Voices of duty bearers on child sexual abuse: Protection practices and gaps for orphans and vulnerable children in rural Zimbabwe

CHRISTOPHER Jimu
chrisjimu@gmail.com
Reformed Church University
Fortune Nyamunda
Reformed Church University
CHRISTOPHER KUFAKUNESU
Reformed Church University
Erasmus Charirwe
Reformed Church University

Research Article

Keywords: Child Sexual Abuse (CSA), Zimbabwe, Bikita, Orphans, Vulnerable, Children

Posted Date: June 15th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-7041621/v1

Additional Declarations: No competing interests reported.

Abstract

This qualitative study explores the perceptions of duty bearers regarding the protection of orphans and vulnerable children (OVCs) from sexual abuse in Bikita District, Zimbabwe. The study engaged eighteen key informants comprising village heads, legal guardians, religious leaders, and local government officials, teachers, caregivers, religious leaders, law enforcement officers, and health practitioners through in-depth interviews. The research sought to understand how these duty bearers perceive the causes, challenges, and protective strategies related to sexual abuse affecting OVCs. Findings reveal that participants demonstrated a clear understanding of the vulnerabilities faced by OVCs, attributing sexual abuse to factors such as relative poverty, harmful cultural, religious norms, and transactional sex. Duty bearers noted a range of protective interventions including counselling services, educational support, empowerment programs, and income-generating initiatives aimed at strengthening the resilience and safety of OVCs. Additionally, they acknowledged that OVCs often resort to harmful coping mechanisms such as self-harm, journaling, transactional sex and substance abuse following abuse incidents. These insights are interpreted through the lens of Ubuntu philosophy, which underscores collective responsibility and interconnectedness within communities emphasizing that safeguarding OVCs is a shared moral duty anchored in the African ethos of “a person is a person through others.”

Introduction and Background

The protection of orphans and vulnerable children (OVCs) from sexual abuse remains a critical global challenge, particularly in low and middle-income countries such as Zimbabwe, where poverty, social inequality, and the disintegration of family structures increase children’s susceptibility to exploitation (Muridzo & Chikadzi, 2020). Child sexual abuse (CSA) has been defined as any sexual activity involving a child who is unable to fully understand the act, is not developmentally capable of giving consent, or is subjected to behavior that contravenes legal or social norms (WHO, 2006 in Mathews, & Collin-Vézina, 2019). Recent reports indicate that children account for over 58% of all reported sexual abuse cases in Zimbabwe, underscoring the disturbing scale of the problem (Mutingwende, 2022; ZIMSTAT, 2023). While these figures reflect the prevalence of child sexual abuse (CSA), they also point to a broader systemic failure, as prolonged economic decline continues to undermine the ability of families and public institutions to ensure the safety and well-being of vulnerable children (Featherstone et al, 2019; OECD, 2019). Despite the existence of legal and constitutional frameworks intended to safeguard children’s rights, these mechanisms often fall short in practical implementation, especially in rural and marginalized areas where implementation of state services remain limited (Moyo, 2024; UNICEF, 2023). This highlights gaps in enforcement, resource allocation, and community-based protective responses. As such, this research sought to explore the perceptions of community-level duty bearers including village heads, caregivers, religious leaders, and local government officials who frequently serve as the first point of contact in responding to cases of abuse and providing support to OVCs. These actors play a pivotal but often overlooked role in shaping protective environments, yet there is limited empirical research that investigates their perceptions, capacities, or lived experiences in this context. By foregrounding the perspectives of these local duty bearers, the study seeks to fill a critical gap in existing literature that has predominantly focused on abuse statistics and legal frameworks, with minimal attention given to the frontline responses and community dynamics that influence child protection outcomes.

In response to the growing crisis, the Zimbabwean government has introduced several policies and legal instruments aimed at promoting child welfare. One of the interventions was the National Orphan Care Policy (1999), designed during the height of the HIV and AIDS epidemic to provide a framework for caring for the growing number of orphaned children. The policy advocates a six-tier model that prioritizes extended family and community-based care over institutionalization (Kurevakwesu et al, 2019). While this framework theoretically supports the cultural norm of collective child-rearing, its effectiveness has been undermined by chronic underfunding, lack of monitoring, and fragmented service delivery (UNICEF, 2023). Additionally, Section 81 of the 2013 Constitution of Zimbabwe outlines children's rights to protection from abuse, exploitation, and neglect, providing a robust legal foundation for child protection. However, these legal protections are rarely enforced effectively, particularly in rural areas such as Bikita, where duty bearers may lack the training, resources, or political will to implement these provisions.

