventions accordingly.

Secondly, provision of continuous professional training helps with the refinement of multi sectorial protocols. Multisectoral protocol enables service users: survivors, families and refereeing organisations, to know what they can expect from the VFS. The protocol spells out each stakeholder's role and obligations. In addition, the protocol provides for minimum best practices that service users should expect when obtaining services form VFS stakeholders. The argument that continuous training is need in CSA intervention is consistent with Lalor and McElvaney (2010) observation that CSA interventions hardly keep pace with international policy guidelines. It can therefore be argued that continuous training helps VFS protocols keep pace with international policy guidelines; guaranteeing clients service quality.

Thirdly, continuous training helps organisations integrate services. As noted above, an integrated approach to service provision has multiple benefits that include reduced duplication; improved efficiency and specialisation; all to the benefit of VFS stakeholders: CSA survivors and VFS service providers. From the study findings, it can therefore be argued that the provision of continuous training in multi sectorial forums results in a series of benefits: sharing

of best practices, refinement of protocols and integration of services. The sharing of best practices in forums is supported by arguments made by Southern African Development Community (2008) that see the sharing of best practices within forums as a practical instrument that facilitates learning documenting, understanding, appreciating good and sharing of experiences within and between forum members that assists with replication of successful interventions and avoidance of duplication of effort. From the study findings, it can therefore be argued that one of the strengths of the VFS is its ability to provide continuous training which results in a series of benefits: generation of new knowledge in view of new trends; the refinement of multi sectorial protocols and integration of services. In addition, it can be argued that continuous professional facilitates learning documenting, understanding, appreciating good and sharing of experiences within and between forum members that assists with replication of successful interventions and avoidance of duplication of effort.

7.2.8 Provision of rehabilitative services for juvenile CSA offenders

One of the important services of the VFS is its ability to provide services to juvenile CSA offenders. In this context, juvenile offenders are CSA offender below the age of 18 years. From the 300 case files reviewed in this study, it emerged that 63 CSA offences involved child CSA perpetrators. In all of the 63 CSA offences, involving juvenile offenders, it is evident that the courts address the rehabilitation of the child CSA offenders. Participants of the study validated the claim that VFS stakeholders provide rehabilitation services targeting child perpetrators. Participants acknowledged child CSA offenders as victims of CSA who also need help. Participants argued that by virtue of being children, juvenile CSA offenders are victims of CSA themselves through either experience or exposure. It was explained that professionals sought to understand what motivates juvenile CSA offenders to commit CSA offenses, in order to rehabilitate them and break the CSA cycle. It was also explained that juvenile CSA offenders were victims of exposure of explicit sexual content or survivors of CSA. Participant further explained that juvenile CSA offenders were offered separate psychosocial support before and after court, legal representation, probation services and rehabilitation services. Rehabilitation options include placement in Juvenile Training Institutes, supervisions by probation officers and suspended sentence. The following participant narratives and case files demonstrate the provision of rehabilitative services for CSA juvenile offenders:

We offer free legal and case management services to children in contact with the law so that it encompassing both victims and survivors (Participant 2).

Cases of CSA may involve child perpetrators. The child is brought to us for interviews and assessments. We look at the child offender and try to understand what motivated then to abuse other children. We also work with child survivors. We separately give both [the offending child and the survivor] psychosocial support before and after court (Participant 31).

Most of the times when you then call in the [child] perpetrator you will find that the [child] perpetrator either has been abused himself or she or he has been exposed sexual activity or pornography or actually seeing adults doing sexual acts (Participant 7).

Accused to undergo 3-year period of probationary supervision coupled with regular supervision of a probation officer (Harare case 74).

The accused is ordered to undergo rehabilitation and to be placed at Northcourt [Juvenile Training Institute] in terms of the Section 20 of the Children Act and that he be placed under the supervision of a Probation officer until he is fully rehabilitated or attains 18 years of age whichever comes first (Harare case 177).

From the 300 case files used in this study and the above participants' accounts, it can be argued that, the provision of rehabilitative services for CSA juvenile offenders by the VFS forum is a key strength, relative to other global CSA intervention forums. According to Foster (2014), most interventions worldwide give little attention to CSA offences committed by other children. Given the finding that children commit CSA offences; by experience or exposure; CSA interventions that target child CSA perpetrators are important. The rehabilitation of child CSA perpetrators has significance at two levels. Firstly, juvenile CSA offenders are themselves CSA survivors. It can be argued that children who commit CSA offences will have learnt CSA offending from their ecological environment through experiencing or being exposed to CSA. According to Omar et al (2012) Post Traumatic Stress Disorder theory on CSA, children commit CSA offenses as a response to previous traumatic CSA experiences. The theory further states that children sexually abuse other children as a way to cope with their own CSA experiences. Failure by a survivor to cope with trauma may lead to the development of perpetrator tendencies. As argued above the advent of new technologies exposes children to explicit sexual content. This study found exposure to explicit sexual content as another key CSA socio economic risk factor. Kacker et al (2007) and Medecins Sans Frontierers (2011) also found that the introduction of new technologies and new media such as digital television, the internet, social networks: Facebook, whats-up, twitter and cell phones as emerging CSA factors. Research by Martin (2014) also recognises the ascendancy of the internet in contributing to CSA. Given the identified role of exposure to explicit sexual content in CSA, it is argued that apart from being abused, children also learn to be CSA offenders. It therefore follows that juvenile CSA offenders are victims of circumstances themselves who need

intervention. It is evident in the study that the VFS recognises that juvenile CSA offenders are victims of CSA exposure or CSA survivors and provides services to such children.

Secondly, the provision of rehabilitation and care to child perpetrators prevents further sexual abuse of other children. Intervention is important in breaking the cycle of sexual abuse. The argument that provision of VFS services to juvenile CSA offenders breaks the cycle of CSA is supported by Jones and Jemmott (2009) who demonstrate that there is a link between being a CSA survivor and being a CSA offender later in life. Likewise Comer (2013) notes that, some CSA offenders are themselves CSA survivors. Furthermore Population Council (2008) concludes that CSA are more likely to commit CSA offenses later in life. Rehabilitation and support of juvenile CSA offenders is meant to prevent the development of future CSA perpetrators and breaking the cycle. Given the negative ramifications of CSA on children which include child on child CSA, the provision of rehabilitative VFS services to child CSA perpetrators is a notable key strength of the VFS. From the 300 CSA case files used in this study and the selected participants' account above, it can therefore be argued that the provision of intervention and services to juvenile CSA offenders by the VFS is a key strength. The provision of services to juvenile CSA offenders is recognition that juvenile CSA offenders are themselves victims of CSA exposure or CSA survivors. In addition, provision of services has CSA preventive effects: breaking the CSA cycle, preventing new CSA offences and grooming of CSA offenders.

7.3 Loopholes within the VFS

This section discusses some of loopholes that are inherent in the VFS that undermine the effectiveness of the VFS. Notwithstanding the strengths of the VFS noted above, this study unearthed a series of loopholes in the forum. While the VFS was initiated to work with CSA survivors and their families, this study found a number of shortcomings within the VFS that create inefficiency in the system. These shortfalls include limited coverage; poor post trial services; reliance on donor support; the VFS is not known; poor forensic collection; releasing of CSA perpetrators on bail into the child's environment and CSA survivors having to retell CSA incidences throughout the VFS chain.

7.3.1 Limited coverage of VFS services and service providers

One of the weaknesses of the VFS, observed in the study, is the limited coverage of the VFS services and VFS service providers within the country; which results in limited access of VFS services by CSA survivors. Participants explained that certain parts of the country do not have VFS services. Participants also mentioned that VFS stakeholders were not represented in all areas and districts of the country; confined to major cities and towns. VFS is inaccessible to CSA survivours, particularly CSA survivors in rural areas and those with disabilities. The majority of participants in this study identified the urban bias of the VFS services as one of its major weaknesses. Consequently, it was explained by participants that not all would be users of the VFS have access to VFS services; utilise the VFS services and able to access the VFS services in times of need. Key informants in this study also agreed with the participants' argument that the VFS is mainly found in urban areas, neglecting remote areas where the majority of children live in Zimbabwe. In addition, minutes of VFS meetings confirm the inaccessibility of VFS services. According to the minutes of this meeting, service users have to travel as far as 852 kilometers to reach VFS service points. The accessibility challenge is compounded by the country's poor transport network system. According to the participants and minutes of VFS meetings inaccessibility creates a burden of cost for clients and professional service users. Participants also claimed that inaccessibility increased incidences of underreporting of CSA offences and possibilities of CSA survivors not receiving interventions. The limited coverage of VFS services and service providers of the VFS is clearly evidenced in the view by one participant who asserted that:

Some organisations in the Victim Friendly System are confined to major cities and small towns. They are not out there where maybe people out there would be in dire need of services but there are not there. So there are still limitations there (Participant 24).

Similarly another participant said:

So you tend to get people concentrating on accessible places [easy to reach areas] and not going into other places that are far away which then tend to suffer because they are not accessible. There is also need to decentralise the VFS services and also make them [VFS services] available (Participant 22).

Organisations are not found in every district. Civic society organisation would rather establish these things not in remote areas but in places that are accessible to them not where they are needed (Participant 12).

While another participant commented:

Some communities are far away from sources [service providers]. I know of communities in Chiredzi, where for them to get to the nearest police station they have to walk about 10 kilometers. So imagine the cases that go unreported and unattended because someone cannot foot for 10 kilometers [walk to the nearest service provider]. Also some of our stakeholders are not mobile because of resources limitation. You look at The Department of Child Protection Services when they get a case, it will be ideal for them to do a home visit, but they are now depended on well-wishers (for transport), to do a home visit (Participant 17).

Key informants and VFS documents: minutes of the VFS meetings used in the study also confirmed the limited coverage of VFS services and service providers. One of the key informants said:

The inaccessibility of the VFS stakeholder by users makes the VFS ineffective. There are a number of factors that make the VFS inaccessible to users. Follow up care is difficult when services are far away from the children. In addition, the issue of language barrier makes the services inaccessible. While we have stakeholder to fill-in the gap [provided translation for children who use sign language], there can be misinterpretation of messages. It is different when the providers can communicate directly. Furthermore, the VFS court is in 27 courts. And of the 27 courts only 18 are functioning. Zimbabwe has a total of 52 magistrate courts with only 18 are functional at the moment. The 52 courts are themselves inadequate. The shortage is partly due to the current job freezes. Government and stakeholders are not employing. Again, while the government through the Ministry of Health trained doctors and nurse in rural areas to provide medical services, we are seeing children being referred to urban areas for care and support. This make services inaccessible to rural children (Key informant 2).

The VFS minutes also recognise the limited coverage of VFS services and service providers. Minutes of the National Victim Friendly System meeting, 1st quarter meeting held on the 29th March of 2016; contained the following remarks:

[Participant A] informed stakeholders that there is a place called Mbire District bordering Zimbabwe, Zambia and Mozambique. The people from this area [Mbire District] do not report abuse [CSA] cases because it is expensive for them to go to nearby districts serviced by courts. The closest [service point] being Kanyemba and Guruve, The transport system is so poor such that one needs 3 days to go to court (Minutes of the National Victim Friendly System meeting, 1st quarter meeting held on the 29th March of 2016).

Similarly, minutes of the National Victim Friendly System meeting, 2nd quarter meeting held on the 28th June 2016; captured the coverage challenge. The minutes contained the following remarks:

People [VFS service users] are coming as far as Binga to Harare [852 kilometers via Bulawayo] for psychiatric assessments. It has proven to be a costly exercise (Minutes of the National Victim Friendly System meeting, 2nd quarter meeting held on the 28th June 2016).

It is noticeable from the selected accounts above that the VFS is largely limited in geographical coverage and confined to urban areas. One of the reasons for this state of affairs is that most of the VFS service providers are largely urban based. The urban centres where VFS services are located, are largely not within reach of would be service users. This finding is in line with the observation by Kaseke (1995) that generally social welfare services such as those provided by the Department of Social Services are out of reach of the rural population who constitute the majority. This study confirms the earlier suggestion that social services and programmes in Zimbabwe remain largely urban based and out of reach of the majority who stay in rural areas (Kaseke 2015). Similarly, Zimbabwe National Statistical Agency, United Nations Children's Fund and Collaborating Center for Operational Research and Evaluation (2013) survey found that only 2, 7 % of girl CSA survivors and 2.4% boy CSA survivors in Zimbabwe received professional help. Resultantly, CSA services remain inaccessible to service users: children and parents in remote areas. Given the magnitude and high prevalence rates of CSA in Zimbabwe and that the majority of children in Zimbabwe live in the rural areas, it follows that VFS services are inaccessible to the majority of children in the country. Another possible reason for inaccessibility is that lack of weakness of the VFS: services offered and organisations composing the VFS. Lack of awareness of the VFS is presented as a separate weakness below.

The inaccessibility of VFS services has implications at various levels of the child's ecology. As a result of inaccessibility, parents of child survivours and survivors of CSA who reside in remote areas have to travel long distances to VFS service providers. Having to travel long distances to VFS services discourages service uptake and subsequently reduces the completion rate of CSA interventions. This finding is consistent with Kaseke (1995) argument that applicants of services withdrew prematurely from seeking services out of frustration. Given the finding of this study that poverty is related to CSA, poor CSA survivors and their families remain cut off from VFS services; one of the very reasons that contributed to CSA in the first place. The VFS abrogates the principle of universal access to services to all citizens. It has also emerged from this study that VFS services are provided by a multiplicity of VFS players who may be in different locations within the same area.

In addition, because of the limited coverage of the VFS and the apparent urban bias of the VFS; it becomes difficult for many children with disabilities to access the VFS services offered by the different stakeholders. The inaccessibility of the VFS by children with disabilities is compounded by a number of factors. Firstly, there is systematic and institutional discrimination

in the VFS, albeit involuntary. Secondly, children with speech impairments are unable to communicate within the VFS because most of the VFS professionals cannot communicate with children with speech impairments. The barriers to communication restrict the participation of children with disabilities in the VFS. Thirdly, children with disabilities are dependent on care givers; restricting access to VFS services. To access service providers; children with disabilities rely on the will of their care givers to take them to the VFS services. Given the finding from the study that perpetrators of CSA are mainly persons known to the child, including care givers: VFS services may remain inaccessible to children with disabilities. Kheswa (2014, p.961) estimates that "90% of the mentally challenged children experience sexual abuse at some point in their lives." While children with disabilities constitute an important CSA target group; children with disabilities remain largely maginalised by the VFS.

The limited coverage of the VFS becomes a significant barrier to successful linkage and access to initial CSA services in the aftermath of CSA as well as successful completion of VFS services for survivors of CSA. Given the argument that the majority of Zimbabweans live in rural areas (Kanyenze, Kondo, Chitambira and Martens, 2011) and the current finding that VFS services are largely inaccessible, it can be argued that CSA survivors in Zimbabwe are more likely not to receive important interventions in the face of CSA. Similarly, Medecins Sans Frontierers (2011) who observed very few VFS services available at community level for survivors of child sexual abuse in Zimbabwe. Given the negative psychological, legal and rights based, behavioural, physiological and psychological CSA effects, it is also argued that the limited coverage of the VFS is detrimental to the welfare of CSA survivours and their non offending family members. Dickson and Willis (2015) observe that CSA has extensive and sometimes profoundly damaging effects on a large number of survivors thus the necessity specialised interventions: psychological, medical and legal interventions

Maniglio (2012) and Barrios, Gelaye, Zhong, Nicolaidis, Rondon, Garcia, Sanchez, Sanchez and Williams (2015) link CSA with the etiology of negative psychological and physiological effects among children in the world and Peru respectively. In addition, Zhu, Gao, Cheng, Chuang, Zabin, Emerson and Lou (2015) argue effective interventions to reduce CSA and its adverse effects on children on the face of a series of behavioural effects of CSA amoung Taipei children. Nurcombe (2000) also associated CSA with maladaptive outcomes among New Zealand children. In their United States of America study, Briere, Madni and Godbout (2015) found that recent suicidal ideation and behaviours associated with CSA. Similarly, Devries,

Mak, Child, Falder, Bacchus, Astbury and Watts (2014) associated with suicide attempts with CSA exposure among CSA survivors in Australia. Lamoureux, Palmieri, Jackson and Hobfoll (2012) investigated the impact of CSA on both interpersonal problems and sexual risk in adulthood and found that the experience of CSA undermines women's personal resilience and psychological functioning to adversely impact important aspects of adult women's interpersonal relationships and sexual health risk in intimate relationships. Using data collected from women receiving services at in Ulaanbaatar, Mongolia; Parcesepea , Toivgoob , Changc , Riedeld , Carlsone , DiBennardof and Wittec (2015) link CSA with later risky sexual behaviours: engaging in promiscuous behaviours and non condom use among women in sex work. Perez-Fuentes, Olfson, Villegas, Morcillo, Wang, and Blanco (2013) found a high correlation rate between CSA and suicide risk in a large United States national population of more than 34 000 adults aged 18 years. Research by Rogstad, Wilkinson and Robinson (2016) also concludes that CSA is a major cause of STIs in children. Rogstad et al. (2016) reported 36–83% of Neisseria gonorrhoea and 75–94% of Chlamydia trachomatis infections among 12 years and below CSA survivors and 31–58% of anogenital warts among 14 year old CSA survivors. It is however important to note that children are not affected the same way by CSA (Smallbone, Marshal and Worley 2008). Some children remain asymptomatic (Tavkar, 2010 and Godbout et al. 2013) In addition; some children develop CSA effects later in life (Putnam, 2003 and Jones and Jemmott, 2009).

It is evident from the above accounts above that limited coverage of VFS service has the potential of negatively affecting children in remote areas. Given the well documented negative effects of CSA, CSA survivors in remote areas are potentially blocked or discouraged from accessing critical CSA interventions. Again, limited coverage has the potential of affecting the completion of therapy much to the detriment of the CSA survivor and non offending family members. It is therefore argued, from the study's selected accounts above, that the VFS has limited coverage creating inaccessible; particularly to children in the rural areas and those with disability. In addition, it can be argued that limited access to VFS services leads to the development of negative psychological, behavioural, physiological and psychological CSA effects.

7.3.2 Lack of awareness on the VFS

Lack of awareness on the VFS by the general public is another loophole identified by this study. Participants of the study noted a general lack of awareness of the VFS: information and

knowledge of the VFS by would be users: children, families and members of the Zimbabwean society as another weakness. The participants highlighted that the general public was not aware of the VFS, its services, the service providers and processes to be followed in case of CSA incident. Findings of the study observed that at the level of the public: it seemed children and families, are not aware of the VFS, the organisations that make up the VFS and its services. From the study's participants' remarks it is highly likely that children and families do not have knowledge of the VFS, its purpose, its functions, its constituent organisations, the scope and nature of services offered. Participants attributed ignorance of the VFS to lack of information and poor marketing of VFS services by networking partners. Participants linked lack of awareness on the VFS to inaccessibility the VFS. Participants argued that lack of knowledge on the existence of the VFS had a bearing on access to VFS services. According to participants lack of knowledge of services resulted in underreporting of CSA offenses; poor treatment seeking behaviours; poor access to drugs such as post exposure prophylaxis and drugs to prevent HIV and the emergency contraceptive prevent pregnancy and the VFS serving a few at the expense of the majority. Participants suggested remedies that include educating the general public on the VFS and its services. Lack of awareness on the VFS and the resultant effects is evident in the comments by participants: One of the participants commented:

I do not think they [the general public] are even aware that there is Victim Friendly system and its benefits. They [the general public] should know that there is the Victim Friendly System, [its] principles and guidelines to follow. It should not be preserve of just a few privileged individuals of that committee. It should be cascaded everywhere to the grassroots so that it becomes a people system (Participant 6).

Another participant added:

well we are facing a few challenges the first and foremost is lack of information to the public or communities to report early so that they access the facilities of termination of pregnancy for instance access to the PEP drug post exposure prophylaxis drugs to prevent HIV and the emergency contraceptive prevent pregnancy. I might say we as organisation XX have not been marketing our services as well as we should (Participant 7).

While a third participant remarked:

People do not know that our services are free. When survivors present late to service providers, they say that they were looking for money to pay. So you ask whether information about the System and services is getting to the people. So ignorance of the System is really a challenge (Participant 13).

From the selected above participants' accounts cited above it is the researcher's reasoning that the VFS suffered from a lack of awareness on the scope and nature of services offered. At the

child's microecological level, the lack of knowledge on the VFS affects services utilisation. The lack of knowledge on existing services; the nature and scope of the services in the VFS may have serious implications on the utilisation of the services. In addition, lack of knowledge of the VFS will also affect the support that the family will give to the child. The argument that lack of knowledge of the VFS affects the family's participation and care for CSA survivors is consistent with the observations by Coyne (2013). Coyne (2013) argues that, families require clear guidance and information to enable them to fully participate in their child's care. Coyne (2013) goes on to propose that lack of information, hidden expectations and unclear roles is stressful for families (Coyne, 2013). Lack of knowledge on existence of VFS may thus be stressful on the family. Families are important in the healing process of the child survivor. At the level of the child survivor and the family; they may not know what to do in the aftermath of CSA.

It therefore follows that in light of lack of awareness of the VFS and the magnitude of the problem many families remain in the dark as to what they can do and what assistance is available to them. Children can be suffering in silence. Lack of awareness of the VFS could explain the low reporting of CSA cases, observed in the study, as most cases go unreported, unattended to and unaccounted for in the official statistical count. This current argument is consistent with the finding of MacMillan, Tanaka, Duku, Vaillancourt and Boyle (2013) that most CSA cases go unreported, unattended to and unaccounted for in the official statistical count due to lack of information on available interventions. Similarly, Chikadzi and Mafetsa (2013) argue that users of social services often fail to navigate and access the full range of benefits available to them due to ignorance of the care systems and suffering from a range of disadvantages and vulnerabilities.

Lack of awareness of the VFS affects the VFS forum at the child's macro and meso ecological environments. While the VFS is designed to help vulnerable children: by protecting them and ensuring their active participation in the therapeutic and justice processes; the VFS may fall short in meeting this objective due to the lack of adequate knowledge concerning the very VFS would be users. If intended beneficiaries are not aware of the existing services they will not demand and seek access to the services. Being unaware of the VFS makes VFS services ineffective. Knowledge determines whether beneficiaries demand services. Again, lack of

awareness on the VFS, arguably affects the collection of forensic evidence is important in cases of CSA. The lack of knowledge on the part of users may affect the quality of forensic evidence. Knowledge of what to do in the event of an abuse is important to preserve the vital evidence. According to Weiss and Alexander (2013), timely disclosure of CSA is important. Timely disclosure of CSA helps to maintain the quality of forensic evidence. The lack of knowledge may result in children and the significant others contaminating the forensic evidence. Population Council (2008) identifies the lack of knowledge as a major barrier to the justice system and services. Given the importance of knowledge of the VFS and what to do in the event of sexual abuse; ignorance of the VFS therefore becomes a barrier to the medical, social, psychological justice and legal services available to child survivors and their families.

In addition, knowledge about the available VFS services and procedure is critical to make the VFS relevant. It is evident from the above accounts that the VFS is largely unknown. The finding that the general public lacks awareness on existing CSA services supports an earlier augment by Population Council (2008, p.27) that "there exists a pervasive lack of awareness among the general population of the correct procedure after rape (i.e. not washing and keeping clothes) and of the window of opportunity for medical attention and forensic examination." This lack of awareness contaminates evidence and ultimately the court outcome. Similarly, Jones and Jemmott (2009) found out that there is lack of awareness or ignorance among children, parents and guardians in Eastern Caribbean communities. From the selected participants' narratives, it can therefore be argued that one of the weaknesses of the VFS is the lack of awareness of the VFS, which lack of awareness has detrimental effects on CSA survivors and the treatment outcomes. Lack of awareness on VFS negatively affects the utilization of VFS services and the collection of evidence.

7.3.3 Cost burden on CSA survivors and their family to travel

Related to the above weakness of limited coverage of VFS, it is the researcher's observation that the VFS places a cost burden on CSA survivors and their family such as travel, accommodation, food and other related costs. As argued above VFS services are a chain of processes that happen with time and between service providers who may themselves be dispersed. In addition, the VFS services are offered as process and may spread over days or even months. The dispersed location of VFS service providers may result in extra costs for the CSA survivors and their family: travel and accommodation in between service providers,

increasingly making VFS services inaccessible. The CSA intervention process implies having to travel for follow up services and sessions within and between the different VFS service providers. As a result of limited coverage, as brought out in the study, CSA survivors and their families may need to raise bus fares to travel to service providers which they may not have.

The limited coverage of the VFS service provider may prove a barrier to VFS services. Given the link between poverty and CSA raised in this study, it can be argued that the burden of cost on CSA survivours and their families increases economic burden on an already poverty burdened society. One of the possible effects of the cost burden on CSA survivors and their family to travel is discouraged completion intervention regimes. As argued above, CSA interventions are processes that in some cases follow up treatment is required. The burden of cost therefore may function to discourage the completion of CSA interventions: social, psychological, medical and legal interventions. Given the negative social, health and psychological effects of CSA, the non completion of treatment therefore exposes CSA survivors to negative, social, heath and psychological effects that could otherwise be prevented. As noted by Population Council (2008), survivors of CSA may be discouraged from completing intervention regimes, if the CSA survivors live far away from the service provider. CSA survivors and their families may thus prematurely end VFS CSA interventions to the detriment of child's wellbeing in view of the effects of CSA.

Another possible effect of the cost burden on CSA survivors and their family to travel is underreporting. Given the need for money to travel, parents and guardians may not have resources to travel to and from service providers. Arguably, underreporting will affect access to intervention and the eruption of CSA offences. Underreporting is presented in the next chapter as a unique challenge faced by the VFS. Given the finding that CSA mostly occurs within the child's ecology and that CSA offenders are persons known to the child, cost burdens may result in underreporting of CSA offences. It can be argued that underreporting of CSA offences leads to failure to detect and disclose CSA offences which in turn leads to failure to break the CSA cycle. Gwirayi (2013) argues that CSA detection and disclosure has a deterrent and CSA prevention effect through termination of abusive relationships: which are frequently ongoing CSA offences and prevention of future CSA offences. The study therefore, brings out the important outcome that limited coverage of the VFS creates a challenge for children; particularly those from remote areas of Zimbabwe. The ripple effects of limited coverage may result in underreporting of CSA, discouraging CSA survivors from completing and ultimately

the inability to end the cycle of CSA. It is the researcher's observation that CSA potentially creates burden for survivors and families. This becomes a double tragedy for families and survivors if they are asked to meet the cost of intervention.

7.3.4 Poor post-trial care

Findings of the study also show that there is poor post- trial care and support of CSA survivors within the VFS. Of the 300 CSA files reviewed in this study, none of the files made reference to the post trial needs and services to be given to the child or the family. The study's participants also recognise the lack of post trial services. It was explained that VFS post trial services are weak and in some cases not available. According to the participants the finalisation of CSA cases before the court often meant termination of contact between the child survivor and VFS services. For participants comprehensive and holistic interventions should provide post trial services to CSA survivors. Participant argued for post trial support given the proven relationships and dependency involved between CSA offenders and CSA survivors. Participants recommend the introduction of post trial services that ensure continued access to social services that guarantee education and strengthened household economies. Commenting on poor post-trial care, one of the key informants used in the study agreed with the argument that current interventions have poor post trial support services and not interested in what happens after the trial. The key informant also noted that CSA survivors are returned into the ecological environment where the CSA offence was committed. Resultantly, CSA survivors are subjected to backlash by other family members. Participants made the following comments on the state of current VFS post trial services:

We do not even know what happens after the completion of a CSA related case after trial. When a verdict of not guilty or acquitted or guilt is passed, we do not know whether the child even went back to school. We even do not know how they travel from here [the court]. Nobody [no one] follows up [on what happens to the child after judgment is passed]. But we are saying our system should be confused [only interested in the child up to the passing of judgment] (Participant 16).

We should also take into account the needs of the victim after the perpetrator has been sent to prison. Comprehensive [services] are only possible when we continue supporting the victim [post trial]. I have talked about issues when the perpetrator is the bread winner and the perpetrator is sent to jail so there is need to provide [for] and strengthen the household economy of the victim and other remaining family members. There is also need to make sure that they [the child and his or her siblings] are still going to school (Participant 5).

You know had it been that social safety nets, the government safety nets are in order it could have been better, because what it meant for us maybe as NGOs, we could have provided the

immediate temporary relief whilst the child is being linked with more sustainable services. For example let's say it is an issue of accessing education we could have come maybe to provide a six months interim support for the child and the siblings affected is being linked while the child is being linked with BEAM. You see? But now unfortunately it is not working (Participant 17).

The area of post-trial support for survivors is still lagging behind. People [stakeholders] are interested in what happens before and during trial and not after the trial. People (stakeholders) do not understand the importance of post- trial support. More often than not children are going back to the same environment where the abuse took place. They [survivors] are subjected to backlash by other family members (Key informant 2).

From the participants' accounts selected above, the researcher observes that the existing VFS services have poor post trial services for child survivors and their families. As noted throughout this chapter and the previous chapters: CSA interventions are not an event but a process that seeks to address an array of both short term and long term, psychological, behavioural, social and medical difficulties. In addition, CSA interventions are processes that in some cases go beyond the trial of the perpetrator. Furthermore, some of the CSA effects have no time frame and can start after the completion of legal interventions. According to Silverstone et al. (2016), CSA survivors may experience multiple negative CSA outcomes, many of which can be long term in nature. In view of the potential long term CSA effects, WHO (2003) notes the importance of further assessment be conducted to ensure that any issues that may arise are addressed and dealt with appropriately. It was evident from the court papers and the selected participants' accounts employed in this study, that the VFS did not provide post trial services. The impression given is that the judicial processes are an end in them and not part of a process toward the ongoing rehabilitation of survivors beyond the legal interventions.

Given the findings of this study and confirmation of previous studies that children are sexually abused by persons known to them, post- trial services are necessary to provide support to the child. Despite the relationship between the child and the perpetrators of CSA; children return to the home environments where the abuse took place. The provision of services by the VFS has potential physiological, psychological, social and economic implication for the child and their ecology. Given the exhaustive observation that CSA effects have the potential of manifesting later in life, with long term impacts on individuals' future trajectories (Kidman and Palermo, 2016); the provision of ongoing services can mitigate the development of such negative effects. According to Euser et al. (2015) and Sawyerr and Bagley (2017), programmes aimed at preventing re-abuse in identified victims, or in preventing abuse occurring indicate positive effects when families and survivors are engaged over a long period of time. In

addition, the provision and availability of post trial services can provide an opportunity of re-entry into the VFS service provision chain for survivors of CSA. Re-entry into the VFS for survivors seems to be lacking; denying children and non offending family members VFS services that can address CSA effects that develop well after the conclusion of the legal processes. VFS interventions seem to be in contradiction to Leander's (2010) recommendation that advocates for the accommodation of continuous post trial CSA interventions; to enable children complete recovery and rehabilitation. Tavkar (2010) argues that the absence of CSA symptoms does not confirm that the victim will remain symptom free. Similarly, Godbout et al. (2013) found out that some CSA survivors demonstrate asymptomatic and health disfunctioning. Putnam (2003) and Jones and Jemmott (2009) conclude that the scars of child sexual abuse can be buried or hidden and cannot be seen on the surface. Given the above augments that not all children exhibit CSA symptoms and that CSA symptoms may develop later, post trial services must be made available for CSA survivors. From the selected participants' account above, it can therefore be argued that the VFS has poor post trial support services much to the detriment of CSA survivors. In addition, it is argued that due to the lack of post trial services and the current finding that CSA offender are mostly known persons, CSA survivors loss out on continued access to social services that guarantee education, strengthened household economies and psychological support.

7.3.5 Reliance on donor support

It is evident from the minutes of VFS meetings and selected participants' accounts used in the study that the VFS was largely donor driven. The participants stated that while the VFS was made up of statutory and non statutory role players; both government and nongovernmental organisations rely heavily on donor funding. Participants concurred with the observation that the VFS relies on donor support; highlighting the dependency on donor support as a major limitation. Participants argued that donor support is tired to conditionalities and foreign agendas and perspectives. According to participants conditions placed on donor funds restricts independent decision making for organisations and government departments. In addition, participants identified challenges brought about by reliance on donor funds. According to participants, donor funds have funding calendars resulting in funding gaps for organisations and programmes in between funding calendar cycles. Participants also identified the imposition of foreign cultures, practices and perspectives on donor recipients. One participant went further to suggest that there is need for government to take a lead in funding programmes

such as the VFS as a way of promoting project sustainability and ownership. Minutes of VFS meetings concurred with participants' observation that reliance on donor support creates funding gaps. One of the VFS meetings acknowledges that many VFS organisations are operating within limited and constrained financial space. The reliance on donor support was taken as a strategic threat to the VFS. The reliance of VFS organisations on donor support and the effects of reliance on donor support pauses are evident in participant' accounts. One participant stated that:

Donor money comes with strings attached to it. They [donors] tell you what to do with your money and you should account for it. As NGOs our hands are tied up. We cannot divert that money even if we know that it could help the community of Zimbabwe (Participant 18).

Another participant said:

The VFS is largely donor funded. The challenge with donor funding is that there are funding cycles. Organisations may experience funding challenges between cycles (Participant 24).

A third partitioned said:

NGOs are doing well in supporting the government efforts in prevention of child abuse cases. I however, do not think that NGOs should be allowed to take the lead in these things because they also have their own agendas. Most of the NGOs are not locally based and controlled. They are trying to bring the foreign perspective to Zimbabwe and that may actually not go well with our own cultures, traditions and everything for example the distribution of condoms. So what I think NGOs should not be allowed to lead, there is a weakness there they bring foreign policy on child sexual abuse (Participant 6).

Lastly, another participant summed up the challenges of reliance on donor support by saying:

In reality donors bring their own stuff their own agenda and the whole story is lost (Participant 10).

The threat of reliance on dwelling donor support is brought out in the following comment made during one of the National Victim Friendly National Committee meeting:

[Participant A] alluded to the budgetary strains in which many organisations are operating from. He appealed to stakeholders to share ideas on how best to fundraise so as not to reverse the gains that the Victim Friendly System has achieved over the years (Minutes of the National Victim Friendly System meeting, 1stquarter meeting held on the 29th March of 2016).

From selected participants' accounts and VFS minutes used above, it is the researcher's observation that reliance on donor support pauses challenges for VFS stakeholders in many

ways. Firstly, donors may end up dictating the course of the VFS programme, that is, defining the felt need and areas in which the VFS could operate. Donors detect areas and districts that the stakeholders could operate and function in. The ability of outsiders to influence and define problems may be a serious threat to a peoples' culture and traditions. While it is important for the VFS to learn from other cultures and best practices; it is equally important for the VFS stakeholders to maintain their identity, cultures and traditions: and not to be absorbed by external influences. Secondly, the reliance on donor support is a threat to the going concern of the VFS. In the event that donors pull out due to political, economic or social factors; the continuity of the VFS would be seriously affected. Thirdly, the study observed that it is possible for donors and NGOs to have their own agenda. From the comments made by the participants above; it is highly probable that some NGOs may claim to be providing services that do not translate to direct benefits to communities and intended beneficiaries.

Given the shortcomings of NGO driven interventions, it can be argued that state driven and owned process interventions are not only sustainable but strategic given the magnitude of the problem of CSA and the CSA effects on the child, the family and the country at large. While not discounting the need for donor support in the face of limited government fiscal space, Government needs to own and drive VFS interventions and programming. Government also needs to invest resources in the VFS forum through resourcing state run organisations. Another possible source of support is the Aids levy. Given the link between CSA and HIV, it can be argued that the VFS is rightly placed to access the Aids levy. According to the Southern Africa Development Community (2008, p 13), "the National AIDS Trust Fund is a home-grown resource mobilisation initiative meant to raise resources for the national response to HIV and AIDS. The National AIDS Trust Fund is backed by an Act of Parliament that stipulates that three percent of taxable individual and corporate incomes be directed towards the National AIDS Council, which administers the trust fund. The funds are disbursed to NAC by the Zimbabwe Revenue Authority, through direct deposit and are used to support prevention, treatment and care, mitigation, advocacy, monitoring and evaluation, and other programme areas in the response to HIV and AIDS." The Aids levy is arguably one of the celebrated achievements by the government that has resulted in the reduction of the HIV prevalence in the country, awareness raising, resourcing for HIV and Aids prevention and management efforts in the country. The Southern Africa Development Community (2008) further validates the Zimbabwe AIDS National Trust Fund as an HIV and AIDS best practice in the area of

providing a source of local sustainable financing for the national HIV and AIDS response despite operating in a restrictive economic environment. The Government therefore has already sustainable best practices self-funding option to draw up on. Given the link between HIV and CSA, the VFS can access sustainable funding from the government.

7.3.6 Focus on the justice outcomes

Another weakness inherent in the VFS identified by this study is the overemphasis on the justice delivery outcomes. According to participants, the VFS overemphasises legal outcomes at the expense of the equally important social, psychological and health outcomes such as short to long term effects and outcomes on the child. Participants explained that VFS meetings and discussions seemed to be concentrating more on the court systems and legal outcomes. The participants pointed out that prosecution of CSA offenders is largely taken as an end in itself and not as part of the means towards the end which was the holistic intervention to CSA. According the participants, the VFS currently places emphasis prosecution of CSA offenders. In addition, participants noted that VFS meetings are dominated by the justice sector. Participants identified two level of domination as domination of the agenda and domination of VFS coordination on the weakness, one key informant acknowledged that current VFS efforts were concentrated on the justice system. Participants called for the adoption of a holistic approach to CSA within the VFS. One possible reason given was that the VFS was being coordinated by the justice cluster. Below are views of the study participants:

I think a major weakness of the Victim Friendly System is its focus on the court. When it is a system we are saying everybody is involved. It now seems like being dominated by the court system. The victim friendly system seems to be concentrating more on the court systems which is actually the final stage of the process. When we go for the [committee] meetings we are only discussing the justice system. I think that is a major weakness of the system (Participant 6).

Another participant said:

We realised that everyone is concerned about the perpetrator. Stakeholders are concerned the perpetrator being arrested and sent to jail. What about the victim [survivor]? They [stakeholders] forget about the victim. The comprehensive approach comes whereby we continue supporting the victim after the legal system (Participant 5).

Similarly, another participant stated that:

The judiciary is coordinating the Victim Friendly system but it seems to be focusing more on the justice delivery. So the coordination need to look at all the areas even the joint planning what are we planning to achieve for this year as the Victim Friendly system what should health

do, how should social services, how do police and justice come in then you come up with a budget as a team (Participant 8).

The domination of the legal system within the VFS was supported by one of the key informants who said:

We are concentrating on the justice system CSA involve a lot than the response. The challenge is that maybe it is led by the justice system. There is need for the VFS to look at the other facets of CSA. We need to look at the other sectors (Key informant 2).

From the above participants' accounts, show the notion that the VFS currently focused on the justice outcomes at the expense of other equally important intervention outcomes. Despite the VFS being a multisectoral forum that should provide medical, psychological, prevention and legal interventions, evidently attention is being directed towards the legal outcome to the detriment of the medical, psychological outcomes. Focusing on the justice outcomes at the expense of other equally important intervention outcomes has many implications on VFS. Firstly, other VFS stakeholder may consider their input as being undervalued. Resultantly, non legal VFS partners may consider their participation as being auxiliary to the legal system in the VFS. Devaluation of services may lead to stakeholders withdrawing full participation and input into the system. Given the importance of each part in a system, malfunctioning parts of a system affect the efficacy of the next service level. Secondly, undervaluing of interventions potentially diminishes the perceived and psychological value of a service. It can be inferred that devalued intervention may not receive attention in resource allocation. Lastly, CSA survivors may also go through the service chain without receiving valued services. The legal component within the VFS is just but one of the services that helps CSA survivors deal with the legal violations that CSA offences cause. When CSA survivors only receive legal interventions; at the expense of the other equally important VFS interventions, CSA survivors are more likely to remain with unresolved medical, social and psychological, CSA effects. The objective of the VFS should be the mitigation of short and long term effects of sexual abuse through the provision of medical, legal and psychological services

It is evident from the above accounts and arguments that emphasis on justice delivery outcomes that currently characterises the VFS is weakness. This finding is contrary to the systems notion of a system being greater than a sum of parts as the current VFS seemed to advance the importance of the legal outcomes relating the other equally important CSA psychosocial variables. The obtaining focus on justice outcomes potentially undermines the notion of a

multisectoral focus to CSA by diminishing perceived and psychological value of other equally important CSA interventions. In additions, stakeholders and clients may disregard the importance of other interventions.

7.3.7 Poor gathering of forensic evidence

The findings of the study also revealed that poor forensic evidence collection is one of the weaknesses inherent in the VFS. Participants explained that, the VFS currently overly relies on the use of physical examination of child survivors. According to participants, poor gathering of forensic evidence results in many accused CSA offenders being acquitted due the doubt and lack of forensic evidence. Court files reviewed in the study reaffirmed that the weakness of poor gathering of forensic evidence. While the court are often convinced that CSA offenses were committed the critical question of who committed the CSA offences often remains unanswered due to poor collection of forensic evidence. Consequently, it is shown in the files used below that accused CSA offenders are given the benefit of doubt, found not guilty and acquitted. The following cases highlight how the lack of evidence contributed to the acquittal and discharge of the accused CSA perpetrators:

A medical report was completed and it shows that penetration is very likely thus because of a hymeneal notch at seven o'clock. A nurse who examined the child was called to explain the meaning of the notch. From her explanation, the court was convinced that the child was sexually abused. The critical question is who abused the child. In view that that there is not enough evidence to prove that the accused is the one who sexually abused the child; the accused is therefore entitled to the benefit of doubt. Consequently the accused is found not guilty and acquitted (Harare case 89).

Similarly, in the following case the accused was acquitted due to the benefit of doubt created by lack of concrete forensic evidence. This is highlighted in the contents of the following court record:

This is an unfortunate case where the complainant, 14 years, was raped but the police did not investigate the case well. Indeed this is a case that shows that another person other than the accused, 28 years and at another place like the accused could have reaped the child. Court had doubt that it was the accused who raped the child after considering all the evidence. The Accused is given the benefit of doubt and found not guilty and acquitted (Harare case 87).

One of the participantss remarks validated the claim that poor forensic evidence collection is one of the weaknesses inherent in the VFS. The participant made the following comment:

I have been in South Africa. Most of their forensic evidence and results quickly come to come out. I know that they are very fast. Here [in Zimbabwe] it takes forever to get forensic evidence

and results quickly (Participant 13).

From the 300 case files and the selected participant account used in this study, it is the researcher's reasoning that, VFS forum has poor collection of forensic evidence. It is manifest from the above accounts, that the VFS may fail, in particular instances, to prove cases beyond reasonable doubt; resulting in arguably the acquittal of many CSA offenders where CSA has in actual fact occurred. The argument that poor collection of forensic evidence results in the acquittals resonate well with argument by Wang, Lu and Tsai (2016, p.2) that "the diagnosis of CSA is often challenging because definitive medical or physical evidence is lacking or inconclusive in many cases." Similarly, the Justice Service Commission (2012) acknowledged that quality forensic evidence is critical in showing a link between the alleged perpetrator and the assault, the legal intervention and justice system as well as to confirm the occurrence of CSA.

The lack of evidence results from many factors that may include, over reliance on physical examinations and lack of the use of scientific methods such as Deoxyribonucleic acid (DNA) technology; lack of resources, the ability of accused perpetrators to engage competent legal counsel; corruption and lack of specialists to conduct the specialised examination and collection of the evidence. The above factors are presented as challenges identified in the VFS. It is argued that challenges faced by the VFS contribute to the poor collection of evidence. The acquittal of CSA offenders, due to a lack of evidence has potential ramifications within the child's ecological environment. Firstly, the lack of evidence may result in CSA offenders being released back into the child's environment, resulting in trauma and derailing the healing process. Secondly, the child can be victimised for having reported in the first place. Lastly, CSA offences could continue unabated.

It is evident from the above accounts that one of the weaknesses of the VFS is the poor collection of forensic evidence. The poor collection of evidence has implications at many levels in the child's ecological environment: notwithstanding the balance of justice there is the possibility of actuating CSA offenders; discharging of CSA offenders in the community; failure to break the CSA cycle; increase trauma for CSA survivors and their families; derailment of the healing process and underreporting of CSA offences. This current finding validates findings by Population Council (2008) that there is poor collection of forensic evidence at health facilities. Justice Service Commission (2012) agrees that quality forensic evidence is needed

in the legal intervention and justice system to confirm the occurrence of CSA and to prove or disprove a link between the alleged perpetrator and the assault. It therefore follow that poor forensic evidence makes the task of proving CSA difficult. It can therefore be argued that poor collection of forensic evidence evident in the VFS, affects the quality of forensic evidence and resultant justice outcomes.

7.3.8 Releasing of CSA offenders on bail into the child's environment

Another notable loophole of the VFS is the release of CSA offenders on bail back into the child's environment. One of the principle tenants of the justice system is the presumption of innocents until proven guilty by a competent court of law. Accused CSA offenders are presumed innocent until proven guilty by a competent court. It follows that accused CSA offenders are entailed to bail pending or during trial. CSA offenders are often realised into the CSA survivors' ecological environment. Participants reaffirmed that CSA offenders can be realised into the child's ecological environment on bail. According to the participants, CSA offenders have the right to bail and can apply for bail. The participants explained that CSA offenders could be released into the child's ecological environment despite the law providing for alternative protection for CSA survivors. Participants attributed the obtaining release of CSA offenders into the child's environment to few places of alternative care and homes. One of the key informant used in the study, agreed that CSA offender were being released into the child's ecological environment due to few alternative places of safety and infrastructure to place CSA survivors. Releasing of perpetrators on bail into the child's environment as a weakness of the VFS is evident in the following comments by participants and extracts from court files:

As I said before; our policy [legislation – the Children's Act] provides for the placing of children in places of safety or alternative care. We have very few places of alternative care and homes. In the end children are released in the very environment where the abuse occurred. So those are some of the gaps (Participant 2).

We have places of safety but they cannot accommodate everyone (Participant 5).

Children are released back into the same environment as the perpetrators. We do not have the shelters and infrastructure to place child survivors. The VFS is not protecting the victim. The VFS overlooks the victim (Key informant 4)

By consent of the State, the accused is granted bail. Accused is ordered to reside at given address until the matter is finalised. The accused is ordered not to interfere with the witnesses until matter is finalised (Harare case 99).

From the selected court files used in this study and the above participants' accounts, it is the researcher's observation that releasing of CSA offenders on bail into the child's environment is detrimental to the child and their ecological environment. Firstly, releasing CSA offenders into the child's ecological environment may results in witness interference. Given the finding in this study: that the majority of CSA offenders are persons known to the known to the child and exist within the child's ecology: relatives, boyfriends, domestic workers, neighbours and child employers; releasing of CSA offenders into the child's environment on bail; may affect the child. The release of CSA offenders into the child's ecological environment may help explain another finding from this current study: withdrawal of CSA cases before the courts; where children are given undue psychological pressure. Ideally, the VFS should place CSA survivors in places of safety: shelters pending the finalisation of CSA cases. However, there seems to be a shortage of infrastructure and resources; explaining the placement of children in the same community as perpetrators on bail. The current finding that there is a shortage of places of safety to house CSA survivors, gives weight to another finding from this study that the VFS experiences limited access to appropriate infrastructure and logistical constraints. From the above arguments and findings, it is highly probable that releasing CSA offenders into a child's environment may influence the child and witnesses. This proposition may help explain the withdrawal of cases and witness interference challenge presented in the next chapter.

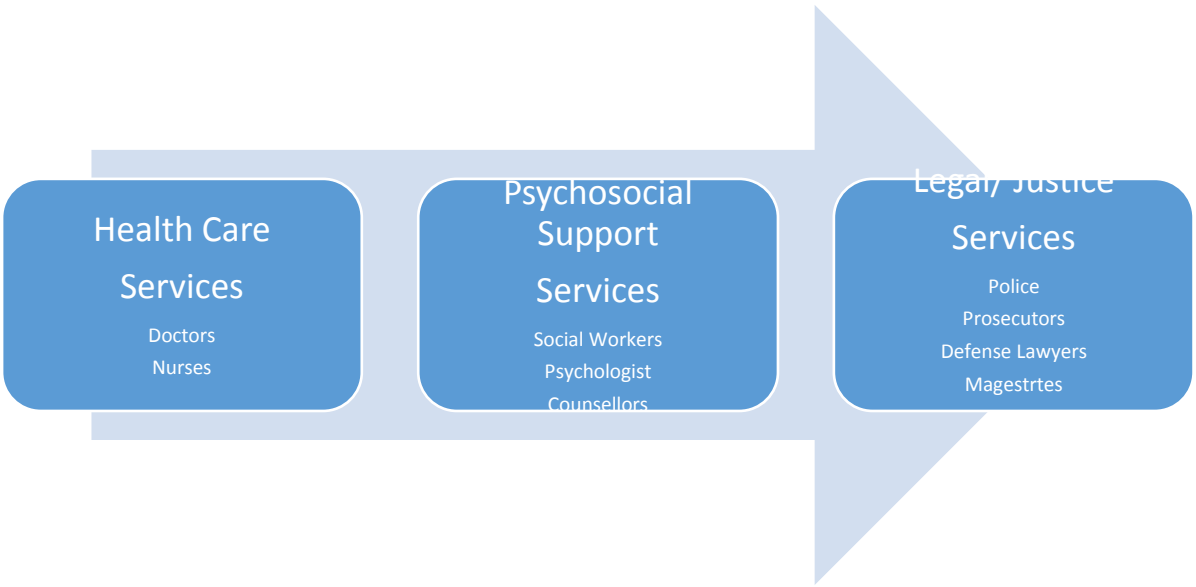
Secondly, it can also be argued that realising CSA offenders into the child's ecological environment, results in secondary CSA. Releasing of the CSA offenders into the same community as the child survivor may allow for perpetrator and survivor contact leading to the child and families experiencing secondary trauma. According to September, Matne, Adam, and Kowen (2000), CSA primarily results in trauma; while unintended negative interventions result in trauma which they refer to as secondary trauma. From the study findings, it is highly possible that the releasing CSA offenders into the child's environment causes secondary trauma and witness interference.

7.3.9 Children having to retell the CSA incident throughout VFS

Another significant weakness to come out of the study is that CSA survivors have to retell the CSA incident throughout VFS. The establishment of the VFS was meant, among other things, to remove trauma that CSA survivors have to undergo while retelling and disclosing CSA. While the VFS resulted in the integration of services and the provision of specialist and child friendly services, it is evident that the children still have to retell their ordeal to all professionals

in the VFS as they pass through a chain of medical, social, psychological and justice services. It was observed that the VFS is made up of layers of interventions that include the police, hospital, social workers, prosecutors and the magistrates. It was also observed that CSA survivors have to give an account of the CSA incident at each stage of the intervention process. Children are asked of the CSA incident by the police: during investigations, doctor: during medical examination, counsellor: during counselling, social workers: during psychosocial assessment, prosecutors: during pre-trial assessment and the magistrates: during trial. Below is a diagram that shows the current VFS chain of services through which CSA survivors have to repeat telling their accounts:

Figure 5: Current Flow of VFS Services (adopted from The Judicial Service Commission 2012, p 27).



It was observed during the study that the VFS subjects children secondary abuse through the flow of services: during reporting and police investigation; during the medical examinations; during counselling and in court while giving testimony. It can be argued that repetitive interviewing of CSA survivors leads to secondary trauma as professional keep opening the wounds instead of healing them. September, Matne, Adam, and Kowen (2000) note that asking CSA survivors to retell CSA incidents during interventions may result in unintended negative effects such as secondary abuse. The argument is that subjecting children to retelling stories of abuse opens ups wounds and makes children relive the CSA incident. Research by Kuijvenhoven and Kortleven (2010) also concludes that failures by professionals and systems

may lead to traumatic outcomes. It is therefore argued that by asking children to retell their ordeal during police investigations, medical examination and treatment, counselling, psychosocial assessments, pre trial conferencing and during trial makes children relive CSA causing secondary trauma. The introduction of a one stop concept can eliminate the need for children to repetitively retell their CSA ordeals. Under a one stop concept children are attended to by service providers under one roof. Another alternative is a virtual one stop concept. Under the virtual one stop concept, the first service provider to come in contact with the child captures the CSA incident into a shared Management Information based system. Subsequent service providers study the information captured by the initial service providers and only provide their organisation specific services without asking the child to retell the story.

7.3.10 Concentration on CSA secondary prevention

It also emerged from participants' narratives that the VFS is more focused on secondary prevention, at the expense of CSA primary prevention. In this context secondary prevention interventions are all CSA treatment and management approaches such as counselling, medical examinations and legal interventions. Secondary interventions provide remedial and rehabilitative intervention after the occurrence of CSA. Participants explained that current VFS interventions emphasis reducing the impact of CSA at the expense of preventing the onset of CSA. Participants felt that the VFS should carry out more primary prevention activities such as countrywide community awareness programmes that target the general public and children. The concentration of the VFS on secondary prevention captured by the following comments by participants:

I think the VFS is a good concept and carrying out awareness campaigns very important thing which is really not being emphasised in the VFS. The VFS is concentrating more on secondary prevention [at the expense of primary prevention]. I believe that there is no emphasis on awareness campaigns on [primary] prevention. I think more [emphasis] should be given on the [primary] prevention of child sexual abuse. Awareness campaigns will do a lot of good [in as preventing the onset of CSA]. We should build a culture of [primary] prevention for everyone throughout the country. The general public should understand how to prevent the child abuse cases. The prevention of child sexual abuse should be responsibility of everybody, including the children themselves (Participant 6).

We are concentrating on treating child survivors and not preventing child sexual abuse. I think we should do CSA community awareness campaigns. We do not have these at the moment. Awareness campaigns should cover communities including business (Participant 34).

From the participants' accounts used above, the researcher deducted that the current VFS interventions are more concerted on secondary prevention at the expense of CSA primary prevention. It can be argued that, while CSA secondary prevention is important CSA primary prevention should be given more emphasis. CSA primary prevention seems to be attractive over CSA curative approaches for many reasons. Firstly, given the finding from this study that not all CSA survivors receive and access existing intervene, CSA primary prevention is justified in the Zimbabwean context. Secondly, CSA interventions require more investments and resources: human resources; economic resources and equipment, which are lacking in the current VFS interventions, emphasis on primary CSA provides a cost effective option. Thirdly, it has been widely noted that CSA is often associated with complex psychological, physiological, cultural, social economic, emotional and behavioural problems: for the child, the family and society as a whole (Chitereka, 2012). The complex psychological, physiological, cultural, social economic, emotional and behavioural costs of CSA outweigh the CSA primary prevention costs making the later a more attractive option.

It is evident from the above accounts that current VFS interventions are more curative at the expense of preventing the onset of CSA. It can be argued that primary prevention is beneficial to stakeholders; service providers and services users: curative approaches have complex psychological, physiological, cultural, social economic, emotional and behavioural costs of CSA outweigh the CSA primary prevention costs. In addition, notwithstanding the strengths of the VFS, this study found a number of shortcomings within the VFS such as limited coverage; poor post trial services; reliance on donor support; the VFS is not known; poor forensic collection; releasing of CSA perpetrators on bail into the child's environment and CSA survivors having to retell CSA incidences throughout the VFS chain. The above arguments give weight for the need for CSA primary prevention. The current findings and arguments are consistent with arguments by Dickson and Willis (2015) who argue that CSA has extensive and sometimes profoundly damaging effects on a large number of survivors thus the necessity for dedicated attention to primary prevention efforts. Similarly, Putnam (2003) sees the potential of CSA primary prevention programmes. Given the benefits of primary CSA prevention over secondary CSA prevention, it can be argued that the concentration of the VFS on secondary interventions is a weakness.

7.4 Conclusion

In conclusion, it is clear that the VFS has both strengths and weakness. The strengths of the VFS bring out the value of the networking forum to CSA survivor and their ecology. The weaknesses of the VFS however, diminish the efficacy of the networking forum and its ability to manage and prevent CSA. The next chapter presents challenges faced by VFS stakeholders. These challenges can also help explain the inefficiency inherent in the VFS as highlighted above.

CHALLENGES FACED BY THE VICTIM FRIENDLY SYSTEM

8.1 Introduction

This chapter presents identified challenges faced by Victim Friendly System (VFS) stakeholders. The chapter seeks to answer the question; 'what are the challenges faced by CSA stakeholders in Zimbabwe?' The objective that relates to this section is: to investigate the challenges faced by VFS role players working with CSA in Zimbabwe. Victim Friendly System stakeholders are made up statutory and none statutory service providers in Zimbabwe; professionals and CSA survivors. VFS organisations employee professionals such as: doctors, social workers, police officers, prosecutors, counsellors, psychologists, teachers, nurses and magistrates. An appreciation of the challenges faced by the VFS stakeholders will inform the proposed CSA prevention guidelines given that the VFS stakeholders form part of the current secondary prevention efforts. The following sections present the study findings on the challenges faced by VFS stakeholders: organisations and professionals.

8.2 Challenges faced by VFS services provider organisations

It emerged from the participants' narratives that VFS organisations face a plethora of challenges that include human resource challenges, economic challenges, governance, operational challenges and legal challenges. These challenges are discussed in detail below.

8.2.1 Resource limitations

Resource limitations are one of the challenges that the VFS experiences Participants' comments used in the study identified human, economic and material resource limitations in the VFS. Despite the need for substantial resources in the VFS, the participants highlighted human, economic and material resource limitations as being more critical. Langstrom, Enebrink, Lauren, Lindbom, Werko, and Hanson (2013) argue that the high prevalence and adverse consequences of sexual abuse of children merit increased investment in development of preventive and therapeutic strategies. The availability and level of resources constitutes a

significant determinant in the provision of services and social policy (Kaseke, 1995). The VFS therefore requires considerable investment in resources in order to effectively respond to the various medical, social, psychological and legal needs of CSA survivors.

8.2.1.1Human resource limitations

Human resource limitations were identified by participants as challenge faced by the VFS. Participants explained that human resource challenges include lack of specialised training and experience, staff shortages and low competency and skills levels. The identified human resources challenges faced by VFS organisations are discussed in detail below:

8.2.1.2 Lack of specialised training and experience

From the participants' narratives, it became evident that the VFS has a deficit of specialised and experience professionals. A lack of specialist professionals was noted as a key and peculiar human resource challenge in the entire VFS. Participants explained that the VFS has a deficit in required levels of highly skilled and experienced professionals in policing, medicine, forensic science, court interpretation, education, nursing, psychiatry, radiography, social work, clinical psychology, prosecution, justice and counselling. According to participants the VFS relies on newly trained grandaunts that lack necessary specialised professional skills and expertise to handle CSA survivors and treatment outcomes: poor investigations, legal loopholes and lack of services for example radiography. Participants cited the internal transfers and the movement of professionals into the private sector as some of the causes of the lack of specialised and experienced professionals within the VFS. Minutes of VFS meetings concur with the participants' observation that the VFS lacks specialised and experience professionals. One of the meeting attendee mourned the lack of specialised and experienced professionals in the public hospitals. The lack of radiographers for examples demonstrates a lack of specialised trained and experience professionals. The same meting acknowledged the movement of professionals to the private sector. The net result was an increase in the cost of professional services beyond the reach of many and the VFS. The lack of specialised and experience professionals within the VFS is evident in the following comments by participants:

The other challenge which is related to resources is the issue of human resources. We have challenges. We do not have specialists. This is lacking within the system and there is need for specialised services such as clinical psychologists, psychiatrist and forensic scientists who are not even available and we cannot talk about them. If our interventions are not informed by science then we are not going anywhere. We need the specialist services (Participant 22).

There are also issues to do with capacity as a department we started to operate as a standalone department in 2013. The [name of agency given] officers were recruited in 2014 and some of them were recruited straight from college so they lack the skills and expertise to handle some of these cases (Participant 5).

And I have noticed that nowadays the police are having a challenge of allocating the cases to junior officers. A junior officer being allocated CSA cases is a crime against humanity, to deal with a crime against humanity. Although they are trying to justify that they are recruiting degreed people [university grandaunts] but someone with experience is required, because we are talking of life and death. And see if the investigations were done in a very shoddy way and we let down the community. These police officers most of them are not experienced at times they do not go to the scene of a serious case like rape, they are just folding their arms and recording everything said. Usually if the police officer says that the witness is not found the accused is put to remand and then walk scot free. In addition the gathering of evidence is a challenge. We do not have the labs and specialists in the different organisations. We rely on physical examination of children. At the end it becomes the child's testimony against that of the perpetrator (Participant 29).

(The) lack of specialised and experienced professional leads to loopholes [legal loopholes]. The loopholes are caused by poor investigation. The police for example are always rotating. Today they train officers in VFS, the next day they are transferred to other sections. We have officer who do not have experience in VFS (Participant 36).

The shortage of specialists was also confirmed during the VFS quarterly meetings as the following extracts show;

[Meeting Participant A] said that age estimations are still an issue. [Participant B] said that this [that age estimations are still an issue] is due to a shortage of radiologists. X –rays are being taken but they have to be sent to private radiologists who are expensive. [Participant C] asked if these radiologists are there in the public hospitals and [Participant B] responded by saying that they had left and are now in the Private Sector (Minutes of National Victim Friendly System meeting, 2nd quarter meeting held on the 28th June 2016).

The above participants' narratives and VFS minutes present a notion of the VFS lacking specialised and experienced professionals. CSA is a sensitive specialised area with peculiar medical, legal, social and psychological effects on the child and families. CSA interventions at various levels require specialisation in particular fields. All processes in the VFS should ideally be carried out by highly skilled, competent and experienced specialists. Specialised interventions seek to mitigate the negative short to long term effects of CSA. To become a specialist, professionals require post qualification training and experience in CSA. The shortage of specialist doctors, nurses, social workers, psychologists, radiologists, psychiatrists, police officers, interpreters, magistrates, prosecutors, counsellors and teachers may have implications for the intervention outcomes. At the survivors' level, short to long term effects of CSA may remain unresolved; potentially resulting in unresolved CSA effects throughout

survivors' lives. Without specialised training CSA intervention may perpetuate harmful practices that can cause further emotional distress and prevent healing. According to Finkelhor (1997) intervention in the problem of sexual abuse is a complicated art and a specialised field. Similarly, September at al. (2000) note that professionals working with CSA survivors may unintentionally cause trauma: secondary trauma if they lack specialised training and experience. CSA intervention fields are highly specialised areas that need specialised and experienced professionals such as police investigators, doctors, forensic scientists, court interpretation, educators, nurses, psychiatrists, radiography, social workers, clinical psychologists, prosecutors, magistrates, judges and counsellors. In addition, the lack of specialised and experienced professionals within the VFS may results in secondary abuse and trauma caused by the use of professionals who lack specialised skills and experience working with CSA survivors.

Participants singled out the lack of specialised communication skills. Participants explained the difficulty they had in communicating with children with hearing and speech impairments. The VFS professionals' lack of sign language proficiency proved a major hindrance in delivery of services to the survivors with hearing and speech impairments. Participants also explained that professionals rely on outsourced interpreters to bridge the communication divide. The communication challenge is further compounded by the lack of universal sign language in the country. The following remarks bring out the communication challenges professionals face while working with children with hearing and speech impairments

We have identified issues for example communication barriers. The justice system requires ……. the witness or the survivor or accused ……. to answer for themselves, to give a statement … the justice system also have (has) interpreters, the police, the magistrate even other sectors who are supporting the system and health and we realise they do not have communication skills for example sign language to communicate with these people (Participant 10).

Deaf culture is highly peculiar and circumscribed to geographical location in other words the deaf culture and sign language of the Manyikas is different from that of the Tongas, Zezuru and the Karanga [Zimbabwean dialects] so it's not universal so that is your first problem. If you take somebody who has read some books on sign language and has had some formal training in sign language, the sign language that you have in this country at this moment is not universal. If I were a lawyer representing the accused, I would simply dismiss that kind of arrangement that we are not assured what comes of this interpretation will be correct and that will be persuasive enough an argument dissuade the court from hearing the case. So you understand the issue [communication barriers] put such children [children with disabilities] at a disadvantage. The other problem that generally happens is reporting at police stations; that do not have sign language experts. Those [the police] are the people who are supposed

to get the case, record the case, compile the charge sheet, come up with the warned and cautioned statement and so forth. Do you think the charge will be accurate without that kind of information? Do you think the *warned and cautioned statement will communicate what the child will be saying? Obviously the answer is no. So the case may be dismissed on the grounds of technicality because the child would have failed to present proper facts even to the investigating officer. So no conviction can be made. I am yet to see one (*Key Informant 1).

From the participants' narratives above, the researcher deducted that those professionals lack specialised communication skills to work with children and families with disabilities particularly the deaf. As a result, professionals face serious communication challenges working with children and families with disabilities particularly the deaf. This denies children with disability participation in the VFS at various levels. At the level of prevention, children with disabilities do not benefit from the messages and communication made by officials. Children are thus denied vital information and knowledge on CSA. This can also explain the lack of knowledge discussed above. At the various VFS therapeutic and justice intervention levels, children with disabilities may be denied the opportunity to communicate and interact directly with professionals. Most professionals are not well versed with the use of disability appropriate languages. While interpreters may be provided, there may be differences in the languages as the children with disability may not have attended formal school. This may bring into question the accuracy of the interpretations made; producing therapeutic knock on effects as diagnosis and interventions made may not reflect what the child will have communicated. It is evident that despite impairment making children more vulnerable to CSA, communication barriers exclude children with hearing and speech from the services that are available to other children.

From the findings of this study, it is clear that lack of specialist care in the treatment of CSA may result in children being subjected to secondary abuse. September, Matne, Adam and Kowen (2000) explain secondary abuse as the unintended harm and trauma caused by professionals through their interventions. The accounts presented above show that the VFS lacks specialised and experienced professionals much to the detriment of the quality of care give to the child. That VFS forum lacks specialised and experienced professionals corroborates findings from previous research that identifies a global lack of specialised skills and training in the field of CSA (Furniss, 2013). Similarly, Jones and Jemmott (2009) report of a lack of specialised and experienced CSA professionals in Caribbean countries. Sossou and Yogtiba (2009) also identified a limited investment in human capital by West African governments. Martin (2014, p. 12) made a critical finding that " despite the fact that all respondents had

considerable training and experience in CSA, none of the participants was confident in their ability to assess for and or respond to CSA cases involving online images."

The need for specialist CSA intervention is supported by Smith, Pearce, Pringle and Caplan (1995) who argue that a specialist approach to child sexual abuse is beneficial to child survivors. Given the adverse short and long term effects of CSA, a specialist approach to child sexual abuse is beneficial to child survivors. It therefore follows that children in Zimbabwe fail to attain the benefits of specialist interventions. The lack of specialised skills and communication skills arguably, has a bearing in accessibility of services, particularly for children with disabilities. A study by Phasha (2013) gives weight to the argument that lack of specialised skills is a barrier to services. Phasha (2013) found that the inability to use sign language among professionals was a significant communication barrier that contributes towards not receiving reports of CSA. It can further be inferred that lack of specialists in Zimbabwe's VFS is a result of the non-prioritisation and underfunding of the statutory agencies, the general deterioration of working conditions which has led to a mass exodus of human capital to other countries.

Furniss's (2013) argument that despite the recognition of the field of CSA as a specialised area by people like, there seems to be a lack of specialised and skilled professionals in the VFS. It can be argued that lack of specialised and experienced professionals translates into service deterioration for CSA survivors given the potential negative short to long term CSA effects. Furthermore, it can be argued that children with disabilities are more affected by the lack of specialised and experienced professionals in the VFS. The current argument that lack of specialised and experienced professionals the VFS forum results in deterioration of services for CSA survivors is consistent with the argument made by Chikadzi and Mafetsa (2013, p.498) who found that specialised services 'translated into improved services for clients.' It is highly likely that specialisation in CSA interventions within the VFS forum translate into improved services for CSA survivors and their families. It can be argued that lack of specialised and experienced professionals translates into a deterioration of services for clients: CSA survivours and non-offending family members. In a qualitative study conducted with two professional social workers responsible for two schools for the mentally challenged in the informal settlements near Johannesburg, Kheswa (2014) found convincing evidence that lack of specialised and experience professionals lead to deterioration of services for clients. Similarly Makoae (2014) argues that the chronic shortage of social work skills in South Africa leads to

high case loads and the lack of desirable outcomes in the lives of children at risk of abuse and neglect.

Again, lack of specialised training and experience may arguably push prices of services beyond the reach of many. The laws of demand and supply detect that when supply is low prices go up. Therefore, when supply of specialised services is low in the public sector and the VFS in particular, the price of specialised services such as radiography, forensic scientist, social worker, dentistry, psychiatry and clinical psychology naturally goes up. Demirbas Al-Sasi and Nizami (2017) , show how the price of crude oil is highly influenced by among other factors by a fall in supply demand gap. Similarly, Sagar and Kallis (2016) argue that new oil supplies can push down the price of oil, demonstrating the supply and price effect. From the study findings, it is clear that lack of specialised and experienced professionals in the VFS affects the quality of services; affects treatment outcomes; pushes specialised CSA services into the private sector and pushes the prices of CSA services beyond the reach of many CSA survivors. Given the finding that poverty is linked to CSA, it can be inferred that many CSA survivors may not afford private specialised CSA services. In addition, it is concluded that children with disabilities are greatly affected by the lack of specialised professionals who are disability sensitive: communicate with children with disabilities.

8.2.1.3 Staff shortages

In addition to the challenge of lack of specialists noted above, the study identified a gap between the available number of personnel and the desired, or even the optimum number of personnel in the VFS as a whole. Participants explained that staff shortages increased the client professional ratio. Staff shortage were said to affect the VFS at various levels. At the level of the child delays increased waiting time caused children to forget incidences and delayed receipts of critical emergency services such as the prevention of pregnancy and HIV. Participants also identified the effects of systematic delays at the level of the VFS as affecting the quality of forensic evidence, weakening the legal case against CSA offenders and an increase in area covered. In addition participants noted that delays caused changes in circumstances for the child and non-attendance of meetings. The notion that the VFS faces staff shortages was supported by minutes of VFS meetings. The challenge of staff challenges within the VFS is evident from the following comments by participants:

*You are pulling out resources from an already depreciated health facility [CSA survivor friendly clinic]. Considering the sensitive nature of the cases that we are dealing with in that unit they cannot wait for longer they need attention as soon as they arrive so it has to be well staffed already we have a shortage of staff (*Participant 8).

I think there is ratio of one social worker to fourteen thousand kids in Zimbabwe so child welfare protection services indebted with clients they are serving 1 to 14 000 if there are two officers in this one office they got 28 000 kids so they are not able to fully write a report they need 28 000 months to do it (Participant 2).

We have one child officer in every district and some districts are very large it is very difficult for the officer to follow up all cases of child sexual abuse .I have been to the district of Makoni the district is very big we have one child welfare officer who has to do all the child sexual abuse cases on top of other roles and responsibilities. (Participant 5)

We had challenges with representatives from health. Health especially the doctor as the person who is always busy and is always saying I will be attending to emergency due to shortages of skilled manpower there are delays in the system. An example is when you get to the hospital you can be told that the doctor is operating on a patient. He or she cannot leave an emergency case (Participant 23).

Like I said we have only 15 ward coordinators to cover the 39 wards in Gokwe. This means some wards are not covered. Here in Gokwe our wards are so big for instance Mfala ward 7 so big that it stretches for kilometers. One ward coordinator cannot move across the whole ward sensitising the people (Participant 28).

We normally sit [have our meetings] once a month. We meet on the last Friday of every month. We have challenges with education and health. The Health sector, especially the doctor, as the person who is always busy is always busy attending to medical emergency (Participant 38).

There are systematic delays in the system that causes postponements. Postponements occur in situations where witnesses and or the accused are not of good health or the defence lawyer requests to study the case. This can result in the quality of evidence being reduced. The child can also forget the facts of the matter leading to a weaker case. In one case, when the matter finally came to court the complainant did not want to testify. The survivor's circumstance had changed. She was now married and did not want to pursue the matter. She said it could affect her marriage (Participant 29).

The VFS Court facilities in Kadoma are there but the personnel to man these courts are the missing link. The current freeze has negatively affected operations (Minutes of the National VFS meeting of 15 September 2015).

From the participants' comments and minutes of VFS meetings above, it is clear that the VFS faces serious staff shortages that affect its operations. Staff shortages undermine the VFS in a

number of ways. Firstly, staff shortages may result in delays and failure to meet turnaround targets. While child sexual abuse is regarded as a medical emergency, the no availability of adequate staff may imply that child survivors may have to wait to be attended to while duty bearers attend to other pressing cases such as surgery. Staff shortages may lead to delays in the VFS. Time is of essence when dealing with survivors of CSA. There are timelines and turn around standards that need to be adhered to in terms of the medical and justice interventions. Survivors of CSA must receive medical attention within 72 hours of the incident to prevent pregnancy and STI infections including HIV. Staff shortages may result in children being attended to at health facilities outside the 72 hour window period. Child survivors of CSA may thus miss out on the opportunity to receive prophylactic treatment due to delays. This may expose children to medical effects of CSA that cannot be reversed beyond 72 hours after the incident. Secondly, delays caused by staff shortages may have a ripple effect in the VFS. Given the possibility of such delay in VFS and organisations reliance on each other, this may affect outcomes of other players and affect negatively the entire processes. For example, delays in the health system may contaminate forensic evidence compromising the court outcomes in the justice delivery system. The VFS legal system depends on the collection and presentation of evidence and facts of the matter before the court. Shortages in the medical staff therefore, may lead to delays in the collection of evidence affecting the other VFS processes downstream.

The deferment of cases in the VFS justice system is allowed to accommodate witnesses or other circumstances that have material significance to a case. The non availability of court officials is one such circumstance where cases can be deferred to a later date. Staff shortages in the justice system may also lead to postponement of cases at court. This may result in the justice system failing to meet its turnaround time of finalising all child sexual abuse cases in three days. Postponement of cases at the court level of VFS may result in various outcomes for the child and the family. The burden of delays will fall on families and the child survivors. For instance, families may lose out on production time reducing their earnings. Children may lose out on schooling time from time out seeking attention and going through the justice system. There are also the financial costs and implications faced by the affected families in the form of bus fares to and from the courts. There are accommodation implications for those staying far away from the service providers that affected families face. Delays may also affect investigations and the preservation of evidence which may affect the judiciary outcome. Delays in the judiciary system owing to the delays and postponement of cases may result in the child;

who is also the child witness, forgetting the facts, thus affecting the prospects and success of the case. Delays may also have a traumatic effect on the child. The general public may start losing faith in the VFS. Once delays happen, help seeking behaviours in the face of abuses may significantly decline.

The findings of this study also show that staff shortages in the VFS lead to performance deficiency among VFS professionals. Performance deficiency is a situation where the performance of a staff member declines due fatigue. Performance of the staff can also diminish due to fatigue attending to many cases that are not only limited to CSA. Overworking of staff may have the knock on effect of demoralisation, job satisfaction and staff retention. While there is a general staff inadequacy in the VFS, this study found the challenge of staff shortage to be more pronounced in remote areas. It can be argued that lack of development promotes staff shortages. Professional may find rural areas unattractive to work in. Remote areas do not have social amenities and services that attract well trained professionals to work in. Therefore, it can be argued that staff shortage is linked to underdevelopment.

At the level of decision making and policy; staff shortages affects decision making. It can be argued that as a result of staff shortages professionals are pulled in between policy making and practice. Staff shortages could explain absenteeism at meetings as the professionals attend to clients. This absenteeism may affect evaluation and contribution to policies from an evidence based perspective. Consequently, staff shortages may affect policy making processes. The reverse could be true; where decision makers attend meetings at the expense of the children waiting for services. It is therefore argued that staff shortages impact the VFS from a service delivery, programming and policy perspective. Staff shortages cause delays which in turn affect the quality of services given, VFS turnaround times, decision making, performance deficiency and create cost burdens for the VFS and clients. In addition, delays may result in CSA survivors missing out on the opportunity to receive prophylactic treatment, trauma for the child and reduced earnings for families.

8.2.1.4 Low competency and skills levels

Another notable challenge faced by VFS identified in this study is the low competency and skills levels among professionals at the VFS. Participants explained that as a result of the staff shortages and the lack of specialised CSA professionals, discussed above, VFS organizations relies on inexperienced and incompetent staff. Participants attributed the low competency and

skills levels within the VFS to the flight of professional in search of greener pastures and secondment of professionals who lack training in handling CSA survivors. Participants said that low competency and skills levels affected CSA survivors and accused CSA offenders. At the level of the child, low competency and skills levels was likened to adding salt to injury: further traumatising the child. For the accused CSA offender, low competency and skills levels was linked to delayed services, poor services, miscarriage of justice and risk serving jail time for CSA offenses one did not commit. One of the participants recognised the skills and competency deficits and noted the following:

Even in hospitals nurses are also making the [medical examinations] assessments. While some of the nurses do their work well, some need training because they contradict themselves. Like writing [on the medical affidavit] that there are tears to the hymen and on the other part [sections of the forms] writing there was no penetration. And that is what the defence looks at and says there is doubt. They are incompetent and my client is at risk of serving 20 years over incompetence. So that's the problem with the medical side (Participant 29)

Another participant said:

During my employment in a government hospital, I used to turn away children without minding if the rape had occurred within 72 hours. I would tell them to report to the police first then come back to see the doctor. Yet the child would have been traumatised requiring emergency attention within the 72 hours. I would just insist that they go to the police to report first before medical attention was given. I did not have knowledge that it was an emergency or even that they have injuries that made it difficult to travel to the police station to make the report. I would not look at that. There are still nurses in the system that has not been trained (Participant 13).

While another participant recognised the skills and competency deficiencies in the following remarks:

Given the socio economic environment in the country, most organisations including government departments expressed the flight of professional in search of greener pastures. But when we talk to inexperience it is attributed to the fact that our professionals are on demand even outside Zimbabwe. The world, Europe and wherever, have been taking our professionals because our conditions here are not good. So they are forced to go (Participant 24).

The other professions that we have here do not even know how to handle a sexually abused child. If you go to Police they have Victim Friendly officers who are not even trained. You are actually seconded to the Victim Friendly Unit without going for any form of training. They just say this one is soft, we think he can work with children. I am saying that passion and a soft voice is ok but we are saying they have to go for training. If possible let's have any other like social workers manning the VFU. The same if we go to court we are only dealing with someone who is looking at if the case is actually prosecuted or not and nothing else. You go to hospital. They know about injections, true but they are actually not looking at some of the problems. The

process of having access to health is traumatising. You take years for you to have a service. You actually add an insult to an injury (Participant 38).

The above selected participants' statements present yet another challenge of low competency and skills levels within the VFS. The migration of professional from Zimbabwe is one possible explanation for low competency and skills levels within the VFS. Various socio-economic and political factors lead to the flight of skills and professionals from Zimbabwe. Chitereka (2012) argues that poor economic and political management of the country has pushing professionals out of the country. The flight of professionals from the country and the VFS could thus be a result of professionals migrating to other countries. The flight of professionals could be used to explain the use of poorly trained and incompetent personnel in the VFS. As a result of staff shortages, the VFS is made to do with the few professional available. For example, within the medical profession; nurses are now allowed to do medical examinations of CSA survivors. Another possible explanation for the lack of specialists and competent professionals in the VFS is the exodus of professional out of the public sector into the more rewarding private sector. It can be argued that due to poor remuneration and working condition that obtain in the public sector professional leave the public sector.

In addition, professional migrate in search of opportunities for growth and professional advancement. Due to under development in Zimbabwe, it can be argued that highly specialised professional may find prospects of growth in other countries. Furthermore, while not disqualifying political and economic challenges as a possible explanation for the flight of professionals, the exodus of highly skilled professional may be caused by receiving countries. The ability of receiving countries to pay attractive remuneration may be another explanation. The argument that professionals migrate for a variety of reasons is consistent with the conclusions by Dywili, Bonner and O'brien (2013) who argue that although economic factors are the most commonly reported reasons for migration, professionals also migrate for professional, political, social and personal factors. Research by Poppe, Jirovsky, Blacklock, Laxmikanth, Moosa and Maeseneer(2014) proved that professional training opportunities are an important factor for migration. It can be reasoned that professional migrates for a variety of reasons. The flight of professionals: intra country and international can therefore be used to explain the low competency levels that exist.

There are various implications of using poorly trained personnel in the VFS. Stand-in professionals may fail to meet their professional role expectations. Interventions offered by

the VFS may fail to address the effects. In addition, CSA survivors become guinea pigs on which professionals acquire experiences. When CSA professional gain the necessary experience they then leave for the developed economies for better lives and working conditions while the country continues to experience poor quality services and interventions. Again, at the investigation and judiciary services level in the VFS, the use of poorly trained personnel may result in the poor collection of forensic evidence. Low competency and low skills levels within the VFS can result in CSA offenses being thrown out of the court system. In addition, CSA offenders may be acquitted as the defence lawyers question competencies of the professionals as expert witnesses. Furthermore, perpetrators may be discharged back into society. In the end the VFS service users: the child survivor, the family and community, may lose confidence in the judiciary system hence not reporting cases of sexual abuse thereafter. The net result the acquittal of CSA offenders is loss of confidence in the VFS, discouragement in using VFS services and a cycle of CSA.

At another level, the lack of specialists may affect the quality of evidence collected. As noted above, the VFS lacks specialists in the different organisations. Low competency and skills levels affect the whole VFS chain and process. At the medical and policing level, low competency and skills levels may result in the non-collection of the evidence or the collection of compromised evidence. Compromised evidence is more likely to lead in CSA offences being thrown out of the justice system of the VFS. In the end low competency and skills levels may affect the whole chain and processes in the system. The argument that lack of low competency and skills levels compromises legal outcomes is supported by Population Council (2008) and Justice Service Commission (2012) who note that poor collection of forensic evidence leads to poor legal outcomes which are important to confirm the occurrence of CSA. In addition, evidence is needed to prove or disapprove a correlation between the alleged perpetrator and the abuse.

The release of perpetrators due to lack of evidence or compromised evidence, may further traumatise the child and denying them healing through denial of justice. The dismissal of cases further traumatises child survivors as perpetrators are released back into the family and community that the child lives in. Research by Lalor and McElvaney 2010; Chitereka 2012 and Kheswa 2014), shows that the majority of CSA perpetrators are related or close to the child survivor. Releasing CSA offenders back in the community has the potential effect of CSA offenders committing CSA offences in the future: revictimising the presenting child or

committing CSA offences on other children. To counter low competency and low skills levels the VFS may consider investing in in-house training. From the study findings, it can therefore be argued that the VFS lacks specialised and competent staff. Migration and exodus of highly skilled and competent staff contributes to lack of specialised and competent staff in the VFS. The lack of specialised and competent professionals affects the child and their ecological environment. It is argued that CSA survivors and their non offending family members are more likely to receive poor service. In addition, CSA survivors are potentially used as guinea pigs. The VFS is more likely to experience drawbacks such as poor investigations and services, non acquittal of CSA offenders, sentencing of innocent persons and failure to break the CSA cycle.

8.3 Economic resources limitation

The following section looks at the economic challenges experienced by the VFS. These challenges relate to interruption of service delivery due to withdrawal of funding, logistical constrains and burden of cost on survivors and their families**.**

8.3.1 Lack of continuity in service delivery due to withdrawal of funding

One of the notable challenges of the VFS is the lack of continuity in service delivery due to withdrawal of donor funding. Participants explained that the VFS is largely donor funded and the withdrawal of donor funding affects continuity in service in both government departments and Non-Governmental Organisations. Participants noted that funding limitations were particularly direr in government departments. According to participants, funding is required to pay for witness expenses, travel, accommodation and medication and administrative expenses: equipment, drugs, salaries, transport and stationary. Participants stated that withdrawal of funding by donors was due to economic and political factors and that there was no guarantee for continued funding. Participants also noted that the withdrawal of donor funding resulted in the closure of some NGOs thus interrupting service delivery to child survivors. The lack of continuity in VFS service delivery due to withdrawal of funding is evident from the following comments by participants:

In general there is no funding coming in Zimbabwe there are no donors coming in a lot of donors are closing because of economic and political situation (Participant 4).

The project is time framed. So when the project ends it ends. The reliance on donor funding is like there is no guarantee of continuation of the interventions of the civic society. We may not

have the funding at that moment some donors renew like for instances we have been renewing but they will be grey periods where money is not available (Participant 10).

*Well, some of the smaller NGOs are actually closing (*Participant 15).

From the participants' accounts above, the researcher made the observation that withdrawal of funds affects CSA stakeholders. At the level of VFS organisations, withdrawal of funds affects organisational operations. The withdrawal of funds by donor has implications on programme sustainability and continuity. VFS organisations require resources to sustain operations: provide services and programmes payment of utility bills, staff remuneration, consumables and equipment. The withdrawal of funding also impacts the ability of VFS organisations to attract and retain competent staff. Consequently, the required specialist and competent personnel leave for greener pastures in private practice or migration to other countries. According to Kanyenze, Kondo, Chitambira and Martens (2011) and Chitereka (2012) Zimbabwe has experienced waves of a brain drain losing professionals to other countries**.** The current finding that the VFS lacks continuity in service delivery due to withdrawal of funding may also explain other challenges faced by the VFS: lack of specialised training and experience, staff shortages and low competency and skills levels. This study argues that lack of specialised training and experience, staff shortages and low competency and skills levels has negative effects on the child and their ecology: delays, performance deficiency and creation of burden of cost for the VFS and clients and poor service.

At the level of CSA survivors and their families, the withdrawal of funding will affect service availability, accessibility, create burden of cost and quality of services. The children tend to pay the price in the form of non-availability of services as the NGOs fail to fulfil their mandates within the VFS owing to withdrawal of funding and resources. The closure by some NGOs may result in the non-availability of services. There could be implications of the non-availability of CSA services in Zimbabwe. Firstly, given the magnitude of the CSA problem in the country and the argument that CSA is on the rise, many children may have to leave with the negative effects of the CSA. Secondly, the cycle of CSA will continue if prevention, awareness and interventions fail to take off. Failure to intervene also means the perpetuation of the negative short and long term effects of CSA. Funding anomalies and poor fund allocation for child protection programming such as the VFS can place children at risk of abuse. Poor funding affects prevention programmes and response efforts, intervention strategies and programme outcomes. The argument that poor funding affects CSA interventions resonates

well with the observations of Jones and Jemmott (2009) who observed that CSA interventions in the Eastern Caribbean were affected by poor financing.

It is evident from the above accounts that stakeholder lack continuity in service delivery due to withdrawal of funding which affects the CSA ecology: organisations and CSA survivours. It can therefore be argued that the reliance of the VFS on donor funds and resources affects VFS services and the ability of VFS organisations to make independent decisions. In addition the reliance on donor support affects the VFS's ability to provide both quality and numerical services to CSA service users: the child, and non offending families.

8.3.2 Limited access to appropriate infrastructure and logistical constraints

The study participants painted a grim picture of a system fraught with logistical constraints. Participants explained that professionals working in the field of CSA have limited access to appropriate infrastructure and logistical constraints needed to accomplish their professional roles. Participants singled out lack of transport and accommodation as examples of limited access to appropriate infrastructure and logistical constraints. Transport is needed to make home visits, follow ups, investigations, escorting the child to service providers and the justice system. Participants also explained that the non availability of transport and a poor transport system where key factors that lead to an ineffective VFS. According to the participant, professionals need appropriate transport to do investigations and home visits in remote areas. Some of the areas they covered are located in remote areas and that there are no normal buses which travel to those distances because of bad roads. Participants explained that as a result of a lack of transport professionals use public transport to escort CSA survivors and witnesses to the service points. Participants further explained that in some cases they had to travel together with CSA survivors and CSA offenders. Putting the CSA offender and the CSA survivor together may cause trauma and may lead to the withdrawal of witness testimonies. Again, the conditions that witnesses had to endure while travelling could result in them withdrawing their cooperation and testimonies. Participants also made it clear that the VFS suffered from poor infrastructure in the form of facilities to be utilised by the survivors, such as accommodation to put up during treatment and the justice processes. Poor accommodation and transport conditions we said to be detrimental to the child, professional and witnesses. One of the files used in this study reaffirmed the observation by participants that the VFS forum experienced limited access to appropriate infrastructure. The court acknowledged that probation offer

failed to carry out their duty due to limited access to appropriate infrastructure. The limited access to appropriate infrastructure and logistical constraints is evident from the following comments by participants:

One of the major hindrances is not having the money to travel. It becomes a challenge if you are a key witness and you do not have money to travel. Sometimes people (witnesses) are made to travel in an open truck. They ask themselves why they should travel to give testimonies in court. They may withdraw their cooperation (Participant 11).

Yes there are challenges. You know with Gokwe, places are located in remote areas and there are no normal buses which travel to those distances because of bad roads. So these people resort to using private cars. You see they are exorbitant (Participant 29).

They are underfunded in terms of transport for home assessment and visit. They may not have fuel and the car in the first instance. They do not have transport most of them utilise public transport (Participant 2)

Due to a lake of witness quarters you can find witnesses and the child having to put up at police stations sleeping on the benches in the charge office (Participant 11).

The challenge highlighted above was also collaborated by court files. One of the files read:

The probation officer failed to interact with the survivors due to distance and transport challenges (Gokwe case 65).

From the participants' accounts above, the researcher makes the observation that professionals working with child survivors have limited access to appropriate infrastructure and experience logistical constraints. Limited access to appropriate infrastructure and experiencing logistical constraints affect stakeholders: survivours, organisations and families in many ways. Firstly, limited access to appropriate infrastructure and experiencing logistical constraints arguably affects the quality of services that the VFS provides to clients. It can be argued that organisations provide piece meal interventions that affect the quality of services. The lack of transport for example affects the quality and nature of investigations. The poor investigations also affect the quality of evidence that is produced. The poor evidence has ramification of the judgements made. Again, limited access to appropriate infrastructure and logistical constraints limits the number of visits and contact that professional have with the CSA survivor. According to Leander (2010), CSA survivors may need more than one interview to make complete and informative CSA disclosures. Children may require more visits and contact with professionals. In view of the current finding of limited access to appropriate infrastructure and experiencing

logistical constraints, CSA survivours are denied much needed visits and contact with professionals. It therefore follows that CSA survivours may not be getting quality interventions in line with global best practices.

Secondly, limited access to appropriate infrastructure and experience logistical constraints may cause delays that will be felt downstream in the VFS. It is clear that service delivery is affected. In addition, it can be argued that there are downstream effects as effects at one level of The VFS affected the next level of intervention. At the level of the CSA survivors, a poor transport system for example may result in delayed medical attention for the CSA survivor. Delays in receiving medical attention have serious ramifications on the health of the child survivor. Given the exposure of CSA survivors to HIV infection and pregnancy, a reliable transport system is critical in the mitigation of CSA negative effects. Delays may cause CSA survivors to miss out on critical medical interventions: post exposure prophylaxis and prevention of pregnancy.

Thirdly, limited access to appropriate infrastructure and experiencing logistical constraints causes secondary trauma in CSA survivors and their families. Child survivors do not only have to endure the effects of CSA but also have to undergo painful experiences to get interventions and healing hence subjecting them to secondary trauma. Child survivors do not only have to endure the effects of CSA but also have to undergo painful experiences to get interventions and healing hence subjecting them to secondary trauma. This adds trauma on the child survivors. While children are separated from the perpetrator in the court system for fear of influencing the children's testimony; the influence may have occurred during travel. This can also explain the challenge raised by participants of cases being withdrawn. In addition to the therapeutic interventions, there is therefore need for the VFS to look at related logistical support services for personnel and survivors. The need for child survivor protection and family assessments cannot be underestimated. Child welfare and protection services need transport to make home visits to make appropriate protection assessments and placing the child in places of safety. The absence of logistical support results in children being subjected to pressure and victimisation in 'hostile environments' further traumatises the child. A child's safety is one of the most important needs and should be regarded as an emergency. Limited access to appropriate infrastructure and logistical constraints therefore results in child survivors going back to the same abusive environment.

Lastly, limited access to appropriate infrastructure and experience logistical constraints may cause non offending family members to withdraw their support. Given the burden and effort that may be required in the face of limited access to appropriate infrastructure and experience logistical constraints such as accommodation and transport, witnesses and family member may withdrew cooperation. It is evident from the above accounts that the lack of support creates the burden of cost on survivors and their families. In view of the logistical challenges faced by the VFS, families may have to meet accommodation and transport costs. Additional burdens and expectations may result in withdrawal of support by witnesses and family members. Foster (2014) argues that while families can be sources of support, they may also be a source of tremendous hurt following disclosure or discovery of child sexual abuse (CSA) through actions such as disbelief, continuing a relationship with the perpetrator, communicating that the child was at fault, or asserting that the abuse should be hidden or forgotten. From the study findings, it can therefore be argued that limited access to appropriate infrastructure and experience logistical constraints results in poor service delivery, secondary trauma for CSA survivors and their families, potential extra costs and withdrawal of support; all to the detriment of the CSA survivors.

8.3.3 Shortages of necessary equipment

It became clear from the participants' accounts that some of the VFS stakeholders, professionals and VFS organisations, lack material and consumables for use during the course of their work. Stakeholders in the VFS require consumables to use in their line of work. Professionals and VFS organisations: statutory and none statutory VFS organisations, require furniture stationery and computers. A lack of necessary equipment and technology, is evident in VFS organisations particularly government departments. Despite the recognition of the benefits of using technologies such as DNA to prove or disprove CSA, such technologies is not available in the VFS. While the VFS currently relies on the use of rape kits to collect forensic evidence, these were not being utilised. Collection of forensic evidence such as body fluids, hairs and clothing using the standard rape kit is currently not available in Zimbabwe, owing to resource constraints. The participants identified equipment shortages within the VFS. Participants made the following remarks:

They [VFS organisations] do not even have computers and so forth (Participant 3).

There are instances where the required service may be unavailable. The alternative would be to get these on the market (Participant 8).

For every survivor who is seen here and had an examination you should fill in a medical affidavit and we always have them. The rape kits are provided for by the police. We are not allowed to have our own rape kits. They should come with the police together with the survivor. At the moment the police do not have these rape kits. They are not coming with them. The last time I heard they were expired. And for now I don't know why they are not coming with them and if they are not which means they are not available or I am not quite sure (Participant 13).

One other thing that is affecting the police is that they do not have adequate material resources like photocopying machines to make copies of court documents. They even do not have the paper. They do not have money for that. So sometimes we have to take our own paper to give them for use to aid the VFS process. If we had the copies the process would be smooth. Many times there are delays because we do not have the necessary material resources (Participant 34).

The gathering of evidence is challenging. We do not have the laboratories. We rely on physical examinations. The accuracy sometimes is questionable. DNA is there but not for everyone. DNA is only available for selected cases from Harare. At the end it's the word of the child against the accused (Participant 29).

We wish we had more space but when you are given something for free you will go with what you get (Participant 1).

We have places of safety but they cannot accommodate everyone (Participant 5).

From the participants' accounts above, the researcher deducts that the VFS faces shortages of necessary equipment. This study found out that the status quo had not changed. If at all the shortage of necessary equipment has worsened. The shortage of office consumables and machinery may have numerous implications on the VFS. The equipment shortage may result in systematic delays. Delays may result as officials look for the necessary resources to facilitate interventions. The lack of transport for example may result in investigators delaying to reach the child's environment causing delays in the collection of evidence; delayed medical, social, legal and psychological interventions for the child and downstream delays in the system. Secondly, the lack of rape kits may result in poorly collected or contaminated evidence that cannot be used in the judicial system. This may produce legal loopholes that may result in the acquittal of perpetrators. Lastly, the above effects may further traumatise the affected child and the family.

CSA interventions require considerable resources; both economic and human. The lack of resources has the effect of derailing the provision of VFS services by stakeholders to the detriment of CSA survivors and the community at large. It is evident that the VFS is under

resourced and that this affects the provision of quality and timely services. While government speaks of its commitment to the VFS through the enactment of facilitating legislation and statutory provision; such commitment has not been matched with resource allocation. Commitment should be shown through resource allocation. The VFS does not have and does not control its own resources. It is clear that the government departments in the VFS do not have resources designated to the VFS. The VFS is taken as additional duties placed under the departments and professionals without matching resources. Without resource commitment, the VFS will not attain its purpose and potential. The VFS is and will continue to be undermined by the unavailability of adequate economic, human and infrastructural resources potentially undermining service outcomes and quality. Failure to commit specific and designate resources will result in the VFS failing to meet its mandate at all levels to the detriment of survivors' therapeutic needs: medical, psychological and justice needs. The lack of office space compromises professional ethics such as confidentiality, through the sharing offices and limited records storage space. The current finding of shortage of equipment resonates well with Mupedziswa and Ushamba (2006) who identified shortages of resources among social workers in Zimbabwe. It can be argued that the lack of equipment within the VFS can be as a result of lack of political will and commitment by the government. Resultantly, the shortage of equipment affects service delivery, the child, the family and staff output.

8.3.4Governance and operational deficiencies

A number of challenges were identified in the operations and corporate governance of the VFS. These short comings affect the smooth running and responsiveness of the system. The following section looks at the different operational and governance deficiencies identified within the VFS.

8.2.2.1 Sporadic attendance of VFS Board meetings

Sporadic attendance of VFS board meetings is one of the governance and operational challenges identified in the study. One of the participants bemoaned the poor attendance of meeting by regional and national representatives. The participant observed that key government department representatives often failed to attend VFS meetings. The participant observed that key government department representatives missed meetings despite their key role and function. In the course of fieldwork and data collection observations by the researcher confirmed the sporadic attendance of VFS board meetings by stakeholder representatives.

Official attendance registers confirmed sporadic meeting attendances by organisational representatives. The erratic attendance to VFS meetings affected the resolution of challenges and decision making. The lack of representation on the VFS at both national and regional levels affects the governance, functions and smooth running of the VFS. The sporadic attendance of VFS board meetings challenge was also picked up by one participant who said:

The other challenge is sporadic attendance of meetings. There are members whom despite being part of the Victim Friendly Committees do not attend meetings. An example is Child Protection who is the legal guardians of children. It is very rare for them to attend meetings. The Registrar General Office responsible for the registration of children does not attend. May be as people in the government they have their reasons for nonattendance. But it will be courteous for them to give apologies because they are major players in the System (Participant 34).