Despite constitutional mandates, institutional weaknesses and limited resource allocation continue to impede progress in protecting children from sexual abuse (Ndondo, 2024). Key institutions such as the Department of Social Development, police victim-friendly units, and the justice system often operate with insufficient staffing and logistical support, especially in rural settings (Muridzo et al 2018). In addition, some cultural values and norms have been reported to ignore these rights accorded to

children leading to cases of abuse. Furthermore, cross-sectoral collaboration among education, health, law enforcement, and child welfare services remains weak, resulting in a disjointed and reactive approach to child protection (Save the Children, 2023). This fragmentation means that OVCs often fall through the cracks, with their cases either dismissed, poorly handled, or never investigated. Many survivors are left to cope with their trauma without psychosocial support, legal recourse, or community validation (UNICEF & International Rescue Committee 2023; UNICEF, 2023). Such systemic failures not only perpetuate cycles of abuse but also erode public trust in the protective capacity of state institutions.

Given the shortcomings within formal institutional frameworks, community-based child protection mechanisms (CBCPMs) have increasingly emerged as vital alternatives (Wessels, 2012). These mechanisms typically depend on the engagement of local duty bearers such as traditional leaders, religious figures, health workers, and teachers who hold considerable moral and social influence within communities. However, evidence suggests that supportive linkages between CBCPMs and formal service providers are often weak, largely due to the limited commitment or capacity of duty bearers. For example, even when CBCPMs report cases such as child rape to health or social welfare officials, follow-up may be inadequate (Wessels, 2012). While CBCPMs have the potential to raise awareness, facilitate reporting, support survivors, and influence policy reform (Wessells, 2018), their effectiveness and sustainability are heavily dependent on the attitudes, knowledge, and dedication of the individuals involved. In some instances, duty bearers may lack adequate training in child protection or may adhere to cultural norms that downplay the gravity of sexual abuse. In the absence of proper support and capacity building, CBCPMs risk becoming ineffective or worse, harmful by reinforcing victim-blaming narratives or prioritizing social cohesion over justice for survivors. In light of these concerns, it becomes crucial to explore the perceptions of duty bearers toward orphans and vulnerable children, particularly in relation to sexual abuse, within the under-researched context of Bikita District, Zimbabwe.

Sexual abuse has profound and long-lasting impacts on the psychological well-being of children, especially those who already face the trauma of parental loss, poverty, or displacement (WHO 2017; UNICEF 2023). Victims frequently report symptoms of anxiety, depression, suicidal ideation, and post-traumatic stress disorder (WHO, 2022). The emotional scars can hinder their educational progress, social development, and capacity to form healthy relationships later in life. In Zimbabwe, mental health services for children remain severely under-resourced and stigmatized, limiting access to the care needed for recovery. Effective support for abused OVCs must go beyond immediate rescue and focus on long-term rehabilitation, including trauma-informed counseling, educational support, and empowerment programs. The inclusion of youth voices in the design of these interventions is also critical to ensure that solutions are child-centered and culturally appropriate. In light of the persistent vulnerability of orphans and vulnerable children to sexual abuse, limited mental health support, and the underrepresentation of their experiences in existing literature, this research is essential to generate context-specific evidence that can inform effective, child-centered, and culturally appropriate protection strategies in Zimbabwe.

Study Context

This study therefore seeks to explore the perceptions of duty bearers regarding the protection of OVCs from sexual abuse in Bikita District, Zimbabwe. By engaging with local stakeholders and analyzing their understanding of child rights, protective practices, and systemic barriers, the research aims to uncover both opportunities and gaps in current protection efforts. The study is guided by the **Ubuntu philosophy,** which upholds the values of interconnectedness, empathy, and communal responsibility. Ubuntu emphasizes that every child's well-being is a shared societal duty, and this research draws on that principle to explore how collective action and moral accountability among individuals, families, and communities can enhance protection responses.