It is also clear from this participant's account that the sporadic attendance of meetings affects the smooth running of multisectorial forums such as the VFS. Absenteeism from VFS board meetings may compromise the function of the board at the three levels highlighted above. The lack of participation and absenteeism from meetings therefore result in child survivors losing on the collective wisdom that potentially would have improved the services and intervention strategies. The procedure is that the members take the advice and recommendations on service improvements and suggestions back to their organisations for implementation and policy suggestions.

Regional VFS Boards are meant to address operational challenges and bottlenecks that affect the roles of other stakeholders. The assumption is that national board discuss policy and strategic issues while the regional boards apply and inform policy, as well as deal with operational issues. VFS Regional meetings are an opportunity to discuss the operational challenges and bring solutions to them. Where challenges are caused by policy, they are then escalated to the national level for finality. In the absence of regional representation the operational and practical challenges that children face are not addressed. Challenges remain abstract with no solutions offered. Opportunities to contribute to the modification and development of policy through the contributions to the national board are lost. While addressing operational issues, VFS Regional Boards should present policy issues and

challenges that affect their day to day work. The absenteeism from VFS boards therefore means such opportunity to influence and contribute to policy is lost.

One of the functions of National VFS Boards is attend to policy issues and inadequacies. The sporadic attendance of regional meetings results in issues not being addressed thus affecting the children who need the service. It was evident from the meetings attended by the researchers during the course of the research that some organisations missed consecutive meetings and decisions could not be made. It is therefore, argued that due to the sporadic attendance of VFS meetings , the VFS losses out on the benefits members bring to board meetings. Chikadzi (2013) argues that effective boards contribute in the success of organisations. Chikadzi (2013) identifies three broad functions. First, boards function to ensure the smooth governance of the organisation through stewardship of assets that belong to the organisation. Again, boards ensure adherence to the mission, holding staff accountable for their work and ensuring that the organisation is run in such a way that all practices are done in accordance with the law and adherence to all legal obligations. Second, boards contribute largely to the framing of the organisations' strategic direction by influencing how organisations are run. Lastly, boards can also operate at an advanced level of not only thinking about the strategic direction of the organisation but also generating innovative ideas on how the organisation can approach its work in order to increase its impact on the communities served. It therefore follows that the VFS losses from the benefits of board oversight at the regional and national level due to sporadic attendance of VFS board meetings. This finding is important to consider, given the contribution the National VFS and Regional VFS committees can make to the VFS: mobilisation of resources and the diverse range of skills that board members bring to boards as a result of sporadic attendance of VFS Board meetings.

8.3.5Systematic and institutional discrimination

In addition, governance and operational deficiency: sporadic attendance of VFS board meetings , the study participants brought out systematic and institutional discrimination as a challenge in the Victim Friendly System in relation to children with disabilities. In this context systematic and institutional discrimination refers to all actions or inactions that discriminate against children with disability such as the use of disability incentive communication, physical barriers to VFS infrastructure, any actions or lack of action that prohibits children with disability active participation in CSA prevention and treatment. Participants observed discrimination of children with disabilities perpetrated by the system and institutions

(organisations) in the VFS. Participants argued that systematic and institutional discrimination is a reflection and function of societal insensitivity. The institutional discrimination of persons with disabilities was observable in the organisational policies and service processes. It was clear in the minds of some participants that despite the vulnerability and disadvantaged position of children with disability, organisations in the VFS had little consideration for children with disabilities. A series of systemic institutional discriminatory challenges within VFS organisations were identified by the participants of this study. According to the participants, children with disabilities experience challenges such as communication barriers, delays in receiving services, lack of participation and lack of information. Participants further observed that most VFS interventions, policies and programmes are not sensitive to the needs of children with disabilities. This is evident in how, for instance, VFS buildings and facilities are in themselves physical barriers to assisting children with special needs; a case in point is the inability of professionals to communicate with deaf children. Participants noted systematic and institutional discriminatory issues and failures in the VFS, on children with disabilities. Commenting on systematic and institutional discrimination, one of the key informants argued that discrimination is a reflection and product of wider societal attitudes. In addition, the key informant identified the use of disability unfriendly and inaccessible medium of communication as examples of systematic and institutional discrimination. The systematic and institutional discriminative nature of the VFS is evident from the following comments by participants:

We have some organisations again which plan something [programmes] but … never think about the disabled people. For example some years back Organisation X was doing a medical theme advert but did not get to the deaf community. From the campaign a lot of the deaf boys thought their manhood was going to be cut off. Organisations and campaigns do not focus or consider the deaf in interventions like the language barrier. Information is not being disseminated in a mode that the rest of the population understand for example the deaf would want to use sign language then we have the blind who want it in braille (Participant 4).

We have realised this is [children with disability are] a very vulnerable constituency since they are disadvantaged they are left out in most of the interventions (Participant 12).

Together with others we have realised that there is a gap there in terms of children with disabilities. We have identified issues for example communication barriers. We realise they do not have communication skills for example sign language to communicate with these people. So how do they assist these people [people with disabilities] when they come before them for services? There are delays in completing the cases involving persons with disabilities, especially the mentally challenged because at law these people are supposed to go for

psychiatric assessment. In most cases they [psychiatric evaluations] are only done in Harare, Bulawayo and a few other places where we can get psychiatrist, nurses and doctors to perform these psychiatric evaluations. They [perpetrators or their defence lawyers] will say if the person has mental challenge so why are you taking the word that this is what they are saying so this is how some cases are lost (Participant 10).

People are a product of their environment nor society in other words as you are there what we must see in you is how you were socialised even when it comes to programming the programmes are going to be formed with some kind of framework reference about reality that you have so until or unless some elaborate attempt has been made to sector in disability first of all we have been the general mainstream of society before we even talk about programming nothing will come forward, like I told you when people were programming or rather issues of children's rights nobody thought that radio was not an accessible form of communication even a pamphlet not only that not even to children with disabilities but one or two children in the villages, understand it (Key Informant 2).

The above participants 'reports suggest that the VFS forum systematically discriminates against children with disabilities. Children with disabilities are discriminated against by the VFS in many ways. Firstly, the inability of organisations to employ professionals who are able to communicate with children with disabilities is in itself discrimination. It was the finding of this study that one of the specialised skills lacking in the VFS is professionals' inability to sign. The lack of professional who are able to sign shows systematic and institutional discrimination against children with disabilities on the part of the VFS. While acknowledging the employment of interpreters in the court system, interpreters were not universally available in the VFS. In the court system where interpreter are available, there is still potential for communication challenges. Their interpreters mostly deal with formal sign language when in reality disabled children use informal and home sign language. Such policies and procedures in the court system thus inevitably discriminate against children with disabilities. It can be argued that the processes and procedures of the VFS deny children with disabilities their rights through the failures of VFS.

Secondly, the Information Education and Communication (IEC) material used to disseminate information and programmes does not accommodate children with disabilities. Children with disabilities are discriminated through the lack of VFS literature and material in disability friendly versions: braille and sign language. The failure to accommodate disability communication mediums and material within the VFS: Information Education and Communication (IEC) material used further demonstrates the insensitive nature of the VFS.

Thirdly, the VFS systematically discriminates against children with disabilities through physical barriers that make VFS infrastructure inaccessible to children with disabilities. In the course of fieldwork, the observation by the researcher was that, children with disability had to endure the physical barriers to access the child friendly rooms at court particularly in Gokwe. The physical barriers meant children with physical disabilities could not benefit from the 'child friendly rooms,' relative to children without disabilities. It was the finding of this study that the introduction of the VFS created a suitable environment that is conducive for children. The inability of children with disabilities to access the VFS infrastructure means that they do not benefits from the creation of a suitable environment that is conducive for children through the removal of communication barriers, the use of culturally acceptable words and language, removal of trauma and restoration of dignity and worth of the CSA survivor and their non offending family members.

The systematic and institutional discrimination inherent in the VFS has implications for CSA survivors with disabilities. It can be argued that children with disabilities were more likely not to participate in VFS interventions: treatment and primary preventative initiatives outreach activities. At the various VFS therapeutic and justice intervention levels, children with disabilities may be denied the ability to communicate and interact with professions. Most professionals are not well versed with the use of disability appropriate languages. While interpreters may be provided, there may be differences in the languages as the children with disability may not have attended formal school. The differences in the sign languages dialect: home based sign language and school based sign language brings into question the accuracy of the interpreted account of events. Furthermore, differences in the languages can produce therapeutic knock on effects as diagnosis mad interventions applied may not reflect what the child would have communicated. At the level of CSA primary prevention, they are left out by the messages and communication made by organisations.

It is evident from the above accounts that the VFS discriminates against children with disability and remains largely out of reach of children with disabilities. In addition, systematic and institutional discrimination against children with disabilities is reflected by the VFS's failed attempts to promote social inclusion in programmes they design. VFS programmes are mostly designed for the able bodied. This current finding that children with disabilities face social exclusion within the VFS gives weight to earlier arguments that person with disability are excluded from society: access to social services and opportunity. In addition, it has been argued

that stigma and societal attitudes on disability promote systematic and institutional discrimination of people with disabilities. Mutetwa and Nyikahadzoi (2013) concluded that social exclusion is a key predicament faced by children with disabilities. Barnes (2012) argues that people with disabilities face systematic and institutional discrimination in the British and international labour market. Quinn, Hunter, Ray, Quadir, Sen and Cumming (2016) also found social exclusion among Bangladeshi women with disabilities in the areas of formal education, formal work, public facilities, marriage and exclusion from community activities and social groups. It is therefore the researcher's conclusion that like in all social spheres, children with disabilities are systematically excluded in the VFS. Despite this study's finding that disability is a key CSA socioeconomic circumstance, systematic and institutional discrimination within the VFS increases CSA vulnerability of children with disability. This insensitivity denies children with disability participation in the VFS at various levels. In addition, it is argued that stigma and societal attitudes on disability promote systematic and institutional discrimination of people with disabilities.

8.3.6 Corruption allegations

Some participants made allegations of corruption within the VFS. In this context, corruption is defined as the abuse of office for private gain (Todaro and Smith, 2011). Participants alleged that officials within the VFS were corrupt; they received payments to influence their professional opinion. Payoffs, briberies and exhortations are some of challenges in the VFS that emerged from our findings. Participants noted that although it was difficult to prove and ascertain; officials allegedly received payments to omit and distort statements and evidence of CSA offences. At the medical intervention level; it was alleged that medical professionals were paid to misrepresent findings and medical affidavits that were key in convicting perpetrators. At the prosecutors and the magistrate's levels; it was alleged that officials received bribes to overlook evidence to influence the trial outcome. Other examples of corrupt activities include the missing of documents and affidavits during trial. It was alleged that all the corrupt activities served to have the perpetrators acquitted and released. Participants also noted that incidents of corruption and bribery were more defined in the justice system. Participants make corruption allegations in the following comments:

Yes corruption is there and we cannot deny it. The burden with corruption is how to prove. Many clients complain that their cases were not dealt with properly. They complain that the police, magistrate, and prosecutors were paid to influence the case in favor of accused person. They claim that dockets or some of the evidence goes missing or some of the statements might

not be exactly what would have not been given by the complainant. So corruption is there but the burden is on proving the allegations (Participant 2).

There are cases were medical documents go missing from court papers and files yet we will have handed them our medical affidavits and findings. They will come back asking for duplicates which we will not have. I just saying there are allegations of corruption or bribery in the System (Participant 7).

I have talked about interference to make sure that the cases are swept under the carpet by the family. At times you will see that the police officer aid them to see that the case is not successful. You will see the police officer saying the witness cannot be located. And you will see that police officer does not make any effort to find the accused and can only compile the affidavit to say that the witnesses are no longer located and their whereabouts are unknown. Two weeks ago I rejected such an affidavit in the proceeding and saying this police officer has not done enough (Participant 29).

The above statements present corruption as a challenge within the VFS. The findings show that the VFS is allegedly fraught with corrupt activities that affect the outcome of the CSA interventions, much to the detriment of the legal outcome, the child healing process and the resultant trauma. Firstly, allegations of corruption in the VFS pose serious threats to the delivery of services and the attainment of VFS objectives: providing medical, psychological and justice services. If the corruption allegation is true, corruption functions to deny children access to VFS services. It can be argued that CSA survivors losing out on the necessary intervention on the basis of false records.

Secondly, allegations of corruption if true result in service users losing confidence in the VFS. It can be argued that when people loss confidence in a system they may find it pointless to peruse interventions: medical and legal interventions. The VFS losses credibility when service users feel that CSA offenders can commit CSA offenses with impunity due to corruption. This view is in line with Emran, Islam and Shilpi (2013) who argue that the rich are more likely to pay bribes. It therefore follows that the rich would continue being the untouchables in the VFS, if they are perpetrators. Corruption has the tendency of shadowing the relevance of the VFS, increase underreporting of CSA cases and health seeking behaviours. Corruption or corruption allegations render the VFS inactive and only appearing to administer justice to those who can pay, or in positions of authority. Service users need to have confidence in the services for them to pursue interventions. Corruption allegations therefore erode confidence in the VFS interventions. It was the finding that there is a challenge of underreporting. Corruption if true

can serve to dissuade CSA survivours and families from pursuing VFS intervention. It is therefore important to educate, inform and communicate with all relevant VFS stakeholders.

Thirdly, corruption if founded, results in the loss of time and economic resources. The pursuance of intervention may be taken as a waste of resources: productive time and economic resources. It was also the finding of this study that CSA survivors and their families face the extra burden of costs in pursuance of VFS interventions. Therefore, if corruption allegations are founded, pursuance of VFS service becomes a waste of resources.

It is evident from the above accounts that the VFS is allegedly corrupt. Corruption or allegations of corruptions within the VFS has negative outcomes for VFS stakeholders. It can be argued that corruption of even allegations of corruption erodes public confidence in the VFS. It can also be argued that if founded, corruption denies CSA survivors access to critical integrated interventions in the face of short to long term effects of CSA. Furthermore, it can be argued that corruption results in economic losses: lost productive time and financial resources, given the costs involved in pursuing VFS interventions. This current finding of corruption allegation serve to give credence to the notion that corruption in Zimbabwe has reached extreme levels. According to the Department of International Development (DFID, 2013) and The Herald (13 September, 2016), corruption in both the public and private sectors of Zimbabwe has reached alarming levels and seems to be on the increase. Harrison (2004) and Uneke (2010) maintain that corruption corrodes public confidence in public institutions and the VFS is no exception. The implications of corruption on the VFS include erosion of credibility of the VFS, underreporting, costs for CSA survivors and trauma for CSA survivors. Transparency and accountability measures such as rigorous case tracking and audit could assist in curbing corruption. In addition, where there is suspicion of corruption and fraud; the VFS should always follow up on corruption allegations and take action. It is therefore important to educate, inform and communicate with all relevant VFS stakeholders.

8.3.7 Lack of a common strategy

Another notable governance and operational challenge facing the VFS is the lack of a common strategy. Participants complained that the VFS lacked a strategic plan that guides the system as a collective. Participant explained that while the VFS managed to integrate services to the benefit of stakeholders, the forum lacked a common plan of action that informed direction. Participants complained that the VFS lacked a strategic plan that guides the system as a

collective. According to participants, VFS did not have an all encompassing strategy that informs individual organisations and their specific intervention area. It was argued that the VFS forum was only a confluence of individual services and programmes crafted by individual service providers. Participants cited the lack of a commonly worked forum strategy and commonly produced Information Education and Communication material as examples lack of a common strategy and individual organisation outlook within the VFS. Participants mourned the lost opportunities for a common strategy that include orderly implementation and collective ownership and participation. Lack of a VFS common strategy is evident from the following comments by participants:

The other challenge is that there is no one overall strategy. You tend to have the compartmentalisation of organisational strategies and working as silos. Implementing partners are coming up with individual plans and strategies. We only link at implementation in a haphazard manner. Yes we have one vision but we do not share one strategy informed by all organisations. I think it is importance to come up with overall strategies [a collective strategy and plan] (Participant 22).

All the stakeholders within the system are not really moving together they are sort of disjointed ……. we are saying everybody is involved. We should at least have the common thinking in practices and strategy ….it becomes a system (Participant 6).

For me the VFS remains a loose system. There is nothing that they produce as a group but rather as individual stakeholders. Individual stakeholders in the system produce material as individuals. They are not making effort to produce information as a unit (Participant 10).

It is evident from the participants' accounts above that the VFS needs to work hard to foster a strong team ethic. To achieve common goals as a system, VFS stakeholders have to work as a team, coming up with strategic plans that guide them towards the attainment of the laid down objectives. It is common for organisations to have strategic plans that give directions. Such plans can be formulated at board and management levels. The VFS is made up of different role players who play different roles towards the attainment of the common goal. While VFS stakeholders have individual organisational strategies, it is expected that the VFS has a global strategy towards the attainment of its universal goals. Working as single organisations can be explained by the lack of a common strategy that all members and organisations contribute to. The lack of global goals that every VFS member contributes to, may explain why members seem to be working individually and this affects the VFS.

One of the goals of the VFS intervention is for the child to receive holistic therapeutic services. The absence of systems outlook to intervention results in the disjointed services that may fail to address all the child's needs. It may also result in the duplication of services thereby depleting the already insufficient resource base including professionals who may have provided intervention.

The VFS is largely donor funded and the lack of team work may result in competition for resources as organisations submit proposals that may contain the same work and intervention instead of submitting other areas that they could have missed. Organisations may find themselves working not only in the same area of intervention but also in the same geographical area due to lack of coordination and teamwork. Other areas in the country may be without organisations providing interventions and support while others overflow with services and interventions resulting in skewed service provision in the country. There is therefore need to consider sharing organisational plans and information as well as the VFS coming up with strategic plans that all contribute to and influence; reflecting each stakeholder's responsibilities as objective areas that contribute towards these goals. These responsibilities could be subjected to periodic scrutiny and evaluation. This would ensure that members are on track and that services are complimentary.

8.4 One centre of power phenomenon

Participants also identified the one centre of power phenomenon is another governance and operational challenge in the VFS. The one centre of power phenomenon in this case refers to the centralisation and monopolisation of decision making by one person. The participants identified the centralisation and monopolisation of decision making, power to attend critical meetings and power to resolve challenges by some VFS members. Participants explained that decision making was centralised in some VFS organisations. In the absence of the decision maker no decisions could be made. Such a situation has the effect of delaying the making of decisions within the VFS. The centrality of decision making can operate at organisation level, the leadership and at the VFS National level where only the National VFS makes decisions. In the course of fieldwork for the study, it was observed that during the VFS national meetings that the 'one centre of power phenomenon,' was evident. Decisions were deferred to later dates, pending the attendance of the dominant decision makers. In one occasion the meeting had to restart following the arrival of a representative at the end of one the meetings. According to

participants, there were instances where decisions cannot be made in the absence of the head of the organisation. Participants identified some of the effects of the one centre of power phenomenon as lack of decision making and delays in the finalisation of CSA cases. To solve the challenge of the one centre of power phenomenon one participant suggested alternate decision makers. The one centre of power phenomenon is evident in the following comments by participants. One participant made the following comment:

Without mentioning names of organisations, there are instances were decisions cannot be made in the absence of the head of the organisation. People will be saying they cannot do anything because the one with the power to decide is absent. I suggest that in the absence of decision makers there should be someone who is left and able to make decisions (Participants 13).

Another participant remarked:

Recently they actually brought a motor bike for us and it has been here for 4 months no permission to use them. And I am saying if a child is being abused there and I am parking the bike there waiting for the permission from the Director (Participant 38).

Cases are delayed when officers are off duty. You are told they are not available (Participants 7).

From the participants' accounts above, the researcher makes the observation that the VFS suffres from the one centre of power phenomenon. The researcher attended VFS meetings as an observer. The monopolisation of decision making within organisations within the VFS has the effect of delaying the system. It can be argued that the one centre of power phenomenon delays the making of decisions in the VFS which will lead to further delays downstream. The effects are compounded at the level of the child who will receive delayed responses. Delays will have major implications not only on the child survivors' health but also on the whole VFS as delays affect the outcomes in the VFS.

Again, it can also be argued that the one center of power phenomenon, may lead make officials take VFS lightly. The effects of centralised decision making on junior officers in the system is that they may not take meetings seriously as they appreciate that they cannot make any decisions. This could be used to explain the rampant truancy at regional meetings. Representatives may not see the need to attend the meetings as they may not have the power and authorisation to make decisions for and on behalf of their organisations. It can further be argued that the absence of VFS stakeholder representatives from VFS meetings further delays the VFS decision making. It can be argued that delays also deprive the VFS of meeting

contributions and perspectives that would have otherwise benefited interventions, operations and policy. Addressing challenges is also delayed while waiting for the return of the decision maker. The best interest of the child may be compromised while waiting for the return of the decision maker. Decision making has profound implications for the best interest of the child and CSA intervention outcomes. To minimise delays and to act in the best interest of the child survivors; there is need for organisations to decentralise power or have levels of decision making and alternate decision makers to avoid delays.

It is evident from the above accounts that the one centre of power phenomenon evident in the VFS is detriment to the operation of the VFS forum. Notwithstanding the cost of delegation, this current finding that the one center of power is detriment to the operation of organisations is consistent with the arguments for delegation. Colombow and Delmastroz (2004) show how organisations benefits from delegation of responsibility. Utilising a Manufacturing plant as an example, Colombow and Delmastroz (2004) argue that delegation benefits organisations through increased flow of information and quick response to problems in the absence of the principle. Similarly, van Houten (2009) argues that political parties as example of organisations benefit when principals delegate agents in terms of time, expertise or information. Bar-Gill and Sunstein (2015, p.8) add that ", delegation has significant advantages simply because it saves time and thus eliminates a kind of "bandwidth tax." It can be argued that the VFS forum losses out on above benefits of delegation. It can therefore be argued that the one center of power evident in the VFS is detrimental to the operations of the VFS forum: through delays and officials not taking meetings seriously. In addition, the VFS tends to loss on some of the benefits of delegation that include sharing of workloads, better time management and sharing of information and expertise.

8.5 Legal shortcomings

Despite the existence of a comprehensive legal framework for child protection in Zimbabwe, it is evident from the selected participants' accounts used in the study that the VFS experiences legal shortcomings. Zimbabwe is party to various international and regional conventions which have been domesticated into its national laws to protect children and in Zimbabwe CSA is a criminal offence and is punishable by law (Chitereka 2012; Gwirayi 2013). This study found a series of shortfalls in the VFS legal system. While there was wide affirmation of Zimbabwe's comprehensive child protection legal framework, participants noted legal loopholes in the

VFS system. The following section looks at the loopholes and challenges that are inherent in legal system.

8.5.1 Legal contradictions

Participants cited the legal contradictions as one legal shortfall in the VFS legal system. Participants observed that laws protecting children in Zimbabwe were not aligned and not in harmony. For participants lack of harmonised laws compromised the protection of children. Participants felt that there seemed to be lack of legal synergy and congruency in the laws, with laws contradicting each other. One scenario most cited by participants was the lack of alignment of laws to the new constitution passed in 2013. While the new supreme law provides for the protection of children, participants felt that years after its passing the laws such as the Customary Marriages Act remained unclear on the definition of a child. Another contradiction most cited by participants, is the definition of a child. While the Constitution of Zimbabwe Amendment Number 20 (2013) defines a child as any person below the age of 18 years, participants pointed that when it comes to issues of CSA and legal age of consent, current definitions define a child as 16 years. Participants argued that legal contradictions are in violation of the principles and rights contained in the Zimbabwean Constitution and the United Nations and African Union legal frameworks: to which Zimbabwe is a signatory. There seems to be contradictions in the laws that deal and speak to CSA. Participants explained that as a result of the legal contradictions CSA offenders were not being made to account for their transgressions. According to participants the lack of clarity in the definition of a child in the Customary Marriages Act caused challenges for legal protections: defining a child. Again, participants also argued that the legal contradictions made children CSA vulnerable. Participants further argued that legal loopholes were open to exploitation and manipulation by CSA offenders. Highlighting the contradiction, one participant noted the challenge as:

When we look at the constitution, it defines a child as being up to 18 years. But if you look at some of the laws that are in the country defines the child otherwise, like the current Children's Act, defines a child as a person below the age of 16. This actually opens some children to abuse. Then we also look at Marring Acts, the Customary one doesn't even give an age for marriage. Which is a big loophole; anybody can actually say I am marring this child under the Customary Act. Then when you look at the Civil one, it gives room for girl children to be married at 16, so this actually open girls for sexually activities. And when you look at the current age of consent at 12 we are talking about a grade 6, grade 7 children, we are saying she is capable to consent to sex. But do we really say at this age the child can appreciate the consequences of sexual activities at that age grade 6 grades 7. So those are some of the gaps that we see (Participant 17).

A second participant made the following remarks:

The problem is that our laws are not speaking to each other they contradict. That [contradiction] is the problem. You find child marriages and you find no one is being arrested for those child marriages because there is a law allowing that because the marriage law allows that and the other is saying children should be married when 18 years and above that is the contradiction (Participant 6).

Lastly another participant said:

Before the January constitutional ruling, a man could have sex with a child above 12 years and get away with it. He would agree marriage terms with the family and come before the court and say I am married to this child. Now the ruling nullifies marriages with girls under the age of 12 years even if the father consented. But it does not criminalise sexual intercourse with a child above 16 years. So a man can have sex with such a child and if they say they are in love then that is the end. This is a legal loophole that can be exploited (Participant 29).

The participants' narratives above bring out legal contradictions and a lack of legal synergy. Legal contradictions and a lack of synergy between the constitution, laws and international conventions, to which Zimbabwe is a signatory, have serious implications at different levels in the child' ecological environment. At the level of the macro level legal contradictions point to a flawed political system that fails to protect the most vulnerable in society. The laws in Zimbabwe are made through the lower house of parliament, the upper house and signed into law by the President of Zimbabwe. It can be argued that the lack of alignment of laws to the constitution three years after the adoption of the new constitution points to a serious negation of responsibilities and duty by public officials. In addition, the legal contradictions results in the violation of the principles and ideals that the country has signed up to. It can be argued that violation of international conventions affects a county's international standing.

At the level of the VFS, the lack of alignment and contradiction means that cases are continually looked at using archaic lenses, with serious legal implications and outcomes. In addition the lack of synergies and contradiction of laws leads to subjective interpretations resulting in selective applications of the law which may lead to different outcomes. Legal contradictions serve to violet child rights and children as right holders are failed by the very VFS legal system that should protect children from CSA and administer justice if violations have occurred. In addition, it can be argued that legal contradiction may result in failures within

the VFS. It can be argued that failures result in negative perceptions and attitudes towards the VFS, leading to a loss of relevance. The loss of relevance arguably leads to underreporting of CSA cases. This study identified under reporting as a challenge faced by the VFS.

At the micro level, legal contradictions may result in the miscarriage of justice and failure to get statutory protection. Justice should be seen to be done, for users to respect the system. It can be argued that legal contradictions may lead to miscarriage of justice which may result in legal service users losing confidence in the VFS. It is apparent from the selected accounts above that loopholes create legal technicalities that can be exploited by perpetrators resulting in the release of perpetrators. Legal loopholes and technicalities may result in abusers being released into the community leaving children vulnerable. As argued in the previous chapter, the release of CSA accused perpetrators has potentially negative effects on the child. In addition, it can be argued that releasing of CSA perpetrators may place other children at increased risk of CSA. Loss of confidence in the legal system may result in underreporting of cases. In addition miscarriage of justice may lead to secondary trauma for CSA survivors.

From the study findings, it can therefore be argued that legal contradictions have macro and micro implications for the child's ecology: affects a county's international standing, subjective interpretations, release of CSA offenders, increased risk of CSA, loss of confidence in the VFS, underreporting, loss of integrated CSA services and secondary trauma.

8.5.2 Witness interference

Witness interference was also identified as a legal challenge inherent in the VFS. In this context, witness interference refers all actions by the significant other: significant others: families and relatives that negatively influence or diminish the legal case, evidence and CSA survivors' statements and testimonies. The negative actions include withdrawal of cooperation with authorities; influencing CSA survivors to change their testimonies and statements; taking the child outside the court's jurisdiction and telling the CSA survivor what to say and what not to say to authorities and professionals. Witnesses including the child survivor will simply withdraw cooperation resulting in the case being withdrawn. The arrest of known CSA offenders motivated family members to take sides and attempt to influence legal outcomes. Participants stated that witness interference was a common occurrence in the VFS. The study participants explained that in most instances relatives interfere with witnesses by bring pressure on the child and other family members who could be witnesses in the case. Participants cited

incidences were relatives and even the child survivors changed statements to influence the legal outcome. According to the participants witness interference is a common occurrence within the VFS legal system resulting in the withdrawal of cases and or the acquittal of CSA offender. Examples of witness interference cited by participants include changing of statements, destroying of evidence, giving false evidence in court, becoming hostile witnesses before the court and movement of the child survivors away from the jurisdiction of the courts. Participants noted that witness interference was a planned family scheme that was designed to help CSA family offenders to elude justice. The witness interference challenge was corroborated by minutes of VFS meetings reviewed in the study. In one VFS meeting, meeting attendees discussed how relatives interfered and influence CSA survivors and witnesses to change their initial statements. Witness interference is also evident in CFS court files used in the study. Accused CSA offenders are acquitted and found guilty following the change of initial statements and testimonies. Witness interference is evident from the following comments by participants:

The retraction of statements by victims is very common. You may think you have evidence but when you get to court witnesses may retract and withdraw their statements they made in the initial affidavit. They will claim that they made the initial statements under duress and were unduly influenced to make the statements. The withdrawal of statements is very common leading to some perpetrators getting away with sexually abusing children. So withdrawal of cases has an effect (Participant 6).

Out of court settlement where we are saying the survivor and the perpetrator's families come together and agree to settle the case at home (Participant 7).

At times relatives have a negative attitude towards the punishment of perpetrators. I am sure most of the relatives ..... make sure the perpetrator escapes the clutch of justice. They try by all means to destroy evidence and take away the child. They normally come to court to lie, reluctantly to support the perpetrator. Family members think that if they take away witness and do not cooperate with the VFS, the cases will be withdrawn. So in one of the cases I insisted that the police look for the witnesses. I told them to look for the witnesses in Zimbabwe (Participant 29).

Minutes of VFS meetings also mention the challenge of interference with survivors by close relatives as a common occurrence in the police, medical and justice system. Minutes of the VFS regional meeting held at Gokwe on the 6th of November 2015 reveal witness interference. One of the meeting attendees mentioned the following:

It was very disturbing to note that a girl child is sexually abused by her own father or other close relatives and the other relatives try to conceal the offence. He said the initial statements made by the victims at the police will differ from what will be said in court. They change

statements saying they would have been abused by a total stranger other than the father or stepfather. Regional court is encountering this problem because the docket would have been complied and ready only for the complainant to change statements.

Witness interference is also evident in the cases below:

The accused, 43years, is the step father of complainant, 12 years. It is alleged that sometime in December 2015, Spencer had anal sex with complainant on two separate occasions. The mother made a police report leading to accused person's arrest. The mother told the court that accused did not have anal sex with complainant. She says that she made a false report to try and fix her husband. She was angry with him because he was cheating with another woman who is in South Africa. She says she fabricated the allegations. She told her daughter Vimbai, to accuse Spencer that he had anal sex with here on two occasions. Told complainant to claim that on two occasions accused person made her lie facing down and raped her. The court found the accused person not guilty on both counts of indecent assault. Case was withdrawn after plea at the insistence of the State (Harare case 179).

It is clear from this participant's account above that the ability of CSA survivours and the significant other: family members and relatives, to interfere with cases interfered with the work of the VFS professionals such as magistrates, prosecutors, the police and medical personal. It is also evident that interference weakens cases before the courts and the ability of professionals to continue providing services to CSA survivours. Witness interference is motivated by a number of reasons. The dependency of children on their care givers makes them more vulnerable and often motivated to withdraw reports, statements and court cases. Family members themselves can be dependent on the CSA offenders for survival, influencing their decision to withdraw initial statements, participation and cooperation.

Witnesses related to the child may calculate possible losses of giving testimonies and having CSA offenders prosecuted. Perceived losses influence the decision to cooperate or to withdraw cooperation. Losses can be economic loss, social loss or psychological loss. Economic loss relates to the financial losses in the form of support for fees, food, shelter, uniforms and upkeep that result from the incarceration. Social loss can relate to the loss of social support, conflict within the family and social figurehead that the child and the family can suffer with the arrest of the CSA offender. Psychological loss relates to the loss of emotional and psychological support that can be realised with the arrest of the perpetrator. Psychological loss also relates to the perceived outcomes of reporting. It is common for CSA to include threats and violence. These factors may serve to motivate CSA survivors to withdraw cases. The child and the family count the losses. In reflection of the situation, if the child's abuse is taken to be of less value, then family members may put pressure on the child survivor to change statements so as to

negatively influence the case and facilitate the release of the perpetrator. Perceived losers will be hesitant to have the CSA offender arrested opting to reverse their initial statements and report because they benefit from its withdrawal. The above argument supports the observation by Perez, Aldrian and Stender (1997); Hansen and Tavkar (2010); Chitereka (2012) and Foster (2014) that relatives may lose out following the incarceration of the perpetrator. The arrest of perpetrators may result in social and psychological loses. The perceived loses may influence children and interested parties to withdraw cases. Furthermore, losses relate to other family members, the survivors' sibling and other interested parties. It can be argued that family remembers' perception of loss due to the arrest of the offending family member, determines their level of cooperation and intervention. When the cost of incarceration is high then chances of withdrawal increase. The withdrawal of cases should therefore be understood within the context of benefits and losses anticipated from the arrest of the CSA offender.

Witness interference has implications for CSA survivours and the VFS. At the level of the CSA survivours, it can be reasoned that children leaving in environments where interventions are interfered with may result in the CSA Accommodation Syndrome. According to Malloy and Mugno (2015) survivors of CSA may develop an accommodation syndrome. Weiss and Alexander (2013) explain the phenomenon of child sexual abuse accommodation syndrome (CSAAS) as a situation where survivors of CSA often recant their complaints or do not report incidents, making prosecution of offenders difficult. The child sexual abuse accommodation syndrome refers to an unwillingness to disclose and maintain testimonies overtime. In addition, child survivors may have to endure uninterrupted abuses and are vulnerable to revictimisation making them prone to the after effects of CSA due to withdrawal of interventions. Furthermore, withdrawal of children from VFS services translates to withdrawal from interventions and non completion of intervention regimes: legal, psychological and medical interventions. Given the well documented negative effects of CSA: psychological, social, behavioural and physiological effects; it can be argued that witness interference causes CSA survivours to miss out on critical intervention.

At the level of the VFS, the interference with witnesses can serve to demoralise professionals in the VFS. In addition CSA can affect professionals' future intervention attitudes, compromising the quality of work and intervention outcomes. From the selected participants' account above, it can therefore be argued that witness interference is a challenge that has macro

and micro ecological implications. It can be argued that witness interference results in withdrawal from critical interventions; non attendance to negative CSA effects, potential development of the accommodation syndrome (CSAAS) and heightened vulnerability to CSA revictimisation. Furthermore, it can be argued that witness interference affects VFS by demoralising professionals.

8.5.3 Underreporting

Some participants of the study presented underreporting as another challenge that they face. Underreporting means that cases coming through the VFS are only a fraction of the true picture. Participants noted that not all CSA cases are formally reported. According to the participants, one of the possible reasons for underreporting is the fact that in most cases perpetrators are related or known to the child survivor. Families were said to protect CSA offenders. Other reasons for underreporting that were cited include lack of confidence, dependency on the CSA offender and religion. According to participants underreporting encouraged CSA offending. It was further argued that the few CSA cases that came to light were being reported anonymously. Some participants remarked that underreporting creates a fertile ground for CSA offending. The underreporting challenge is evident from the following comments by participants:

People are afraid to report because of a lack in confidentiality and that sexual abuse usually happens within the family. So people want to protect the family. The mother may be scared to report abuse because of dependency. We [women] are dependent on men for survival. Even if we are employed we are mostly dependent on our counterparts [men] for survival (Participant 8).

There are some reports of some religious sect allowing children to be sexually abused. Such practices go unreported. They are a closed community where you cannot penetrate but people who come out there will tell you stories (Participant 9).

Relatives seat on cases as I have said before. In most cases the perpetrator will be related to the child. Cases only come to light after anonymous police reports and tip offs [are made] by neighbours or other relatives who may be affected by the abuse. We do not get the majority of cases of CSA (Participant 34).

So because people were not reporting it was now proving to be a fertile ground for the perpetrators because they knew that after all nothing will happen to me and it was encouraging to the would be perpetrators (Participant 17).

The above participants' statements present underreporting as another challenge in the VFS. Under reporting can be accounted for by the argument that in most cases CSA is perpetrated by persons known and related to the child. Reporting and pursuing the report may have effects

on the welfare, of not only the child but the family as a whole. This can motivate those affected to take the decision not to report. The arguments made with regards to the withdrawal of cases can also account for the underreporting of cases. CSA offenders may influence children not to disclose CSA and out of fear of the perpetrator carrying out the threat; victimised children will oblige. In addition underreporting can be explained by the gender role expectations. Boys are more likely not to report due to their socialisation and role expectations where reporting can be viewed as a sign of weakness and unexpected of them.

The accessibility factor may be another possible explanation for underreporting of CSA cases. The current finding gives weight to the finding that VFS interventions are inaccessible. Given the accessibility challenges, families and CSA survivors may find it difficult to access available help making reporting difficult if not impossible. Again, the prevailing socio economic environment may arguably relegate reporting of CSA down the priority list of many families. The argument that CSA reporting may not be given importance seem to support an earlier argument by Bhaskaran, Seshadri, Srinath, Girimaji and Sagar (2016, p. 48) that ", many of these families battle significant psychosocial adversity and the event ''child sexual abuse'' is an additional stressor. It may not be feasible for the caregivers to place the mental health need of the child as the topmost priority."

Underreporting has implications for children. The non-disclosure of abuse may result in sexual abuses continuing unchallenged and uninterrupted. Children continue to live in abuse. From a programming perspective, non disclosure means that perpetrators continue to abuse children. According to Gwirayi (2013) CSA disclosure has a primary prevention effect. CSA disclosure deters and prevents CSA through termination of abusive relationships, which are frequently ongoing in CSA, and prevent future ones. It can also be argued that underreporting compromises the accuracy of official statistics and records. It follows that the official statistics may not be a true reflection of what is occurring. It may therefore, affect intervention strategies, approaches and budgets; as these will be premised on incorrect information. Planning for social services and intervention is therefore compromised.

Dependency on the CSA offender can also be another reason for underreporting. Families may withhold cases of CSA for fear of losing the support they get from perpetrators. As noted above by one of the participants women are dependent on men for support. The dependence perpetuates under reporting. This reflects the dependence of women on men. Regardless of

women being in employment; women remain vulnerable and dependent on men. Women's earnings may be lower than those of men and unable to meet their needs. Men will have better access to education hence their superiority in earning and opportunities. This is consistent with the feminist view advanced by True (2012) of women being dependent on men for resources and survival. Thus if a perpetrator is a man who is the bread winner in the family; it is highly probable that a case of CAS may be covered up within the family.

Underreporting poses a challenge to VFS official statistics. Official statistics could be distorted affecting the trustworthy of figures presented. In addition distorted figures could have profound resources implications as statistics affect budgeting and planning for services. Beier et al (2015) observe the challenge of underreporting as a global issue, concluding that for every reported case of CSA, at least five remained unreported. Estimates from a United States of America study show that as high as 91% of victims of CSA had not reported their abuse. Again, Kacker et al. (2007) reported that more than 77% CSA offenses remained unreported. The finding that underreporting is a challenge also resonates well with the findings of Wena, Xiaoyuea, Mengtonga, Ping and Ling (2017) who also found the challenge of underreporting amoung the Chinese. Wena et al. (2017) also found strong familial factors as a determinate of reporting or not reporting CSA. Similarly, Rumble, Mungate, Chigiji, Salama, Nolan, Sammon and Muwoni (2015) found the underreporting challenge amoung adolescent Zimbabwean children due to access issues.

It evident from the current findings that, underreporting is common a common challenge in the field of CSA. This finding confirms that underreporting is a global challenge. Underreporting is not only peculiar to Zimbabwe, as Pinheiro (2006); Kacker, Varadan and Kumar (2007); Lalor and McElvaney (2010) and Briere, Madni, and Godbout (2015) found that the true magnitude of CSA is unknown and is more than what statistics portray. It can therefore be argued that underreporting is a challenge linked to accessibility of services, family dynamics, the dependency factor and the costs involved in reporting. In addition, it can also be argued that due to underreporting many CSA survivors do not get the much needed services given the negative short to long term effects of CSA. Gwirayi (2012) proposes the introduction of secret suggest boxes as a solution to underreporting.

8.6. Challenges faced by VFS Professionals

It is evident from participant's accounts and minutes of VFS meetings used in the study that VFS professionals face challenges. CSA interventions are specialised requiring professionals from several disciplines such as social workers, doctors, nurses, police officers, magistrates, prosecutors, counsellors and psychologists. This study identified challenges that professionals working in the VFS face in the execution of their work. These challenges are presented below:

8.6.1 Lack of professional support

From the participants' narratives, it is apparent that professionals in the VFS do not get professional support. Participants of the study brought out the non availability of well defined and formalised professional support systems that prevent burnout, stress and vicarious trauma. According to participants, professionals within the VFS do not get professional support, in the form of debriefing, professional support and in house training; much to the detriment of the VFS professionals' health and psychosocial wellbeing and ultimate service output. Participants noted that the absence of staff debriefing meetings, supervision sessions, in house support training and time out. Participants also explained that clinical support, enabled professionals to let off and share experiences, thus relieving strain and stress caused by vicarious trauma. The participants pointed out that working with child survivors of CSA was in itself stressful and traumatic that they needed formalised clinical support systems and regimes to cushion them from the effects of working with child survivors. Participants also noted that such professional support within the VFS was inadequate and in most cases absent. According to participants working with CSA is potentially harmful and causes secondary or vicarious trauma. Participants agreed that lack of clinical support posed potential danger to the quality of professional care to clients as well as their own health and general wellness. Participants brought out the lack of professional support as follows:

The job is also very stressful. By nature issues of child sexual abuse and the cases that we deal with are also stressful (Participant 22).

Another participant added:

We have what they call staff debriefing. We need more time on it (staff debriefing) because we just go for debriefing for 2 hours. I think we need psychological support so that we pour out our feelings and share the experience that we go through in macases anenge atiita (in cases that) traumatise us (Participant 7).

Similarly another participant said:

We need psychological support to enable us to pour out and share experiences. We need more of the staff debriefing (Participant 18).

From the selected participants' account above, it is the researcher's observation that professional within the VFS do not benefit from the provision of professional support. The provision of professional support benefits professional working with CSA survivors and their families. Firstly, the provision of support enhances the professionals' health: physical, social and mental wellbeing of professionals. Secondary traumatic stress (STS) refers to a set of psychological symptoms that acquired through exposure to persons suffering the effects of trauma such as CSA (Baird and Kracen 2006). Given the risk to secondary trauma that professional are exposed to, it is argued that the provision of professional support reduced the risk of developing secondary trauma. According to Bhaskaran and Seshadri (2016), working with sexually abused children and their families is stressful for professionals; provoking feelings of uncertainty, frustration and emotional turmoil. Similarly, Sexton (2009) notes that working with survivors of trauma such as CSA makes therapists vulnerable to the detrimental effects of vicarious trauma. Consequently professionals working with CSA survivours may experience negative individual counsellor effectiveness and organisational dynamics in the workplace. Based on a sample of 166 child welfare workers, Nelson-Gardell and Harris (2003) also found heightened risk for secondary traumatic stress in child welfare workers working with CSA. It is therefore agued the lack professional support is detrimental to the health and wellbeing of professionals in the field of CSA.

Secondly, the non availability of clinical support systems and practices within the VFS has the potential of affecting and compromising VFS interventions. Working with child sexual abuse survivors has several negative effects on the physical, social and mental wellbeing of professionals. These negative effects may affect the quality of care they give child survivors and their families. There are a number of benefits that accrue from receiving professional support. These benefits include obtaining advice on the best possible interventions and keeping

of cases on the radar. The lack of support for professionals may imply that professionals are unable to share intervention decisions, challenges and experience with other professionals for guidance and support. This sharing of knowledge and support helps in arriving at the best interventions possible that are informed by the best interest of the child. In addition an opportunity for skills improvement, sharing of burden and the best possible intervention is lost. The net effect is compromised health on the part of the professionals. Poor health may result in absenteeism from work and in the worst case scenario resignations by professionals working in the VFS. It can therefore be argued that lack of professional support compromises the quality of service.

Thirdly, the provision of clinical support in the form of training keeps professionals todate with new CSA developments and trends. The lack of such clinical support in the form of in-house training may undermine professionals' ability to keep up with new trends, definitions, manifestations, patterns, treatment approaches and prevention strategies in child sexual abuse. Keeping up with emerging CSA trends is important in the field of CSA. It is appreciated that CSA is not a static and fixed phenomenon. Technological advances, changes in perception, new definitions and globalisation provide opportunities for different forms of child sexual abuse to emerge. It therefore implies that interventions in an environment that does not offer continuous training and support are compromised and arguably ineffective further compromising the quality and effects of interventions. It can therefore be argued that professionals within the VFS do not benefit from keeping abreast with new developments in the field of CSA.

It is evident from the above accounts that lack of professional support compromises the health and wellbeing of VFS professionals and compromising VFS interventions. Furthermore, it can be argued that professionals within the VFS do not benefit from keeping abreast with new developments in the field of CSA; due to lack of professional support. This current finding that the VFS forum results in interrogated CSA interventions; finding is consistent with the arguments that working with CSA survivors affects the wellness, health and welfare of professionals working with child survivors (Westermann, Kozak, Harling and Nienhaus, 2012; Softestad and Toverud, 2013; Cieslak, Shoji, Douglas, Melville, Luszczynska and Benight, 2013). Similarly, their South African study, Optimus Foundation (2016) found that many professionals experienced trauma from working with CSA survivours.

It is also argued that the absence of professional support systems in the VFS negatively affects professionals; in turn affecting the nature and quality of their professional interventions. This argument is well supported by McCann, Beddoe, McCormick, Huggard, Kedge, Adamson and Huggard (2013) who argue that numerous stressors in clinical practice: time pressures, workload, multiple roles and emotional issues can impact on the physical and mental wellbeing of health professionals and result in burnout; traumatic stress like symptoms; impact on the wellbeing of the professionals and their ability to practice effectively. Research by Finklestein, Stein, Greene, Bronstein and Solomon (2015) also link stressful working environments and vicarious trauma. Given, the argument that working with CSA survivors is stressful, it can be inferred that the professional in the CSA field work in stressful environments. It can further be argued that the inability of the VFS to provide support to professionals is a challenge. From the current findings, it can therefore be argued that the lack of professional support has detrimental effects on professionals working with CSA survivors and the quality of care given to CSA survivors. In addition, this current finding has implication on the VFS human resources policy as provision of professional support.

8.6.2 Burden of cost and use of personal resources

Another challenge faced by professionals to come out of the study is the burden of cost and use of personal resources. Participants noted that due to resource constraints experienced in the VFS professionals are often forced to use their personal resources in interventions. Participants explained that use of personal resources mainly affected the police, social workers, health personnel and prosecutors. Participants further explained that it was common for professionals to pay bus fares for CSA survivours and family members. According to participants, professional used their own resources to conduct investigations and home visits. Participants also cited instances were professionals paid bus fares for CSA survivors and CSA offenders: to and from the court and take survivors to therapeutic services. Participants also noted situations where professionals buy food for child survivors, who may come on empty stomachs. Some participants described placing burden of cost and use of personal resources as exploitation. Participants attributed burden of cost and use of personal resources to lack of resources and unsupportive organisational leaders. The burden of cost and use of personal resources that professional in the VFS endure is evident from the following statements:

In all aspect of VFS you will probably come across passionate officers …..and you want them to spend ……. to investigate a case from their own pocket and they need to buy a notebook

out of their pocket and transport the survivor at their own cost……coming out of their salaries (Participant 1)

At the end of the day we are exploiting people ……officers are attending whole provinces at their expense (Participant 9).

Their bosses would just say please make sure this case is carried out yet there are no resources and they end up using their own money and you know with these salaries they are getting, they end up taking their money (Participant 10).

The problem is that the professionals are not motivated. They do not have resources. If they identify a sexually abused child, they cannot take that child to the nearest clinic. They cannot even take that child to the probation officer. When they do so they are actually use their money, dipping in their pockets (Participant 38).

From the selected accounts above, the researcher makes the observation that professionals working in the VFS carry the burden of cost and use personal resource in fulfilment of their professional and organisational roles: paying bus fares and providing food. While the gesture to support clients is commendable carry the burden of cost and using personal resource in the line of duty has many interpretations. Firstly, carrying of cost burden by professional can be interpreted as a sign of passion and philanthropy carried out by the professionals. The professional can be taken as do gooders who are passionate about working with children. Secondly, carrying of cost burden by professional can be interpreted as sign of organisational weakness for the VFS. While appreciating the passion of VFS officers to go the extra mile in their duties and wanting to assist CSA survivors, asking them to pay out of their own pockets is unprofessional, unreasonable, unfair and unsustainable. Given the low levels of salaries in some of the VFS organisation: government departments; expecting VFS professional to pay CSA survivours' costs from their own resources is arguably unprofessional, unreasonable, unfair and unsustainable.

The burden of cost and use of personal resources by VFS professionals has implications at different ecological levels of the CSA survivours. It can be argued that CSA survivors may fail to access critical CSA interventions. The assumption is that professionals who pay have the resources and determination to assist the child. In the event that a professional, has the commitment and lacks the means to carry the burden of cost, CSA survivors may not get assistance and attention from the VFS denying and violating children's rights to access services and timely interventions.

It can also be argued that carrying of burden and use of personal resources to fund CSA related costs serves to frustrate, demotivated professions. The use of personal resources can affect the morale of the officers in the VFS. It can further be argued that carrying of burden and use of personal resources results in low morale among VFS professions. It can be reasoned that low moral will affect the quality of service given to CSA survivors. It was the finding that the VFS is not adequately staffed. It could be inferred that expecting professional to carry the burden of cost and using personal resources serves to repel professionals from working for the VFS. Working for the VFS may be taken as subsidising the VFS. The use of personal resources can lead to professionals leaving the VFS and the inability to attract new professionals leading to other human resources challenges highlighted above. From the study findings, it can therefore be argued that VFS carry the burden of cost and use personal resources in fulfilment of professional roles. In addition it is argued that the burden of cost and use of personal resources inherent in the VFS results in human resource challenges: staff shortages and low morale; poor access to CSA interventions and poor services.

8.3.4. 2 Inaccessible areas

As noted earlier, VFS organisations face access challenges. The challenge of accessing remote areas also affects professional working with children in rural areas as a specific category of VFS service users. Participants explained that they face accessibility problems due to distance and bad roads. Participants estimated that some of the areas that they had to cover where approximately 100 kilometers apart making access a challenge. Participants noted that the poor terrain make rural areas inaccessible. The hard to reach areas resulted in remotes parts of the country not being covered by the services. According to participants accessibility was more difficult in the rain season as some areas become completely inaccessible. Participants further explained that the access challenge was compounded by the mode of transport that is at their disposal. The use of bicycles and motor cycles to travel vast distances covering bad road and terrain made accessing remote areas is a challenge for professionals. The following comments bring out the access challenge.

I cover 39 wards that are geographically spaced. Within the same ward you can travel 80 km in the same ward. Volunteers are supposed to use bicycles. Some of the places are sandy and you cannot travel with a bike. Yes we have new bikes [bicycles]. We have never used the bicycles because of the state of the roads (Participant 38).

In terms of our terrain it is difficult in the fact that from here to the furthest point it is approximately 100 kilometers. Some of the areas are not accessible during the rain seasons. It is a challenge to get to services providers here at the center [Gokwe] in the event of CSA. It is difficult to travel for example from Gokwe center to the furthest point for example Msala which is about 100 kilometers or more. Access during the rainy season is even a greater challenge (Participant 28).

It is evident from the data that the VFS organisations and professional find many areas physically inaccessible. Given that most roads in Zimbabwe are in bad state professionals cannot reach outlying areas. At the VFS's prevention and educational level: inaccessibility may mean that information does not reach the outlying areas. At the VFS's police level, long distance travel to communities may result in the contamination of collected evidence. Long distances may result in children and perpetrators travelling together, increasing the chances of witness interference. It is apparent from the participants' accounts above that the above possibilities may result in reduced access of the VFS by potential users. The location of service providers and users in remote areas proved to be barriers to accessing VFS services. This current finding corroborates the observation by Peters, Garg, Bloom, Walker, Briegr and Rahman (2008) that the rarity of good roads in the poor areas of developing countries interferes with service delivery. It can therefore be argued that due to physical barriers, the VFS remains inaccessible to children and families who could benefit from the VFS preventive and intervention services; restricting the VFS to the accessible areas; at the expense of remote rural areas. Considering that the majority of the population resides in the rural areas, it can also be argued that the VFS serves the interests of the minority at the expense of the majority.

8.7 Conclusion

It is clear from the above that the VFS as an organisation is fraught with challenges. The challenges identified in this study have the potential of undermining the organisation. The next chapter presents a proposed CSA guideline framework for the prevention and handling of child abuse cases in Zimbabwe. The proposed CSA prevention guideline framework is based on the findings of the research study.

CHAPTER NINE

CHILD SEXUAL ABUSE PREVENTION GUIDELINE(S) FRAMEWORK

9.1 Introduction

This chapter proposes an Ecological CSA prevention guideline framework. The chapter seeks to answer the question: what components provided by the research data can be used to generate Child sexual abuse prevention guideline(s) framework?'

Walsh, Zwi, Woolfenden and Shlonsky (2015) describe CSA as a significant global challenge in both magnitude and consequence. In addition, there is agreement that CSA has adverse short to long term effects on a child's ecology (Zollner, Fuchs and Fegert, 2014 and Mendelson and Letourneau, 2015). The adverse short to long term effects of CSA on the child's ecological environment and the magnitude of the problem on the child's ecology give weight to the argument for developing a CSA Prevention guideline framework. The chapter utilises findings from this study on socioeconomic circumstances leading to CSA, the profile of CSA survivors and CSA offenders, the efficacy of the VFS and the challenges faced by the VFS; to develop a generic Ecological CSA Prevention guideline framework.

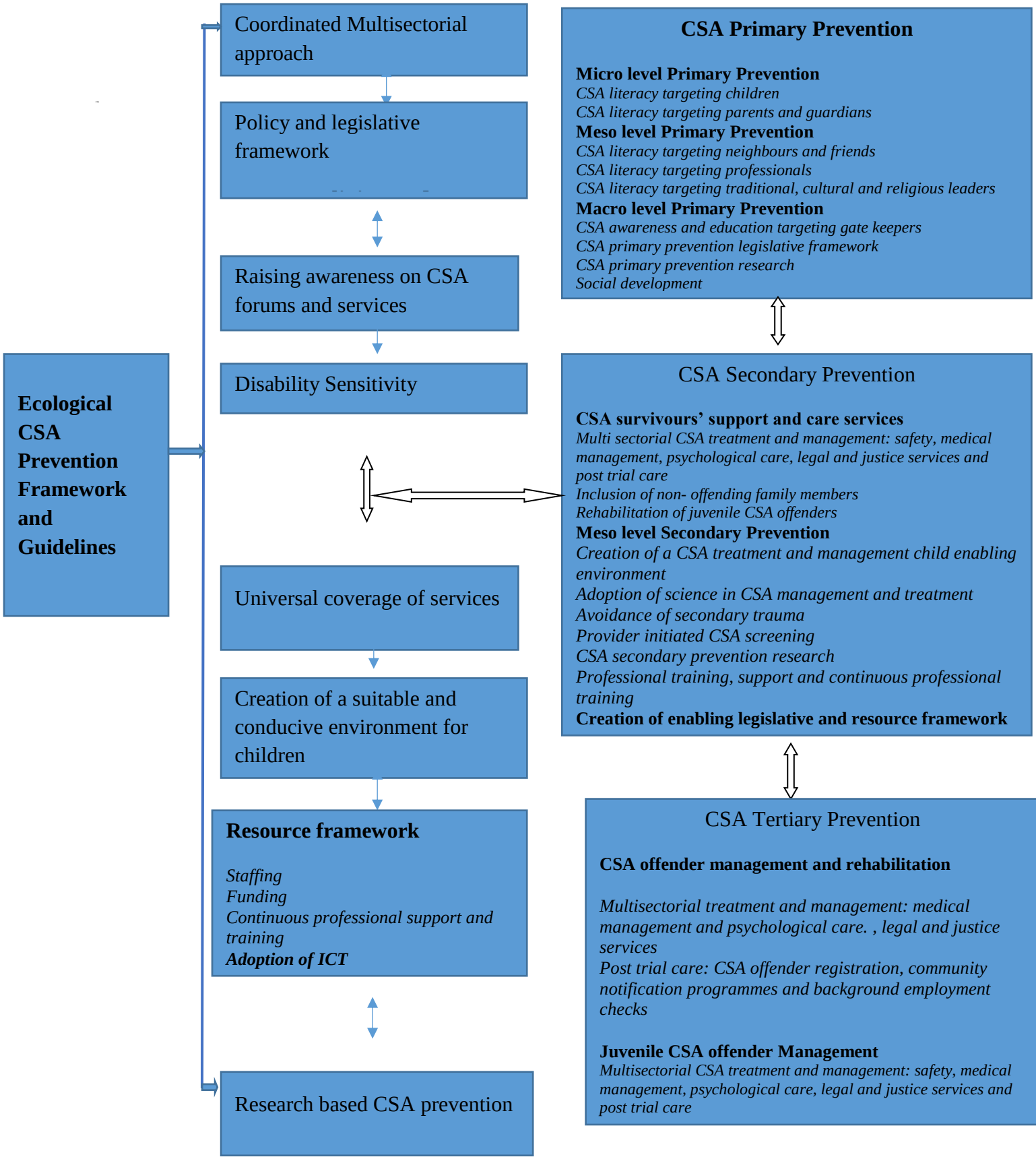
According to Dickson and Willis (2015), to be effective CSA prevention should be looked at from a primary, secondary and tertiary levels' perspective. Therefore, the proposed Ecological CSA Prevention guideline framework looks at CSA prevention from a primary, secondary and tertiary level perspective. To come up with CSA primary prevention guidelines the study utilises findings on the socio-economic circumstances leading to CSA and profiles of CSA survivors and CSA offenders; among the study sample. Findings on the efficacy of the existing intervention strategies used by the VFS and the challenges faced by the VFS stakeholders: VFS service providers, VFS users and VFS professionals' views were used to craft CSA secondary guidelines. Lastly, the study uses components provided by the research data on the profile of CSA perpetrators; challenges faced by the VFS and the efficacy of the VFS as a current VFS intervention strategy; to generate CSA tertiary prevention guideline(s). The proposed Ecological CSA Prevention guideline framework looks at CSA prevention form an ecological

perspective traced to concepts advanced by Bronfenbrenner (1979). The ecological perspective argues for the exploration of the wide circle of systemic influences and how environmental forces influence things. In keeping with the Ecological Model, it is argued that CSA Prevention: primary, secondary and tertiary; operate on various levels of the child's ecological systems. It is therefore, argued that CSA prevention should be understood in context of the micro, meso and macro levels of a child's ecological environmental system. The following sections present the proposed Ecological CSA prevention guideline framework.

9.2 Ecological CSA prevention framework summarised

Figure 7 below, summaries elements of the Ecological CSA prevention framework presented in this chapter. While the three prevention levels are presented separately, the proposed framework argues that CSA prevention levels: primary secondary and tertiary prevention levels are interconnected. Aspects of CSA primary prevention level inform rehabilitation of CSA survivors and CSA offenders: CSA secondary prevention and tertiary prevention. Again, CSA primary prevention may be informed by CSA secondary and tertiary prevention: profiles of CSA survivors and CSA offenders, socioeconomic factors predisposing children to CSA and emerging trends from statistical data can inform CSA primary prevention. CSA prevention at any one of the three prevention levels is seen from the perspective of the child's ecological environment: micro, meso, macro ecological levels. Prevention at each level should therefore, take into account the child's ecological environment. Firstly, it is argued that CSA prevention levels must consider the child's micro ecological environment: child and the family. Secondly, CSA prevention levels must consider the meso ecological environment: neighbours, friends, religion and culture. Equally important is the macro ecological level within each prevention code. The Ecological CSA Prevention Framework presented herein, notes that to be effective, there are preconditions that should be meet and satisfied.

Figure 6: Elements of the Ecological CSA Prevention Framework



9.3 CSA Primary Prevention

Dickson and Willis (2015) conceptualise CSA primary prevention as all efforts aimed at stopping CSA before it occurs; through education and increased awareness. Gwirayi (2012) notes that the primary goal of CSA primary prevention programs is been help children, parents, communities, policy makers and governments identify CSA socio economic risk factors. Mendelson and Letourneau (2015) give three reasons why primary prevention is important. Firstly, not all CSA survivors receive and access existing CSA interventions, making CSA primary prevention more justified. Secondly, CSA is often associated with complex psychological, physiological, cultural, social economic, emotional and behavioural problems: for the child, the family and society as a whole (Chitereka, 2012). Lastly, CSA primary prevention is an attractive option in view of the economic, social, physiological costs of CSA. Therefore, it is much cheaper and sustainable in the long term to prevent the onset of CSA than to provide curative services: secondary CSA prevention. The following section present CSA primary prevention guidelines, mindful of the findings of the current study: identified socio economic CSA factors; the profile of CSA survivors and perpetrators and the efficacy of the current VFS CSA intervention strategies.

9.3.1 Micro CSA Primary Prevention

Micro CSA primary prevention initiatives prevent the onset of CSA within the child's micro ecological environment. It is reasoned that CSA primary prevention approaches must target children's micro ecological environments. It is also reasoned that CSA primary prevention approaches at children's micro ecological level may help prevent CSA contributory factors that operate at the micro ecological level. It can further be argued that CSA primary preventive efforts must target micro CSA socio economic contributory circumstances. One of the approaches to preventing the onset of CSA (CSA primary prevention) is the provision of CSA awareness and educational programs. Provision of awareness on CSA socio economic contributory factors arguably makes children; parents and guardians; communities; professionals; countries and the global community better able to prevent the onset CSA. Primary prevention through education and awareness; can be achieved at different layers of the child's ecology. The following section presents the different CSA primary prevention strategies within the child's ecology.

9.3.1.1 CSA literacy targeting children

In keeping with the Ecological model adopted by this study micro CSA literacy must target children. At this level, CSA literacy and education targets children as a key micro ecological constituency more susceptible to CSA. The Ecological CSA Prevention Framework proposes school based educational awareness programme. Schools can be used as platforms through which children are given CSA awareness. Finkelhor (2009) and Finkelhor et al (2014) found the use of school based CSA educational programmes in the United States of America to be effective in raising CSA awareness and reducing CSA prevalence among the CSA at risk populations. Walsh, Zwi, Woolfenden and Shlonsky (2015) found evidence of improvements in protective behaviours and knowledge among children exposed to school based educational programmes among children in Australia. Gwirayi (2012) gives an example of how "Aids Education," programs in Zimbabwe infused into the school curriculum in the mid-1990s. Similarly, CSA primary prevention programmes may adopt the use of existing educational infrastructure such as school curriculum and infuse CSA education to target CSA at risk populations. Given the argument that CSA is not static, school based CSA programmes will have to evolve. CSA awareness curriculum will have to change to suite new and emerging CSA trends. The participation of Ministries of Education in CSA primary prevention, should give the inclusion of CSA in educational programmes precedence and preference. It can therefore be argued that, inclusion of CSA in educational curriculum of children can be an effective CSA primary prevention strategy. However, CSA literacy targeting children must be age appropriate and age specific. Additionally, CSA primary prevention initiatives should be disability sensitive: using diability senstive communication and involving disability focused organisations. The following discussion presents age specific CSA literacy.

9.3.1.2CSA literacy targeting 12 to 16 year olds

Given the argument that CSA vulnerability raises with age, it can be argued that the 12 to 16 year old group is more CSA vulnerable. In addition, it is argued that CSA survivours can be "compliant victims" (Finkelhor 2009, p.172). Therefore, CSA awareness and education targeting 12 to 16 year olds must address CSA risk factors such as substance use, isolation, and trust, access to explicit sexual content and consequential relationships. In addition, CSA targeting 12 to 16 year olds must be emphasised. CSA education targeting children between the ages between 12 and 16 years also address relationships, reproductive health and sexuality. Furthermore CSA multisectorial forums may also consider the use of new technologies taking

advantage of new trends and technological advances. CSA literacy targeting 12 to 16 year olds may also use peer education for targeted awareness can be adopted.

9.3.1.3CSA literacy targeting 0 to 11 year olds

In addition to targeting the 12 to 16 age group, CSA awareness must also target children in other age groups. There is therefore, need for the CSA multisectorial forums to come up with age specific messages that take into account the language proficiency of target age groups. The use of drama, drawing, cartoons and play are innovative approaches that can be incorporated in the age specify messages. Finkelhor (2009) and Finkelhor et al (2014) found the use of games, films, plays and exercises to practice, to be popular among children and educators in the United States of America. The Ecological CSA prevention framework advocates for age specific messages. Considerable evaluation research exists about such programs, suggesting that there is relatively high changes of goals being attained (Finkelhor, 2009). Finkelhor (2009) and Gwirayi (2012) agree that CSA literacy targeting children also helps trigger reporting on going CSA, mitigation of the negative consequences of CSA, reduction of CSA stigma and reduction of the impact of post CSA disclosure events on victims such as the investigations, justice processes and publicity that often ensue.

9.3.1.4CSA literacy targeting parents and guardians

In addition to CSA literacy, targeting children suggested above, the Ecological CSA prevention framework calls for the introduction of CSA awareness programmes targeting parents and guardians of CSA at risk populations. Parents and guardians of CSA at risk populations are a critical constituent in the prevention of CSA. Targeting parents and guardians with CSA prevention massages potentially addresses potential CSA risk factors. CSA risk reduction targeted at parents and guardians may reduce CSA offenders 'access and proximity to children's ecological environment. CSA literacy targeting parents and guardians will therefore encourage parents and guardians to take protective measures and to be vigilant. CSA primary prevention targeting parents and guardians will address CSA risk factors, Parental or guardian attitude and behavioural change and gaps in parental styles.

9.3.1.5 CSA literacy targeting communities

The Ecological CSA prevention framework also proposes CSA literacy at community level. CSA literacy targeting communities can be achieved through the use of radio, posters, drama, social media, newspapers and television programmes. Furthermore, community CSA literacy

awareness should be viewed in the context of existing programmes and social infrastructure such as the health workers and the education system. CSA awareness can be delivered at all health centers and schools. As part of their work, health workers may introduce community CSA awareness in their health education programmes such as family planning, HIV and Aids and maternal health. The inclusion of front line professionals such as social workers, the police and health care workers in CSA community awareness may help increase community CSA awareness catchment. Information on CSA: what is CSA, CSA effects, CSA factors and available CSA services can be part of the community CSA awareness messages.

9.3.2 Meso CSA Primary Prevention

The child's meso ecological environment is another notable ecological system that contributes to CSA risk. CSA primary prevention at the meso level takes many forms. Firstly, at the policy level, the introduction of laws to outlaw and target cultural and religious practices that place children at risk of CSA offences committed within religious and cultural context. Where child protection laws exist, there is need for enforcement of laws that outlaw CSA. In addition, laws that target cultural and religious practices promoting CSA need to be introduced and enforce to reduce meso ecological CSA incidences.

Secondly, CSA primary prevention at the meso level targets traditional, cultural and religious leaders. Given the influence of traditional, cultural and religious leaders in creating CSA vulnerability (Chitereka, 2012), the Ecological CSA prevention framework argues for the inclusion of traditional leaders in CSA awareness. It is argued that inclusion of traditional and religious leaders in CSA primary prevention influences changes in beliefs and practices. Therefore, CSA primary prevention must include religious and cultural leaders who are able to influence beliefs and attitudes. In addition, interventions that include religious and cultural leaders are more likely to be accepted and adopted.

Thirdly, meso ecological CSA prevention awareness must target meso ecological environments were CSA offences occur: neighborhoods. Given the membership of family friends and neighbours to the child's meso ecological environment, prevention of CSA offending by neighbours and family friends is important. Meso ecological CSA awareness may adopt by-stander education. According to Zollner et al (2014) the principle of by-stander education focuses on expanding the prevention of abuse from the individual and familial level to the meso

and societal level, to encourage and strengthen work against CSA. State and non state organisations, therefore can adopt by-stander education strategy to raise CSA awareness within the child's meso ecological environment.

Lastly, CSA prevention awareness at the meso level must target professionals. Given the argument that various professional disciplines network for effective CSA response, CSA awareness must also target professionals. According to Finkelhor, Stattluck, Turner, and Hamby (2014) professionals from diverse disciplines as teachers, clergy, social workers, recreation leaders, journalists and lawyers all need to be well educated about CSA. Softestad and Toverud (2013) argue that professionals working in the area of CSA need adequate training and educational preparation for meeting the challenges in this kind of work. It can be argued that for professionals to meet the primary prevention challenges there is need for CSA awareness. Finkelhor et al (2014) suggest that CSA awareness targeting professionals can be done through workshops, books, articles in popular magazines, and professional publications.

9.3.3 Macro CSA Primary Prevention

This study also situates CSA within a macro ecological context. Macro CSA primary prevention initiatives are measures meant to bring about change at the macro level and preventing the onset of CSA. It can be argued that macro ecological interventions target policy development, modification and change. It can also be argued that the introduction of positive social policy on socio economic contributory factors such as poverty, orphanhood and CSA vulnerability, socio economic development, disability, trafficking of children, substance use, housing, street children and other societal ills may prevent the onset of CSA. It is proposed that policy development, modification and change are attainable through targeted, research and legislation. The following sections present CSA primary prevention at the macro ecological level.

9.3.3.1 CSA awareness and education targeting gate keepers

Societal gate keepers: community leaders and technocrats are another important macro CSA prevention ecological target population. In this context gate keepers are community leaders. Community leaders, categorised as traditional leaders, religious leaders and politicians, as part of the child's macro system are important. Community leaders can influence behavioural and

policy change on the socio economic circumstance leading to CSA. Various policies can mitigate CSA socio economic contributory circumstances that place children at increased risk of CSA. At this level, polices can be used and tools to mitigate CSA risk factors such religion and cultural beliefs, lack of comprehensive social safety nets, poverty, vulnerable living conditions, substance abuse, disability, poverty, parental absence and isolation of children. As gate keepers, community leaders can positively influence social policy thus preventing the onset of CSA, behaviour change and the belief system of communities.

Targeting of religious and cultural leaders in CSA awareness programmes potentially influences positive behavioural and attitude change within cultural and religious systems surrounding children. It is therefore, argued herein, that there is need for a CSA primary prevention initiative to influence the cultural and belief system within the child's ecology by influencing religious and cultural leaders. The inclusion of cultural and religious leaders in the CSA multisectorial forums and structures can also go a long way in influencing beliefs and attitudinal change. Religious and cultural gate keepers may influence attitudinal and behavioural change among their subjects: followers of different faiths and communities; thus preventing CSA. In addition, religious and cultural leaders will in turn influence policy and legislation on child protection potentially preventing CSA by affecting the CSA circumstances that place children at greater CSA vulnerability.

CSA awareness and education targeted at gate keepers can also focus on technocrats who are influential policy makers and advisors of community leaders and politicians. Raising awareness at the level of the technocrats may influence and reflect in the child protection policies that are crafted. As gate keepers, technocrats have the ability to effectively influence policies. Mtetwa and Nyikahadzoi (2013) argue that social policies are a reflection of the belief and attitude of the authors of the social policies. CSA awareness programmes targeting technocrats will thus influence social policy, attitude of technocrats and maybe reflected in polices that they formulate.

Another segment of gate keepers is made up of the international community. CSA awareness can also target regional and international bodies. Given the influence that international and regional bodies have on member countries' legislative framework, CSA primary prevention awareness may also target this level of gate keepers considering their potential influence on national, regional and international child protection policies and CSA prevention. Kaseke,

(1995, p. 26) argues that "social policy is increasingly being provided by international bodies …. These organisations develop a framework of action on various areas including social policy and the framework is considered binding to member states. The need to belong to these organisations makes it necessary for member countries to accede to various conventions." Influencing international organisations' policy frameworks and the adoption of CSA preventive frameworks will influence and reflect in member countries' policy frameworks. Given countries need to belong to international and regional bodies such as the United Nations, African Union and Southern Africa Development Community, it necessary for CSA primary prevention to target lobby international and regional bodies.

9.3.3.2 CSA primary prevention legislative framework

Another macro CSA primary prevention strategy is putting in place an enabling CSA primary prevention legislative framework. The Ecological CSA prevention framework argues for the introduction of laws that prevent the onset of CSA. The argument for the introduction of laws to reduce CSA risk is consistent with the argument made by Gwirayi (2012), who believes that introduction of robust legislation and enforcement of existing laws has a primary CSA prevention effect. In theory, laws may deter CSA offences. To prevent the onset of CSA Governments need to introduce and enforce legislation socio economic factors such as disability, poverty, and development, access to explicit sexual content, child trafficking, substance use, housing, religion and cultural practices. In addition, Governments need to mitigate vulnerability of CSA vulnerable groups such as orphans. Governments need to introduce accessible comprehensive social security policies. Social security policies may mitigate vulnerability of children to transactional CSA and CSA vulnerability. Kaseke (1995) proposes measures such as broadening of the target population, improving accessibility of social welfare programmes and streamlining application procedures. Harsher penalties for CSA offences may also be introduced as a deterrent measure to CSA offending. In addition, the criminal justice system may introduce embarrassment and humiliation of CSA offenders (Finkelhor, 2009). According to Gwirayi (2012) potential CSA offenders may be deterred by the circulation of news that offenders get caught. Smallbone et al (2008) argue that prosecution of CSA offenders has a CSA prevention effect. Therefore, the introduction of CSA detection and prosecution of CSA offences at this macro level has the CSA primary prevention effect. Other measures at this level will include curbing underreporting through introduction of secret

CSA reporting such as suggestion boxes. However, there seems to be gaps in enforcement of existing laws. Therefore, there is need for the introduction and enforcement of legislations.

9.3.3.3CSA primary prevention research

In addition, The Ecological CSA prevention framework takes CSA primary prevention research as an integral part of macro CSA primary prevention. Technological advances, changes in perception, new definitions and globalisation have provided new possibilities for different forms of child sexual abuse to emerge. New trends, definitions, manifestations and patterns in child sexual abuse continue to emerge (Jones and Jemmott, 2009 and Sloth-Nielsen, 2014). In addition, the way CSA is defined, theorised, recognised, managed and talked about is reflective of the changes and differences in history, geography, culture, laws and social policies. New technological advances such as access to the internet and cell phone makes explicit sexual content readily available to children increase CSA vulnerability. Furthermore, research at the CSA primary prevention level facilitates evaluation and refinement of CSA primary prevention initiatives. Zollner et al. (2014) argue that CSA prevention programmes need to be conscientiously and regularly evaluated with reliable methods. Evaluation provides information for further improvement. Additionally, research findings inform CSA primary prevention programmes of new trends and possible approaches to prevent the onset of new CSA trends. Therefore there is need for research at the CSA primary prevention level.

9.3.3.4 Placing CSA on the development agenda

Placing CSA on the development agenda is another CSA primary prevention strategy. Development in its broader sense is reflected in the enhancement of human capabilities, promotion of human dignity and integrity, creation of opportunities for socioeconomic development and the guarantee of human rights (Sewpaul, 2014). Given the argument that lack of development is a key CSA contributory factor, the Ecological CSA prevention framework argues for the placement of CSA on the developmental agenda. Lack of development contributes to the multitude of CSA contributory factors such as vulnerable living conditions, poverty, child labour, parental and guardian. Importantly, it is argued that poverty is cross cutting in contributing to CSA: disability, contributory living conditions, orphanhood, religion and culture and the absence of economic opportunities all contribute to CSA. The role of social development and the provision of social services, social safety nets for vulnerable groups will go a long way in preventing poverty and CSA: child marriages; transactional sex;

consequential relationships; vulnerable living conditions; substance use; absentee parenting; vulnerability of orphans; child labour and child trafficking. It can further be argued that, non-availability of social services increases CSA vulnerability. In addition, it is argued that the non availability of social services and infrastructural is linked to isolation, seclusion and CSA. The provision of social services such as schools will reduce isolation and seclusion of children. Placing CSA on the development agenda of a country will significantly prevent the occurrence of CSA.

9.4 CSA Secondary Prevention

The second CSA prevention level is CSA secondary prevention. This level involves CSA survivours' support and care services: psychological, medical and judicial service CSA interventions. According to Mendelson and Letourneau (2015), CSA secondary prevention includes all after the effect: CSA approaches. Secondary CSA prevention interventions and responses are efforts that society furnishes CSA survivours, to minimise the effects of CSA (Dickson and Willis, 2015). Secondary prevention is important given prevalence and negative effects of CSA, on the child's ecology. The Ecological CSA prevention framework proposes that CSA secondary prevention targets CSA survivours and non offending family members. It is argued that participation of non offending family members in CSA interventions benefits CSA survivours, family members and professional. Therefore, the proposed Ecological CSA prevention framework proposes that secondary prevention extend services to non offending family members. The following sections present services targeting CSA survivours and non offending family members.

9.4.1 CSA survivours' support and care services

CSA survivours' support and care services involve CSA rehabilitative services targeting CSA survivours; non offending family members and juvenile CSA offenders. This model argues that juvenile CSA offenders are themselves victims of CSA by exposure or experience.

It is argued that CSA Survivours' Support and Care services should adopt a coordinated multisectorial approach to CSA interventions. Notwithstanding the weaknesses inherent in multisectorial approaches to CSA, multisectorial approach to CSA interventions provide advantages to CSA interventions. Adoption of a multisectoral participatory approach to CSA treatment and management increases the ability to pull scarce resources, sharing of CSA experiences: ideas, new CSA trends, avoidance of duplication and CSA best practices founded the ability to hold each other to account as key strengths of a multisectorial approach to CSA intervention. CSA secondary prevention should therefore adopt a multisectorial participatory approach that includes CSA child survivours, social services, parents and guardians, child protection agents, the police, health care providers, educationists, forensic scientists, disability focused organisations, psychological and counselling services, prosecution, community leaders, the courts and post trial services.

However, multisectorial forums working in the area of CSA need to be composed of statutory government departments and Ministries and non- statutory bodies such as non-governmental organisations and civic organisations, to enhance accountability and transparency. Given the ability of the VFS to hold each stakeholder to account, the inclusion of the statutory and non statutory members in a CSA multisectorial forum will see stakeholders holding each other to account, enhancing service delivery and the attainment or set forum goals. The inclusion of statutory and non statutory bodies will also enhance the ability of the CSA multisectorial forum to contribute to the development of new CSA policies and the modification of existing CSA policies in a particular country. Furthermore, CSA multisectorial forums will need to involve disability oriented organisations. The inclusion of disability oriented organisations will further the interests and needs of children and parents or guardians of all abilities in the programming, implementation and evaluation of CSA prevention forums.

CSA multisectorial forums are advised to adopt CSA protocols. These multisectorial forum protocols help define stakeholders' role obligation and expectations. A clear definition of roles removes duplication of roles, enhances accountability and explicitly gives the child survivours ecology service expectations. An extensive consultative and participatory process in coming up with the CSA multisectorial protocol can ensure that CSA stakeholders own the protocol and accept their role obligations. The current call for the adoption of protocols is consistent with Finkelhor's (1997) and Finkelhor (2009) observations. Finkelhor (2009) supports the use of protocols in CSA multisectoral forums arguing that protocols specify the roles that each

stakeholder should play thereby removing conflict. Finkelhor's (1997, p. 111) describes protocols "detailed, agreed upon, collaborative protocols for handling cases, with clear roles that each institution and professional should play. Protocols provide a number of benefits. Firstly protocols are accounting, monitoring and evaluating tool. Secondly, protocols insure uniformity in the handling of CSA, guided by a common philosophy. Thirdly, protocols ensure that all CSA survivor support benefit from an integrated approach to CSA survivor support and care approach. Fourthly, protocols result in clearly defined roles. Lastly, protocols promote accountability among stakeholders: CSA survivors, CSA service providers, parents and communities. Given the evolving nature of CSA, there will be need for CSA multisectorial forums to periodically review the protocols. Reviewing of protocols accommodates new CSA trends and dynamics in the field of CSA. CSA multisectorial forums also need to be open to accommodate new CSA forum multisectoral members joining so as to provide new services to cover emerging CSA trends and identified CSA service gaps. Furthermore, CSA multisectorial forum protocols need to be agreed upon by all stakeholders.

Several studies (Hansen and Tavkar, 2010; Birdhstle et al. 2011 and Stoltenborgh et al. 2011), have confirmed that CSA is a serious problem with adverse medical, legal, psychological, behavioural and socioeconomic outcomes which can be short, medium and long term in nature. Given the magnitude and the severity of the effects of CSA, the multisectoral approach to CSA intervention will need to address specific negative CSA outcomes: medical, legal, psychological, behavioural and socioeconomic outcomes. CSA multisectorial approach should have multiple intervention codes and services that address holistic CSA survivor needs that go beyond legal needs. Secondary CSA interventions need to address the following secondary prevention codes:

- *Safety*

The safety of the child once a disclosure is made is of importance. CSA multisectorial forums will need to plug in cracks in the safety of CSA survivours by providing safety and protection services. Given the argument that CSA mainly occurs with the child's micro ecological system; committed mainly by offenders known to the child, the safety of CSA survivours is paramount. Again, CSA multisectoral forums need to address releasing accused CSA offenders into CSA survivours ecological environments. Therefore, the CSA survivors' environmental safety should be guaranteed to ensure disclosure and treatment. Safety of CSA survivours can be

addressed through the removal of the CSA survivor or CSA perpetrators from the child's environment. The removal of the perpetrator should be the first option to be considered given the argument that the child should not be the one to suffer removal. While appreciating the right to bail of accused CSA offenders, accused CSA offenders must not be released into CSA survivors' environments. CSA survivors must remain in their natural environment. Alternatively, places of safety must be provided for CSA survivors. There is therefore, need for the multisectorial CSA forums to consider the environmental safety of CSA survivors.

- *Medical management of CSA*

CSA multisectoral forums need to provide multisectorial medical CSA management services to CSA survivours. Given the physiological short to long term effects of CSA, any CSA secondary prevention intervention should have CSA medical management services. According to the Population Council (2008) medical interventions are aimed at addressing the physical and psychological consequences of CSA. The negative physiological effects of CSA that include: exposure to sexually transmitted infections including HIV, physical injuries to reproductive organs, pregnancy, and abortion and associated risks may also result from CSA. Due to these and many other negative physiological effects of CSA, medical services should be treated as an emergency and given priority. CSA survivors need to get access to post exposure prophylaxis to prevent themselves from HIV and STI within 72 hours and emergency contraception within 5 days of the sexual abuse to prevent pregnancy.

Medical services include the provision of termination of pregnancy (TOP) in the event of pregnancy after CSA (Judicial Service Commission, 2012). TOP will have to be done after obtaining legal authorisation. Given the different legal framework on termination of pregnancy, the option is dependent on the different legal provision and cultural context. TOP should be an option that CSA survivours and families are consulted on. In addition, CSA survivours and families should be given the right to give consent. In addition, medical management of CSA involves the collection of forensic evidence that help substantiating evidence of CSA offences. Forensic evidence can be used in the identification of CSA offenders. Given the importance of CSA medical services, CSA multisectoral forums should address access and treatment completion challenges.

- *Psychosocial Care*

In addition to medical services, CSA multisectoral forums should provide psychosocial services. According to McPherson, Scribano and Stevens (2012) CSA is consistently linked with a host of negative psychological health, mental health and legal and social outcomes often requiring psychological treatment to address the trauma and distress. In addition, the treatment process and interventions may themselves be traumatic hence the need for psychosocial care. Psychological care addresses psychological needs of the child and the family. Psychological services approaches may adopt either individual or group intervention depending on the treatment objectives. Individual psychological intervention may cover a range of activities, including play therapy, art therapy, drama, and other expressive modes such as bibliotherapy (Chitereka, 2012).Counselling services are offered to survivors of sexual abuse such as individual, parental and family counselling. Group therapy uses groups as vehicles for individual therapy and growth. Groups can either be support or therapeutic groups for CSA survivors or parents and guardians of CSA survivors. Psychological services may help address, safety needs, post care services and other family issues. Psychological services may also address child welfare issues such as birth registration, legal concerns, and educational assistance and health concerns are also identified and referred. Counsellors can also offer psychological support to CSA survivours before trial, during and post trail care. Pretrial counselling and court preparation counselling is offered to familiarise CSA survivors with the CSA management processes in medical interventions, the legal processes and post trial services. It can therefore be argued that psychosocial support needs to be available at all levels of the CSA interventions. Furthermore, psychological services need to be available at different layers of CSA multisectoral interventions addressing sector based psychological concerns and needs.

- *Legal and justice*

Legal and justice services are part of the proposed secondary CSA prevention level. At this level, CSA offenders are prosecuted for CSA offenses. At this level, society punishes CSA offenders, thus giving CSA survivours closure and restoration of violated rights. By ratifying charters and conventions, Governments accept the primary obligation and responsibility to promote and protect the rights and welfare of children (Sossou and Yogtiba, 2009). CSA violates the rights given to the child by society through local legislation or international

conventions. CSA legal interventions therefore aim at addressing the legal needs of the child, the family and society. Given the membership of many countries to the United Nations and their ratification of the Convention on the Rights of the Child (CRC) adopted by the United Nations General Assembly in 1989. Any CSA secondary prevention should thus have a legal intervention aspect to address the legal needs.

- ***Post trial care***

The CSA Ecological framework includes the provision of post trial CSA services. It is argued that the provision of post trial services address cracks associated with the termination of CSA multisectorial services at the close of the legal process. Post trial secondary preventive measure address post trial needs of child survivors and the family. Barrios, Gelaye, Zhong, Nicolaidis, Rondon and Garcia (2015) associate CSA with serious adverse life course consequences. Given the argument that CSA is associated with both short to medium effects on the child's ecology: the child, family, society (Chitereka, 2012); there is need for post trial services. In addition, CSA survivors are more likely to suffer CSA revictimisation. Given the negative effects of CSA on the child and the family, it is argued that secondary preventive measures should have post trial measures in place. The incarceration of perpetrators should not be seen as an end but as part of a rehabilitative process that goes beyond the ligation processes. The CSA Ecological model argues for post trial services that meet legal needs, safety needs, medical needs and auxiliary services that may emerge after the finalisation of trial and litigation processes. In addition, post trial services provide continued medical and psychosocial services post legal interventions. It is therefore, recommended that CSA multisectoral forums provide post trial services related to their intervention area.

9.4.2 Inclusion of non- offending family members in interventions

The inclusion of non- offending family members in the intervention processes is another notable feature of the secondary prevention measures in the proposed Ecological CSA prevention model. CSA survivors are more likely to benefit from support given to their non offending family members. Benefits of including non- offending family members in interventions include CSA therapy completion and psychological support from their non offending parents. It is therefore, proposed that multisectorial CSA medical, social, medical and judicial interventions must involve and be extended to non offending family members. CSA survivors benefits from the involvement of their non offending family members.

9.4.3 Rehabilitation of juvenile CSA offenders

The provision of rehabilitative services for CSA juvenile offenders is another notable service at the secondary prevention level within the proposed Ecological CSA prevention model. According to Finkelhor et al. (2014), many policy makers and the general public make the common error of assuming and concluding that sexual offences are committed by older caregivers and adults. Resultantly, most offender management interventions give little attention to CSA offences committed by juvenile CSA offenders. Therefore the rehabilitation of juvenile CSA offenders addresses cracks the common error of assuming and concluding that sexual offences are committed by older caregivers and adults. In addition, organisations dealing specifically with CSA juvenile offenders must be part of CSA multisectoral forums. Given the argument that provision of services to juvenile CSA offenders is recognition that juvenile CSA offenders are themselves victims of CSA exposure or CSA survivors, CSA secondary interventions must provide services to juvenile CSA offenders. Provision of services has CSA preventive effects: breaking the CSA cycle, preventing new CSA offences and grooming of CSA offenders.

9.4.4Meso CSA Secondary Prevention

Meso CSA Secondary Prevention includes CSA multisectorial management and treatment approaches: provision of a suitable environment that is conducive for children; gathering of forensic evidence; avoidance of secondary trauma; provider initiated CSA Screening and CSA secondary prevention research.

9.4.5 Provision of a suitable environment that is conducive for children

CSA multisectoral forums must create suitable environment conducive for children. CSA multisectorial role players can provide a suitable environment that is conducive for children through a number of initiatives. Firstly, CSA multisectorial forums should remove communication barriers. Communication barriers are removed through the use of culturally acceptable words and language. Secondly, CSA multisectorial role players must provide separate interview and examination rooms. Thirdly, the legal system must provide two way court systems for children. Fourthly, CSA multisectoral forums must introduce anatomically correct dolls, toys, play, drawing and bibliotherapy. Fifthly, CSA forums and organisations must allow professionals to wear casual clothing. It is argued that the creation of a suitable environment that is conducive for children will remove communication barriers for children,

reduce trauma and restore dignity and worth of CSA survivors and their non offending family members. Lastly, CSA multisectoral forums create suitable environment conducive for children with disabilities by being disability sensitive. Disability sensitivity is presented below.

9.4.6 Adoption of science in CSA management and treatment

The CSA Ecological prevention guideline framework calls for the adoption of science in CSA management and treatment. It can be argued that the adoption of science in CSA management and treatment will improve evidence and service quality.

9.4.7 Avoidance of secondary trauma

The CSA Ecological Model calls for the avoidance of secondary trauma at the CSA secondary prevention level. September et al. (2000) argue that CSA intervention may result in CSA secondary abuse. To prevent CSA secondary trauma CSA survivours must not retell CSA incidents throughout multisectoral forums and the CSA rehabilitation service chain. The introduction of a one stop concept, within CSA multisectoral forums, can eliminate the need for children to repetitively retell their CSA ordeals. Under a one stop concept children are attended to by service providers under one roof. Alternatively, CSA multisectoral forums may introduce virtual one stop concepts. Under the virtual one stop concept, the first service provider to come in contact with the child captures the CSA incident into a shared Management Information based system. Subsequent service providers study the information captured by the initial service providers and only provide their organisation specific services without asking the child to retell the story.

9.4.8 Provider initiated CSA screening

The CSA Ecological model also proposes Provider Initiated CSA Screening (PICS). Provider Initiated CSA Screening involves screening for CSA among children and parents when service providers come in contact with service users. Provider Initiated Screening have been used in HIV and TB prevention , were service providers screen for HIV and TB risk when clients visit for services which may not necessarily be HIV or TB related. Similarly, the United Kingdom's pre-birth assessment of pregnant women and family visits provides the option of identifying CSA risk factors for unborn children in their parents and homes instead of initiating protection only after birth. The introduction of pre-birth assessment and family visitation may also function as provider initiated CSA screening initiative (Makoae 2014). It can be argued that the adoption of Provider Initiated CSA screening may see the screening for CSA by role players

within CSA multisectorial forums such as the police, educators, social workers, community workers, health care workers, community leaders and judicial officers, counsellors. Provider Initiated CSA Screening may screen for CSA among children within the child's immediate ecological environment. CSA survivours' friends and siblings are possible targets of Provider Initiated CSA Screening. It can also be argued that while PICS will have a CSA secondary and primary prevention effect.

9.4.9 Applied research

As noted above, CSA is not static. It also follows that CSA secondary prevention interventions are not static. There is therefore, need for continuous CSA secondary prevention research to inform new interventions and global best practices. CSA multisectoral forum role players operating at the secondary prevention level need to conduct research on the efficacy interventions, modifying interventions and developing new approaches in view of the new CSA trends and CSA practices elsewhere. Additionally, research findings on the profile of CSA survivors and offenders can help advice factors leading to CSA. Furthermore, research at the secondary prevention level can inform primary preventive initiatives.

9.4.10 Provision of professional training, support and continuous professional training

Professionals working in the treatment and management of CSA form part of the meso environment. One way of addressing training needs is the introduction of CSA in the curriculum of the various professional disciplines. CSA may be introduced in the training curriculum of the police, doctors, nursing, teachers, psychiatrists, social workers, psychologists, counsellors and other line professionals who work with CSA. The inclusion of CSA in professional curriculums, arguably will equip professionals with information on CSA. In addition, professionals may be equipped with skills and competency in working with CSA survivors. Professional may also be equipped with ways of dealing with the stresses associated with working in the field of CSA.

Again, it can be argued that CSA multisectorial forums provide formalised professional support systems. Formalised professional support systems arguably prevent burnout, stress and vicarious trauma. In addition, formalised professional support systems promote the health and wellbeing of CSA multisectoral professionals and enhance CSA secondary prevention interventions. It is also argued that the ability to provide continuous training may result in a

series of benefits. Continuous professional training may result in up skilling new knowledge on CSA best practices and treatment approaches. Continuous professional training may also benefit CSA forums and professionals through new knowledge, skills and best practices. Additionally, professional may improve on competency and skills levels**.**

9.4.11 Creation of enabling legislative and resource framework

To facilitate the creation of CSA secondary prevention initiatives, Governments need to put in place legal frameworks to facilitate CSA rehabilitation and treatment. In addition, legal frameworks facilitate the legal standing and operations of CSA multisectoral forums. Legal frameworks enable CSA interventions in many ways. Firstly, legislation facilitates legal medical examinations and services to be done by nurses and doctors. Secondly, legal frameworks provide for the creation a suitable environment that is conducive for children. There is need for laws that enable CSA survivours to communicate with the court through interpreters. In addition, enabling laws facilitate the separation of CSA survivors from the main court. CSA survivors must give evidence in camera. Legislation also allows for children to use anatomically correct dolls to communicate with courts. Thirdly, legal frameworks address legal gaps. The legal definitions of children vary from country to country. There is therefore need for CSA offence laws to be in line with universally agreed definitions of children. International bodies such as the United Nations define children as persons below the age of 18 years. Governments need to align definitions of children in line with local and international frameworks.

Fourthly, legal framework frameworks make CSA interventions disability sensitive and inclusive. There is need to put in place legal instruments that address systematic and institutional discrimination actions prohibit children with disability active participation in CSA treatment: CSA secondary prevention. Lastly, legal frameworks create accountability and transparency. The creation of legal frameworks may address possibilities of corruption at the CSA secondary level. Corrupt activities at the CSA secondary prevention level affects CSA interventions outcomes, much to the detriment of the legal outcomes, the child healing process and the resultant trauma. Given the possible impact of corruption on CSA treatment outcomes and the integrity of CSA multisectorial forums, there is need for governments to legislate on the vice. However, it has been argued that the issue is not a lack of legislation but rather implementation and enforcement of legislation and policy (Chitereka, 2012 and Gwirayi, 2013).

9.5. CSA Tertiary Prevention Framework

The CSA Ecological model proposes a third CSA prevention level: CSA offender management and rehabilitation. Collin-Vezina, Daigneault and Hebert (2013) describe tertiary prevention efforts as offender management approaches that aim to control known offenders. The potential of CSA offenders committing future CSA offences, CSA management programmers are important. CSA offender management programmes can be two fold. Firstly, CSA offender management programmes must target juvenile CSA offenders. While the provision of CSA services to juvenile CSA offenders has been presented under secondary prevention of the CSA Ecological model, adult and juvenile CSA offender rehabilitation forms part of the CSA Tertiary prevention level. It is argued that juvenile CSA offenders should be viewed as CSA survivors. It is further argued that juvenile CSA offenders commit CSA offences as a result of exposure or experience of CSA. Given the argument that children learn to abuse other children from exposure or experience of CSA, it is important for CSA prevention to extend services to child CSA offenders. It is proposed that juvenile CSA offenders be given medical, psychological, safety and post trial services suggested above.

Secondly, CSA offender management target adult CSA offenders. Adult CSA offender management includes a series of legal and statutory measures that include registering CSA offenders, notifying communities about the presence of convicted CSA perpetrators, conducting background employment checks and controlling where CSA offenders can live. However, Finkelhor (2009) argues that CSA offender management initiatives are not effective given that the majority of CSA occurs within the child's ecology. While appreciating the argument made by Finkelhor (2009), that the majority of CSA remain undisclosed and the doubt around CSA offender management initiatives, it can be argued that introducing CSA offender management initiatives may supplement existing CSA prevention initiatives.

While appreciating the rights of accused CSA perpetrator, it is important for legal services within CSA multisectoral forums to consider implications of releasing accused persons on bail back into the child's micro ecological environment. Given the argument that CSA offenders are mostly persons known to children, the release of CSA perpetrators has the potential of influencing the child's testimonies, much to the detriment of the child and the treatment process. It is therefore argued that, CSA offenders should be released outside the child's environment. Again , it is also argued that while respecting the legal rights of CSA accused

offenders, CSA offenders be released to alternative environments. Alternative environment must not put children in those environments at CSA risk. In addition, alternative environments must address potential interference.

9.6 Prevention Preconditions

According to Krug, Dahlberg, Mercy, Zwi and Lozano (2002) and Horwath and Morrison (2007), a comprehensive CSA prevention strategy is dependent on a number of factors. Firstly, CSA prevention will require formal resources such as institutional arrangements. Secondly, CSA prevention is premised on professional values that are based on collaboration and integration of children's services. Thirdly, CSA prevention requires informal resources such as community participation and networks. Lastly, CSA prevention will require and enabling legislative framework. The following sections suggest preconditions that need to be taken into account for the CSA framework suggested above being effective:

9.6.1 Multisectorial approach to CSA prevention

While CSA prevention levels are presented separately above, CSA primary, CSA secondary and CSA tertiary prevention should be seen as a continuum. Effective CSA prevention requires and benefits from a multisectorial approach. It is reasoned that and integrated Ecological CSA prevention model is beneficial to the child's ecology: the child; the family, role players and society. Firstly, a multisectorial approach to CSA, results in increased ability to provide integrated CSA interventions. Secondly, a multisectorial approach to CSA, increase the ability of CSA multisectoral forums' ability to pull scarce resources. Thirdly, a multisectorial approach to CSA facilitates sharing of CSA experiences, ideas, new CSA trends and CSA best practices. Fourthly, a multisectorial approach to CSA results in CSA multisectoral forums holding each other to account. It is therefore argued that there is need for a multisectorial approach to CSA prevention: primary, secondary and tertiary prevention. Lastly, a multisectorial approach to CSA facilitates specialisation.