Despite the growing body of literature on child sexual abuse globally (Ali, 2024), significant research gaps persist in Zimbabwe. Geographically, most existing research and child protection interventions have been concentrated in urban areas such as Harare, Bulawayo, and Mutare, where access to services and donor-funded programs is relatively better (Manjengwa et al, 2016; UNICEF Zimbabwe, 2023; Save the Children, 2023). Consequently, rural communities like Bikita District remain underrepresented in scholarly literature, despite having higher levels of poverty, weaker protective infrastructure, and limited access to formal child welfare services. While numerous studies have concentrated on the prevalence of abuse or the legal frameworks related to child protection (Cerna-Turoff et al, 2022, Muridzo & Chikadzi, 2020, Mwapaura et al, 2022), there has been limited exploration of the perceptions, attitudes, and roles of these duty bearers regarding the welfare of OVCs.

The realities of sexual abuse in rural areas are frequently hidden beneath layers of stigma, limited media coverage, and a lack of disaggregated, community-level data (UNICEF, 2016). Conceptually, much of the existing literature has focused narrowly on specific categories of duty bearers such as village heads, caregivers, religious leaders, and local government officials who play a frontline role in child protection (Nhenga-Chakarisa, 2022). However, there remains a significant gap in understanding how traditional and modern child protection systems either intersect or conflict within Zimbabwe's pluralistic legal and cultural landscape. In addition, most prior studies have relied heavily on quantitative surveys and document reviews, approaches that often fall short in capturing the lived experiences, relational dynamics, and localized barriers shaping child protection practices on the ground (Wessells, 2018). There has been limited application of qualitative methodologies particularly in-depth case study designs which are crucial for uncovering nuanced realities in complex rural settings. This study seeks to bridge these gaps by employing a qualitative case study approach in Bikita District, grounded in the Ubuntu philosophy an Afrocentric ethical paradigm emphasizing communal interdependence, shared responsibility, and human dignity. Ubuntu, which asserts that "a person is a person through other people," provides a culturally resonant lens through which the roles and perceptions of duty bearers can be understood. By centering Ubuntu, this study not only investigates how duty bearers perceive and respond to the sexual abuse of orphans and vulnerable children (OVCs), but also situates these responses within an African value system that prioritizes collective wellbeing, empathy, and moral accountability. In doing so, the research contributes critical insights for developing more contextually grounded, culturally appropriate, and community-owned child protection strategies in rural Zimbabwe.

Methodology

Data Collection

Data collection was conducted between January to March, 2024 in Bikita District, Masvingo Province. Ethical clearance of this study was obtained from University X (for blind purposes will include the University after review). The sample comprised a total of 18 participants purposively selected based on their roles in child protection. The protocol was also submitted to Department of Social Development and approval was granted. These included four village heads, four caregivers of OVCs, three religious leaders, four teachers (including a school head), and three government officials from the Social Welfare Department, a local clinic, and the Victim Friendly Unit of the Zimbabwe Republic Police. Participants were selected for their direct involvement in responding to, reporting, or preventing cases of child sexual abuse in their communities. Access to participants was facilitated through official letters of introduction presented to the District Administrator's Office and the Department of Social Development, which then assisted the researcher in liaising with local leaders. Village heads played a critical role in community entry and identification of potential participants in schools, churches, and community care points. The purposive sampling method was ideal for ensuring diversity of insights from duty bearers across formal and informal sectors. All participants were adults over the age of 18 who had resided in the district for at least two years and voluntarily agreed to participate after providing informed consent. The study adhered to the ethical principles outlined in the Declaration of Helsinki, including respect for individuals, voluntary participation, the right to make informed decisions, confidentiality, and the duty to safeguard participants' welfare and rights throughout the research process. Names given in this research to participants are all pseudonyms in line with the principle of anonymity.