9.6.2 Creating an enabling policy and legislative framework

The creation of multisectorial forums advocated for will require an enabling policy and legal framework. Governments will therefore need to put in place policy and legislative frameworks that facilitate CSA prevention and CSA multisectoral forums. An enabling CSA prevention policy and legislative framework can be created through amendment of existing laws and

introduce new legal frameworks that facilitate cooperation between State and non state organisations. Again, an enabling policy and legal framework will provide for the inclusion and participation of CSA survivours' ecological environments: CSA survivors, families, communities and gate keepers at different levels of CSA prevention. Traditional and faith leaders must be part of CSA multisectoral forums.

Furthermore, CSA multisectoral forums need to put in place internal policies and protocols that assist with their operational management. The creation of an enabling policy and legislative framework however, requires that political will and CSA prevention to assume unprecedented priority status on the political agenda. In addition, an enabling CSA prevention policy and legislative framework can be created through formulation of internal and operational policies such as protocols. CSA multisectoral protocols spell pout roles and responsibilities. Furthermore, CSA multisectorial protocol give rise to level of responsibilities such as National and regional representation. The division of forums into national and regional subordinate forum committees enhances the functioning of CSA multisectorial forums. Regional CSA multisectoral forums attend to CSA prevention operational issues while National CSA multisectorial forums are made up of policy makers. Additionally, protocols promote alternate representatives. Having alternate representation of organisations eliminates the one center of power phenomenon.

9.6.3 Awareness on CSA forums and services

For CSA multisectoral forums and CSA prevention services to be effective, there is therefore need for awareness rising on the available CSA services and the multisectoral forums at national and regional levels. Awareness enhances CSA prevention service utilisation. The lack of awareness of CSA multisectoral forums: services and location; can be addressed as part of the CSA primary prevention discussed above. Awareness of available services can be enhanced through the use of radio, social media, television, outreach programs, newspapers, school based education programmes, billboards, posters and Provider Initiated CSA Screening (PICS). Corporate can also assist with branding CSA prevention messages on products, brands and adverts. In addition, corporate may brand CSA multisectorial vehicles, outreach and professionals.

9.6.4 Coverage of CSA services

Limited coverage of CSA multisectoral forums becomes a significant barrier to successful linkage and access to initial CSA services in the aftermath of CSA, as well as successful completion of CSA intervention services for survivors of CSA. Therefore, CSA multisectorial forums need to have geographical coverage to ensure universal access of services. One of the ways to improve coverage of CSA multisectorial services is by taking the services to the people through the use of mobile offices (Kaseke, 1995). Alternatively, CSA multisectorial forums may camp in remote areas for specific periods of time. The use of camps will need to publicity of services before the camps are set up. Publicity will make people aware of the services in advance. Mobile and camp outreach approaches could involve all the CSA multisectoral forum service providers: providing a one stop shop approach to CSA services. CSA multisectoral forum outreach programmes can be another way of ensuring that CSA service provision is responsive to the needs of clients particularly those in difficult to reach areas. In addition, CSA forums may consider decentalising services to local municipal and rural district council clinics.

9.6.5 Creation of a suitable and conducive environment for children

The creation of a suitable and conducive environment for children across CSA prevention interventions is paramount for effective CSA prevention. Stakeholders in CSA multisectorial forms will have to provide separate child friendly health, counselling and judicial services to CSA survivors. At the primary level, a suitable and conducive environment for children can include use of age appropriate CSA messages and modes of communication: drawing, play, focus group discussions, use of brail and sign language and drama. These approaches could be adapted to suite different ages and cultural contexts. At the secondary prevention level, a suitable and conducive environment for children can be created by providing separate rooms that are painted in child friendly colours, separate rooms that facilitate confidential communication with the child, trained child friendly professionals, age appropriate communication and the use of mediums such as stories and drawings. The separation of children in medical examination, counselling and the legal processes enhances communication through the removal of communication barriers. Lastly, at the tertiary CSA prevention level a suitable and conducive environment for children may be created through offering rehabilitative services to juvenile CSA offenders and not placing CSA offenders in survivours' environments while on bail.

9.6.6 Disability sensitive CSA prevention services

CSA multisectorial intervention codes and services need to be disability sensitive. It is proposed that CSA prevention at all levels: primary secondary and tertiary levels; take into account the needs of persons with disabilities. Disability sensitivity includes the use of brail and sign language. Disability sensitivity also includes inclusion of disability focused organisation in CSA multisectoral forums. Inclusion of disability focused organisations in CSA forums may facilitate participation of persons with disabilities in policy making processes Professionals may also be given training in disability issues including communication skills. Alternatively, CSA multisectoral forums must provide interpreters throughout the service chain. Training of professionals in disability language and or the provision of interpreters in the service chain may ensure participation of children with disability in CSA secondary prevention interventions. It is argued that enhancing communication between children with disabilities and professional may promote full participation of children with disabilities in the CSA interventions.

9.6.7 Resource framework

Resources: human, economic and equipment constituent another significant determinant of the efficacy of the Ecological CSA framework. The following resources need attention:

- *Staffing*

Given the well documented short to long term medical and psychological effects of CSA, CSA survivors require specialised intervention from highly trained specialists. Professionals working in the field of CSA require specialised skills: assessment, recording examination, communication and counselling skills. In addition professional require communication skills to work with children and families with disabilities particularly the deaf. Furthermore, multisectorial forums need adequate staffing and human resources. Therefore, there is need to consider various means to attract and retain specialists who have the necessary competencies and legal standing to work in CSA prevention. Locum and use of professionals outside government employment on a locum basis may help reduce the challenge of staff shortages. The improvement of working conditions, better remuneration and an improved policy and administrative environment may attract specialists back into CSA prevention. Governments could also consider the engagement of specialists in private practice. Engagement of specialists in private practice could increase the availability of specialists in CSA multisectoral forums.

To accommodate these developments, enabling legislation and policy frameworks will need to be introduced.

- *Provision of continuous professional support and training*

CSA is not static. New trends in interventions, exposure and treatment emerge. According to Warner (2009) the way CSA is defined, theorised, recognised and talked about is reflective of the changes and differences in history, geography, culture, laws, social policies and that the contextualisation, prevention and management of CSA evolve with time. Given the evolving nature of CSA, multisectorial forums will have to provide formalised professional support systems and training. It is argued that the provision of continuous professional support benefits the professionals and ultimately contributes to improved service and service output. In addition, it can be argued that continuous professional support can address deficit of specialised and experience professionals and to low competency and skills levels within CSA multisectorial forums. CSA multisectorial interventions forums will need to provide continuous staff development and training. Training can also include attachments between and within CSA multisectoral forums. CSA multisectoral forums may also want to consider foreign exchange visits. Sharing of experiences and best practices between CSA multisectoral forums helps avoid inbreeding. Continuous training can also include the production of peer reviewed publications in the form of newsletters and journals by professionals in the field of CSA. Publications ensure continuous generation of new CSA knowledge. Again, professional publications can promote sharing of CSA best practice prevention strategies within and outside the jurisdiction of a CSA multisectoral forum.

Working in the field of CSA prevention can be stressful for professionals. Consequently, CSA multisectoral forums and stakeholders need to put in place in-house and external professional support systems. Staff support systems may and can include: staff supervision sessions, staff debriefing sessions, staff time off and staff training. The provision of continuous staff support systems has the potential of improved CSA interventions and services for CSA survivors and their families given the health risks associated with not providing such support systems.

- *Funding Model*

CSA multisectorial forums and CSA prevention require substantial funding. Funding gaps in funding models for CSA multisectorial forums can be addressed through Government funding

from general taxation. Government funding provides: guaranteed services, geographical coverage and guaranteed minimum service. Alternatively CSA multisectoral forums may consider cooperates as sustainable sources of funding. NGO funding must be taken as complimenting governments' efforts. Reliance on donor support can be a threat to the going concern of CSA prevention initiatives. Donors and NGOs may have their own agenda. Donors may affects CSA multisectorial decision making processes. Furthermore, withdrawal of donor support affects the going concern on CSA multisectorial forums. Again, multisectorial forums nay experience interruption of service delivery. Therefore, Governments must take a leading role in financing sustainable CSA prevention programmes.

- *Adoption of ICT*

The adoption of ICT in CSA prevention promotes sharing of information between organisations and professionals. In addition, the adoption of ICT will promote accountability and transparency as it facilitates the tracking of cases within the VFS and post trial services for the child survivors. Transparency will reduce prevalence of corruption allegations. Again, ICT case tracking platform may enable planning of services among role players within CSA multisectorial forum. Furthermore the adoption of ICT reduces risks associated with CSA secondary trauma. Therefore, CSA multisectorial forums need to invest in and promote the use of ICT in CSA prevention**.**

9.6.8 Research based CSA prevention

Applied research is one of the key facets of the proposed Ecological CSA prevention model. Technological advances, changes in perception, new definitions and globalisation have provided opportunities for different forms of child sexual abuse to emerge. New trends, definitions, manifestations and patterns in child sexual abuse continue to emerge. In addition, CSA intervention is contextual. Finkelhor (1997, p.111) argues that countries, professions and CSA organisations need ", to develop systems of intervention that are specifically tailored for the institutions, professional practices and laws of the particular country." Applied research in CSA will therefore, inform CSA prevention in context. Additionally, research will help CSA prevention keep pace with changes in the CSA field. Research findings at the primary level help inform primary prevention strategies. Research at the secondary level may also inform treatment strategies and best practice. Research findings at the tertiary level can help develop an effective CSA offender surveillance system. DCruz and Jones (2012) argue that research is

crucial in practice and policy development. Dodd and Epstein (2012) also argue that research by practitioners benefits interventions through application of findings. It is therefore argued that research is an integral part of the proposed Ecological CSA prevention framework.

9.7 Conclusion

The Ecological CSA prevention framework and guidelines presented in this chapter takes CSA prevention as operating at three levels of prevention. These are: primary, secondary and tertiary prevention levels. While the CSA prevention approaches are presented separately, CSA prevention needs to be understood as being part of a continual process and being complimentary to each other. However, for the Ecological CSA prevention framework and guidelines to be effective, there are determinates that need to be satisfied. The final chapter: Chapter 10 will now provide a summary of the major conclusions drawn from the study. The chapter also recommends possible areas of improvement for the VFS in Zimbabwe and areas of focus for future research on CSA.

CHAPTER TEN

MAJOR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

10.1 Introduction

The broad aim of the study was to explore the phenomenon of child sexual abuse in Zimbabwe. This chapter gives a summary the major findings of the study and conclusions drawn from the study. The chapter also recommends possible areas of improvement for the VFS in Zimbabwe and areas of focus for future research on CSA. Recommendations and areas for further research suggested in this chapter are based on the findings on the efficacy of the current intervention strategies used in helping survivors of child sexual abuse and the challenges faced by VFS stakeholders in Zimbabwe**.**

10.2 Major findings

10.2.1 The Socio economic circumstances leading to CSA in Zimbabwe.

From the 300 court files and selected participants' accounts used, the study established that CSA in Zimbabwe does not occur in a vacuum, but rather exists within children's ecological environments. It is evident from the selected 300 court files and selected participants' accounts used in the study, that CSA was created by and a consequence of the relationship between children and their ecological environment. From the 300 court files and selected participants' accounts used, trusting relatives, neighbours and friends with children appeared to be one of the key socio economic circumstances leading to CSA that came out of this study. Consequently, it was argued that, trusting relatives, neighbours and friends with the care and supervision of children creates grounds for CSA. Trust provided access and proximity to the child and manipulation of the child. CSA offenders took advantage of the temporal isolation and seclusion of children. Children were also found to be vulnerable to CSA while walking alone to and from social services such as schools, shops, herding cattle and water points. Children were also isolated and secluded; increasing their vulnerability to CSA. Additionally, from the 300 court files and selected participants' accounts used, it was apparent that children

temporally left home alone were vulnerable to CSA. From the 300 court files and selected participants' accounts used, it was also apparent that CSA offenders took advantage of a lack in child supervision to gain access and proximity to children. The removal of parental or guardian figures in the child's ecology was also evident in the 300 court files and selected participants' accounts used in this study, as increasing the vulnerability of children to CSA. From the 300 court files and selected participants' accounts used in the study, parental or guardian absence is created by working in the diaspora, working extended hours and parental divorce or separation. As such, it was argued that parental and guardian vacuum in children's ecological environments and the diminishing role of the extended family system was also identified as a significant socio economic factor that contributes to CSA. Related to parental and guardian absenteeism was child trafficking as a CSA vulnerability factor. Trafficking of children provided traffickers with access and proximity to the children making it easy for CSA offenders to commit CSA offences. In addition, the vulnerability of orphans and children living and working on the streets was also identified as a significant socio economic factor that contributes to CSA. Other parental related factors evident in the study are the presence of a stepfather and single parenting. However, single parenting related to single parents in sex work. It was also evident from the 300 court files and selected participants' narratives used in the study, that children in step parenting and single parenting were evidently vulnerable to CSA.

Evidence from the 300 court files and selected participants' accounts used in the study, suggests that teenagers' knowingly entered into consequential relationships. Consequential relationships also identified as a significant socio economic factor that contributes to CSA. Children particularly teenagers between the ages of 12 and 16 years entered into consequential sexual relationships that heighten CSA risk. Disability constituted another significant socio economic factor that contributes to CSA. Children with disabilities were evidently at risk of CSA. In addition, it is apparent that disability of parents and guardians of children increase CSA vulnerability. Disability in CSA offenders was also found to be a risk factor.

Another notable socio economic contributory to CSA that came out of this study was adverse living arrangements. Detrimental living arrangements and adverse living conditions which is characterised by families sharing single rooms; making children share rooms with domestic workers, relatives and visitors, leads to CSA. It also emerged from the 300 court files and selected participants' accounts used in the study that the phenomenon of child labour contributes to CSA. Children employed as domestic workers were found to be more likely to

be subjected to CSA by their employers. Despite the protection of children from child labour in Zimbabwe, it was evident from the study that many children are employed and exposed to CSA. In addition, it was also clear from the 300 court files and selected participants' accounts used in the study that access and exposure to sexual explicit content by children is a notable CSA contributory factor. From the 300 court files and selected participants' accounts used in the study, it would seem that the advent of smart phones and social media has evidently increased children's access to pornographic material which predisposes them to CSA. Substance use by children and CSA offenders is another CSA contributory factor that was identified in the study. In addition to the above CSA socio economic contributory factors, this study identified other factors. Substance use by children and CSA offenders is another CSA contributory factor that was identified in the study. Religious and cultural dispositions also accounted for CSA exposure among children. Additionally, from the participants accounts used in the study, it was apparent that some cultural beliefs and practices promoted CSA and child marriages.

Lastly, poverty within the child's ecology was identified as a key socioeconomic CSA contributory factor. It is argued that poverty is a cross cutting CSA risk factor. Firstly, poverty created parental absenteeism. Again, it can be argued that there is a notable link between many cases of child trafficking and poverty. Secondly, poverty may push children into consequential relationships. Thirdly, poverty created vulnerability for orphaned children and contributes to adverse living arrangements that make children vulnerable. Fourthly, it has been reasoned that poverty is linked to child labour. Fifth, it can be argued that poverty is linked to substance abuse. Lastly, it can be argued that poverty created isolation and seclusion of children which leads to their vulnerability to CSA. Given the argument that the majority of Zimbabweans live in rural areas (Kanyenze, Kondo, Chitambira and Martens 2011); the majority of children are vulnerable to seclusion which is a contributory factor to the vulnerability to CSA. To this end, poverty is a cross cutting CSA risk factor.

10.2.2 Profiles of CSA survivors and CSA perpetrators

The second objective of the study was to profile CSA survivors and CSA perpetrators. An in depth appreciation of the profiles of children who appear to be at higher CSA risk is critical and essential to inform targeted CSA prevention efforts.

10.2.2.1 Profiles of CSA survivors

It was evident from the 300 CSA files used in this study, that key characteristics of CSA survivors include sex of the child, age of the child, relationship and familiarity of the child with the CSA offender and children with prior history of being sexually abused.

10.2.2.1.1 Sex of the child

From the 300 cases reviewed in this study it was clear that the majority of CSA survivors are girls. A number of factors were used to account for the identified gender disparities. Firstly, underreporting was used to account for the apparent gender differences. Secondly, the patriarchal system may account for the gender differences apparent in this study. Thirdly, it was argued there are maturity differentials between boys and girls. Fourthly, the identified gender disparities may be a reflection of a heterosexual ecological environment and girl's experience. Lastly, it was argued that girls experience more CSA as a result of child marriages. Despite the evidence for the selected 300 court files used in this study that girls experience more CSA than boys; boys evidently experienced CSA. It was argued that boys may be shy to report CSA.

10.2.2.1.2 Age of CSA survivors

Age of CSA survivors is another notable characteristic of CSA survivors to come out of the 300 court files used in the study. While the study identified all children as being vulnerable to CSA, it was evident from the 300 court files used in this study that vulnerability to CSA raises with age (refer to Table 1). The study utilised three age groups: 0 – 5 years; 6 – 11 years and 12 to 16 years to analyse the age of the child. The 16 year age threshold was used in line with the Zimbabwean definition of legal sexual age of consent (Criminal Law Codification Act Chapter 9.23, 2004). The three age groups are summarised as follows.

- *Twelve (12) to 16 year olds*

From the 300 cases reviewed in this study it was evident that the majority of CSA survivors are girls between 12 and 16 years of age. A number of factors can expain why girls between 12 and 16 years of age are more vulnerable to CSA. Firstly, girls between the ages of 12 and 16 years are more vulnerable to consequential relationships. Secondly, the ages 12 to 16 years mark sexual maturation and devolpment stage in human life. Thirdly, children between the ages 12 to 16 years are more likelly to experiment with sex (Hassan and Creatsas 2000).

Fourthly, the high prevalence of CSA in the 12 to 16 year age group can support the Sexual Abuse Accommodation Syndrome suggested by Jones and Jemmott (2009). Fifthly, children in the 12 to 16 year age group are more likely to assume household roles, responsibilities and chores that increasingly expose them to isolation, seclusion and other CSA socio economic circumstances identified above. Sixth, children in the 12 to 16 year age group are more like to experience cultural rite obligations and responsibilities. Lastly, children in the 12 to 16 year old age group are more likely to experience isolation and exclusion.

- *Six (6) to 11 year olds*

From the 300 cases reviewed in this study, children between the ages of six (6) to 11 years were evidently the second significant age group vulnerable to CSA. It was argued that children between the ages of six (6) to 11 years are more likely to trust CSA offenders. As noted above trust is one of the significant socio economic circumstances leading to CSA that came out of this study. In addition, it was argued that the ages 6 to 11years mark the onset of schooling in Zimbabwe. This study identified travelling to alone in isolated areas as another the significant socio economic circumstances leading to CSA that came out of this study. It was also reasoned that children between the ages of 6 to 11 years start to assume social roles and responsibilities that make them vulnerable to CSA. The study linked the ages of six (6) to 11 years to roles such as heading goats. Herding goats makes children vulnerable to isolation that makes children vulnerable to CSA. The study links cultural rite and practices such as genital mutilation with the ages of six (6) to 11 years.

- *Children below 5 years*

It was also evident from the 300 court files used in the study that children between the ages of 0 to 5 years are also vulnerable to CSA. As argued above vulnerability to CSA raises with age. To this end, children between the ages of 0 and 5 years constituted the minority. Various factors between the ages of 0 and 5 years are list likely to experience CSA. It was reasoned that children between the ages of 0 to 5 years are more likely to be in the company of the mothers and care givers. It was also argued that children between the ages of 0 to 5 years are list likely to be exposed to isolation and seclusion of children which leads to their vulnerability to CSA. It was further argued that children between the ages of 0 to 5 years are not being sexually appealing to CSA offenders which decrease their vulnerability to CSA. It was however argued that a decrease in reported CSA offences involving children between 0 and 5 years should not

be taken as the absence of CSA among children in this age group. Children between the ages of 0 to 5 years remain vulnerable to CSA.

10.2.2.1.3 Child survivor is known to the perpetrator

Another notable characteristic of CSA survivors evident from the 300 files reviewed in the study; was the relationship between the CSA survivours and CSA offenders (refer to Figure 3). The study linked CSA offenders' access and proximity with children to the committal of CSA offences. To this end, there may be underreporting and delayed disclosure of CSA offences.

10.2.2.1.4 Children with prior history of being sexually abused

It is also evident from the 300 court files used in the study that children with a history of CSA are more likely to experience future CSA. It was argued that CSA survivors develop the Sexual Abuse Accommodation Syndrome. It was also argued that children with a history of CSA experience revictimisation due to lack of professional support and intervention. To this end, CSA survivours may develop sexualised behaviours such as being overly seductive and promiscuity (Putnam, 2003; Lalor and McElvaney, 2010 and Staples, Stappenbak, Davis, Norris and Heiman 2015).

10.2.2.2 Profiles of Child Sexual Abuse Perpetrators

From the 300 files reviewed in this study and participants narratives, it was evident that key characteristics of CSA offenders included CSA offender child relationship, sex of the CSA offender; age of the CSA offender and repeat CSA offenders. The identified CSA offender profiles are summarised below:

10.2.2.2.1 CSA offender child relationship

It was evident from the 300 court files and participants narratives used in this study that CSA offenders are typically persons related to CSA survivours. From the 300 court files used in the study, CSA offenders included fathers, stepfathers, uncles, cousins, grandparents, neighbours; boyfriends; domestic workers; family friends and employers. In keeping with the ecological view; CSA offenders were located within the child's micro ecological system. To this end, familiarity and proximity of CSA offenders to children increased vulnerability to CSA.

10.2.2.2.2 Sex of the CSA offender

Another important characteristic of CSA offender to come out of the 300 court files and participants' narratives used in this study was the sex of the CSA perpetrator. It emerged from the 300 court files used in the study that the majority of CSA offenders were male. The patriarchal belief system in the Zimbabwean society was used to explain why CSA offenders are predominately male. It was argued that in patriarchal societies such as the Zimbabwean society, males have access and dominance to the means of production: economic power and psychological power. It was reasoned that CSA illustrates an extension of male domination. While males dominated CSA offences amoung the 300 court files used in the study, women were also found to commit CSA offences. It was argued that women commit fewer CSA offences due to their caring nature. It was further argued that lack of advanced scientific technology to prove female CSA offending explained fewer female CSA offences. Cultural and legal stereotypes on CSA were also used to explain fewer CSA offences amoung female CSA offenders.

10.2.2.2.3 Age of the CSA offender

It was also evident from the 300 files and participant narratives used in the study that, age of the CSA offender is a characteristic of CSA offenders. From the 300 court files used in the study, the majority of CSA offences were committed by adult male CSA offenders. It was argued that adult males manipulate their economic advantage and position to commit CSA offences. Again, it was argued that patriarchy increased the likelihood of males committing CSA offences. Despite the evidence from this study that the majority of CSA offenders are adults, it was also clear from the 300 court files used in this study that juveniles commit CSA offences. The advent of smart phones and social media has evidently increased children's vulnerability to committing CSA offences. In addition, it was also clear that access and exposure to sexual explicit content by children is a notable CSA contributory factor.

10.2.2.2.4 Repeat CSA offenders

Apart from the above CSA offender profiles, it was also evident from the 300 court files and participants' narratives that CSA offenders are often repeat CSA offenders. There was a notable link between committing CSA offences and reoffending. As argued above, the majority of CSA offenders are persons located within children's ecological environment. It was argued that access to children's ecological environments poverty created vulnerability to CSA.

10.2.3 Efficacy of the current intervention strategies used in helping survivors of child sexual abuse.

A third objective of the study was to investigate the efficacy of current intervention strategies used in helping survivors of child sexual abuse. This research identified both strength and weaknesses of the VFS. An in depth appreciation of current intervention strategies is critical and essential to inform targeted CSA prevention efforts.

10.2.3.1 Strengths of the Victim Friendly System

From the selected participants' explanations, 300 court files and minutes of VFS meetings, it emerged that the VFS had a number of strengths; that contribute to the efficacy of the multi sectorial forum. The following section summarises the identified strengths of the VFS interventions.

10.2.3.1.1 VFS provides integrated responses to CSA

From the selected participant narratives, 300 court files and minutes of VFS meetings used in this study, it was clear that one of the main strengths of the VFS is its ability to integrate CSA interventions. It was argued that the integration of CSA services benefited stakeholders: survivours, organisations and families in many ways. Firstly, it was reasoned that integration of CSA interventions enabled pulling of CSA services into a basket of CSA services. Secondly, an integrated approach to CSA intervention resulted in clarity of roles and responsibilities among VFS actors. Thirdly, it was argued that integration of CSA interventions addressed the social, behavioural, medical, legal, social and economic effects of CSA. Fourthly, it was also argued that an integrated approach to CSA service intervention resulted in specialisation and improved service delivery. Lastly, it was argued that integration of CSA services eliminated duplication of effort.

10.2.3.1.2 Avoidance of duplication of effort

Another notable strength of the VFS networking to come out of the 300 court files, participants' narratives and minutes of the VFS meetings used in the study, was the avoidance of service duplication. Again, it can be argued that there was a notable link between integration of services and avoidance of duplication of effort. It was evident from the study that the VFS was a confluence and a community of CSA interventions in which child survivors, non- offending family members and child CSA offenders are assisted by the police, doctors, psychiatrists,

social workers, psychologists and counsellors; each providing specific intervention services. It was also clear from the participants' accounts and the 300 court files used in the study that VFS stakeholders benefited from avoidance of duplication through cost savings and increased production. Cost saving was achieved through curbing of wasteful expenditure and avoidance of clients claiming the same service from two or more organisations. Productivity increased through saving of time that translates to increased production time.

10.2.3.1.3 VFS creates a suitable environment that is conducive for children

It also became evident from the 300 court files and participants' narratives used in the study that, the introduction of the VFS created a suitable environment that is conducive for children. The formation of the VFS evidently created a suitable environment that is conducive for children. A suitable environment that is conducive for children was created through the removal communication barriers. The VFS also used culturally acceptable words and language.

10.2.3.1.4 Ability to attract and pull resources

From the 300 court files and the participants' narratives used in the study, it also became clear that the integration of VFS services resulted in pulling and attraction of intra and inter resources. Puling of resources saved time and curbed wasteful expenditures. In addition pulling and attracting resources resulted in skills, information and intellectual resources sharing.

10.2.3.1.5 Making stakeholders accountable to each other

Another notable strength of the VFS, evident from the 300 files and selected participants narratives used in the study, is the ability of role players to hold each other to account. The integration of CSA services evidently increased opportunities for peer and collegial reviewed CSA services. It was clear from the study that accountability improves service delivery and service quality.

10.2.3.1.6 Inclusion of non- offending family members in VFS interventions

Another notable strength of the VFS that was revealed, from the 300 court files and the selected participants' accounts used in the study, is the inclusion of non- offending family members in the intervention processes. There was a notable link between inclusion of non offending family members in CSA intervention and increased family support. From the 300 court files and the

selected participants' accounts used in the study, the extension of services and support to other family members including siblings in CSA interventions also had the effect of breaking the cycle of CSA. In addition, the extension of services to non- offending family members had the effect of reducing the negative effects of CSA on the family. To this end, the inclusion of non offending family members in CSA interventions was identified as strength of the VFS.

10.2.3.1.7 Provision of continuous professional training

It was also evident for the 300 court files, participant's narratives and minutes of VFS meetings used in this study, that provision of continuous professional training to professionals was another notable strength of the VFS. The generation of new knowledge within the field of CSA enabled professionals and organisations to keep pace with new trends. Continuous professional training also helped with the refinement of multi sectorial protocols.

10.2.3.1.8 Provision of rehabilitative services for juvenile CSA offenders

In addition to the above strengths, it was evident from the 300 court files and participants narratives that providing services to juvenile CSA offenders was another notable strength. The rehabilitation of child CSA offenders was significant at two levels. Firstly, juvenile CSA offenders are themselves CSA survivors. Secondly, the provision of rehabilitation and care to child perpetrators potentially prevented further sexual abuse of other children. To this end, the provision of interventions targeted at CSA juvenile offenders is strength of the VFS.

10.2.3.2 Loopholes within the VFS

Notwithstanding the strengths of the VFS noted above, from the 300 court files and participants' narratives used, this study unearthed a series of loopholes in the VFS forum. These shortfalls are summarised below:

10.2.3.2.1 Limited coverage of VFS services and service providers

It was noticeable from the selected participants' narratives used in the study that the geographical coverage of the VFS is limited. It was clear from the selected participants' narratives used in the study that the VFS is largely confined to urban areas. As such, many children were denied targeted CSA prevention services.

10.2.3.2.2 Lack of awareness on the VFS

Another VFS weakness identified from the selected participants' narratives used in the study was the lack of awareness on the scope and nature of services offered. It was reasoned that ignorance of the VFS and its services resulted in underreporting of CSA offences. In addition, from the selected participants' narratives, it was also clear that ignorance of VFS services affected the collection of forensic evidence. To this end, lack of awareness on the VFS affected the quality of forensic evidence and intervention outcomes.

10.2.3.2.3 Cost burden on CSA survivors and their family

Related to the above weakness of limited coverage of VFS, it was also evident from the participants' narratives used in the study that, CSA survivours and families were burdened with travel, accommodation, food and other related costs. It was argued that there is a notable link between related costs and underreporting.

10.2.3.2.4 Poor post-trial care

From the 300 court files and participants' narratives used in the study, it was clear that the VFS had poor post trial care services for child survivors and their families. Despite the long term effects of CSA, it was evident from the study that there were no post trial services for CSA survivours. Resultantly, CSA survivors failed to access continued services post trial.

10.2.3.2.5 Reliance on donor support

In addition, it is evident from the 300 court files and participants' narratives used in the study, that the VFS is largely donor driven. Resultantly, donors ended up dictating the course of the VFS programme. Reliance on donor support threatened to the going concern of the VFS. It was also evident from the participants' accounts used in this study that many donors and NGOs had their own agenda. To this end, the reliance on donor support was seen as a weakness of the VFS.

10.2.3.2.6 Focus on the justice outcomes

Another weakness inherent in the VFS identified from the 300 court files and participants' narratives used in the study is that the VFS placed emphasis on justice delivery outcomes. Despite the VFS being a multisectoral forum that should provide medical, psychological, prevention and legal interventions, it was evident from the 300 court files and participants'

narratives used in the study, that attention was being directed towards legal outcomes at the detriment of equally important medical, psychological outcomes.

10.2.3.2.7 Poor gathering of forensic evidence

It was also evident from the 300 court files and participants' narratives used in the study that, the VFS forum had poor collection of forensic evidence. Resultantly, the VFS failed to prosecute CSA offenders. Acquittal of many CSA offenders evidently increased children's vulnerability to further CSA.

10.2.3.2.8 Releasing of CSA offenders on bail into the child's environment

From the 300 court files and participants' narratives used in the study, it was also apparent that CSA offenders were being released on bail into the child's ecological environments. Releasing of CSA offenders on bail into the child's ecological environments was clearly detrimental to the child and their ecological environment.

10.2.3.2.9 Children having to retell the CSA incident throughout VFS

Another significant weakness to come out of the 300 court files and participants' narratives used in the study was CSA survivors having to retell the CSA incident throughout VFS. Children were made to repeatedly tell CSA incidents during reporting and police investigation; during the medical examinations; during counselling and in court. It was argued that retelling of CSA incidents in the intervention made children vulnerable to secondary CSA and trauma.

10.2.3.2.10 Concentration on CSA secondary prevention

It also emerged from the 300 court files and participants' narratives used in the study that the VFS is more focused on secondary prevention, at the expense of CSA primary prevention. It was argued that, while CSA secondary prevention is important CSA primary prevention should be given more emphasis. It was also argued that there is a notable link between CSA primary prevention and reduced psychological, physiological, cultural, social economic, emotional and behavioural costs of CSA. To this end, the cost of CSA primary prevention outweighs the cost of CSA. It follows that emphasis on CSA survivors' rehabilitation at the expense of primary prevention is a weakness**.**

10.2.4.1 Challenges faced by VFS services provider organisations

The fourth objective of the study was to identify the challenges faced by VFS services providers. From the 300 court files, participants' narratives and minutes of VFS meetings used in the study, it emerged that VFS organisations faced a plethora of challenges that included resource challenges, economic challenges, governance, operational challenges and legal challenges. An in depth appreciation of the challenges faced by service providers is critical and essential to improve targeted CSA prevention efforts.

10.2.4.1.1 Resource limitations

From the participants' narratives and minutes of VFS meetings used in the study, it was clear that the VFS service providers experienced resource limitations. It was evident from the study that VFS service providers experienced human, economic and material resource limitations. From the selected participants comments used in the study, it was also clear that VFS service providers experienced human resource challenges that included lack of specialised training and experience, staff shortages and low competency and skills levels. The inability of professionals to communicate with children with disability was identified in the study as a major skills deficit.

Economic resources were evidently lacking within the VFS. It also became evidently clear from the participants' narratives and minutes of VFS meetings used in the study that VFS professionals and VFS organisations lack material and consumables. Resultantly, the economic resource limitations and lack material and consumables affected service delivery. From the participant narratives and minutes of VFS meetings used in the study, a notable link between economic resource limitations and interruption of service delivery was identified.

10.2.4.1.2 Governance and operational deficiencies

In addition to the resources challenges presented above, it was apparent from the selected participants'' narratives and minutes of VFS meetings used in the study that the VFS experienced a series of governance and operational deficiencies. Firstly, the VFS suffered from sporadic attendance of VFS board meetings. Secondly, the VFS systematically discriminated against children with disabilities. Thirdly, it was alleged that corruption was epidemic in the VFS. Fourthly, the VFS lacked a common strategy. Lastly, a one centre of power phenomenon was visible in the VFS. Governance and operational deficiencies experienced by the VFS were

evidently disrupting service delivery and the ability of VFS organisations to meet their role obligations.

10.2.4.1.3 Legal shortcomings

Despite the existence of a comprehensive legal framework for child protection in Zimbabwe, it was evident from the participants' accounts and minutes of VFS meetings used in the study that the VFS experienced legal shortcomings. The study identified legal contradictions and inconsistencies between the constitution, domestic laws and international conventions. It was also clear from the selected participants' accounts that CSA survivours, family members and relatives interfered with the work of the VFS professionals such as magistrates, prosecutors, the police and medical personal. Witness interference evidently made children vulnerable to CSA. From the participants' accounts used in the study, it was also evident that witness interference inhibited access CSA interventions. Underreporting is another negative effect of witness interference that was evident from the participants' accounts and minutes of VFS meetings used in the study.

10.2.4.2 Challenges faced by VFS Professionals

Apart from the challenges identified above, it was evident from the participants' narratives, 300 court files and minutes of VFS meetings used in the study that, professionals working with CSA survivours experienced challenges. The study identified social workers, doctors, nurses, police officers, magistrates, prosecutors, counsellors and psychologists as professionals working in the area of CSA. From the participants' narratives, 300 court files and minutes of VFS meetings used in the study, it became apparent that professionals working in the VFS lacked formalised professional support. Lack of professional support evidently undermined professionals' ability to keep up with new trends, definitions, manifestations, patterns, treatment approaches and prevention strategies in CSA. Another challenge evidently faced by professionals to come out of the study is the burden of cost and use of personal resources. In addition to the above challenges, it also became clear from the participants' narratives, 300 court files and minutes of VFS meetings used in the study that professional found many areas physically inaccessible. It was argued that there is a notable link between the above challenges, quality of services and staff morale.

10.2.5 CSA Ecological prevention guideline framework

The fifth objective of the study was to generate a CSA prevention guideline (s) framework CSA applying components provided by the research data. In keeping with the Ecological Model, CSA prevention was understood in the context of micro, meso and macro levels of a child's ecological environmental system. The proposed framework contended that CSA prevention has primary secondary and tertiary prevention levels that are interconnected.

10.2.5.1 CSA Primary Prevention

The Ecological CSA prevention model proposed CSA primary prevention as the first CSA prevention level. Efforts at this level included all efforts aimed at stopping CSA before it occurs; through education and increased awareness. Arguments for CSA primary prevention were made to justify CSA primary prevention. Firstly, it was argued that not all CSA survivors received and accessed existing CSA interventions. Secondly, it was argued that CSA was often associated with complex psychological, physiological, cultural, social economic, emotional and behavioural problems. Lastly, it was reasoned that the effects of CSA outweighed the cost CSA primary prevention. To this end, CSA primary prevention was evidently a desirable and sustainable prevention option. In keeping with the Ecological Model by Bronfenbrenner (1979), the proposed CSA prevention guideline (s) framework suggested that primary CSA prevention operated at following ecological systems:

10.2.5.1.1 Micro CSA Primary Prevention

At this level, the model proposed that primary prevention efforts include raising awareness and education targeted at children, parents and guardians. The model proposed an age appropriate CSA literacy and education approach for children. The use of drama, drawing, cartoons and play in education and awareness targeting children between 0 and 11 years was highly recommended. It was also argued that CSA awareness must target parents and guardians. It was proposed that awareness messages targeting parents aimed at reducing significant socio economic factors that contribute to CSA. The Ecological CSA prevention framework also proposed CSA literacy at community level. The use of radio, social media, newspapers and television programmes was suggested as possible mediums for community CSA prevention messages. It was also suggested that community CSA literacy use existing programmes and social infrastructure such as community health workers and the education system.

10.2.5.1.2 Meso CSA Primary Prevention

Meso CSA Primary Prevention was suggested as another CSA primary prevention level. It was proposed that CSA awareness this level took many forms. Firstly, CSA primary prevention at the meso level also included targeting traditional, cultural and religious leaders with CSA education. Secondly, it was suggested that meso ecological CSA prevention awareness targets neighbourhoods. Lastly, it was argued that CSA prevention awareness at the meso level must target professionals.

10.2.5.1.3 Macro CSA Primary Prevention

The Ecological CSA primary prevention proposed Macro CSA primary prevention initiatives as a third layer of CSA prevention. It was suggested that prevention efforts at this level include a number of efforts. Firstly, CSA awareness and education targeted gate keepers. It was reasoned that gatekeepers can influence behavioural and attitude change within cultural and religious systems surrounding children. Secondly, it was proposed that CSA primary prevention at this level also included targeting regional and international bodies. It was proposed that countries must introduce CSA prevention legislation and practices that reflect their regional and international membership. Thirdly, it was proposed that Governments introduce and enforcement legislations that arrest CSA contributory factors. Fourthly, it was proposed that CSA at this level included research. It was argued that research has the ability to inform CSA prevention interventions. Lastly, it was proposed that CSA primary prevention at the macro level included placing CSA on the development agenda of countries. As such addressing poverty makes sense as it potentially reduces CSA.

10.2.5.2 CSA Secondary Prevention

The Ecological CSA prevention model proposed Secondary CSA prevention as a second level of CSA prevention. According to the proposed model prevention at this second level included interventions and responses that society furnishes CSA survivours, to minimise the effects of CSA on CSA survivours and their ecological environments. Evident from the participants' narratives, minutes of the VFS meetings and the 300 court files used in this study provide strong lesions for the management of CSA survivours. The Ecological CSA prevention model proposed that prevention at this level adopt CSA multisectorial approach to CSA interventions. The Ecological CSA prevention model recognised the need to include the following codes at the secondary prevention level:

- *CSA disclosure and reporting*

It was evident from the participants' narratives, minutes of VFS meetings and the 300 court files used in the study that the VFS was characterised by underreporting and witness interference. As such, it was argued that it is critical and essential for CSA secondary interventions to prove CSA disclosure and reporting mechanisms. Provider Initiated CSA Screening (PICS), anonymous or police suggestions boxes and free toll numbers were recommended CSA disclosure and reporting platforms.

- *Safety of CSA survivors*

From the participant narratives, minutes of VFS meetings and the 300 court files used in this study it was evident that CSA survivours require protection after disclosing CSA. It was so evident from the 300 court files and participants' narratives used in the study that CSA offenders are often released in the child's ecological environment. Furthermore, from the participants' accounts, the minutes of VFS meetings used in the study there seemed to be a link between lack of safety, underreporting and witness interference. To this end, CSA multisectorial CSA forums needed to provide safety and protection services to CSA survivors.

- *Medical Management of CSA*

It was evident from the participants' narratives and qualitative documents used in the study that CSA survivours need and benefit from medical services. It was proposed that CSA interventions at this level include a medical component. The physiological short to long term effects of CSA warrant medical management services. It was proposed that CSA survivors be given access to post exposure prophylaxis to prevent themselves from HIV and STI within 72 hours and emergency contraception within 5 days of the sexual abuse to prevent pregnancy.

- *Psychosocial Care*

In addition to medical services, it was proposed that CSA multisectoral forums provide psychosocial services. Psychological services addressed psychological effects of CSA. It was suggested that psychological services adopt either individual or group interventions depending on the treatment objectives. It was recommended that interventions at this level included play therapy, art therapy, drama, and bibliotherapy.

- *Legal and justice*

Legal and justice services are another form of secondary prevention that was proposed. At this level, CSA offenders are prosecuted for CSA offences. It was suggested that at this level, society punishes CSA offenders, thus giving CSA survivours closure and restoration of dignity and violated rights.

- *Post trial care*

From the participants' accounts and qualitative VFS documents used in this study, it was clear that interventions lacked post trial services for CSA survivors. As such, the Ecological CSA prevention model advocated for the introduction of post trial services at the secondary prevention level. It was argued that the provision of post trial services addressed cracks associated with the termination of CSA multisectorial services at the close of the legal process. To this end, CSA secondary prevention should not end with the end of the legal interventions. CSA survivours must be afforded post trial services based on need.

10.2.5.3 CSA Tertiary Prevention Framework

The CSA Ecological model proposed a third CSA prevention level: CSA offender management and rehabilitation. The management of CSA offenders was taken as critical and essential in CSA prevention. A CSA offender management programme was seen as having two levels. The first level targeted juvenile CSA offenders. The second level targeted adult CSA offenders. Proposed services targeted at juvenile CSA offenders included psychological, legal and medical services. Proposed services for adult offenders included a series of legal and statutory measures such as registering CSA offenders, notifying communities about the presence of convicted CSA perpetrators, conducting background employment checks and controlling where CSA offenders can live.

10.2.5.4 CSA Prevention Preconditions

It was argued that the prospects of the Ecological CSA prevention model were dependent on a number of factors. Firstly, effective CSA prevention required and benefited from a coordinated multisectorial approach. It was reasoned that an integrated approach to CSA is beneficial to children and their ecological environment. Secondly, it was also reasoned that the model was dependent upon the creation of an enabling policy and legal framework. Thirdly, for CSA multisectoral forums and CSA prevention services to be effective, it was argued that the public

needed to be made aware of existing services and service providers. Fourthly, it was also argued that CSA multisectorial forums needed to improve accessibility of CSA prevention services. Fifthly, it was further argued that the success of CSA prevention was dependent on the provision of child friendly health, counselling and judicial services to CSA survivors. Sixthly, it was noted that CSA multisectorial intervention codes and services needed to be disability sensitive. Seventh, the ultimate success of CSA prevention was dependent on the provision of comprehensive resources: human, economic and operational resources to CSA multisectoral forums. Eighth, it was also argued that prospects of effective CSA prevention were dependent on the adoption of ICT. Lastly, it was argued that CSA prevention was dependent on the use of applied research. As such, CSA prevention initiatives are dependent upon resolving the above issues and factors.

10.3 Recommendations

From the selected participants' narratives, the 300 court files and minutes of VFS meetings used in the study, the study makes the following recommendations:

10.3.1 General recommendations to the VFS

- The VFS must raise awareness on CSA prevention services available.
- The VFS role players must increase geographical coverage of CSA prevention services.
- VFS stakeholders must introduce staff retention strategies such as improvement of working conditions and better remuneration to attract specialists back into the country and public service.
- VFS role players must introduce Provider Initiated CSA Screening (PICS).
- The VFS role players must assume the burden of cost.
- VFS role players must expand CSA prevention beyond secondary prevention.
- The VFS should give priority to post trial secondary prevention services.
- The VFS must widen its target to include children with disabilities, children in rural areas and inclusion of the Chief Council.

- The VFS must be disability sensitive.
- The VFS forum must go beyond legal interventions services.
- The VFS role players should provide professional support to professional working in the field of CSA.
- The VFS forum must introduce a one stop center CSA secondary prevention concept: the police, the hospital, social services and other support CSA services under one roof.
- The VFS role players must promote the use of ICT.
- The VFS must adopt a funding mix: corporate, government and NGO funding.
- The VFS forum must come up with a universal CSA strategy.
- VFS role players must introduce alternate VFS representatives.
- The VFS forum must formally accommodate traditional and religious leaders in their regional and national structures. VFS role players must conduct ongoing applied research.

10.3.2 Recommendations to specific VFS role players

10.3.2.1 Child Protection Services

- Child Protection Services must introduce locum and use social workers outside government employment.
- Child Protection Services must guarantee CSA survivors places of safety
- Child Protection Services must provide post trial services linked to existing social security systems.

10.3.2.2 The Police

- The Police must adequately resource its Victim Friendly Unit.
- The police must invest in forensic science technology.

10.3.2.3 Health care

- The Ministry of Health and Child Welfare must introduce locum and the use of medical professionals outside government employment on a locum basis.

10.3.2.4 Civil society

- Civil society must introduce CSA awareness at various levels of children's ecological systems
- Civil society must introduce CSA and parenting awareness.

10.3.2.5 The courts and prosecution

- The court must release alleged CSA offenders on bail, outside CSA survivors' ecological environment.
- The legal system must introduce corruption prevention and management systems.

10.3.2.6 Education

The education sector must include CSA and reproductive health in the school curriculum.

10.3.3 Recommendations to Government

- Government must introduce CSA awareness schools programmes and curriculums.
- Government must also introduce CSA awareness programmes targeting communities.
- Government must provide citizens with social services and infrastructure.
- Government must improve political environment to attract specialists back into the country and public service.
- Government must harmonise laws in line with The Constitution of Zimbabwe (2013).
- Government must put in place enabling legislative frameworks.
- While the VFS is multi sectorial forum of statutory and non- statutory bodies, the Government needs to reconsider its funding policy of CSA prevention initiatives.
- Government must engage specialists in private practice.

- Government must create a CSA enabling policy and legislative framework.
- Government must introduce CSA in all professional training curriculums.

10.3.4 Areas for further research

It is the researchers hope that this study will stimulate further enquire in the CSA. As such, the researcher suggests the following areas for further research;

- To explore CSA from the perspective of CSA offenders.
- To explore the life experiences of CSA survivors after completion of CSA treatment and management regimes.
- To explore the efficacy of CSA interventions and the socio economic circumstances leading to CSA.
- To explore the effects associated with working with CSA among professionals.
- To explore the economic cost of CSA.

References

Addae-Korankye, A. (2014). Causes of Poverty in Africa: A Review of Literature. *American International Journal of Social Science, 3 (7), 147-153.* Retrieved from http://www.aijssnet.com/journals/Vol_3_No_7_December_2014/16.pdf [Accessed: 05/10/2017].

African Union. (1999). African *Charter on the Rights and Welfare of the Child*. Retrieved from http://www.achpr.org/files/instruments/child/achpr_instr_charterchild_eng.pdf [Accessed 21/08/17]

Alaggia, R. and Mishna, F. (2014). Self Psychology and Male Child Sexual Abuse: Healing Relational Betrayal. *Journal of Clinical Social Work*, 42 (1), 41–48. Retrieved from springer.com/article/10.1007/s10615-013-0453-2/fulltext.html

Al Yahya (2009). Power-Influence in Decision Making, Competence Utilization, and Organizational Culture in Public Organizations: The Arab World in Comparative Perspective. Journal *of Public Administration Research and Theory 19 (2): 385-407. doi: 10.1093/jopart/mun005*

Anand, M. C. J and Devadoss, A. (2013). Using new triangular fuzzy cognitive maps (TRFCM) to analyze causes of divorce in family. International Journal of Communications Networking System Volume 2 (p 205-213). Retrieved from http://s3.amazonaws.com/academia.edu.documents/34277441/DEC_13_IJCNES_009.pdf**?** [Accessed: 05/10/2017].

Anderson, I. and Doherty, K. (2008). *Accounting for Rape: Psychology, Feminism and Discussion Analysis in the Study of Sexual Violence*. New York, Rutledge

Anderson, P. (2008). *Young Children's Rights: exploring Beliefs Principles and Practice.* London, Jessica Kingsley Publishers

Arthurson, K. and Baum, S. (2015) Making space for social inclusion in conceptualising climate change vulnerability. *Local Environment* 20 (1), 1–17. Retrieved from http://dx.doi.org/10.1080/13549839.2013.818951. [Accessed: 02/02/2017].

Babbie, E. (2007). *The Practice of Social Research,* Belmont California: Wadsworth Publishing Company.

Babbie, E. and Mouton, J. (2004). *The Practice of Social Research: South Africa.* Oxford, Oxford Press.

Bagley, C. and King, K. (1990). *Child Sexual Abuse: The Search for healing*. London, Tavistock/ Routeledge.

Baird, K. and Kracen, A. C. (2006). Vicarious traumatization and secondary traumatic stress: A research synthesis. *Counselling Psychology Quarterly* 19 (2), 181-188. Retrieved fromhttp://dx.doi.org/10.1080/09515070600811899. [Accessed 7/07/17]

Barlow, D. H. and Durand, V. M. (2009). *Abnormal Psychology*. Belmont: Wadsworth.

Baker, J.N., Tanis, H.J., and Rice, J.B. (2001). Including siblings in the treatment of child sexual abuse. *Journal of Child Sexual abuse 10* (3), 1-16.

Bar-Gill, O., and Sunstein, C. R. (2015). Regulation as Delegation. *Journal of Legal Analysis* 7(1) Retrieved fromhttps://academic.oup.com/jla/article/7/1/1/891422 [Accessed: 02/02/2017].

Barlow, D. H. and Durand, V. M. (2015). *Abnormal Psychology.* Belmont: Wadsworth.

Barnes, C. (2012) *Disability, Work and Welfare*. Retrieved from http://disability-studies.leeds.ac.uk/files/library/Disability-Work-and-Welfare.pdf[Accessed: 02/02/2017].

Barrios, Y. V, Gelaye, B., Zhong, Q., Nicolaidis, C., Rondon, M.B., Garcia, P.J., Sanchez, P A. M, Sanchez, S.E and Williams, M.A. (2015). *Association of Childhood Physical and Sexual Abuse with Intimate Partner Violence, Poor General Health and Depressive Symptoms among Pregnant Women*. Retrieved from http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0116609 [Accessed: 02/02/2017].

Barth, J., Bermetz, L., Heim, E., Trelle, S and Tonia, T. (2013). The current prevalence of child sexual abuse worldwide: A systematic review and meta-analysis. *International Journal of Public Health 58* (3), 469- 483

BBC. (2015a). *UK children suffered sex abuse on 'industrial scale.* Retrieved fromhttp://www.bbc.co.uk/go/em/fr/-/news/uk-31691061. [Accessed: 03/03/2016].

BBC. (2015b). *At first glance, Erliban village appears to be covered in rubbish*. Retrieved fromhttp://www.bbc.com/news/world-asia-china-32126839. [Accessed: 03 /03/2016].

BBC News (2017) *Libya exposed as an epicentre for migrant child abuse.* Retrieved from http://www.bbc.com/news/world-africa-39109585. [Accessed 28/ 02/17]

Beier, K. M, Grundmann, D., Kuhle, L. F. , Scherner, G. Konrad, A. and Amelung, T. (2015). The German Dunkelfeld Project: A Pilot Study to Prevent Child Sexual Abuse and the Use of Child Abusive Image. *Journal of Sexual Medicine Volume* 12 (2), 529–542.

Berg, M. K.; Hobkirk, A L.; Joska, J. A. and Meade, C S. (2016) The Role of Substance Use Coping in the Relation Between Childhood Sexual Abuse and Depression Among Methamphetamine Users in South Africa. *Psychological Trauma: Theory, Research, Practice, and Policy*. Retrieved from http://dx.doi.org/10.1037/tra0000207 [Accessed 03 /03/17]

Bhaskaran, S. T.S, Seshadri, S. P., Srinath, S., Girimaji, S and Sagar, J. V. (2016). *Clinical characteristics of children presenting with history of sexual abuse to a tertiary care centre*. Retrieved from http://www.asianjournalofpsychiatry.com/article/S1876-2018(15)30096-4/pdf [Accessed 10 /08/17]. doi: http://dx.doi.org/10.1016/j.ajp.2015.12.007

Bhana, D. (2015). When caring is not enough: The limits of teachers' support for South African primary girls in the context of sexual violence. *International Journal of Educational Development* 41, 262 – 270. Retrieved from http://www.sciencedirect.com/science/article/pii/S0738059314000820[Accessed 10 /10/17]

Bhaskaran, S. and Seshadri, T.S. (2016). Child Sexual Abuse: Critical challenges and recommendations. *Journal of Indian Association for Child and Adolescent Mental Health* 12 (2), 143 – 162

Bhaskaran, S. T.S., Seshadri, S.P, Srinath, S, Girimaji, S., and, Sagar, J.V. (2016). Clinical characteristics of children presenting with history of sexual abuse to a tertiary care centre in India. *Asian Journal of Psychiatry* 19, 44–49

Bhattacharya, A. and Nair, R. (2014). Girls on the Street: Their Life Experiences and Vulnerability to Sexual Abuse. *The Indian Journal of Social Work* 75 (1), 33 – 48

Birdhstle, I.S, Floyd, S., Mwanasa S., Nyangadza A., Gwiza E. and Glynn, T. R. (2011). Child sexual abuse and links to HIV and orphanhood in urban Zimbabwe. *Journal of* Epidemiology and Community *Health* 65 (12), 1075-1082

Blagg, H., Hughes, J. A., and Wattam (1989) *Child Sexual Abuse: Learning and Validating Experiences.* Essex, Longman

Briere, J., Madni, L. A., and Godbout, N. (2015) Recent Suicidality in the General Population: Multivariate Association with Childhood Maltreatment and Adult Victimization. *Journal of Interpersonal Violence*. Retrieved from www.natachagodbout.com/sites/.../briere_madni_godbout_2015.pdf [Accessed: 10 /06/2016].

Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, Mass.: Harvard University Press.

Brown, G. A. (2009). Document Analysis as a Qualitative Research Method in Qualitative Research Journal 9 (2), 27-40. DOI 10.3316/QRJ0902027.Retrieved from https://s3.amazonaws.com/academia.edu.documents/36585952/Bowen_2009.pdf?AWSAccess [Accessed: 18/01/2018].

Browne, J. (1996). Unasked Questions or Unheard Answers Policy Development in Child Sexual Abuse. *British Journal of Social Work 26* (1), 37-52. Retrieved from https://doi.org/10.1093/oxfordjournals.bjsw.a011072 [Accessed: 15 /04/2016].

Bryman, A. (2001) *Social Research Methods*, Oxford: Oxford University Press.

Bryman, A. (2012) *Social Research Methods*, Oxford: Oxford University Press.

Calaa, C.C. and Sorian, E. (2014). Health education from an ecological perspective. Adaptation of the Bronfenbrenner model from an experience with adolescents. *Procedia - Social and Behavioral Sciences 132*, 49 – 57

Calves, A., Cornwell, G. T., & Enyegue, P. E. (1996). *Adolescent Sexual Activity in sub-Saharan Africa: Do Men Have Same Strategies and Motivations as Women?* (Population Research Institute Working Paper No. AD96-04): Pennsylvania State University: Population Research Institute.

Cermak, P and Molidor, C. (1996). Male victims of child sexual abuse. *Child Adolescent Social Work Journal 13* (5), 385 – 400.

Chambers, R. (2013). *Rural development: Putting the Last First*. New York, Rutledge.

Chikadzi, V. (2013) Board of Directors as a critical factor in the success of social enterprises. Journal of Community Positive Practices, XIII (2) 11-21.

Chikadzi, V. and Mafetsa, S. (2013) Facilitating Integrated Service delivery via Networking Forums: Lessons from a case study. *Social Work/Maatskaplike Werk* 49 (4) Retrieved from http://dx.doi.org/10.15270/49-4-40. [Accessed: 24/06/2016].

Chikwiri, E. and Lemmer, E. M. (2014).Gender based Violence in Primary Schools in the Harare and Marondera Districts of Zimbabwe. *Journal Sociology Social Anthropology* 5 (1), 95-107. Retrieved from www.hrforumzim.org/.../Gender-based-violence-in-Zim-WT20497.pdf [Accessed: 24 /06/2016].

Chimwaza, W., Chipeta, E., Ngwira, A., Kamwendo, F., Taulo, F., Bradley, S., and McAuliffe, E. (2014). What makes staff consider leaving the health service in Malawi? *Human Resources for Health*, 12:17. Retrieved from https://human-resources-health.biomedcentral.com/articles/10.1186/1478-4491-12-17 [Accessed: 24/04/2016].

Chireshe, E and Chireshe, R. (2010). Lobola: The Perceptions of Great Zimbabwe University Students. *The Journal of Pan African Studies 3* (9), 211 – 221.

Chitereka, C. (2010a). Hospital Social Work Practice in Zimbabwe. *Social Work in Health Care 49* (9), 769–782. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/20938874 [Accessed: 24/04/2016].

Chitereka, C. (2010b). Human rights and social work in post-colonial Africa. *Rajagiri Journal of Social Development 1*(2): 61-82.

Chitereka, C. (2012). Child Sexual Abuse in Zimbabwe. *Asia Pacific Journal of Social Work and Development* 20 (1), 29-40,
Retrieved from http://dx.doi.org/10.1080/21650993.2010.9756073[Accessed: 24 /06/2016].

Choruma, T. (2007). *The Forgotten Tribe: people with Disabilities in Zimbabwe*. London, Progressio.

Cieslak, R., Shoji, R., Douglas, A., Melville, E., Luszczynska, A. and Benight, C. C. (2013). A Meta-Analysis of the Relationship between Job Burnout and Secondary Traumatic Stress among Workers with Indirect Exposure to Trauma. *Psychological Services* 11(1), 75–86.

Corbin, J.M., andStrauss, A. L. (2008) Basics *of Qualitative Research: Techniques and procedures for Developing Grounded Theory*. Thousand Oaks, CA: Sage.

Cohen, D. K. and Nordas, R. (2015) Do States Delegate Shameful Violence to Militias? Patterns of Sexual Violence in Recent Armed Conflict. *Journal of Conflict Resolution 59* (5) 877-898. Retrieved from https://wcfia.harvard.edu/files/wcfia/files/Cohen_StatesDelegate.pdf

Collin-Vezina, D., Daigneault, I and Hebert, M. (2013). Lessons learned from child sexual abuse research: prevalence, outcomes, and preventive strategies. *Child and Adolescent Psychiatry and Mental Health 7 (22).* Retrieved from http://www.capmh.com/content/7/1/22. [Accessed: 1 /09/2016].

Colombow, M.G and Delmastroz, M. (2004). Delegation of authority in business organizations: An empirical test. *The Journal of Industrial Economics*, II (1), 53 -80

Colton, M. and Vanstone, M. (1998). Sexual Abuse by Men who Work with Children: An Exploratory Study. *The British Journal of Social Work* 28, (4) 511-523. Retrieved from https://doi.org/10.1093/oxfordjournals.bjsw.a011364 . [Accessed 15/04/2015].

Comer, R. J. (2010). Abnormal *Psychology*. New York, Worth Publishers.

Corby, B. (2000). *Child Abuse: Towards a knowledge base*. Berkshire, Open University Press

Coyne, I. (2013) Families and health care professionals' perspectives and expectations of family centered care: hidden expectations and unclear roles. *Health Expectations* 18 (5), 796–808. Retrieved from http://onlinelibrary.wiley.com/doi/10.1111/hex.12104/pdf. [Accessed 10/08/17].

Creswell, J. W. (2009). Research design: Qualitative, quantitative and mixed methods approaches. Los Angeles: Sage.

Creswell, J. (2012). *Educational Research: Planning, Conducting and Evaluating Quantitative and Qualitative Research*. Boston, Pearson

Creswell, J. (2014). *Educational Research: Planning, Conducting and Evaluating Quantitative and Qualitative Research*. Boston, Pearson

Daly M., Wilson M. I. (1994). Some differential attributes of lethal assaults on small children by stepfathers versus genetic fathers. Ethnology and Sociobiology, 15 (4), 207–217

Davison, J. C. (2008). *Child Sexual Abuse, Mediation, Representation and Government Reaction*. New York, Rutledge Cavendish

DCruz, H., and Jones, M. (2012) Social research Practice. London: Sage Publications

Demirbas, A, Al-Sasi, B.O., and Nizami, A. S. (2017). Recent volatility in the price of crude oil. *Energy Sources, Part B. Economics Planning and Policy 12* (5), 408 - 414

Denov, M. (2015). Children born of wartime rape: The intergenerational realities of sexual violence and abuse. *Ethics, Medicine and Public Health*1(1), 61–68.

Department of International Development. (2013). Department *of International Development Anti-Corruption Strategy in Zimbabwe*. Retrieved from http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213924/anti-corruption-strategy-zw.pdf. [Accessed: 11 /04/2016].

Devries, K.M, Mak, J.Y.T, Child, J.C., Falder, G. , Bacchus, L.J , Astbury, J., and Watts, C. H (2014) Childhood Sexual Abuse and Suicidal Behaviour: A Meta-analysis. Paediatrics13(5), 1331-1344.Retrivedfrom http://http://pediatrics.aappublications.org/content/early/2014/04/09/peds.20132166 [Accessed: 10/06/2015].

Dickson, S. and Willis, G. M (2015).Primary Prevention of Sexual Violence in Aotearoa New Zealand: A Survey of Prevention Activities. *Journal of Research and Treatment*. Retrieved from http:http://journals.sagepub.com/doi/abs/10.1177/1079063215583852/ [Accessed: 10/06/2016].

Dodd, S and Epstein, I. (2012). *Practice Based research in Social Work*. London, Routeledge Taylor and Francis Group

Dominelli, L. (1989). Betrayal of Trust: A Feminist Analysis of Power Relationships in Incest Abuse and its Relevance for Social Work Practice. *The British Journal of Social Work 19 (4)* 291-307.

Doyle, C. (2012). Working With Abused Children. Hampshire, Palgrave Macmillan.

Duncan, K. A. (2005).The impact of child sexual abuse on parenting: A female Perspective. In Walz, G.R and Yep, R.K (Eds.) Compelling perspectives on Counselling. Alexandria: American Counselling Association.
Dywili, S., Bonner, A., and O'brien, L (201 3) Why do nurses migrate? – A review of recent literature. Journal of Nursing Management 21(3), 511–520.

Ellis, L. (1989). Theories of Rape. Inquiries into the causes of Sexual Aggression. New York, Hemisphere Publishing Corporation

Elliott, A. N., and Carnes, C. N. (2001). Reactions of Nonoffending parents to the sexual Abuse of their child: A review of the literature. *Child Maltreatment, 6,* 314-331

Emran1, M. S, Islam, A. and Shilpi, F. (2013).*Admission is Free only if Your Dad is Rich! Distributional Effects of Corruption in Schools in Developing Countries*. Retrieved from https://business.monash.edu/__.../admission_is_free_only_if_your_dad_is_ rich! _distributional_effects_of_corruption_in_schools_in_developi... [Accessed 10/08/17].

Engel, R.F. and Schutt, R.K. (2013).*The Practice of Research in Social Work*. London, Sage Publications

Ensor, T and Cooper, S. (2004). Overcoming barriers to health service access: influencing the demand side. *Health Policy and Planning*19 (2): 69–79

Epps, K. (1996). Sex Offenders. In Hollin, C. K (Ed). *Working with Offenders: Psychological Practice in Offender Rehabilitation* (pp.150- 187). Chichester, John Wiley and Sons.

Euser, S., Alink, L.R.A, Tharner, A., van IJzendoorn, M.H., and Bakermans-Kranenburg, M. J (2013). The Prevalence of Child Sexual Abuse in Out-of-Home Care: A Comparison between Abuse in Residential and in Foster Care. *Child Maltreatment 18* (4), 221-231.

Euser, S., Alink, L., Stoltenborgh, M., Bakermans-Kroneberg, M., and Ijzendoorn, M. (2015). *A Gloomy Picture: A Meta-Analysis of Randomly Controlled Trials Reveals Disappointing Effectiveness of Programs Aiming at Preventing Child Maltreatment.* Retrieved from https://doi.org/10.1186/s12889-015-2387-9 [Accessed: 04/03/2017].

Fergusson, D.M, Swain-Campbell, N.R, and Horwood, L.J. (2002). Does sexual violence contribute to elevated rates of anxiety and depression in females? *Psychological Medicine* 32 (6), 991–996.

Finkelhor, D. (1984). *Child Sexual; Abuse: New Theory and Research*. New York, Fine Press.

Finkelhor, D. (1993). Epidemiological factors in the clinical identification of child sexual abuse. *Child Abuse and Neglect 17* (1), 67–70.

Finkelhor, D. (1997). Child Sexual Abuse. Challenges Facing Child Protection and Mental Health Professionals. In Ullmann, E. and Hilweg, W. (Eds) *Childhood and Trauma Separation, Abuse, War* (pp.101-115). Brookfield USA: Ashgate Publishing Company.

Finkelhor, D. (2009). The Prevention of Childhood Sexual Abuse. *The Future of Children* 19 (2), 169 – 194. Retrieved from http://www.princeton.edu/futureofchildren/publications/docs/19_02_08.pdf [Accessed: 26/02/2014].

Finkelhor, D. and Berliner, L. (1995). Research on the treatment of sexually abused children: a review and recommendations. *Journal of the American Academy of Child and Adolescent Psychiatry 34* (11), 1408–1423.

Finkelhor, D. and Browne, A. (1985). The Traumatic Impact of Child Sexual Abuse: A Conceptualization. *American Journal of Orthopsychiatry* 55 (4), 530-41. Retrieved from http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.437.7531&rep=rep1&type=pdf [Accessed: 26/02/2014].

Finkelhor, D. and Russell, D. (1984). Women as perpetrators. In Finkelhor, D. (ed) *Child sexual abuse: New theory and research* (pp. 171-187). New York: Free Press.

Finkelhor, D., Stattluck, M.A, Turner, H.A, and Hamby, S.L. (2014).The Lifetime Prevalence of Child Sexual Abuse and Sexual Assault. Assessed in Late Adolescence. *Journal of Adolescent Health and Medicine 55* (3), 329-333. Retrieved from http://www.jahonline.org/article/S1054-139X (13)00854-9/pdf [Accessed: 30/04/2017].

Finklestein, M, Stein, E., Greene, T. Bronstein, I and Solomon, Z. (2015). *Posttraumatic Stress Disorder and Vicarious Trauma in Mental Health Professionals*. Retrieved from .https://academic.oup.com/hsw/article/40/2/e25/661375/Posttraumatic-Stress-Disorder-and-Vicarious-Trauma[Accessed: 02/02/2017].

Forbes, D. P and Milliken, F. T (1999). Cognition and Corporate Governance: Understanding boards of directors as strategic decision-making groups. *Academy of Management Review 24* (3), 489-505.

Foster, J.M. (2014). Supporting Child Victims of Sexual Abuse: Implementation of a Trauma Narrative Family Intervention. *The Family Journal Counselling and Therapy for Couples and Families*, 22 (3), 332-338. Retrieved from http://journals.sagepub.com/doi/pdf/10.1177/1066480714529746 [Accessed: 10 /06/2016].

Foster, G., Makufa, C., Drew, R and Kralovec, E. (1997). Factors leading to the establishment of child headed households: The case of Zimbabwe. *Health Transition Review 7* (2), 155-168.

Foster, G and Williamson, J. (2000). *A review of current literature of the impact of HIV/AIDS on children in sub-Saharan Africa*. Retrieved from http://www.hsrc.ac.za/uploads/pageContent/1641/AreivewofcurrentliteratureontheimpactoforphansinAfrica.pdf [Accessed: 10 /06/2016].

Furniss, T. (2013). The *Multi professional Handbook on Child Sexual Abuse Management, Therapy and Legal Interventions*. London, Routeledge

Gallagher, B. (2000). The Extent and Nature of Known Cases of Institutional Child Sexual Abuse. *TheBritish Journal of Social Work 30* (6), 795–817. Retrieved from https://doi.org/10.1093/bjsw/30.6.795. [Accessed: 15/04/2015].

Gilligan, P., and Akhtar, S. (2006). Cultural Barriers to the Disclosure of Child Sexual Abuse in Asian Communities: Listening to What Women Say. *The British Journal of Social Work*, 36 (8), 1361–1377. Retrieved fromhttps://doi.org/10.1093/bjsw/bch309. [Accessed: 15/04/2015].

Gerring, J. (2007*). Case study research principles and practices*. Cambridge, Cambridge University Press.

Gibson, O, Lisy, K, Davy, C., Aromataris, E., Kite, E., Lockwood, C., Riitano, D., McBride, K. and Brown, A. (2015). Enablers and barriers to the implementation of primary health care interventions for Indigenous people with chronic diseases: a systematic review in Implementation Science 10 (71) retrieved from https://implementationscience.biomedcentral.com/articles/10.1186/s13012-015-0261 [Accessed: 02/02/2017].

Gilligan, P., and Akhtar, S. (2006). Cultural Barriers to the Disclosure of Child Sexual Abuse in Asian Communities: Listening to What Women Say. *The British Journal of Social Work 36* (8), 1361–1377. Retrieved from https://bradscholars.brad.ac.uk/bitstream/handle/10454/2718/Gilligan%20Cultural%20barriers%202004.pdf?sequence=3 [Accessed: 15/04/2015].

Godbout, N, Briere, J., Sabourin, S. and Lussier, Y. (2013). *Child Sexual Abuse and Subsequent Relational and Personal Functioning. The role of Parental Support.* Retrieved from http://www.natachagodbout.com/sites/default/files/publications/godbout_etal_2014.pdf [Accessed: 09/02/2015].

Gould, D.J and Amaro-Reyes, J. A. (1983).The Effects of Corruption on Administrative Performance Illustrations from Developing Countries. World Bank Staff Working Papers Management and Development Series Number 7. Washington, World Bank

Government of Zimbabwe. (2013). *Constitution of Zimbabwe Amendment (No.20) Act, 2013, Harare:* Government Printers

Government of Zimbabwe. (2004). Criminal *Law (Codification and Reform) Act [Chapter 9:23]*. Retrieved from http://www.veritaszim.net/node/225. [Accessed: 09/02/2015].

Government of Zimbabwe. (2001). *Children's Act [Chapter 5:06].* Retrieved from http://www.veritaszim.net/node/145. [Accessed: 09/02/2015].

Government of Zimbabwe. (2006). Criminal Procedure and Evidence Act [Chapter 9:07]. Retrieved from http://www.veritaszim.net/node/1383 [Accessed: 09/02/2015].

Government of Zimbabwe. (2001). *Disabled Persons Act [Chapter 17:01]*. Retrieved from http://www.veritaszim.net/node/468. [Accessed: 09/02/2015].

Government of Zimbabwe. (2006). Domestic Violence Act [Chapter 5:16] Retrieved from http://www.veritaszim.net/node/146. [Accessed: 09/02/2015].

Government of Zimbabwe. (2004). Official Secrets Act [Chapter 11:09] Retrieved from http://www.veritaszim.net/node/230. [Accessed: 09/02/2015].

Government of Zimbabwe. (2005). Prevention of Corruption Act [Chapter 9:16]. Retrieved from http://www.veritaszim.net/node/106. [Accessed: 09/02/2015].

Government of Zimbabwe. (1996). Prison Act [Chapter 7:11]. Harare. Government Printers

Government of Zimbabwe. (2001). *Sexual Offences Act.* Retrieved from http://www.veritaszim.net/node/263. [Accessed: 09/02/2015].

Government of Zimbabwe. (2001). Social Welfare Assistance Act Retrieved from http://www.veritaszim.net/node/1850. [Accessed: 09/02/2015].

Government of Zimbabwe. (2001). Social *Workers Act [Chapter 27:21]*. Retrieved from http://www.veritaszim.net/node/257. [Accessed: 09/02/2015].

Government of Zimbabwe. (2014). Trafficking *in Persons Act [Chapter 9:25]*. Retrieved from http://www.veritaszim.net/sites/veritas_d/files/Trafficking%20in%20Persons%20Act%2C%202014.pdf [Accessed: 09/02/2015].

Government of Zimbabwe. (2016). *The Criminal Procedure and Evidence Act [*Chapter9:07*]*. Retrieved from http://www.veritaszim.net/node/1760. [Accessed: 09/02/2015].

Guest, G. MacQueen, K. M and Namey, E.E. (2012). *Applied Thematic Analysis*. London, Sage Publication.

Gumbo, P. (1993). *An Investigation into the Support Given To Sexually Abused Children in Harare*. A Dissertation submitted to the University of Zimbabwe in partial fulfilment of the requirements for the Master of Social Work Degree.

Gwirayi, P. (2013). *Fighting Child Sexual Abuse: Perspectives of Pupils from a Developing Country.* Retrieved from www.sgo.sagepub.com/contents/3/1/215844012472687.full. [Accessed: 16/05/2016].

Hall, R.C.W and Hall, R.C.W. (2007). A Profile of Paedophilia: Definition, Characteristics of Offenders, Recidivism, Treatment Outcomes, and Forensic Issues. *Mayo Foundation for Medical Education and Research 82* (4), 457-471.

Hampson, J. and Kaseke, E. (1987). Zimbabwe: The Welfare System Environment. In Dixon, J. (Ed) *Social Welfare in Africa.* London, Croom Helm

Hansen, P., and Tavkar, D. (2011). Interventions for families victimized by child sexual abuse: Clinical issues and approaches for child advocacy centre-based services. *Aggression and Violent Behaviour 16* (3), 188–199. Retrieved from http://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1542&context=psychfacpub. [Accessed 11/08/17].

Harford, T.C and Grant, B. F. (2014). Association between childhood abuse and interpersonal aggression and suicide attempt amoung US adults in a national study. Child Abuse and Neglect 38 (8), 1389 -1398. Retrieved from https://pdfs.semanticscholar.org/602e/f6e1e4ebb218afff7c1aa2a1217c5b4d4f46.pdf [Accessed: 16/05/2016].

Harilall, B., and Kasiram, M. (2011). Exploring the bio-psychosocial effects of renal replacement therapy amongst patients in a state hospital in South Africa. *Health SA Gesondheid 16* (1), 497- 507. Retrieved from http://www.scielo.org.za/pdf/hsa/v16n1/08.pdf. [Accessed 11/08/17].

Harkonen, U. (2007). *The Bronfenbrenner ecological systems theory of human development*. Paper presented at the Person Colour Nature Music Conference, Daugavpils University, Saule. Latvia October 17-21.

Harrison, E. (2004). *Between morality and law: Corruption, anthropology and comparative society*. Hampshire, Ashgate Publishing Limited.

Hassan, E. A and Creatsas, G.C. (2000). A Developmental Milestone or Risk-Taking Behaviour? The Role of Health Care in the Prevention of Sexually Transmitted Diseases. *Journal of Paediatric and Adolescent Gynaecology* 13 (3), 119-124.

Hooper, C and Koprowska, J. (2004). The Vulnerabilities of Children who's Parents have been Sexually Abused in Childhood: Towards a New Framework. The British Journal of Social Work 34 (2), 165–180. DOI: 10.1093/bjsw/bch020

Hopper, J. H. (2004). *Child Abuse Statistics, Research and Resources.* Retrieved from http/www.jmhopper.com/abstats/ [Accessed: 20 /08/2016].

Horner, G. (2010). Child Sexual Abuse: Consequences and Implications. *Journal of Paediatric Health Care24* (6), 358 -364.

Horwath, J., and Morrison, T. (2011). Effective inter-agency collaboration to safeguard children: Rising to the challenge through collective development. *Children and Youth Services Review* 33(2) pp368-375, doi: 10.1016/j.childyouth.2010.10.002

International Federation of Social Workers. (2004).*Global Definition of Social Work.* Retrieved from http://ifsw.org/policies/definition-of-social-work/. [Accessed: 20/08/2016].

International Federation of Social Workers. (2014).*Global Definition of Social Work.* Retrieved from http://ifsw.org/policies/definition-of-social-work/[Accessed:20 /08/2016].

International Federation of Social Workers. (2016) *Policy Statement on children with disabilities*. Retrieved from http://ifsw.org/policies/statement on children with disabilities / [Accessed: 20/08/2016].

International Rescue Committee. (2012). Caring *for Child Survivors of Sexual Abuse Guidelines for health and psychosocial service providers in humanitarian settings*. New York, International Rescue Committee.

Jones, D.N and Florek, A. (2015). Child *Sexual Exploitation: A study of international comparisons Desk Review for the Department for Education*. Nottingham, The Virtual Staff College.

Jones, A.D and Jemmott, E.T. (2009). *Child Sexual Abuse in the Eastern Caribbean*. Retrieved from http://www.unicef.org/infobycountry/files/Child_Sexual_Abuse_in_the_Eastern_Caribbean_Final_9_Nov.pdf [Accessed: 26 /02/2014].

Jones, M. and Verity, F. (2017). *Partnerships in obesity prevention: Maximizing co-benefits*. Retrieved from http://dx.doi.org/10.1071/HE16047. [Accessed 04/03/17].

Johnson, S.A. (2007). *Physical and Sexual Offenders: Forensic and Clinical Strategies*. Boca Rata, Taylor and Francis.

John Rowntree Foundation (2014). *JRF Programme Paper: Anti Poverty strategies for the UK: A definition of poverty*. Retrieved from https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/anti-poverty-strategy-programme-outline_0.pdf . [Accessed: 10/09/2016].

Judicial Service Commission. (2012). *Protocol on the Multi- Sectorial Management of Sexual Abuse and Violence in Zimbabwe.* Harare, Judicial Service Commission.

Kacker, L., Varadan, S. and Kumar, P. (2007). *Child Abuse: INDIA*. Retrieved from http://wcd.nic.in/childabuse.pdf [Accessed: 26/02/2014].

Kanyenze, G., Kondo, T., Chitambira, P. and Martens, J. (2011). *Beyond the enclave: towards a pro poor and inclusive development strategy for Zimbabwe*. Harare, Weaver Press

Kaseke, E. (1993). Juvenile Justice in Zimbabwe: The Need for Reform. *Journal of Social Development in Africa 8* (1), 11-17.

Kaseke, E. (1995). Interpretations of Society and Social Policy. In Hall, N. and Mupedziswa, R (Eds). *Social Policy and Administration in Zimbabwe* (pp. 101- 122). Harare, Journal of Social Development in Africa.

Kaseke, E. (1998). *Social Security in Rural Zimbabwe*. Harare, Friedrich Ebert Stiftung

Kaseke, E. (2009). Social protection for poverty reduction in Southern Africa. *Journal of Social Development in Africa* 20 (2), 37 -50.

Kaseke, E. (2015). National Social protection Floors and income security for older persons: prospects for Zimbabwe. *Social Development Issues 37* (1): 25-37.

Kaufman, K. L., Hilliker, D. R., and Daleiden, E. (1996). Subgroup differences in the modus operandi of adolescent sexual offenders. *Child Maltreatment,* 1, 17 –24.

Kheswa, J. G. (2014). Mentally Challenged Children in Africa: Victims of Sexual Abuse. *Mediterranean Journal of Social Sciences 5* (27). Retrieved from http://www.mcser.org/journal/index.php/mjss/article/view/5167/4984[Accessed: 10/09/2016].

Kidman, R. and Palermo, T. (2016).The relationship between parental presence and child sexual violence: Evidence from thirteen countries in sub-Saharan Africa. *Child Abuse and Neglect 51,* 172–180. Retrieved from http://europepmc.org/articles/pmc4713304 [Accessed 9/08/17]

Kiire, R. (1995). Rural Development. In Hall, N. and Mupedziswa, R (Eds). *Social Policy and Administration in Zimbabwe* (pp. 47 – 80). Harare, Journal of Social Development in Africa.

Koss, M.P. (2003). Evolutionary Models of Why Man Rape: Acknowledging the Complexities. In Travis, C.B. (Ed). *Evolution Gender and Rape*. Massachusetts, The Massachusetts Institute of Technology.

Koss, M.P. and Harvey, M. R. (2003). *The Rape Victim: Clinical and Community Interventions*. London, Sage Publications.

Kramer, J. and Vogelsang, I. (2012). *Co-Investments and Tacit Collusion in Regulated Network Industries: Experimental Evidence*. Paper presented at the 23rd European Regional Conference of the International Telecommunication Society, Vienna, Austria, 1-4 July 2012.

Kring, A., Johnson, S.L., Davison, G. C and Neal, J. M. (2013). *Abnormal Psychology*. Hoboken, John Wiley and Sons Singapore.

Krug, E. G, Dahlberg, L. L, Mercy J. A, Zwi, A.B., and Lozano, R. (2002). *World report on violence and healt*h. Geneva: World Health Organization. Retrieved from http://apps.who.int/iris/bitstream/10665/42495/1/9241545615_eng.pdf. [Accessed: 15/04/2015].

Kuijvenhoven, T., and Kortleven. W.J. (2010). Inquiries into Fatal Child Abuse in the Netherlands: A Source of Improvement? The British Journal of Social Work 40 (4), 1152-1173. Retrieved from http://www.jstor.org/stable/43687513 [Accessed: 15/04/2015].

Lalor, K. (2004). Child Sexual Abuse in Sub-Saharan Africa: a Literature Review. *Child Abuse and Neglect* 28 (4), 439-46. Retrieved from http://www.columbia.edu/itc/hs/medical/residency/peds/new_compeds_site/pdfs_new/global%20health/sdarticle.pdf

Lalor, K and McElvaney, R. (2010). Child Sexual Abuse: Links to Later Sexual Exploitation/High-Risk Sexual Behaviour, and Prevention/Treatment Program. *Trauma Violence Abuse 11* (4), 159-177. Retrieved from http://tva.sagepub.com/content/11/4/159.short[Accessed: 07/03/2014].

Lamoureux, B. E, Palmieri, P.A, Jackson, A.P and Hobfoll, S.E (2012).Child Sexual Abuse and Adulthood Interpersonal Outcomes: Examining Pathways for Intervention. *Psychological Trauma 4 (*6), 605–613. doi:10.1037/a0026079. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3608141/ [Accessed: 08/06/2015].

Langstrom, N. Enebrink, P., Lauren, E., Lindbom, J., Werko, S., and Hanson, R. K. (2013).Preventing sexual abusers of children from reoffending: systematic review of medical and psychological interventions. Retrieved from http://www.bmj.com/content/347/bmj.f4630 .[Accessed: 08/06/2015].

Leach, C., Stewart, A. and Smallbone, S. (2016). Testing the sexually abused-sexual abuser hypothesis: A prospective longitudinal birth cohort study. *Child Abuse and Neglect51,* 144–153. 10.1016/j.chiabu.2015.10.024. Retrieved fromhttps://www.ncbi.nlm.nih.gov/pubmed/26615777[Accessed: 02/05/17].

Leander, L. (2010). *Police interviews with child sexual abuse victims: Patterns of reporting, avoidance and denial*. Retrieved from

http://lib.education.vnu.edu.vn/bitstream/DHGD/1800/1/ClinicalPsychology10751.pdf[Accessed: 08/06/2015].

Lincoln, Y. S and Guba, E.G. (1985). *Naturalistic inquiry*. Beverly Hills, Sage Publications.

Loewenson, R. (1997). *Sexual Abuse of Children in Zimbabwe*. Harare, Training and Research Support Centre

Lundy, C. (2006). Social works' commitment to social and economic justice: A challenge to the profession. In Hall, N(Ed) *Social Work making a world Difference: Social Work around the World IV in the year of IFSW 50 Jubilee* (pp. 115- 128).Berne, IFSW and Fafo.

MacMillan, H.L, Masaka, T., Vaillancourt, T. and Boyle (2013). *Child physical and sexual abuse in a community sample of young Adults: Results from the Ontario Child Health Study.* Retrieved from www.sadvtreatmentcentres.ca/MacMillan_2013.pd.pdf [Accessed: 08/06/2015].

Madzokere, C. (1995). Education. In Hall, N. and Mupedziswa, R (Eds). *Social Policy and Administration in Zimbabwe* (pp. 173- 190). Harare, Journal of Social Development in Africa.

Makoae, M. (2014). *Safeguarding South Africa's future: The need for integrated prevention programmes in child protection*. Retrieved from www.hsrc.ac.za/en/research-data/view/7018 [Accessed: 02/05/17].

Makumbe, J. (2011). Political corruption as a driver of corruption in Corruption: Essays on the state of corruption in Zimbabwe under Government of national Unity (GNU). Harare, Open society initiative for Southern Africa (OSISA), 6-12.

Malloy, L. C., and Mugno, A. P. (2015). Child sexual abuse accommodation syndrome. In R. Cautin and S. Lilienfeld (Eds.), *Encyclopaedia of clinical psychology* (pp. 1-3). Hoboken, NJ: Wiley.

Maniglio, R. (2012). Child Sexual Abuse in the Etiology of Anxiety Disorders: A Systematic Review of Review. *Trauma, Violence and Abuse* 14 (2), 96-112.

Marshall, C. and Rossman, G.B. (2011). *Designing Qualitative Approach*. London, Sage

Martin, J. (2014). *Child Sexual Abuse Images Online: Implications for Social Work Training and Practice.* Retrieved from https://academic.oup.com/bjsw/article/46/2/372/2472221/Child-Sexual-Abuse-Images-Online-Implications-for [Accessed: 15 /04/2016].

Martin, M. (2007). Mugabe: Power, Plunder and the Struggle for Zimbabwe's Future. New York: Public Affairs.

Mason, J. (1996). *Qualitative Researching*. London, Sage Publication.

Matsika, A. B, Muridzo, N.G, Nyanguru, A.C and Dzingirai, V. (2013).Innocent inmates: The case of children living with incarcerated mothers in Zimbabwe's Chikurubhi Prison. *Journal of Social Development in Africa 28* (2), 73-92.

Mbuyiselo, D., and Hongoro, C. (2016). *The Consideration of Socioeconomic Determinants in Prevention of Traditional Male Circumcision Deaths and Complications*. Retrieved from: http://journals.sagepub.com/doi/pdf/10.1177/1557988316638157/ [Accessed: 04 /03/2017].

McCann, C.M, Beddoe, E., McCormick, K., P. Huggard, Kedge, S. Adamson, C. and Huggard, J. (2013). Resilience in the health professions: A review of recent literature. *International Journal of Wellbeing* 3 (1), 60 – 81. Doi.10.5502/ijw.v3i1.4. Retrieved from https://www.mainequalitycounts.org/image_upload/Resilience_Review_of_Literature_Health_Professionals.pdf. [Accessed 10/08/17].

McLeod, S. A. (2013). *Erik Erikson.* Retrieved from*http*://www.simplypsychology.org/Erik-Erikson.htm. [Accessed: 27/05/2016].

McPherson, P., Scribano, P. and Stevens, J. (2012). Child physical and sexual abuse in a community sample of young Adults: Results from the Ontario Child Health Study. *Child Abuse and Neglect* 37, 14– 21. Retrieved from www.sadvtreatmentcentres.ca/MacMillan_2013.pd.pdf [Accessed: 26/02/2014].

Medecins Sans Frontierers. (2011). *Baseline Study Report on the Perceptions of Sexual and Gender Based Violence in Mbare, Harare, Zimbabwe*. Harare, Medecins Sans Frontierers and University of Zimbabwe.

Meinck, F, Cluver, L.D, Boyes, M.E and. Mhlongo, E.L. (2015). Risk and Protective Factors for Physical and Sexual Abuse of Children and Adolescents in Africa: A Review and Implications for Practice. *Trauma Violence and Abuse* 16 (1), 81-107.

Mendelson, T. and Letourneau, E.J (2015). Parent-Focused Prevention of Child Sexual Abuse. *Journal of Prevention Science* 16 (6) 844–852.

Messman-Moore, T. L., Long, P. J. (2003). The role of childhood sexual abuse squeals in sexual revictimisation: An empirical review and theoretical reformulation. Clinical Psychology Review, 23, 537–571.

Meursing, K., Vos, T., Coutinho, O., Moyo, M., Mpofu, S., Oneko, O., Mundy, V., Dube, S., Mahlangu, T. and Sibindi, F. (1995). Child sexual abuse in Matabeleland, Zimbabwe. *Social Sciences and Medicine 41* (12), 1693-1704.

Mikton, C., Maguire, H. and Shakespeare, T. (2014). *A Systematic Review of the Effectiveness of Interventions to Prevent and Respond to Violence Against Persons With Disabilities*. Retrieved from http://jiv.sagepub.com/content/early/2014/05/23/0886260514534530.[Accessed: 24/08/2016].

Miner, M. H, Romine, R.S., Robinson, B.B., Berg, D. and Knight, R.A. (2014). Anxious Attachment, Social Isolation, and Indicators of Sex Drive and Compulsivity Predictors of

Child Sexual Abuse Perpetration in Adolescent Males? *Sex Abuse* 28 (2), 132-53. doi: 10.1177/1079063214547585.

Ministry of Women Affairs Gender and Community Development and Gender Links Zimbabwe. (2013). *Peace Begins At Home*. Harare, Government of Zimbabwe.

Ministry of Labour and Social Services. (2011). *National Action Plan for Orphans and Vulnerable Children 2011 – 2015*. Harare, Government of Zimbabwe Ministry of Labour and Social Services. Available on line at https://www.unicef.org/zimbabwe/ZIM_resources_Natactionovc.pdf. [Accessed on 19/08/17]

Mistral, W. and Evans, S. (2002). An Innovative Project for Young People who have been sexually abused. The British Journal of Social Work Volume 39 (5), 950–968. Retrieved from https://doi.org/10.1093/bjsw/bcn130. [Accessed: 25/10/2016].

Mohler- Kuo, M., Landolt, M. A., Maier, T., Meidert, U., Schonbucher, V. and Schnyder, U. (2014). Child Sexual Abuse Revisited: A Population Based Cross Sectional Study Amoung Swiss Adolescents. *Journal of Adolescent Health 54* (3), 303 – 311.

Moyo, W. (2014). Urban housing policy and its implications on the low-income earners of a Harare Municipality, Zimbabwe in International Journal of Asian Social Science, 4(3): 356-365). Retrieved from http://www.aessweb.com/journals/5007 [Accessed: 25/10/2016].

Mutetwa, E. (2011). Policy Dimensions of exclusion: Disability as Charity and not Right in Zimbabwe. The Indian Journal of Social Work 72 (3), 73 - 90

Mtetwa, E. and Nyikahadzoi, K. (2013) Socio economic circumstances of children with disabilities in Zimbabwe: Implications for human and social capital development. *Journal of Social Development in Africa 28* (2), 31-51.

Muchabayana, B. L. (2007). *Fighting Child Sexual Abuse in Manicaland*. Harare, Family Support Trust.

Muchinako, G.A, Chikwaiwa, B.K and Nyanguru, A.C (2013).Children Living and or Working on the Streets in Harare: Issues and challenges. In Journal of Social Development in Africa 28 (2), 93-112.

Mugawe, D. and A. Powell. (2006). The Second International Policy Conference on the African Child, Born to High Risk: Violence Against Girls in Africa, Addis Ababa: Plan International:

Mugumbate, J., and Maushe, F. (2014). Social Work Fundamentals. In Nyanguru, A and Nyoni C. (Eds) *Promoting Social Work for Zimbabwe's Development*. Bindura, Bindura University of Science Education.

Mukolo, A., Heflinger, C.A., and Wallston, K. (2010). The stigma of childhood mental disorders: A conceptual framework. Retrieved from http://www.sciencedirect.com/science/article/pii/S0890856709000252.

[Accessed: 02/02/2017].

Mupedziswa, R and Ushamba, A. (2006). Challenges and prospects: Social work practice in Zimbabwean an environment of economic meltdown. In Hall, N(Ed) *Social Work making a world Difference: Social Work around the World IV in the year of IFSW 50 Jubilee* (pp. 163-172).Berne, IFSW and Fafo.

Mutanga, T. (2011). *Child Sexual Abuse on the rise*. Retrieved from http://www.eu.fiancialgazzet.co.zw/national-report.html. [Accessed: 07/03/2014].

Muvundisi, J. (2013). *HIV+ dad rapes daughter*. Retrieved from https://www.dailynews.co.zw/articles/2013/07/02/hiv-dad-rapes-daughter

Mwangi, M. W., Kellogg, T. A., Brookmeyer, K., Buluma, R., Chiang, L., Otieno- Nyunya, B. and Chesang, K. (2015). Perpetrators and context of child abuse in Kenya. *Child Abuse and Neglect Volume 44* (p. 46 -55). Retrieved from http://www.sciencedirect.com/science/article/pii/S0145213415000952 [Accessed: 27/05/2016].

National Crime Victims Research and Treatment Center and Center for Sexual Assault and Traumatic Stress. (2013). *Child Physical and Sexual Abuse: Guidelines for Treatment*. Retrieved from https://eric.ed.gov/?id=ED472572. [Accessed: 27/05/2016].

Nelson, P. (2006). The varied and conditional integration of NGOs in the aid system: NGOs and the World Bank. *Journal of International Development 18*,701–713. Retrieved from http:// www.interscience.wiley.com/ DOI: 10.1002/jid.1302. [Accessed: 27/05/2016].

Nelson-Gardell, D., and Harris, D. (2003). Childhood Abuse History, Secondary Traumatic Stress, and Child Welfare Workers. *Child Welfare 82* (1), 5-26.

Nhundu, T.J., and Shumba, A. (2001). The nature and frequency of reported cases of teacher perpetrated child sexual abuse in rural primary schools in Zimbabwe. *Child Abuse and Neglect25 (11*), 1517–1534. Retrieved from http://www.sciencedirect.com/science/article/pii/S0145213401002885 [Accessed: 15 /04/2016].

Nour, N. M. (2006). Health Consequences of Child Marriage in Africa. *Emerging Infectious Diseases 12*(11): 1644–1649. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3372345/[Accessed: 9 /08/2017].

Nurcombe, B. (2000). Child sexual abuse I: Psychopathology. *Australian and New Zealand Journal of Psychiatry 34* (1), 85–91. Retrieved from http://onlinelibrary.wiley.com/doi/10.1046/j.1440-1614.2000.00642.x/full. [Accessed: 15 /04/2016].

O'Leary, P.J and Gould, N. (2010).Exploring Coping Factors amongst Men Who Were Sexually Abused in Childhood. *British Journal of Social Work Volume 40*, 2669–2686. Retrieved from https://doi.org/10.1093/bjsw/bcq098 /. [Accessed: 15/04/2015].

Oliver, M. (1990). *The Politics of Disablement*. Basingstoke, Macmillan.

Omar, S., Steenkamp, E and Errington, S. (2012) Children who sexually abuse other children: Bloemfontein. Sun Press

Optimus Foundation. (2016). *Sexual victimisation of children in South Africa Final report of the Optimus Foundation Study: South Africa.* Retrieved from http://www.cjcp.org.za/uploads/2/7/8/4/27845461/08_cjcp_report_2016_d.pdf [Accessed 8 /09/2106].

Osikhena, I.L. and Chikadzi, V. (2014).Rethinking Participatory Development: A Case for Communicative Ethics. *Mediterranean Journal of Social Sciences 5* (14), 521 -530.

Ouellet-Morin, L., Fisher, H. L., York-Smith, M., Fincham-Campbell, F., Moffitt, T. E., and Arseneault, L. (2015). *Intimate Partner Violence and new-onset Depression: A longitudinal study of women's childhood and adult histories of abuse*. Retrieved from http://onlinelibrary.wiley.com/doi/10.1002/da.22347/full [Accessed: 22/05/2015].

Parcesepea , A. M, Toivgoob ,A., Changc , M., Riedeld , M., Carlsone ,C. , DiBennardof, R., and Wittec, S.S . (2015*). Physical and sexual violence, childhood sexual abuse and HIV/STI risk behaviour among alcohol-using women engaged in sex work in Mongolia.* Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4262593/. [Accessed 22/05/17].

Parent, S, Lavoie. F., Thibodeau, M, Hebert, M. Blais, M., and Paj, T. (2015). *Sexual Violence Experienced in the Sport Context by a Representative Sample of Quebec Adolescents*. Retrieved from http://journals.sagepub.com/doi/abs/10.1177/0886260515580366 [Accessed: 22/05/2016].

Patton, M.Q. (2002). *Qualitative Research and Evaluation*. London, Sage Publications

Perez, P. Aldrian, A. and Stender, H. (1997). Child prostitution and sexual abuse in Latin America, with a special look at Paraguay. In Ullmann, E and Hilweg, W (Eds) *Childhood and Trauma Separation, Abuse, War*: Brookfield USA, Ashgate Publishing Company.

Perez-Fuentes, G. , Olfson, M.., Villegas, L. Morcillo, C., Wang, S., and Blanco, C. (2013). Prevalence and Correlates of Child Sexual Abuse: A National Study. *Comprehensive Psychiatry 54* (1), 16–27. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3518746/. [Accessed: 08 /06/2015].

Peter, T. (2009). Exploring Taboos Comparing Male and Female Perpetrated Child Sexual Abuse. *Journal of Interpersonal Violence, 24* (7), 1111-1128. Retrieved from http://journals.sagepub.com/doi/pdf/10.1177/0886260508322194 [Accessed: 22/05/2015].

Peters, D.H, Garg, A., Bloom, G., Walker, D.G, Briegr, W.R. and Rahman, M.H. (2008). *Poverty and Access to Health Care in Developing Countries*. Retrieved from http://onlinelibrary.wiley.com/doi/10.1196/annals.1425.011/full[Accessed: 22/05/2015].

Phasha, T.N. (2013). Influences on underreporting of Sexual Abuse of Teenagers with Intellectual Disability: Results and Implications of a South African Study. *Journal of Psychology in Africa23* (4), 625-629. Retrieved from http://www.tandfonline.com/doi/abs/10.1080/14330237.2013.10820677. [Accessed: 22/05/2015].

Pincus, A. and Manahan, A. (1973). *Social Work Practice: Model and Method*. Itasca Illinois, E.F.Peacock Publication. Inc

Pinheiro, P. S. (2006). *World Report on Violence against Children; United Nations Secretary-General's Study on Violence against Children*. New York, United Nations. Retrieved from http://www.violencestudy.org/r25. [Accessed: 22/05/2015].

Plumer, C. A., and Njuguna, W. (2009). Cultural protective and risk factors: Professional Perspectives about child sexual abuse in Kenya. *Child Abuse and Neglect, 33*(8), August, 524–532. Retrieved from http://www.sciencedirect.com/science/article/pii/S0145213409001550[Accessed 10/10/17]

Poppe, A. , Jirovsky, E. , Blacklock, C., Laxmikanth, P., Moosa, S. , Maeseneer, J. D (2014). Why sub-Saharan African health workers migrate to European countries that do not actively recruit: a qualitative study post-migration. *Journal of Global Health Action 7* (10), Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4021817/. [Accessed 13/08/17]

Population Council. (2008). *Sexual and Gender Based Violence in Africa*. Nairobi: Population Council. Retrieved from https://www.k4health.org/sites/default/files/AfricaSGBV_KeyIssues.pdf. [Accessed 22/05/2015].

Pretorius, E and Chikadzi, V. (2014). Challenges Experienced with Implementation of Income Generating Projects as a Sustainable Livelihood Strategy: A case Study from South Africa. *The Indian Journal of Social Work* 75 (1), 101-120.

Prince, C., Petitjean, C. , Benyouci, S., Beaulieu, R. and Nole, D. (2016). *CRIAQ and CARIC: An Innovation Journey - Insights on How to Build Successful Research and Development Collaborations in Aerospace: The Case of the Quebec and Canadian Ecosystems*. Retrieved from http://hdl.handle.net/10216/84410. [Accessed 04/03/17].

Putman, F. W. (2003). Ten-year Research Update Review in Child Sexual Abuse. *American Academy of Child and Adolescent Psychiatry 42* (3), 269 – 278. Retrieved from http://www.ajol.info/index.php/ajsw/article/view/133940. [Accessed: 22/05/2015].

Ouellet-Morin, I., Fisher, H.L., York-Smith, M., Fincham-Campbell, S., Moffitt, T.E. and Arseneault, L. (2015). Intimate partner violence and new-onset depression: A longitudinal

study of women's childhood and adult histories of abuse. Depression and Anxiety 32 (15), 316 – 324. Retrieved from *http://onlinelibrary.wiley.com/doi/10.1002/da.22347/pdf*. [Accessed on 13/08/17].

Quinn, M.E., Hunter , C. L., Ray ,S. , Quadir , M.M. , Sen , K. and Cumming, R. (2016). The Double Burden: Barriers and Facilitators to Socioeconomic Inclusion for Women with Disability in Bangladesh. *Disability, CBR and Inclusive Development 27* (2), 128-149. Retrieved from http://dcidj.org/article/view/474/299. [Accessed10/03/17]. doi: http://dx.doi.org/10.5463/dcid.v27i2.474.

Reinikka, R and Svensson, J. (2006). Using Micro Surveys to Measure and Explain Corruption. *World Development 34* (2), 359- 370. Retrieved from http://www1.worldbank.org/publicsector/anticorrupt/feb06course/world%20Development%20article%20Feb%202006.pdf [Accessed 13/08/17].

Renk, K., Liljequist, L., Steinberg, A., Bosco, G., and Phares, V. (2002). Prevention of child sexual abuse: Are we doing enough? *Trauma Violence and Abuse 3* (1), 68 – 84.

Richter, L, Komarek, A., Desmond, C., Celentano, D., Morin, S., Sweat, M., Chariyalertsak, S., Chingono, A., Gray, G., Mbwambo, J. and Coates, T. (2013). Reported Physical and Sexual Abuse in Childhood and Adult HIV Risk Behaviour in Three African Countries: Findings from Project Accept (HPTN-043*). Aids and Behaviour18* (2), 381-9.

Rogstad, K. E. , Wilkinson, D. and Robinson, A. (2016). *Sexually transmitted infections in children as a marker of child sexual abuse and direction of future research*. Retrieved from http://www.co-infectiousdiseases.com%20volum/ .[Accessed: 28/01/2016].

Rowe, C., Watson-Ormon, R., English, L., Rubesin, H., Marshal, A., Linton, K., Amolegbe, L., Agnew-Brune, C., and Eng, E. (2016). *Evaluating Art Therapy to Heal the Effects of Trauma among Refugee Youth: The Burma Art Therapy Program Evaluation.* Retrieved from http://journals.sagepub.com/doi/pdf/10.1177/1524839915626413. [Accessed: 09/03/2017].

Rubin A and Babbie. (1993). Research *methods for Social Work*. Pacific Groove, Brooks/Cole Publication Company.

Rubin, A., and Babbie, E. (2011). *Research Methods for Social Work* (7th Ed.). Belmont, CA: Thomson/Brooks/Cole.

Rudd, C. and Brakarsh, J. (2001). Counselling *Children Who Have Been Sexually Abused: A Family Support Trust Training Manual*. Unpublished Material.

Rumble, L., Mungate, T., Chigiji, H., Salama, R. Nolan, A., Sammon, E and Muwoni, L (2015). *Childhood sexual violence in Zimbabwe: Evidence for the epidemic against girls.* Retrieved from http://dx.doi.org/10.1016/j.chiabu.2015.04.015. [Accessed: 22 /05/2015].

Ruwende, I., and Chigogo, S. (2017). "Illegal sanctions hurting Zimbabwe: US envoy." Retrieved from http://www.chronicle.co.zw/illegal-sanctions-hurting-zimbabwe-us-envoy/ [Accessed 5/10/17]

Sager, J and Kallis, G. (2016). Oil and the economy: A systematic review of the literature for ecological economists. *Ecological Economics 131*, 561–571. Retrieved from http://www.sciencedirect.com/science/article/pii/S0921800916300908 [Accessed: 16 /02/2017].
Sanderson, C. (1995). *Counselling Adult Survivours of Child Sexual Abuse*. London, Jessica Kingley Publications.

Saradjian, J. and Hanks, H. (1996). Women who sexually abuse their children: from research to practice. Chichester, John Wiley

Save the Children, Justice for Children Trust, National Council for the Welfare of Children and Plan International. (2011). *Universal Periodic Review. Zimbabwe Child Rights Organisations' Submission.* Retrieved from http://lib.ohchr.org/HRBodies/UPR/Documents/session12/ZW/JS1-JointSubmission1-eng.pdf. [Accessed: 22/02/2014].

Save the Children Norway (2005). *10 essential learning points: Listen and speak out against sexual abuse of girls and boys*. *Global submission by The International Save the Children Alliance, UN study on violence against children*. Retrieved from http://www.redbarna.no/default.asp?V_ITMJD=2210. [Accessed: 26 /05/2014].

Save the Children UK. (2007). *Protecting Children Community attitudes to child sexual abuse in rural Mozambique.* Retrieved from https://www.savethechildren.org.uk/sites/default/files/docs/protecting_children_mozambique [Accessed: 22/02/2014].

Save the Children UK. (2009). *Child Sexual Abuse and Exploitation Proposal for a new EU legal framework*. Retrieved fromhttps://www.savethechildren.net/.../Report_on_EU_Framework_Decision.pdf. [Accessed: 22/02/2014].

Sawyerr, A. and Bagley, C. (2017). Child Sexual Abuse and Adolescent and Adult Adjustment: A Review of British and World Evidence, with Implications for Social Work, and Mental Health and School Counselling. *Advances in Applied Sociology* 7, 1-15. Retrieved from http://dx.doi.org/10.4236/aasoci.2017.71001. [Accessed: 01/02/2017].

Schore, A. (2001). The effects of early relational trauma on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal 22,* 201-269. Retrieved form http://onlinelibrary.wiley.com/doi/10.1002/10970355(200101/04)22:1%3C201::AID-IMHJ8%3E3.0.CO;2-9/epdf. [Accessed: 22/02/2014].

Schurink, W., Fouche, C.B. and de Vos, A.S. (2011). Qualitative Data Analysis and Interpretation. In A. S. De Vos, H. Strydom, C.B. Fouche and C.S.I. Delport (Eds) Research *at Grassroots: for the Social Sciences and Human Services Professions* (4thed). Pretoria, Van Schaik Publishers

Scoones, I., Marongwe, N., Mavedzenge, B., Mahenehene, J., Murimbarimba, F and Sukume, C. (2010). *Zimbabwe Land Reform: Myths and Realities.* Harare, Weaver Press.

Scott, J., Rouhani, S., Greiner, A., Albutt, K., Kuwert, P., Hacker, M. R., VanRooyen, M., and Bartels, S. (2015). *Respondent-driven sampling to assess mental health outcomes, stigma and acceptance among women raising children born from sexual violence- related pregnancies in eastern Democratic Republic of Congo*. Retrieved from http://bmjopen.bmj.com/content/5/4/e007057.short [Accessed: 15 /04/2014].

September, R., Matne, A., Adam, I., Kowen, D. (2000). *Commercial sexual exploitation of children: An Explorative study conducted with child victims of prostitution in the Western Cape Town*. Bellville, *University* of the Western Cape.

Servin, A, E, Strathdee, S., Munoz, F. A, Vera, A., Rangel, G. and Silverman, J. G. (2015). Vulnerabilities faced by the children of sex workers in two Mexico–US border cities: a retrospective study on sexual violence, substance use and HIV risk, AIDS Care. *Psychological and Socio-medical Aspects of AIDS/HIV 27* (1), 1-5. Retrieved from http://dx.doi.org/10.1080/09540121.2014.946384. [Accessed: 22 /05/2015].

Sewpaul, V. (2014). Social Work and Poverty Reduction in Africa: The Indelible Reality. In Spitzer, H, Twikirize, J.M and Wairire G.G (Eds) *Professional Social Work in East Africa: Towards Social Development, poverty Reduction and Gender Equality* (pp.29 – 42). Kampala, Fountain Publishers.

Sexton, L. (2009). Vicarious traumatization of counsellors and effects on their workplaces. *British Journal of Guidance and Counselling* 27 (3), 393-403.

Silverman, D. (2010). *Doing Qualitative Research.* London, Sage publications

Silverstone, P. H., Greenspan, F., Silverstone, M., Sawa, H. and Linder, J. (2016). *A Complex Multimodal 4-Week Residential Treatment Program Significantly Reduces PTSD*. Symptoms. Retrieved from https://pdfs.semanticscholar.org/5ccc/c6cef66d900ad22fc087bf28caf4167d2f24.pdf [Accessed: 16 /02/2017].

Simplican, S.C., Leader, G., Kosciulek, J. and Leahy, M. (2015).Defining Social Inclusion of people with intellectual and developmental disabilities: An ecological model of social networks and community participation. *Research in Developmental Disability 38*, 18 -29. Retrieved from http://dx.doi.org/10.1016/j.ridd.2014.10.008. [Accessed: 26/02/2016].

Sincero, S. M. (2012). *Ecological Systems Theory*. Retrieved from http://exploeable.com/ecological-system. [Accessed: 26/02/2016].

Sky News. (2015a). *Peer To Be Prosecuted For Child Sex Abuse.* Retrieved from http://news.sky.com/story/1510114/peer-to-be-prosecuted-for-child-sex-abuse. [Accessed: 20/02/2016].

Sky News. (2015b). *Landmark Vatican Child Abuse Trial to Begin*. Retrieved from http://news.sky.com/story/1517082/landmark-vatican-child-abuse-trial-to-begin.

[Accessed: 20/02/2016].

Sky News. (2015 c). *Top Abuse Therapist Quits Over 'Unfit' System*. Retrieved form http://news.sky.com/story/1511811/top-abuse-therapist-quits-over-unfit-system [Accessed: 20/02/2016].

Sloth-Nielsen, J. (2014). Regional Frameworks for Safeguarding Children: The Role of the African Committee of Experts on the Rights and Welfare of the Child. *Social Sciences 3*, 948–961. Retrieved from http://creativecommons.org/licenses/by/4.0/ [Accessed: 06/03/2014].

Smallbone, S., Marshal, W.L and Worley, R. (2008). *Preventing Child Sexual Abuse: Evidence, Policy and Practice*. Devin, Willan Publishing.

Smith, D. (2009). *Child rape epidemic in Zimbabwe*. Available from http://Johannesburg guardian.co.uk

Smith, D., Pearce, L., Pringle, M., and Caplan, R. (1995). Adults with a history of child sexual abuse: evaluation of a pilot therapy service. *British Medical Journal* 310 (1), 175- 178. Retrieved from http://www.bmj.com/content/310/6988/1175.short. [Accessed: 15/04/2015].

Softestad, S. and Toverud, R. (2013). Challenges and Opportunities: Exploring Child Protection Workers' Experiences of Ensuring Protection of the Child during Child Sexual Abuse Suspicion. *British Journal of Social Work Volume* 43, 1510–1526. Retrieved from doi:10.1093/bjsw/bcs084. [Accessed: 15/04/2015].

Sommarin, C., Kilbane, T., Mercy, J. A., Moloney-Kitts, M. and. Ligiero, D. P. (2014). Preventing Sexual Violence and HIV in Children. *Journal of Acquired Immune Deficiency Syndrome 66(2), 217- 223.* doi: 10.1097/QAI.0000000000000183.

S.O.S Children's Village International. (2017). *General information on Zimbabwe*. Retrieved from http://www.sos-childrensvillages.org/where-we-help/africa/zimbabwe. [Accessed 13/08/17].

Sossou, M. and Yogtiba, J.A. (2009). *Abuse of Children in West Africa: Implications for Social Work Education and Practice*. Retrieved from https://doi.org/10.1093/bjsw/bcn033 [Accessed: 1 5/04/2015].

Southern African Development Community. (2008). The Zimbabwe National Aids Levy Trust (the Aids Levy): SADC HIV AIDS Best Practices Series. Retrieved from file:///G:/SADC_BestPracticeZimbabwe.pdf . [Accessed: 16 /02/2017].

Stang, J and Story, J (2005). *Guidelines for Adolescent Nutrition Services*. Retrieved from http://www.epi.umn.edu/let/pubs/adol_book.shtm. [Accessed 14/02/2017].

Staples, J. M., Stappenbak, C.A, Davis, K.C., Norris J. and Heiman, J. R. (2015). Alcohol myopia and sexual adolescent women: Examining the moderating effect of child sexual abuse. *Addictive Behaviours* 47, 72 – 77. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4254050/. [Accessed 15/04/2015].

Stoltenborgh, M., van IJzendoorn, M. H, Euser, E. M and Bakermans-Kranenburg, M. J. (2011). A Global Perspective on Child Sexual Abuse: Meta-Analysis of Prevalence around the World. *Child Maltreatment* 16 (79). Retrieved from http://www.marinusvanijzendoorn.nl/wpcontent/uploads/2012/07/StoltenborghVanIJzendoornEuserBakermans-Kranenburg2011ChildMaltreatmentmetaCSA.pdf. [Accessed 06/03/2014].

Strauss, A.L, and Corbin, J.M. (1990). Basics of Qualitative Research: Grounded Theory Procedures and Techniques. Newbury Park, California: Sage Publications

Strydom, H. (2011). *Research at grass roots*. Cape Town, Van Schaik Publishers.

Szeftel, M. (2000). Between Governance and Underdevelopment: Accumulation and Africa's catastrophic corruption. *Review of African Political Economy 27* (84), 287-306.

Tatira, L. (2016). The Shona concept of marriage with special reference to procreation and fertility. *South African Journal of African Languages 36* (1), 123- 127.

Tavkar, P. (2010). *Psychological and Support Characteristics of Parents of child Sexual Abuse Victims: Relationship with child functioning and treatment.* Retrieved from http://digitalcommons.unl.edu/psychdiss?utm_source=digitalcommons.unl.edu%2Fpsychdiss%2F17&utm_medium=PDF&utm_campaign=PDFCoverPages. [Accessed 26/05/2014].

The Guardian. (2015). *UN peacekeepers accused of sexually abusing street children in Central African Republic*. Retrieved from http://www.theguardian.com/world/2015/jun/23/un-peacekeepers-accused-sexually-abusing-street-children-central-african-republic. [Accessed: 20/02/2016].

The Herald. (2014). *Cheso admits using manhood on child*. Retrieved from http://www.herald.co.zw/cheso-admits-using-manhood-on-child/. [Accessed 06/05/2016].

The Herald. (2016). *Corruption levels alarming: Chinamasa*. Retrieved from http://www.herald.co.zw/corruption-levels-alarming-chinamasa/. [Accessed 13/09/2016].

The Sunday Mail. (2015). *Arrest those who wed child bride*. Retrieved from http://www.sundaymail.co.zw/?p=37624. [Accessed 21/06/2016].

Tishelmana, A.C and Fontes, L.A. (2017). Religion in child sexual abuse forensic interviews. *Child Abuse and Neglect* 63, 120–130. Retrieved from http://www.sciencedirect.com/science/article/pii/S0145213416302861 [Accessed 03 /02/2017].

Todaro, M.P and Smith, S.C. (2011). *Economic Development*: London, Pearson.

Toh, S.G., Ang, E., and Devi, K.M. (2012).Systematic review on the relationship between the nursing shortage and job satisfaction, stress and burnout levels among nurses in oncology/haematology settings. *International Journal of Evidence based health Care 10* (2):126-41. doi: 10.1111/j.1744-1609.2012.00271.x.

http://onlinelibrary.wiley.com/doi/10.1111/j.1744-1609.2012.00271.x/full
[Accessed: 02 /02/2016].

True, J. (2012). *The Political Economy of Violence against Women*. Oxford, Oxford Press.

Twikirize, J.M. (2014a). Indigenisation of Social Work in Africa: Debates prospects and Challenges. In Spitzer, H, Twikirize, J.M and Wairire G.G (Eds) *Professional Social Work in East Africa: Towards Social Development, poverty Reduction and Gender Equality* (pp. 75 – 90). Kampala, Fountain Publishers.

Twikirize, J.M. (2014b). Gender Perspectives in Poverty Reduction and Social Development. In Spitzer, H, Twikirize, J.M and Wairire G.G (Eds) *Professional Social Work in East Africa: Towards Social Development, poverty Reduction and Gender Equality*. Kampala, Fountain Publishers.

UNAIDS (2013).*Smart Investments.* Geneva, UNAIDS.

UNAIDS (2015). HIV and AIDS estimates. Available on line at *http://www.unaids.org/en/regionscountries/countries/zimbabwe*. [Accessed on 19/08/17].

Uneke, O. (2010). Corruption in Africa South of the Sahara: Bureaucratic facilitator or handicap development? *Journal of Pan African Studies3* (6), 111-158. Retrieved from http://www.jpanafrican.org/docs/vol3no6/3.5CorruptioninAfrica.pdf. [Accessed 13/08/17].

United Nations. (1989). *United Nations Convention on the Rights of the Child.* Retrieved from *https://downloads.unicef.org.uk/wpcontent/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf?_ga=2.154301432.1591570973.1503328725-549200663.1503328725.* [Accessed 21/08/17]

United Nations Children's Fund (2013a). *Disabled Zimbabwe Children Face Serious Challenges* Retrieved from http://m.voazimbabwe.com/a/1680208.html.
[Accessed 20/02/2016].

United Nations Children's Fund (2013b). *Female Genital Mutilation/Cutting: a statistical overview and exploration of the dynamics of change*. Retrieved from http://data.unicef.org/wp-content/uploads/2015/12/FGMC_Lo_res_Final_26.pdf
[Accessed 04/03/2017].

United Nations Children's Fund and the International Rescue Committee. (2012). *Caring for Child Survivors of Sexual Abuse Guidelines for health and psychosocial service providers in humanitarian settings*. Retrieved from http://www.unicef.org/pacificislands/IRC_CCSGuide_FullGuide_lowres.pdf.
[Accessed 20/03/2016].

United Nations Children's Fund and Ministry of Labour and Social Services. (2011). Child *Protection Fund: Strategic Concept and Design*. Harare, United Nations Children's Fund.

United Nations High Commissioner for Refugees. (2015).*2014 in Review*.

Retrieved from http://www.unhcr.org/5575a78416.html. [Accessed 20/03/2016].

United Nations High Commissioner for Refugees. (2015). *Children Protection and Building Resilience*. Retrieved from http://www.unhcr.org/pages/49c3646c1e8.html. [Accessed 20/02/2016].

United Nations Population Fund. (2012). *Marrying Too Young End Child Marriage*. New York, United Nations Population.

United States of America Department of Health and Human Services. (2008). *Child maltreatment 2006*. Retrieved from http://www.childwelfare.gov/can/prevalance. [Accessed 20/02/2016].

Van den Heede, K., Florquin, M., Bruyneel, L., Aiken, L., Diya, L., Lesaffre, E. and Sermeus, W. (2013). Effective strategies for nurse retention in acute hospitals: A mixed method study. *International Journal of Nursing Studies 50*, 185– 194. Retrieved from http://www.sciencedirect.com/science/article/pii/S0020748911004640 [Accessed 20/02/2016].

van Houten, P. (2009). Multi-level relations in political parties: A Delegation Approach. *Party Politics* 15 (.2), 137–156. Retrieved from http://ppq.sagepub.com/content/15/2/137. [Accessed 23/02/17].

Walsh, K., Zwi, K., Woolfenden, S., and Shlonsky, A. (2015). School based education programmes for the prevention of child sexual abuse. *Cochrane Database of Systemic Reviews Issue 4.* Retrieved fromhttp://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004380.pub3/pdf [Accessed 5/09/2016].

Wang, L. Lu, T and Tsai, C. (2016). Children's disclosure of sexual abuse during early forensic psychiatric evaluation in Southern Taiwan. *Journal of the Formosan Medical Association 115* (12), 1069-1075. Retrieved from http://www.sciencedirect.com/science/article/pii/S0929664616301085. [Accessed 10/10/2017].

Wang, S and Noe, R. A. (2010). Knowledge sharing: A review and directions for future research. *Human Resource Management Review 20* (2), 115–13. Retrieved from http://www.sciencedirect.com/science/article/pii/S1053482209000904. [Accessed: 02/02/2016].

Wanmali, S. and Islam, Y. (1997). Rural Infrastructure and Agricultural Development in Southern Africa: A centre-periphery perspective. *The Geographical Journal 163* (3), 259-269. Retrieved from http://www.jstor.org/stable/3059722. [Accessed: 02/02/2016].

Ward, T and Seiegert, R.J. (2002). Toward a comprehensive theory of child sexual abuse: A theory knitting perspective in Psychology. Crime and Law 8 (*4), 319-351*. Retrieved from *http://www.tandfonline.com/doi/abs/10.1080/10683160208401823*. [Accessed 02/02/2016].

Warner, S. (2009). *Understanding the Effects of Child Sexual Abuse.* East Essex, Rutledge.

Watson, N. (2012). Theorising the Lives of Disabled Children: How Can Disability Theory Help? *Children and Society 26* (3), 192-202. DOI:10.1111/j.1099-0860.2012.00432. Retrieved from http://onlinelibrary.wiley.com/doi/10.1111/j.1099-0860.2012.00432.x/full [Accessed: 02/02/2016].

Weiss, K.J and Alexander, J.C (2013). Sex, Lies, and Statistics: Inferences From the Child Sexual Abuse Accommodation Syndrome. *The Journal of American Academy of Psychiatry and the Law 41* (3), 412-420. Retrieved from http://www.jaapl.org/content/41/3/412.full.pdf+htm l. [Accessed: 02/02/2016].

Wena, X. Q, Xiaoyuea, S., Mengtonga, C., Ping, Q.D and Ling, C. K. (2017). What prevents Chinese parents from reporting possible cases of child sexual abuse to authority? A holistic Interactionistic approach. *Child Abuse and Neglect* 64, 19 -31. Retrieved from http://www.sciencedirect.com/science/article/pii/S0145213416303027 [Accessed: 03/02/2017].

Westcott, H. and Jones, D. (1999). Annotation: the abuse of disabled children. *Journal of Child Psychology and Psychiatry* 40:497–506. Retrieved fromhttp://psy-2013.wiki.educ.msu.edu/file/view/Westcott+-+Jones+-+1999+-+article.pdf [Accessed: 03/02/2017].

Westermann, C. Kozak, A. Harling, M. and Nienhaus, A. (2012). *Burnout intervention studies for inpatient elderly care nursing staff: Systematic literature review in International Journal for Nursing Studies*. Retrieved from http://dx.doi.org/10.1016/j.ijnurstu.2012.12.001. [Accessed 02/02/2016].

Willis, J.W. (2007). *Foundations of Qualitative Research*. London: Sage publications

Willis, C. D. , Greene, J. K, Abramowicz, A. and Riley, B.L. (2016). Strengthening the evidence and action on multi-sectorial partnerships in public health: an action research initiative in wealth Promotion and Chronic Disease Prevention. *Canada Research, Policy and Practice 36*(6), 101–111. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4910446/ . [Accessed: 13/10/2016].

Wissink, I.B., van Vugt, L., Moonen, X., Stams, G. J. M. and Handriks, J. (2015). Sexual Abuse involving children with an intellectual disability (ID): A narrative review in research. *Developmental Disabilities 36* (1), 20 -35. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5306306/. [Accessed 13/10/2016].

Worku, D., Gebremariam, A and Jayalakshmi, S. (2006). Child sexual abuse and its Outcomes among high school students in southwest Ethiopia. *Tropical Doctor* 36 (3), 137-140.

World Bank. (2016). *Zimbabwe Economic Update, February 2016: Changing Growth Patterns*. Retrieved from https://openknowledge.worldbank.org/handle/10986/23761 License: CC BY 3.0 IGO." [Accessed 5/10/2017].

World Health Organization. (1999). *Social Change and Mental Health, Violence and Injury Prevention, Report of the Consultation on Child Abuse Prevention*. Geneva: World Health Organization

World Health Organization. (2001). Prevention of Child Abuse and Neglect:
Making the links between human rights and public health. Submission from World Health Organisation to the Committee on the Rights of the Child for its Day of General Discussion September 28, 2001. Retrieved from:
https://www.crin.org/en/docs/resources/treaties/crc.28/WHO1.pdf
[Accessed: 8/10/2017].

World Health Organization. (2003). *Guidelines for Medico-legal Care for Sexual Violence Victims.* Geneva: WHO. Retrieved from:
http://whqlibdoc.who.int/publications/2004/924154628X.pdf. [Accessed: 13/10/2016].

Wu, F. and Chan, K. (2012). *Graduated Control and Beyond: The Evolving Government-NGO Relations in China Perspectives.* Retrieved from
URL: http://chinaperspectives.revues.org/5928. [Accessed 15 /04/2016].

Yin, R.K. (2009). *Case study research. Design and Methods* (4thEd). Thousand oaks': Sage Publications.

Yin, R.K. (2012). *Applications of case study research*. Thousand Oak, CA: Sage

Zarea, K., Negarandeh, R., Dehghan-Nayeri, N and Rezaei-Adaryani, M. (2009). Nursing staff shortages and job satisfaction in Iran: Issues and challenges. *Nursing and Health Sciences* 11, 326–331. Retrieved from
http://onlinelibrary.wiley.com/doi/10.1111/j.1442-2018.2009.00466.x/full6m
[Accessed 15 /04/2016].

Zhu, Q., Gao, E., Cheng, Y., Chuang, Y., Zabin, L. S., Emerson, M, R., and Lou, C. (2015). *Child Sexual Abuse and Its relationship with health risk behaviours among adolescents and young adults in Taipei*. Retrieved from
http://journals.sagepub.com/doi/abs/10.1177/1010539515573075. [Accessed 15/04/2015].

Zimbabwe National Statistical Agency, United Nations Children's Fund and Collaborating Center for Operational Research and Evaluation. (2013). *National baseline survey on life experiences of adolescents 2011.* Harare, Zimbabwe National Statistical Agency.

Zollner, H., Fuchs. K. A, and Fegert, J.M. (2014). Prevention of sexual abuse: improved information is crucial. *Child and Adolescent Psychiatry and Mental Health 8* (5). Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3943584/ [Accessed 5/09/2016]

Appendix A: Participant information sheet

An exploration of the phenomenon of Child sexual abuse (CSA) in Zimbabwe

PARTICIPANT INFORMATION SHEET FOR KEY INFORMANTS

Good day

My name is Noel Garikai Muridzo. I am a postgraduate student registered for a PhD at the University of the Witwatersrand, South Africa. I am doing a research study aimed at exploring the phenomenon of Child sexual abuse (CSA) in Zimbabwe. It is envisaged that the findings of the study will deepen the continuous understanding of CSA, influence policy, enhance interventions, contribute to the knowledge base on appropriate best practices in the management of CSA and child protection in Zimbabwe and stimulate interest and further research into the phenomenon of CSA practitioners and academics.

The researcher has obtained clearance and permission from all participating organisations and ministries. I am therefore kindly inviting you to participate in this study. Participation in the research study is entirely voluntary and should you decline to participate, you will not be disadvantaged in any way. If you agree to participate in the study, no compensation will be given. Your agreement to partake in the study entails an individual interview guided by a semi-structured interview guide. The interview will be arranged at a place and time that is suitable for you and it will last approximately one hour. You may refuse to answer questions that you find discomforting and you may also withdraw from the study at any time without any consequences.

With your permission, the interview will be tape-recorded. Only my supervisor and I will have access to the tapes. Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research report.

Should you have any questions about the study, please do not hesitate to contact me on 00 263 772 346 5907 or my supervisors, Dr Victor Chikadzi on Victor.Chikadzi@wits.ac.za and Professor Kaseke on Edwell.Kaseke@wits.ac.za. Should you wish to receive information about the research outcomes, a summary of the findings will be provided to you on request.

In the event you require any counselling services during or after the study for free, you may contact Mr Lloyd Muchemwa on 00 263 773 638827 or Dr J Brakarsh on 00 263 772 302 538.Your consideration to participate in the study is greatly appreciated.

Yours sincerely

Noel Muridzo

Appendix B: Consent forms

AN EXPLORATION OF THE PHENOMENON OF CHILD SEXUAL ABUSE (CSA) IN ZIMBABWE

CONSENT FORM FOR PARTICIPATING IN THE RESEARCH STUDY INTERVIEW FOR SERVICE PROVIDERS AND KEY INFORMANTS

I, ..., hereby consent to participate in the study.The purpose and procedures of the study have been explained to me. I understand that my participation is voluntary and that I may withdraw from the study at any time or refuse to answer some questions without any negative consequences. I understand that confidentiality will be maintained and that I will remain anonymous when the findings of the study are presented. I understand that confidentiality will be maintained at all times and the recordings will be kept in a locked cabinet and destroyed two years after producing any publication arising from the study or six years after completion of the study if there are no publications.

Participant..... Signature.....
Date.....

Researcher..... Signature.....
Date.....

CONSENT TO TAPE-RECORD THE INTERVIEWS FOR SERVICE PROVIDERS AND KEY INFORMANTS

I, ..., hereby consent to tape-recording of the interviews in the study.The purpose and procedures of the study have been explained to me. I understand that my participation is voluntary and that I may withdraw from the study at any time or refuse to answer some questions without any negative consequences. I understand that confidentiality will be maintained and that I will remain anonymous when the findings of the study are presented. I understand that confidentiality will be maintained at all times and that the recordings will be kept in a locked cabinet and destroyed two years after producing any publication arising from the study or six years after completion of the study if there are no publications.

Participant..... Signature.....
Date.....Researcher.....
Signature..... Date.....

MRCZ

/A/1969

An exploration of the phenomenon of Child sexual abuse in Zimbabwe

Principal Investigator Noel Garikai Muridzo (Mr.)

Phone number(s) 00 263 772 346 507

Audio Recording Consent Form

Before we start the interview, I will seek your permission to record the interview. The information will be analysed for the research thesis. Our discussion will be captured by the use of a Dictaphone to help me capture accurately your insights in your own words. The Dictaphone will only be heard by me for the purpose of this study. If you feel uncomfortable with the recorder, I can record the conversation by taking notes. If we use the recorder you may ask that it be turned off at any time. If there are questions you seek clarity, please feel free to ask me to clarify. If there is need for follow up clarification, I will be available to meet you at your convenience. You are free to decline to answer any question. You are free to ask to listen to our recorded conversation prior to their use. The audio recordings and notes collected from the participants will be destroyed two years after producing any publication arising from the study or six years after completion of the study if there are no publications. During data collection and after, the data will be locked away in a locked cabinet. Recordings of the interviews will be kept in a password protected laptop/ computer. Only the researcher will have access to these files on the computer. Participation in this study is purely voluntary and no harm will be paused to participants and organisations.

Statement of Consent to be Audio taped.

I understand that audio recordings will be taken during the study. *(For each statement, please choose YES or NO by inserting your initials in the relevant box)* ☐

- I agree to being audio recorded Yes ☐

No

_____ _____ _____

Name of Participant (please print) Signature Date

Appendix C: INTERVIEW GUIDE FOR HEALTH AND HOSPITAL BASED SERVICES VFS NATIONAL REPRESENTATIVES

1. Identifying Particulars

Name of Institution	
Time Occupying the position	
Date of Interview	

2. As the Health and Hospital based service providers, please share with me what your position entails?
3. In your opinion what are the general CSA risk factors in Zimbabwe?
4. In your opinion, why are children sexually abused?
5. In your opinion, what are the common characteristics of sexually abused children?
6. In your opinion, what are the common reported characterises of perpetrators of CSA?
7. In your experience, what are the consequences of CSA?
8. Who is affected by CSA?
9. As the part of the Multisectoral management of CSA in Zimbabwe, what strategies are you using to help survivors of child sexual abuse?
10. As part of the multi-sectorial response to CSA in Zimbabwe, what is your organisation's mandate in the management of CSA?
11. May I please have access to your organisation's policies and procedures underpinning the child sexual abuse management services in general in Zimbabwe.
12. Please tell me what is the role and responsibilities of the Ministry of Health and Child Welfare in relation to the management of sexually abused children?
13. How and where do you fit in the VFS?
14. As the health care providers, what intervention strategies are you using to help victims of Child Sexual Abuse?

15. What is your opinion on the current Ministry of Health and Child Welfare intervention strategies?
16. As part of the multi sectorial response to CSA in Zimbabwe, what would you say are the challenges faced by the Ministry of Health and Child Welfare in fulfilling their mandate?

17. Who else is part of the multi sectorial management system?

18. What are their roles in relation to your organisation?

19. Given the role of the civic society in the management of CSA in Zimbabwe, kindly share the relationship between your Ministry and the civic organisations regarding CSA management.

20. Given the existing policies, procedures and guidelines regarding the management of child sexual abuse in Zimbabwe, what areas do you think can be improved on?

21. In your opinion, what are the best practices can be replicated in the management of CSA?
22. In your opinion, what strategies and programme interventions that can be recommended for the prevention and management of child abuse cases in Zimbabwe?

23. What are the challenges that the health care and hospital based service providers are experiencing with regards to responding to CSA and fulfilling its mandate?

24. Is there anything else that you would like to share with me regarding CSA in Zimbabwe?

For now I have exhausted my questions; do you have any question or comments to make?

Thank you.

Appendix D: INTERVIEW GUIDE FOR THE ZIMBABWE REPUBLIC POLICE VICTIM FRIENDLY UNIT VFS NATIONAL REPRESENTATIVES

1. Identifying Particulars

Name of Institution	
Time Occupying the position	
Date of Interview	

2. As the Assistant Commissioner responsible for the ZRP Victim Friendly Unit; may you please share with me what your position entails?
3. In your opinion what are the general CSA risk factors in Zimbabwe?
4. In your opinion, why are children sexually abused?
5. In your opinion, what are the common characteristics of sexually abused children?
6. In your opinion, what are the common reported characterises of perpetrators of CSA?
7. In your experience, what are the consequences of CSA?
8. Who is affected by CSA?
9. As part of the multi-sectorial response to CSA in Zimbabwe, what is the mandate of the Zimbabwe Republic Police Victim Friendly Unit?
10. How anew her do you fit in the VFS?
11. As the victim friendly unit in Zimbabwe, what strategies are you using to help survivors of CSA?
12. May I please have access to your organisation's policies and procedures underpinning the child sexual abuse management services in general in Zimbabwe.
13. Please tell me what is the role and responsibilities of the Zimbabwe Republic Police in relation to the management of sexually abused children?

14. As of the Zimbabwe Republic Police Victim Friendly Unit, what strategies are you using to help victims of Child Sexual Abuse?

15. What is your opinion on the current ZRP Victim Friendly Unit, what intervention strategies are you using to help victims of CSA?

16. As part of the multi sectorial response to CSA in Zimbabwe, what would you say are the challenges faced by the ZRP Victim Friendly Unit, fulfilling their mandate?

17. Who else is part of the multi sectorial management system?

18. What are their roles in relation to your organisation?

19. Given the role of the civic society in the management of CSA in Zimbabwe, kindly share the relationship between your Ministry and the civic organisations

20. Given the existing policies, procedures and guidelines regarding the management of child sexual abuse in Zimbabwe, what areas do you think can be improved on?

21. In your opinion, what are the best practices can be replicated in the management of CSA?

22. In your opinion, what strategies and programme interventions that can be recommended for the prevention and management of child abuse cases in Zimbabwe?

23. What are the challenges that the ZRP Victim Friendly Unit is experiencing with regards to responding to CSA and fulfilling its mandate?

24. Is there anything else that you would like to share with me regarding CSA in Zimbabwe?

For now I have exhausted my questions; do you have any question or comments to make?

Thank you.

Appendix E: INTERVIEW GUIDE FOR DEPARTMENT OF SOCIAL SERVICES CHILD WELFARE AND PROBATION SERVICES NATIONAL VFS REPRESENTATIVES

1. Identifying Particulars

Name of Institution	
Time Occupying the position	
Date of Interview	

2. As the Director of Child Welfare and Probation Services, please share with me what your position entails?
3. In your opinion what are the general CSA risk factors in Zimbabwe?
4. In your opinion, why are children sexually abused?
5. In your opinion, what are the common characteristics of sexually abused children?
6. In your opinion, what are the common reported characterises of perpetrators of CSA?
7. In your experience, what are the consequences of CSA?
8. Who is affected by CSA?
9. As part of the multi-sectorial response to CSA in Zimbabwe, what is the mandate of the Child Welfare and Probation Services?
10. How and where do you fit in the VFS?
11. As the Multisectoral management of CSA in Zimbabwe, what strategies is the Department using to help survivors of CSA?
12. May I please have access to the policies and procedures underpinning the child sexual abuse management services in your organisation?

13. Please tell me what is the role and responsibilities of the Department of Child Welfare and Probation Services in relation to the management of sexually abused children?

14. As Department of Child Welfare and Probation Services, what strategies are you using to help victims of Child Sexual Abuse?

15. What is your opinion on the current Department of Child Welfare and Probation Services intervention strategies?
16. As part of the multi sectorial response to CSA in Zimbabwe, what would you say are the challenges faced by the Department of Child Welfare and Probation Services fulfilling their mandate?

17. Who else is part of the multi- sectorial management system?

18. What are their roles in relation to your organisation?

19. Given the role of the civic society in the management of CSA in Zimbabwe, kindly share the relationship between your Ministry and the civic organisations

20. Given the existing policies, procedures and guidelines regarding the management of child sexual abuse in Zimbabwe, what areas do you think can be improved on?

21. In your opinion, what are the best practices can be replicated in the management of CSA?

22. In your opinion, what strategies and programme interventions that can be recommended for the prevention and management of child abuse cases in Zimbabwe?

23. What are the challenges that the Department of Child Welfare and Probation Services is experiencing with regards to responding to CSA and fulfilling its mandate?

24. Is there anything else that you would like to share with me regarding CSA in Zimbabwe?

For now I have exhausted my questions; do you have any question or comments to make?

Thank you

Appendix F: INTERVIEW GUIDE FOR VFS REGIONAL REPRESENTATIVES

Mr/ Mrs..... Thank you for accepting my invitation to participate in this interview.

1. Identifying Particulars

Name of Institution	
Designation	
Time Occupying the position	
Nature of Organisation	

2. May you please kindly share with me your roles and responsibilities?
3. May you kindly share the services that your organisation offers to child survivors?
4. In your opinion what are the CSA risk factors in Zimbabwe?
5. In your opinion, why are children sexually abused?
6. In your opinion, what are the common characteristics of sexually abused children?
7. In your opinion, what are the common reported characterises of perpetrators of CSA?
8. In your experience, what are the consequences of CSA?
9. Who is affected by CSA?
10. As part of the multi-sectorial response to CSA in Zimbabwe, what is the mandate of your organisation?
11. How and where do you fit in the VFS?
12. As the victim friendly initiative in Zimbabwe, what strategies are you using to help survivors of CSA?
13. May you please share with me the policies and procedures underpinning the child sexual abuse management services in general in Zimbabwe.
14. As professionals working with child survivors of CSA , what strategies are you using to help victims of Child Sexual Abuse?

15. Who else is part of the multi sectorial management system?

16. What are their roles in relation to your organisation?

17. What is your opinion on the current VFS intervention strategies?

18. As part of the multi sectorial response to CSA in Zimbabwe, what would you say are the challenges faced by your organisation, in fulfilling its mandate?

19. Given the existing policies, procedures and programmes regarding the management of child sexual abuse in Zimbabwe, what areas do you think can be improved on?

20. In your opinion, what are the best practices can be replicated in the management of CSA?

21. May you please comment on the relationship between organisations involved in the VFS?

22. In your professional contact with child survivors of child sexual abuse, what are the common characteristics of child victims?

23. From the cases you handle, what are the reported characteristics of perpetrators of Child sexual abuse?

24. In your opinion, what strategies and programme interventions that can be recommended for the prevention and management of child abuse cases in Zimbabwe?

25. Is there anything else that you would like to share with me regarding CSA in Zimbabwe?

For now I have exhausted my questions; do you have any question or comments to make?

Thank you.

Appendix G: INTERVIEW GUIDE FOR THE JUSTICE SCTOR VFS NATIONAL REPRESENTATIVES

1. Identifying Particulars

Name of Institution	
Designation	
Date of Interview	

2. You are in the Justice sector; may you please share with me what your position entails?
3. In your opinion what are the general CSA risk factors in Zimbabwe?
4. In your opinion, why are children sexually abused?
5. In your opinion, what are the common characteristics of sexually abused children?
6. In your opinion, what are the common reported characterises of perpetrators of CSA?
7. In experience, what are the consequences of CSA?
8. Who is affected by CSA?
9. As part of the multi-sectorial response to CSA in Zimbabwe, what is the mandate of the Justice System?
10. How and where do you fit in the VFS?
11. As the part of the Multisectoral management of CSA in Zimbabwe, what strategies are you using to help victims of CSA?
12. May I please have access to your organisation's the policies and procedures underpinning the child sexual abuse management services in general in Zimbabwe.
13. Please tell me, what is the role and responsibilities of the Courts are in relation to care of sexually abused children?
14. As the Courts, what intervention strategies are you using to help victims of Child Sexual Abuse?

15. What is your opinion on the current Justice, intervention strategies?

16. As part of the multi sectorial response to CSA in Zimbabwe, what would you say are the challenges faced by the Justice System, fulfilling their mandate?

17. Who else is part of the multi sectorial management system?

18. What are their roles in relation to your organisation?

19. Given the existing policies, procedures and guidelines regarding the management of child sexual abuse in Zimbabwe, what areas do you think can be improved on?

20. In your opinion, what are the best practices can be replicated in the management of CSA?

21. In your opinion, what strategies and programme interventions that can be recommended for the prevention and management of child abuse cases in Zimbabwe?

22. What are the challenges that the Justice System is experiencing with regards to responding to CSA and fulfilling its mandate?

23. Is there anything else that you would like to share with me regarding CSA in Zimbabwe?

For now I have exhausted my questions; do you have any question or comments to make?

Thank you.

Appendix H: INTERVIEW GUIDE FOR NGO's NATIONAL VFS REPRESENTATIVE

1. Identifying Particulars

Name of Institution	
Nature of Institution	
Designation	
Time Occupying the position	
Gender	
Date of Interview	

2. You represent your organisation which is part of the Victim Friendly System; may you please share with me what your position entails?

3. May you kindly share the services that your organisation offers to child survivor of CSA?

4. In your opinion what are the general CSA risk factors in Zimbabwe?

5. In your opinion, why are children sexually abused?

6. In your opinion, what are the common characteristics of sexually abused children?

7. In your opinion, what are the common reported characterises of perpetrators of CSA?

8. In your experience, what are the consequences of CSA?

9. Who is affected by CSA?

10. As part of the multi-sectorial response to CSA in Zimbabwe, what is the mandate of your organisation?

11. How and where do you fit in the VFS?

12. What strategies is your organisation using to help survivors of CSA?

13. Given the role of the civic society, kindly share the relationship between you and the Government.

14. May I please have access to your organisation's policies and procedures underpinning the child sexual abuse management services in general in Zimbabwe.

15. Please tell me what the role and responsibilities of the NGO sector in relation to the management of sexually abused children?

16. As NGOs, what intervention strategies are you using to help victims of Child Sexual Abuse?

17. What is your opinion on your current CSA intervention strategies?

18. Who else is part of the multi sectorial management system?

19. What are their roles in relation to your organisation?

20. What is your opinion on the current NGO CSA intervention strategies?

21. As part of the multi sectorial response to CSA in Zimbabwe, what would you say are the challenges faced by the NGOs, fulfilling their mandate?

22. May you please comment on the relationship between organisations involved in the VF System with regards to CSA?

23. Given the existing policies, procedures and guidelines regarding the management of child sexual abuse in Zimbabwe, what areas do you think can be improved on?

24. In your opinion, what are the best practices can be replicated in the management of CSA?

25. In your opinion, what strategies and programme interventions that can be recommended for the prevention and management of child abuse cases in Zimbabwe?

26. Is there anything else that you would like to share with me regarding CSA in Zimbabwe?

For now I have exhausted my questions; do you have any question or comments to make?

Thank you.

Appendix I: INTERVIEW GUIDE FOR KEY INFORMANTS

1. Identifying Particulars

Name of Institution	
Time Occupying the position	
Date of Interview	

2. In your opinion what are the general CSA risk factors in Zimbabwe?
3. In your opinion, why are children sexually abused?
4. In your opinion, what are the common characteristics of sexually abused children?
5. In your opinion, what are the common reported characterises of perpetrators of CSA?
6. In your experience, what are the consequences of CSA?
7. Who is affected by CSA?
8. What strategies are used to help survivors of CSA in Zimbabwe?
9. What is your view on the Victim Friendly System in Zimbabwe?
10. What is the mandate of the Victim Friendly System?
11. Who is involved in the VFS?
12. What are the roles and responsibilities or VFS player, in relation to the management of CSA in Zimbabwe?
13. May you please share with me the policies and procedures underpinning the management of child survivors of child sexual abuse in Zimbabwe?
14. What is your opinion on the current VFS, intervention strategies being used to help victims of CSA?
15. What would you say are the challenges faced by the VFS fulfilling their mandate?
16. In your view, kindly share the relationship between the VFS Role Payers.

17. Given the existing policies, procedures and guidelines regarding the management of child sexual abuse in Zimbabwe, what areas do you think can be improved on?

18. In your opinion, what are the best practices can be replicated in the management of CSA?

19. In your opinion, what strategies and programme interventions that can be recommended for the prevention and management of child abuse cases in Zimbabwe?

20. Is there anything else that you would like to share with me regarding CSA in Zimbabwe?

For now I have exhausted my questions; do you have any question or comments to make?

Thank you.

Appendix J: INTERVIEW GUIDE FOR OTHER GOVERNMENT VFS NATIONAL REPRESENTATIVES

1. Identifying Particulars

Name of Institution	
Nature of Institution	
Designation	
Time Occupying the position	
Gender	
Date of Interview	

2. You represent your organisation which is part of the Victim Friendly System; may you please share with me what your position entails?

3. May you kindly share the services that your organisation offers to child survivor of CSA?

4. In your opinion what are the general CSA risk factors in Zimbabwe?

5. In your opinion, why are children sexually abused?

6. In your opinion, what are the common characteristics of sexually abused children?

7. In your opinion, what are the common reported characterises of perpetrators of CSA?

8. In your experience, what are the consequences of CSA?

9. Who is affected by CSA?

10. As part of the multi-sectorial response to CSA in Zimbabwe, what is the mandate of your organisation?

11. What strategies is your Ministry using to help survivors of CSA?

12. Given the role of the civic society in the management of CSA in Zimbabwe, kindly share the relationship between your Ministry and the civic organisations.

13. May I please have access to your organisation's policies and procedures underpinning the child sexual abuse management services in general in Zimbabwe.

14. As a Government Ministry, what intervention strategies are you using to help victims of Child Sexual Abuse?

15. What is your opinion on your current CSA intervention strategies?

16. Who else is part of the multi sectorial management system?

17. What are their roles in relation to your organisation?

18. What is your opinion on the current NGO CSA intervention strategies?

19. As part of the multi sectorial response to CSA in Zimbabwe, what would you say are the challenges faced by the NGOs, fulfilling their mandate?

20. May you please comment on the relationship between organisations involved in the VF System?

21. Given the existing policies, procedures and guidelines regarding the management of child sexual abuse in Zimbabwe, what areas do you think can be improved on?

22. In your opinion, what strategies and programme interventions that can be recommended for the prevention and management of child abuse cases in Zimbabwe?

23. Is there anything else that you would like to share with me regarding CSA in Zimbabwe?

For now I have exhausted my questions; do you have any question or comments to make?

Thank you.

Appendix K: APPROVAL LETTERS

THE LAW SOCIETY
OF ZIMBABWE

South Wing, 5th Floor, Lintas House
46 Kwame Nkrumah Avenue,
P.O. Box 2595,
Harare,
Zimbabwe

Our Reference: **WPM/rm/ GC 2015**

Your Reference:

27 April 2015

TO WHOM IT MAY CONCERN

This letter serves to confirm that Mr. Noel Muridzo has been granted clearance to interview members of the legal fraternity who are involved in legal matters involving child sexual abuse.

Mr Muridzo is a PHD Student and the results of his research may have an impact on the matters of child sexual abuse and how the courts and legal practitioners should improve their approaches in dealing with such matters.

The interviews will be conducted from May 2015 to December 2015.

Yours faithfully

W.P MANDINDE

FOR EXECUTIVE SECRETARY

Save the Children

24 Jansen Avenue,
Letombo park
Greendale
Harare
22 September 2015

Dear sir/madam

RE : PERMISSION TO INCLUDE SAVE THE CHILDREN IN AN ACADEMIC RESEARCH ON THE PHENOMENON OF CHILD ABUSE IN ZIMBABWE WITH A FOCUS ON THE VICTIM FRIENDLY SYSTEM (VFS)

Save the Children is happy to be included in the research as it would add value to its current efforts in the research area.

Save the Children is ready to discuss details of its involvement with you and in particular would appreciate to know if there would be commitments it is expected to undertake related to this work.

Yours sincerely

Patience Matambo

Director Programme Development and Quality.

Save the Children
Zimbabwe Office
221 Fife Avenue
P. O. Box 4581
Harare, Zimbabwe

Tel: +263-4-793198-9, 251724, 251739, 790338
E-mail: zimbabwe@savethechildren.org
Visit our website on: http://www.savethechildren.net

CITY OF HARARE

Director of Health Services

OR PROSPER CHONZI
MBChB, MPH,MBA

All correspondence to be addressed to the
DIRECTOR OF HEALTH SERVICES

DIRECTOR OF HEALTH SERV

Rowan Martin Building,
Civic Centre,
Pennefather Avenue,
off Rotten Row,
Harare, Zimbabwe.

P.O. Box 596
Telephone: 753326
753330/1/2
Fax: (263-4) 752093

Ref:----------

Your Ref:----------

23 February 2015

Noel Muridzo
24 Jansen Avondale
Letombo Park
Greendale
HARARE

Dear Sir

RE: PERMISSION TO INCLUDE MEDICINS SANS FRONTIERERS (MSF) IN AN ACADEMIC RESEARCH

I acknowledge receipt of your letter dated 6 February 2015.

Permission has been granted for you to include Medicins Sans Frontierers Zimbabwe (MSF) in academic research on the ***"Phenomenon of child sexual abuse in Zimbabwe"*** in City clinics that are involved in the Victim Friendly Systems (VFS)

For further assistance please liaise with the Sisters In Charge of the clinics.

Yours faithfully

DIRECTOR OF HEALTH SERVICES
PC/rm

c.c. A/Nursing Manager
c.c. S.I.C. - Clinics
Ethics

MEDECINS SANS FRONTIERES

9 Bantry Rd
Alex Park, Belgravia
Harare

11 March 2015

Attention: Mr Noel Muridzo
24 Jansen Avenue
Letombo Park
Greendale
Harare

Dear Sir,

RE: **APPLICATION FOR PERMISSION TO CARRY OUT AN ACADEMIC RESEARCH ON THE PHENOMENON OF CHILD SEXUAL ABUSE IN ZIMBABWE WITH A FOCUS ON THE VICTIM FRIENDLY SYSTEM (VFS)**

I acknowledge receipt of your letter dated 10 March 2015 and some documents for approval from respective institutions you intend to work with during your research. Permission has been granted to include MSF Belgium in your research. However, the permission is granted under the following conditions:

1) Provide MSF with the letter of clearance by your University Ethics Committee
2) Provide MSF with approval from Zimbabwe Ethical Committee (MRCZ/RCZ)
3) Share your research output with MSF

Yours Sincerely,

P.P.

F. Tezera
Head of Mission
MSF Belgium Zimbabwe Mission

+263 773302040
Msfocb-harare-hom@brussels.msf.org

MEDECINS SANS FRONTIERES EST UNE ORGANISATION HUMANITAIRE, PRIVEE ET INTERNATIONALE
ARTSEN ZONDER GRENZEN IS EEN PARTICULIERE, INTERNATIONALE, HUMANITAIRE ORGANISATIE
MEDECINS SANS FRONTIERES IS A PRIVATE, INTERNATIONAL, HUMANITARIAN ORGANISATION

ZIMBABWE REPUBLIC POLICE

Official Communications
should not be addressed
to individuals

GENERAL HEADQUARTERS, HARARE
corner 7th St./Josiah Chinamano Avenue
P.O. Box CY 34, CAUSEWAY
ZIMBABWE.

Telegrams: "COMPOL": Telephone HARARE 700171: Telex: 24328 (ZRPHQ): Fax: (263)-(4)-253212

8 May 2014

Mr Noel Muridzo
24 Janson Avenue
Letombo Park
Greendale,
Harare

PERMISION TO CONDUCT RESEARCH ON THE PHENOMENON OF CHILD SEXUAL ABUSE IN ZIMBABWE.

1. Your letter to the Commissioner General of Police dated 28 February 2014 on the above matter refers.

2. This office has been directed to inform you that authority has been granted for you to carry out the research, subject to the following conditions:

   - The research is strictly for academic purposes.
   - That no names and addresses of parties are in any way revealed in the research work.
   - That you furnish the Zimbabwe Republic Police (Victim Friendly Unit) with a final copy of your research document.

(Isabella N. SERGIO) Assistant Commissioner
Senior Staff Officer (Victim Friendly Unit)
POLICE GENERAL HEADQUARTERS

MEMORANDUM

TO : DIRECTOR GENDER

C.C ALL DIRECTORS

C.C PDO MIDLANDS PROVINCE

FROM : DIRECTOR HUMAN RESOURCES

DATE : 24 NOVEMBER 2014

SUBJECT : MR MURIDZO N. HAS BEEN GRANTED PERMISSION TO CARRY ON HIS RESEARCH IN OUR MINISTRY,ON CHILD SEXUAL ABUSE.

This memo serves to inform you that the Permanent Secretary has granted Mr. N. Muridzo permission to do his research at this Ministry.

Your cooperation is greatly appreciated.

I thank you.

MINISTRY OF WOMEN AFFAIRS GENDER & COMMUNITY DEV HUMAN RESOURCES 11 FEB 2016 P. BAG 7729, CAUSEWAY HARARE

MINISTRY OF WOMEN AFFAIRS GENDER & COMMUNITY DEV HUMAN RESOURCES 11 FEB 2016 P. BAG 7729, CAUSEWAY HARARE

253064 Direct — Gender Dpt
gender department @ gmail.com

23 March 2015

Mr. N. Muridzo
24 Jensen Avenue
Letombo Park
Greendale
Harare

Dear Mr. Noel Muridzo

Re: Application for Permission to Carry Out an Academic Research on the Phenomenon of Child Sexual Abuse in Zimbabwe with a Focus on the Victim Friendly System (VFS)

Reference is made to you letter dated 5 January 2015 and to your meeting with UNICEF on the 13th of March 2015 where you were seeking permission to interview a UNICEF staff member as part of your academic research on the phenomenon of child sexual abuse in Zimbabwe focusing on the Victim Friendly System (VFS).

Please be advised that UNICEF has authorized that you have access to talk to an officer from the Child Protection Section who is directly working with the VFS. When you are ready for an appointment do contact the office and you will be guided accordingly as to who you will talk to at the given time.

We will look forward to feedback from you as you give feedback to the other VFS members.

Sincerely

Siyma Barkin Kuzmin
OIC, Child Protection

WORLD EDUCATION

REF: WEI/COP/51/15

24 March 2015

24 Jansen Avenue
Letombo Park
Greendale
Harare

Dear Noel

RE: APPLICATION FOR PERMISSION TO CARRY OUT AN ACADEMIC RESEARCH ON THE PHENOMENON OF CHILD SEXUAL ABUSE IN ZIMBABWE WITH A FOCUS ON THE VICTIM FRIENDLY SYSTEM (VFS).

Reference is made to your letter dated 6 February 2015 in which you are requesting permission to carry out an academic research on the phenomenon of child sexual abuse in Zimbabwe focusing on Actors in the Victim Friendly System (VFS). Please be advised that permission is granted strictly on condition that the research is used for no other purpose other than academic and that you furnish World Education Inc./Bantwana with a copy of your final research document.

Please do not hesitate to contact me should you require any further assistance.

Yours sincerely,

Patience Ndlovu
Country Director

Address: 29 Lawson Avenue, Milton Park, Harare. Telephone: 251928,794620

CITY OF HARARE

Director of Health Services

DR PROSPER CHONZI
MBChB, MPH,MBA

All correspondence to be addressed to the
DIRECTOR OF HEALTH SERVICES

Ref:----------

Your Ref:----------

DIRECTOR OF HEALTH SERVICES

Rowan Martin Building,
Civic Centre,
Pennefather Avenue,
off Rotten Row,
Harare, Zimbabwe.

P.O. Box 596
Telephone: 753326
753330/1/2
Fax: (263-4) 752093

23 February 2015

Noel Muridzo
24 Jansen Avondale
Letombo Park
Greendale
HARARE

Dear Sir

RE: PERMISSION TO INCLUDE MEDICINS SANS FRONTIERERS (MSF) IN AN ACADEMIC RESEARCH

I acknowledge receipt of your letter dated 6 February 2015..

You will be required to pay USD50.00 administration fee prior to commencement of the study. The fee is payable to City Health Department, 6th floor, Rowan Martin Building.

Please be also advised that it is our institutional policy that written permission should be sought from the department prior to any presentation or publication of research findings.

Yours faithfully

DIRECTOR OF HEALTH SERVICES
IM/rm

c.c. Ethics Committee

Telephone: (263 4) 774586/7/8,
(263 4) 774600
Fax: (263 4) 777049
Telegrams "YULELOGS"

ZIMBABWE

Zimbabwe

NATIONAL PROSECUTING AUTHORITY
Private Bag 7714
CAUSEWAY

Our Ref:

Your Ref:

21 May 2015

Noel Muridzo
24 Jansen Avenue
Letombo Park
Greendale
Harare

RE: REQUEST TO ACCESS OUR ORGANISATION'S REPRESENTATIVE ON THE VFS NATIONAL AND REGIONAL COMMITTEES ON THE VICTIM FRIENDLY SYSTEM (VFS)

The above subject matter refers.

We would like to kindly advise you that your request is granted so you proceed to Rotten Row Magistrates Court, Harare with this letter and see Mr Murombedzi our Area Public Prosecutor who will assist you.

We therefore look forward to getting a copy of your report.

DIRECTOR
PUBLIC PROSECUTION
21 MAY 2015

N MUTSONZIWA
DEPUTY NATIONAL DIRECTOR OF PUBLIC PROSECUTIONS

Telephone: (263 4) 774586/7/8,
(263 4) 774600
Fax: (263 4) 777049
Telegrams "YULELOGS"

ZIMBABWE

Zimbabwe

NATIONAL PROSECUTING AUTHORITY
Private Bag 7714
CAUSEWAY

Our Ref:

Your Ref:

21 May 2015

Noel Muridzo
24 Jansen Avenue
Letombo Park
Greendale
Harare

RE: REQUEST TO ACCESS OUR ORGANISATION'S REPRESENTATIVE ON THE VFS NATIONAL AND REGIONAL COMMITTEES ON THE VICTIM FRIENDLY SYSTEM (VFS)

The above subject matter refers.

We would like to kindly advise you that your request is granted so you proceed to Rotten Row Magistrates Court, Harare with this letter and see Mr Murombedzi our Area Public Prosecutor who will assist you.

We therefore look forward to getting a copy of your report.

DIRECTOR
PUBLIC PROSECUTION
21 MAY 2015

N MUTSONZIWA
DEPUTY NATIONAL DIRECTOR OF PUBLIC PROSECUTIONS

CM/CORRESPONDENCE GENERAL/14
Our Ref.:

Your Ref.:

Telephone: 772995/6
Telegrams: "YULELOGS"

ZIMBABWE

JUDICIAL SERVICE COMMISSION
CHIEF MAGISTRATE'S OFFICE
Private Bag 7704
Causeway, Harare
Zimbabwe

28 March 2014

Mr Noel Muridzo
24 Jansen
Letombo Park
Greendale
Harare

RE: REQUEST FOR AUTHORITY TO CONDUCT RESEARCH : N. MURIDZO : PHD STUDENT : UNIVERSITY OF WITWATERSRAND : SOUTH AFRICA

Your letter dated 21st March 2014 on the above matter refers.

Authority is hereby granted for you to conduct research on the topic "*An exploration of the phenomenon of child sexual abuse in Zimbabwe*" at the Harare Magistrates Court Victim Friendly Court subject to the following conditions:

1. You will only be given access to records of completed/finalised cases, with such ac cess being under close supervision of the Clerk of Court.

2. That no names of parties involved must, in any way be revealed in the research work but you can use letter of the alphabet e.g. 'X' or 'Y' when referring to any party.

HUMAN RESOURCES
JUDICIAL SERVICE COMMISSION
CHIEF MAGISTRATE OFFICE
31 MAR 2014
P. BAG 7704, CAUSEWAY
ZIMBABWE TEL: 4-772995/6

Sndima
S. Ndima
For : CHIEF MAGISTRATE

FAMILY SUPPORT TRUST

CENTRAL OFFICE

HARARE CENTRAL
Family Support Clinic
Children's Rehab. Unit
P. O. Box ST 506
Southerton, Harare
Tel: 263 4 668056 / 7
Fax: 263 4 668057
E-mail: fstadmin@mweb.co.zw
Website:www.kubatana/fst.com

CHITUNGWIZA CENTRAL HOSPITAL
Family Support Clinic
Paediatric Division
P. O. Box CZA245
Chitungwiza
Tel: 0270 - 22614
0270-31138 ext 2155
fstchit@mweb.co.zw

HOSPITALS

BEITBRIDGE HOSPITAL
Family Support Clinic
P.O. Box 57
Beitbridge
0286 - 23848
Email.fstbb@mweb.co.zw

MUTARE PROVINCIAL
Mother & Child Health U
P. O. Box 30
Mutare
Tel: 263 (020) 65975
Email: mutarefsc@zol.co

20 October 2015

Mr Noel Muridzo,

24 Jansen Avenue

Letombo Park

Harare

Dear Mr Muridzo,

REQUEST TO DO AN EXPLORATION OF THE PHENOMENON OF CHILD SEXUAL ABUSE IN ZIMBABWE

With reference to your letter of 7 September 2015 sharing your approvals from the Medical Research Council and the University of the Witwatersrand, Johannesburg, it is my pleasure to advise that the Board of Family Support Trust has approved your request. A copy of their approval is attached for your records.

By copy this communication, you are advised to make relevant appointments with our staff at Harare and Chitungwiza clinics that I believe are both accessible to you. We look forward to your sharing of your draft findings and final reports for our review and records respectively.

We look forward to working with you.

Yours sincerely,

Effie S. M. Malianga (Mrs),

DIRECTOR

CC Mrs M. Nhamo, Clinic Manager, Harare FST clinic.

Mrs I. Mupa, Clinic Manager, Chitungwiza FST clinic

Plan Zimbabwe
Pvt Bag HG 7232, Highlands
7 Lezard Avenue
Milton
Harare
Zimbabwe

T +263 4 791601-4
F +263 4 707902
www.plan-international.org

10 March 2015

Plan International Zimbabwe
Pvt Bag HG 7232, Highlands
Harare, Zimbabwe
R 2015 -03- 06
T +263 4 [illegible]3-5
F+263 4 796283
www.plan-international.org
Plan
Be a part of it

Noel Muridzo
24 Jansen Avenue
Letombo Park
Greendale
Harare

Dear Sir

RE: PERMISSION TO CARRY AN ACADEMIC RESEARCH ON THE PHENOMENON OF CHILD SEXUAL ABUSE IN ZIMBABWE WITH A FOCUS ON THE VICTIM FRIENDLY SYSTEM (VFS)

This letter serves to inform you that Plan Zimbabwe to give you permission to access the organisation's representatives on the VFS at national and regional committees. The following conditions will apply;

- You will make appointments prior to interviewing the organisation's representatives.
- You will share the completed research with Plan Zimbabwe

For future communication on your research efforts please communicate with our Child Rights and Protection Advisor on **tholakele.ndhlovu@plan-international.org**

Yours Faithfully

ACTING COUNTRY DIRECTOR

National Organisations Australia Belgium Canada Denmark Finland France Germany Japan Korea Netherlands Norway Spain Sweden United Kingdom United States
Program countries Albania Bangladesh Benin Bolivia Brazil Burkina Faso Cambodia Cameroon China Colombia Dominican Republic Ecuador Egypt El Salvador Ethiopia Ghana Guatemala Guinea Guinea Bissau Haiti Honduras India Indonesia Kenya Malawi Mali Nepal Nicaragua Niger Pakistan Paraguay Peru Philippines Senegal Sierra Leone Sri Lanka Sudan Tanzania Thailand Togo Uganda Vietnam Zambia Zimbabwe

Registered with The Government of the Republic o f Zimbabwe as FPPI Ltd

FAMILY SUPPORT TRUST

CENTRAL OFFICE

HARARE CENTRAL
Family Support Clinic
Children's Rehab. Unit
P. O. Box ST 506
Southerton, Harare
Tel: 263 4 668056 / 7
Fax: 263 4 668057
E-mail: fstadmin@mweb.co.zw
Website:www.kubatana/fst.com

CHITUNGWIZA CENTRAL HOSPITAL
Family Support Clinic
Paediatric Division
P. O. Box CZA245
Chitungwiza
Tel: 0270 - 22614
0270-31138 ext 2155
fstchit@mweb.co.zw

HOSPITALS

BEITBRIDGE HOSPITAL
Family Support Clinic
P.O. Box 57
Beitbridge
0286 - 23848
Email.fstbb@mweb.co.zw

MUTARE PROVINCIAL
Mother & Child Health Unit
P. O. Box 30
Mutare
Tel: 263 (020) 65975
Email: mutarefsc@zol.co.zw

7 October 2015

To All Board Members

Dear Board Members,

RE: REQUEST FOR APPROVAL TO DO AN EXPLORATION OF THE PHENOMENON OF CHILD SEXUAL ABUSE IN ZIMBABWE

Further to my emails requesting for your approval of the above study which you all approved. I am therefore requesting for your signatures to this effect for our records. Please kindly indicate your endorsement by signing below:

Honourable Justice E Makamure

Endorsed\~~Not Endorsed~~..... Date.....7/10/15.....

Dr G Powell

Endorsed\~~Not Endorsed~~..... Date.....7/10/15.....

Mrs V Chiwaridzo

Endorsed\~~Not Endorsed~~..... Date.....7/10/2015.....

Mrs M Mushunje

Endorsed\Not Endorsed..... Date.....7/10/2015.....

SA **Commissioner I Sergio**

Endorsed\~~Not Endorsed~~..... Date.....07/10/.....

P. N.O Godzongere

(Endorsed)\Not Endorsed..... Date.....07.10.15.....

Ministry of Local Government, Public Works and National Housing

Telephone 263 4 707615
Fax 263 4 797706
Ref: ADM/23/8

The Office of The Secretary
P. Bag 7755
Causeway,
HARARE

ZIMBABWE

2 February 2015

MIN. OF LOCAL GOVT, PUBLIC WORKS AND NATIONAL HOUSING
HUMAN RESOURCES S...
03 FEB 2015
P. BAG 7706, CAUSEWAY
ZIMBABWE TEL: 04-793700

Noel Muridzo
University of Witwatersrand

NOEL MURIDZO: UNIVERSITY OF WITWATERSRAND STUDENT: REQUEST FOR AUTHORITY TO UNDERTAKE AN ACADEMIC RESEARCH:

The above subject matter refers;

It is my pleasure to advice you that the Head of Ministry has approved your application to undertake a field research within the Ministry.

Please be advised that the research findings should not be subjected to external consumption and must be solely used for academic purposes only. You are mandated to complete the Official Secret Act before commencement of the research project. Moreover, the final copy of the research findings should be submitted to the Office of the Secretary upon completion.

It is our hope that the research findings will help the Ministry in coming up with relevant strategies and actions in the study area undertaken.

I. Chazuka
For: Secretary for Local Government, Public Works and National Housing

Harare Office: 17 Fife Avenue
P.O. Box CY 473 Causeway
Harare, Zimbabwe
Tel: +263 -4-706 676/708 491
Fax:+263 -4- 706 820
Email:zwla@zwla.co.zw
Website:www.zwla.co.zw

ZWLA
ZIMBABWE WOMEN LAWYERS ASSOCIATION
Justice and Equality for All

Bulawayo Office: 134 J. Tongogara St.
Cnr. 14th Avenue
Bulawayo, Zimbabwe
Tel: +263 -9-887 184 / 887 187
Fax:+263 -9- 888 001
Email:zwlabyo@zwla.co.zw

Noel Muridzo
24 Jansen Avenue
Letombo Park
Greendale
Harare

Dear Mr Noel Muridzo

Ref: **Ref: APPLICATION FOR PERMISSION TO CARRY OUT AN ACADEMIC RESEARCH ON THE PHENOMENON OF CHILD SEXUAL ABUSE IN ZIMBABWE WITH A FOCUS ON THE VICTIM FRIENDLY SYSTEM (VFS).**

I acknowledge receipt of your letter dated 14 January 2015 regarding the above subject.

Permission has been granted for you to include ZWLA in your research. However permission is granted under the following conditions:

1. You shall share the research output with ZWLA.
2. You shall share with us your timetable to enable us to put you in contact with our provincial offices.

Yours sincerely
A. Matsvayi

Acting Director

Care At The Core of Humanity

1775 Clara Road
New Marlborough
Harare
Tel: 04 331024/0775292151
catchtrust@gmail.com
www.catch.co.zw

OUR REF: MC/cn
YOUR REF: NM

8 May 2015

ATTENTION: MR. N MURIDZO
24 Jansen Avenue
Letombo Park
Greendale
HARARE

Dear Sir,

REF: REQUEST FOR ACCESS TO CATCH REPRESENTATIVES ON THE VFS

The above matter refers.

I would like to inform you that your request has been approved on the following conditions:

- Any information provided by the organisation will not be published without the express approval of the Executive Director
- The identities of our clients will be protected
- No photographs will be taken
- To share your findings with CATCH

Yours Sincerely

.....
Maxwell Chambari
Executive Director

CATCH
PVO 35/12
08 MAY 2015
1775 CLARA ROAD
NEW MALBOROUGH, HARARE
TELEPHONE: 04-331024

All communications should be addressed to "The Secretary for Primary and Secondary Education"
Telephone: 734051/59 and 734071
Telegraphic address : "EDUCATION"
Fax: 734075

ZIMBABWE

Reference: C/426/3
Ministry of Primary and Secondary Education
P.O Box CY 121
Causeway
HARARE
ZIMBABWE

12 January 2015

Mr Noel Muridzo
24 Jansen Avenue
Letombo Park
Greendale
Harare

RE: PERMISSION TO CARRY OUT RESEARCH IN ZIMBABWE: MINISTRY OF PRIMARY AND SECONDARY EDUCATION: HEAD OFFICE

Reference is made to your application to carry out a research at the above mentioned Ministry on the research title:

"THE PHENOMENON OF CHILD SEXUAL ABUSE IN ZIMBABWE WITH A FOCUS ON THE VICTIM FRIENDLY SYSTEMS"

Permission is hereby granted. However, you are required to liaise with the Director, who are responsible for the divisions which you want to involve in your research.

You are required to provide a copy of your final report to the Secretary for Primary and Secondary Education by December 2018.

M.T. Madzinga (Mrs)
Acting Director: Policy Planning, Research and Development
For: **SECRETARY FOR PRIMARY AND SECONDARY EDUCATION**
cc: PED – Mashonaland West Province

Leonard Cheshire Zimbabwe Trust
'Creating opportunities for people with disabilities'
Notarial Deed of Trust MA1870/2009

15 January 2015

Attention: Mr. Noel Muridzo
24 Jansen Avenue,
Letombo Park
Greendale
Harare

RE: **APPLICATION FOR PERMISSION TO CARRY OUT AN ACADEMIC RESEARCH ON THE PHENOMENON OF CHILD SEXUAL ABUSE IN ZIMBABWE WITH A FOCUS ON THE VICTIM FRIENDLY SYSTEM (VFS)**

We acknowledge receipt of your request (dated 24 November 2014) for Leonard Cheshire Disability Zimbabwe Trust (LCDZT) to participate in your academic research on, **'The Phenomenon Of Child Sexual Abuse In Zimbabwe With A Focus On The Victim Friendly System (VFS)'.** You are therefore, being advised that permission to include LCDZT in your sample of respondents as a stakeholder in the Victim Friendly System is granted. However, the permission is granted under the following conditions:

1. The research will be strictly for academic purposes
2. No names of LCDZT's participating staff members and beneficiaries will be revealed in the research work or report
3. You will provide LCDZT with a copy of your final research report/thesis

Sincerely

B. A. Chikwanha
(Executive Director)

Leonard Cheshire Disability
Zimbabwe Trust
2015 -01- 15
188 Westwood Drive, Kambuzuma
Harare, Zimbabwe
Tel: 04 - 2925455, 2928109
Mobile: 0777 026 695

Chairman: Clemence Muzondo **Treasurer:** Solomon Magede
Executive Director: Ben Chikwanha
188 Westwood Drive, Kambuzuma, Box 11, Kambuzuma, Harare
Tel: +263 (4) 2925455 /2928109

A member of The Leonard Cheshire Disability Global Alliance
The square is a registered trademark of Leonard Cheshire Disability Global Alliance which has licensed its use by Leonard Cheshire Zimbabwe Trust

Telephone: 703891/3
Telegram: "SECPRES"

ZIMBABWE

Reference: S/various

MINISTRY OF INFORMATION, MEDIA AND BROADCASTING SERVICES
P.O. Box CY1276
Causeway
Harare

3rd March 2015

24 Jansen Avenue
Letombo Park
Greendale
HARARE

Attention: Mr. N. Muridzo

RE: ACADEMIC RESEARCH ON THE PHENOMENON OF CHILD SEXUAL ABUSE IN ZIMBABWE WITH A FOCUS ON THE VICTIM FRIENDLY SYSTEM (VFS): PERMISSION TO ACCESS MINISTRY OFFICIALS

The Ministry of Information, Media and Broadcasting Services acknowledges receipt of your communication on the above matter. We are happy to advise that permission has been granted to you to access the Ministry's representatives on the VFS National and Regional Committees for the purposes on your academic research.

The details of the representatives are as follows:

1. Mr. Blessing Muchineuta: Information Officer, +263 712 236 449 or +263 4 764088

2. Mrs. Kerita Chinoda: Information Officer, +263 712 237 238 or +263 4 701437

The Ministry of Information, Media and Broadcasting Services remains at your disposal for any further assistance.

Yours sincerely

I. M. Gurira (Dr)
For: Secretary for Information, Media and Broadcasting Services

Ref: CD/UNFPA/Gender/17/LT033

21 March 2015

Ref: APPLICATION FOR PERMISSION TO CARRY OUT AN ACADEMIC RESEARCH ON THE PHENOMENON OF CHILD SEXUAL ABUSE IN ZIMBABWE WITH A FOCUS ON THE VICTIM FRIENDLY SYSTEM (VFS).

We refer to your letter dated 14 January 2015 regarding the above subject.
Permission has been granted for you to include UNFPA in an academic research entailed **'The phenomenon of child sexual abuse in Zimbabwe.'**
We grant permission subject you comply with the following requirements:

- The use of intellectual property belonging to UNFPA shall be properly acknowledged and referenced.
- Confidential information will be treated as such
- The researcher will comply with applicable ethical standards
- A copy of the complete research paper will be availed to UNFPA

Yours sincerely,

Choice Damiso (Gender programmes Specialist)

Block 7, 1st Floor, Arundel Office Park, Norfolk Road, Mt Pleasant, P.O. Box 4775, Harare
Telephones: 338836-44, 0912572870 – 73, 0912125381, Fax: 338773; Email: mailzwe@unfpa.org

CHILDLINE ZIMBABWE

CHILDLINE HARARE
31 Frank Johnson Avenue, Eastlea
P O box CY1400, Causeway, Harare
Tel: +263 (4) 796741, (4) 793715
Fax: +263 (4) 252000
Email: reception@childline.org.zw, Website: www.childline.org.zw

HELP US TO HELP THEM

CHILDLINE BULAWAYO
34A Samuel Parirenyatwa Street
P O box 1795, Bulawayo
Tel: +263 (9) 888891
Fax: +263 (9) 880052
Email: receptionbyo@childline.org.zw

12 March 2015

Dear Mr. Muridzo,

This is to confirm that your request to undertake research within Childline has been approved.

The approval has been granted with the following conditions;

a) All the information provided shall be used for purposes outlined in your request letter only.
b) You shall share with us the final document before submission / publication.
c) This authorization is valid for the duration of this specific study only.

Lastly, as advised in the meeting, Ratidzai Moyo - Childline National Case Manager (Copied in) is your point person for the research and she can be contacted on casemanager@childline.org.zw or 04 - 252 000.

Kind Regards,

.....

Macbeth Makarutse Makoni
HR/Admin
Childline Zimbabwe
31 Frank-Johnson Avenue
Eastlea
Harare
+263 773 067 313
+263 (4) 252 000
Skype; macbeth.makoni1

cc. Stella Motsi – National Director

Official communications
should
Not be addressed to
individuals

Telephone: Harare 790871-6
Telegraphic Address: 'WELMIN
Fax:796080/

ZIMBABWE

DEPARTMENT OF CHILD WELFARE AND PROTECTION SERVICES
Compensation House
Cnr 4th Street/Central Avenue
P.O. Box CY 7707
Causeway
Zimbabwe

SW 12/5

8 October 2015

Noel Muridzo
24 Jansen Avenue
Letombo Park
Greendale
Harare

RE: PERMISSION TO INTERVIEW THE DEPARTMENT OF CHILD WELFARE AND PROTECTION SERVICES REPRESENTATIVES ON THE VICTIM FRIENDLY UNIT

Receipt of your letter dated 2 October 2015 with the above mentioned matter is acknowledged.

Please be advised that permission is hereby granted for you to interview the District Child Welfare officers for Harare and Gokwe on the Victim Friendly System at National and Sub Region.

The permission is granted **STRICTLY** on condition that the research is for academic purposes only and not for publicity and that the identity of participating children will be protected.

You kindly requested to submit a copy of your final research document to the Department of Child Welfare and Probation Services upon your completion.

T.A.Chinake
DIRECTOR- CHILD WELFARE AND PROTECTION SERVICES

Official communications
should
Not be addressed to
individuals

Telephone: Harare 790871-6
Telegraphic Address: 'WELMIN
Fax:796080/

ZIMBABWE

DEPARTMENT OF CHILD WELFARE AND PROTECTION SERVICES
Compensation House
Cnr 4th Street/Central Avenue
P.O. Box CY 7707
Causeway
Zimbabwe

SW 12/5

8 October 2015

Noel Muridzo
24 Jansen Avenue
Letombo Park
Greendale
Harare

RE: PERMISSION TO INTERVIEW THE DEPARTMENT OF CHILD WELFARE AND PROTECTION SERVICES REPRESENTATIVES ON THE VICTIM FRIENDLY UNIT

Receipt of your letter dated 2 October 2015 with the above mentioned matter is acknowledged.

Please be advised that permission is hereby granted for you to interview the District Child Welfare officers for Harare and Gokwe on the Victim Friendly System at National and Sub Region.

The permission is granted **STRICTLY** on condition that the research is for academic purposes only and not for publicity and that the identity of participating children will be protected.

You kindly requested to submit a copy of your final research document to the Department of Child Welfare and Probation Services upon your completion.

T.A.Chinake
DIRECTOR- CHILD WELFARE AND PROTECTION SERVICES

Official communications should

Not be addressed to individuals

———

MINISTRY OF PUBLIC SERVICE,
LABOUR AND SOCIAL WELFARE

Compensation House

Cnr 4th Street/Central Avenue

P.O. Box CY 7707

Causeway

Zimbabwe

ZIMBABWE

Telephone: Harare 790871-6

Telegraphic Address: 'WELMIN

Fax:796080/

SW 12/5/169

21 March 2014

Noel Muridzo
24 Jansen A venue
Letombo Park
Greendale
Harare

RE: PERMISSION TO CARRY OUT AN ACADEMIC RESEARCH ON THE PHENOMENON OF CHILD SEXUAL ABUSE IN ZIMBABWE WITH A FOCUS ON THE VICTIM FRIENDLY SYSTEM (VFS).

Please be advised that permission is hereby granted for you to carry out your research study.

The permission is granted **STRICTLY** on condition that the research is for academic purposes only and not for publicity and that the identity of participating children will be protected. Furnish the Department of Child Welfare and Probation Services with a copy of your final research document.

pp T.A. Chinake

A/DIRECTOR OF CHILD WELFARE AND PROBATION SERVICES

Our Ref.: CM/CORRESPONDENCE GENERAL/14

Your Ref.:

Telephone: 772995/6
Telegrams: "YULELOGS"

ZIMBABWE

JUDICIAL SERVICE COMMISSION
CHIEF MAGISTRATE'S OFFICE
Private Bag 7704
Causeway, Harare
Zimbabwe

28 March 2014

Mr Noel Muridzo
24 Jansen
Letombo Park
Greendale
Harare

RE: REQUEST FOR AUTHORITY TO CONDUCT RESEARCH : N. MURIDZO : PHD STUDENT : UNIVERSITY OF WITWATERSRAND : SOUTH AFRICA

Your letter dated 21st March 2014 on the above matter refers.

Authority is hereby granted for you to conduct research on the topic "*An exploration of the phenomenon of child sexual abuse in Zimbabwe*" at the Harare Magistrates Court Victim Friendly Court subject to the following conditions:

1. You will only be given access to records of completed/finalised cases, with such ac cess being under close supervision of the Clerk of Court.

2. That no names of parties involved must, in any way be revealed in the research work but you can use letter of the alphabet e.g. 'X' or 'Y' when referring to any party.

HUMAN RESOURCES
JUDICIAL SERVICE COMMISSION
CHIEF MAGISTRATE OFFICE
31 MAR 2014
P. BAG 7704, CAUSEWAY
ZIMBABWE TEL: 4-772995/6

Sdima
S. Ndima
For : CHIEF MAGISTRATE

CM/CORRESPONDENCE GENERAL/14
Our Ref.:

Your Ref.:

Telephone: 772995/6
Telegrams: "YULELOGS"

ZIMBABWE

JUDICIAL SERVICE COMMISSION
CHIEF MAGISTRATE'S OFFICE
Private Bag 7704
Causeway, Harare
Zimbabwe

28 March 2014

Mr Noel Muridzo
24 Jansen
Letombo Park
Greendale
Harare

RE: REQUEST FOR AUTHORITY TO CONDUCT RESEARCH : N. MURIDZO : PHD STUDENT : UNIVERSITY OF WITWATERSRAND : SOUTH AFRICA

Your letter dated 21st March 2014 on the above matter refers.

Authority is hereby granted for you to conduct research on the topic "*An exploration of the phenomenon of child sexual abuse in Zimbabwe*" at the Harare Magistrates Court Victim Friendly Court subject to the following conditions:

1. You will only be given access to records of completed/finalised cases, with such ac cess being under close supervision of the Clerk of Court.

2. That no names of parties involved must, in any way be revealed in the research work but you can use letter of the alphabet e.g. 'X' or 'Y' when referring to any party.

HUMAN RESOURCES
JUDICIAL SERVICE COMMISSION
CHIEF MAGISTRATE OFFICE
31 MAR 2014
P. BAG 7704, CAUSEWAY
ZIMBABWE TEL: 4-772995/6

S. Ndima
For : CHIEF MAGISTRATE

Plan Zimbabwe
Pvt Bag HG 7232, Highlands
7 Lezard Avenue
Milton
Harare
Zimbabwe

T +263 4 791601-4
F +263 4 707902
www.plan-international.org

10 March 2015

Plan International Zimbabwe
Pvt Bag HG 7232, Highlands
Harare, Zimbabwe
R 2015 -03- 06
T +263 4 [illegible]3-5
F+263 4 796283
www.plan-international.org
Plan
Be a part of it

Noel Muridzo
24 Jansen Avenue
Letombo Park
Greendale
Harare

Dear Sir

RE: PERMISSION TO CARRY AN ACADEMIC RESEARCH ON THE PHENOMENON OF CHILD SEXUAL ABUSE IN ZIMBABWE WITH A FOCUS ON THE VICTIM FRIENDLY SYSTEM (VFS)

This letter serves to inform you that Plan Zimbabwe to give you permission to access the organisation's representatives on the VFS at national and regional committees. The following conditions will apply;

- You will make appointments prior to interviewing the organisation's representatives.
- You will share the completed research with Plan Zimbabwe

For future communication on your research efforts please communicate with our Child Rights and Protection Advisor on **tholakele.ndhlovu@plan-international.org**

Yours Faithfully

ACTING COUNTRY DIRECTOR

National Organisations Australia Belgium Canada Denmark Finland France Germany Japan Korea Netherlands Norway Spain Sweden United Kingdom United States
Program countries Albania Bangladesh Benin Bolivia Brazil Burkina Faso Cambodia Cameroon China Colombia Dominican Republic Ecuador Egypt El Salvador Ethiopia Ghana Guatemala Guinea Guinea Bissau Haiti Honduras India Indonesia Kenya Malawi Mali Nepal Nicaragua Niger Pakistan Paraguay Peru Philippines Senegal Sierra Leone Sri Lanka Sudan Tanzania Thailand Togo Uganda Vietnam Zambia Zimbabwe

Registered with The Government of the Republic o f Zimbabwe as FPPI Ltd

Telephone: (263 4) 774586/7/8,
(263 4) 774600
Fax: (263 4) 777049
Telegrams "YULELOGS"

ZIMBABWE

NATIONAL PROSECUTING AUTHORITY
Private Bag 7714
CAUSEWAY
Zimbabwe

Our Ref:

Your Ref:

21 May 2015

Noel Muridzo
24 Jansen Avenue
Letombo Park
Greendale
Harare

RE: REQUEST TO ACCESS OUR ORGANISATION'S REPRESENTATIVE ON THE VFS NATIONAL AND REGIONAL COMMITTEES ON THE VICTIM FRIENDLY SYSTEM (VFS)

The above subject matter refers.

We would like to kindly advise you that your request is granted so you proceed to Rotten Row Magistrates Court, Harare with this letter and see Mr Murombedzi our Area Public Prosecutor who will assist you.

We therefore look forward to getting a copy of your report.

DIRECTOR
PUBLIC PROSECUTION
21 MAY 2015

N MUTSONZIWA
DEPUTY NATIONAL DIRECTOR OF PUBLIC PROSECUTIONS

Appendix L: ETHICS CLEARANCES

Telephone: 791792/791193
Telefax: (263) - 4 - 790715
E-mail: mrcz@mrcz.org.zw
Website: http://www.mrcz.org.zw

Medical Research Council of Zimbabwe
Josiah Tongogara / Mazoe Street
P. O. Box CY 573
Causeway
Harare

APPROVAL

REF: MRCZ/A/1969 **27 August 2015**

Noel Garikai Muridzo
University of Witswatersrand
School of Human and Community Development
Department of Social Work
South Africa

RE: An exploration of the phenomenon of Child Sexual Abuse in Zimbabwe

Thank you for the application for review of Research Activity that you submitted to the Medical Research Council of Zimbabwe (MRCZ). Please be advised that the Medical Research Council of Zimbabwe has **reviewed** and **approved** your application to conduct the above titled study.

This approval is based on the review and approval of the following documents that were submitted to MRCZ for review:-

a) Study proposal

- **APPROVAL NUMBER : MRCZ/A/1969**

This number should be used on all correspondence, consent forms and documents as appropriate.

- **TYPE OF MEETING : Full Board**
- **EFFECTIVE APPROVAL DATE : 27 August 2015**
- **EXPIRATION DATE : 26 August 2016**

After this date, this project may only continue upon renewal. For purposes of renewal, a progress report on a standard form obtainable from the MRCZ Offices should be submitted three months before the expiration date for continuing review.

- **SERIOUS ADVERSE EVENT REPORTING**: All serious problems having to do with subject safety must be reported to the Institutional Ethical Review Committee (IERC) as well as the MRCZ within 3 working days using standard forms obtainable from the MRCZ Offices or website.
- **MODIFICATIONS**: Prior MRCZ and IERC approval using standard forms obtainable from the MRCZ Offices is required before implementing any changes in the Protocol (including changes in the consent documents).
- **TERMINATION OF STUDY**: On termination of a study, a report has to be submitted to the MRCZ using standard forms obtainable from the MRCZ Offices or website.
- **QUESTIONS**: Please contact the MRCZ on Telephone No. (04) 791792, 791193 or by e-mail on mrcz@mrcz.org.zw

Other

- Please be reminded to send in copies of your research results for our records as well as for Health Research Database.
- You're also encouraged to submit electronic copies of your publications in peer-reviewed journals that may emanate from this study.

Yours Faithfully

.....

MRCZ SECRETARIAT
FOR CHAIRPERSON
MEDICAL RESEARCH COUNCIL OF ZIMBABWE

MEDICAL RESEARCH COUNCIL OF ZIMBABWE
2015 -09- 27
APPROVED
P.O. BOX CY 573 CAUSEWAY, HARARE

Telephone: 791792/791193
Telefax: (263) - 4 - 790715
E-mail: mrcz@mrcz.org.zw
Website: http://www.mrcz.org.zw

Medical Research Council of Zimbabwe
Josiah Tongogara / Mazoe Street
P. O. Box CY 573
Causeway
Harare

CONTINUING APPROVAL LETTER

REF: MRCZ/A/1969 **07 July 2016**

Noel Garikai Muridzo
University of Witwatersrand
School of Human and Community Development
Department of Social Work
South Africa

RE: An exploration of the phenomenon of Child Sexual Abuse in Zimbabwe

Thank you for the application for review of Research Activity that you submitted to the Medical Research Council of Zimbabwe (MRCZ). Please be advised that the Medical Research Council of Zimbabwe has **reviewed** and **approved** your application to continue conducting the above titled study.

Thisapproval is based on the review and approval of the following documents that were submitted to MRCZ for review:-

a) Completed MRCZ Form 102

- **APPROVAL NUMBER : MRCZ/A/1969**

This number should be used on all correspondence, consent forms and documents as appropriate.

- **TYPE OF MEETING : Expedited**
- **EFFECTIVE APPROVAL DATE : 27 August 2016**
- **EXPIRATION DATE : 26 August 2017**

After this date, this project may only continue upon renewal. For purposes of renewal, a progress report on a standard form obtainable from the MRCZ Offices should be submitted three months before the expiration date for continuing review.

- **SERIOUS ADVERSE EVENT REPORTING**: All serious problems having to do with subject safety must be reported to the Institutional Ethical Review Committee (IERC) as well as the MRCZ within 3 working days using standard forms obtainable from the MRCZ Offices or website.
- **MODIFICATIONS**: Prior MRCZ and IERC approval using standard forms obtainable from the MRCZ Offices is required before implementing any changes in the Protocol (including changes in the consent documents).
- **TERMINATION OF STUDY**: On termination of a study, a report has to be submitted to the MRCZ using standard forms obtainable from the MRCZ Offices or website.
- **QUESTIONS**: Please contact the MRCZ on Telephone No. (04) 791792, 791193 or by e-mail on mrcz@mrcz.org.zw

Other

- Please be reminded to send in copies of your research results for our records as well as for Health Research Database.
- You're also encouraged to submit electronic copies of your publications in peer-reviewed journals that may emanate from this study.

Yours Faithfully

.....

MRCZ SECRETARIAT
FOR CHAIRPERSON
MEDICAL RESEARCH COUNCIL OF ZIMBABWE

MEDICAL RESEARCH COUNCIL OF ZIMBABWE
2016 -08- 27
APPROVED
P.O. BOX CY 573 CAUSEWAY, HARARE

PROMOTING THE ETHICAL CONDUCT OF HEALTH RESEARCH

Telephone: 791792/791193
Telefax: (263) - 4 - 790715
E-mail: mrcz@mrcz.org.zw
Website: http://www.mrcz.org.zw

Medical Research Council of Zimbabwe
Josiah Tongogara / Mazoe Street
P. O. Box CY 573
Causeway
Harare

CONTINUING APPROVAL LETTER

REF: MRCZ/A/1969 **19 July 2016**

Noel Garikai Muridzo
University of Witwatersrand
School of Human and Community Development
Department of Social Work
South Africa

RE: An exploration of the phenomenon of Child Sexual Abuse in Zimbabwe

Thank you for the application for review of Research Activity that you submitted to the Medical Research Council of Zimbabwe (MRCZ). Please be advised that the Medical Research Council of Zimbabwe has **reviewed** and **approved** your application to continue conducting the above titled study.

Thisapproval is based on the review and approval of the following documents that were submitted to MRCZ for review:-

a) Completed MRCZ Form 102

- **APPROVAL NUMBER : MRCZ/A/1969**

This number should be used on all correspondence, consent forms and documents as appropriate.

- **TYPE OF MEETING : Expedited**
- **EFFECTIVE APPROVAL DATE : 27 August 2017**
- **EXPIRATION DATE : 26 August 2018**

After this date, this project may only continue upon renewal. For purposes of renewal, a progress report on a standard form obtainable from the MRCZ Offices should be submitted three months before the expiration date for continuing review.

- **SERIOUS ADVERSE EVENT REPORTING**: All serious problems having to do with subject safety must be reported to the Institutional Ethical Review Committee (IERC) as well as the MRCZ within 3 working days using standard forms obtainable from the MRCZ Offices or website.
- **MODIFICATIONS**: Prior MRCZ and IERC approval using standard forms obtainable from the MRCZ Offices is required before implementing any changes in the Protocol (including changes in the consent documents).
- **TERMINATION OF STUDY**: On termination of a study, a report has to be submitted to the MRCZ using standard forms obtainable from the MRCZ Offices or website.
- **QUESTIONS**: Please contact the MRCZ on Telephone No. (04) 791792, 791193 or by e-mail on mrcz@mrcz.org.zw

Other

- Please be reminded to send in copies of your research results for our records as well as for Health Research Database.
- You're also encouraged to submit electronic copies of your publications in peer-reviewed journals that may emanate from this study.

Yours Faithfully

.....

MRCZ SECRETARIAT
FOR CHAIRPERSON
MEDICAL RESEARCH COUNCIL OF ZIMBABWE

MEDICAL RESEARCH COUNCIL OF ZIMBABWE
2017 -08- 27
APPROVED
P.O. BOX CY 573 CAUSEWAY, HARARE

PROMOTING THE ETHICAL CONDUCT OF HEALTH RESEARCH

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49: Muridzo

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H15/02/20**
PROJECT TITLE	Exploration of the phenomenon of child sex abuse in Zimbabwe
INVESTIGATOR(S)	Mr N Muridzo
SCHOOL/DEPARTMENT	Human & Community Development/Social Work
DATE CONSIDERED	20 February 2015
DECISION OF THE COMMITTEE	Approved unconditionally
EXPIRY DATE	19 March 2017
DATE 11 March 2015	CHAIRPERSON (Professor T Milani)

Chairperson: Dr V Chikadze

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and ONE COPY returned to the Secretary at Room 10-005, 10th Floor, Senate House on Monday.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

Signature

11/03/15
Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Muridzo

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H15/02/20**
PROJECT TITLE	Exploration of the phenomenon of child sex abuse in Zimbabwe
INVESTIGATOR(S)	Mr N Muridzo
SCHOOL/DEPARTMENT	Human and Community Development/Social Work/
DATE CONSIDERED	20 February 2015
DECISION OF THE COMMITTEE	Approved 2 year extension only
EXPIRY DATE	01 February 2019

DATE 02 February 2017 **CHAIRPERSON** _____
(Professor J Knight)

cc: Supervisor : Dr V Chikadze

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

_____ _____/_____/_____
Signature **Date**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

Appendix M: SAMPLING OF DOCUMENTS AND DATA ANALYSED

Documents Selected	Data Analysed
300 Court Files from Harare and Gokwe Magistrates Courts	1. Profiles of CSA offenders 2. Profiles of CSA survivours 3. Circumstances leading to the CSA 4. Challenges faced by VFS Stakeholders while the VFS processes were being followed 5. Strengths and Weaknesses of the VFS processes. 6. Stakeholders' Role and obligation fulfilment
JSC Manual	Roles of VFS Stakeholders
Minutes of the National Victim Friendly System meeting, 1st quarter meeting held on the 29th March of 2016	Strengths and Weaknesses of the VFS processes
Minutes of the National Victim Friendly System meeting, 2nd quarter meeting held on the 28th June 2016	1. Strengths and Weaknesses of the VFS processes. 2. Challenges faced by VFS Stakeholders
Minutes of the National VFS meeting of 15 September 2015	Challenges faced by VFS Stakeholders
Minutes of the VFS regional meeting held at Gokwe on the 6th of November 2015	Challenges faced by VFS Stakeholders