Data was collected using semi-structured, face-to-face interviews designed to elicit in-depth perspectives while allowing flexibility to follow emerging themes. Interview guides were developed and slightly tailored for each category of participant, ensuring that key thematic areas such as perceptions on child sexual abuse, reporting practices, protective strategies, and systemic barriers were explored. For instance, village heads were asked about their involvement in local dispute resolution and how customary law handles abuse cases, while caregivers discussed daily protective practices and family-based challenges. Religious leaders were engaged on moral teachings and their role in counseling or guiding families, whereas school teachers were asked about signs of abuse among learners, protocols for reporting, and interactions with social services. Government officials addressed policy implementation, resourcing, and coordination with community-based child protection actors. Interviews were conducted in Shona (local language) or English depending on the participant's preference, to ensure participants could express themselves comfortably and fully.

Each interview lasted between 50 to 70 minutes and was conducted in a setting selected by the participant to ensure privacy, comfort, and trust. With participants' permission, all interviews conducted in Shona were audio-recorded, transcribed verbatim, and translated into English for analysis. Back-translation was conducted on selected transcripts to ensure fidelity to the original

meaning. Field notes were also recorded to capture contextual cues, body language, and the researcher's initial reflections (Nascimento & Steinbruch, 2019). The interviews allowed for probing of important topics, but care was taken to let participants direct the conversation according to their comfort and relevance. The researcher maintained prolonged engagement in the field, which helped build rapport and enhance the authenticity of the data. Participants were assigned pseudonyms and identifying information was anonymized in all transcripts and reports to maintain confidentiality (Creswell & Creswell, 2017). This approach aligned with the ethical principles of voluntary participation, informed consent, and respect for persons.

To enhance the trustworthiness of the findings, the researcher also engaged in member checking, whereby selected participants were contacted post-interview to review transcript summaries and preliminary themes (McKim, 2023). Feedback was incorporated into the analysis to ensure that participants' views were accurately captured. Ethical care was taken to address the sensitive nature of the study. All interviewers were trained in trauma-informed interviewing, and a referral protocol was established in collaboration with the Social Welfare Office and the local Victim Friendly Unit, should disclosures of abuse arise. Although no formal referrals were triggered during the data collection process, this precaution ensured ethical readiness.

Data Analysis

The transcribed interviews were subjected to inductive thematic analysis, which allowed the researcher to generate codes and themes directly from the data without relying on a predetermined coding structure (Naeem, et al, 2023). The lead researcher began by thoroughly reading all transcripts multiple times to become immersed in the narratives and identify meaningful units of analysis. Initial coding was performed manually, and emerging codes were annotated in the margins and summarized in a codebook. These codes were then grouped into broader thematic categories such as "understandings of sexual abuse," "vulnerability to sexual abuse" "and "community norms." Throughout the process, reflexivity was maintained by documenting analytic decisions, emerging patterns, and the researcher's positional reflections in an audit trail. The Ubuntu philosophy served as a guiding lens for theme interpretation, allowing the research to situate local perceptions within an Afrocentric ethical framework.

To enhance reliability, inter-coder checks were performed by two additional researchers who independently coded a subset of transcripts (O'Connor & Joffe, 2020). Discrepancies in coding were discussed collaboratively, and adjustments were made to ensure consistency in thematic definitions. Investigator triangulation enriched the analytical process, allowing for multiple perspectives to inform the interpretation of data. Member checking was also used as a validity strategy, providing participants with summaries of their interviews and initial thematic interpretations for confirmation or correction (McKim, 2023). The incorporation of direct quotes from participants further enhanced the authenticity and transferability of the results. These quotes were selected to illustrate key points while preserving participant anonymity.

Themes were refined iteratively, moving back and forth between the raw data, initial codes, and emerging interpretations to ensure depth and coherence. The findings were then organized in relation to the broader literature and the Ubuntu framework to highlight areas of alignment and divergence. Reflexive discussions within the research team acknowledged the influence of researcher values, identities, and assumptions in the analysis process. Dependability was ensured by maintaining a clear record of how themes evolved and how coding decisions were made (Ahmed et al, 2025). Confirmability was enhanced through documentation of analytic procedures and use of verbatim data excerpts. Ultimately, the analysis revealed a nuanced, context-rich understanding of the child protection ecosystem in Bikita, including the challenges and strengths of local actors navigating limited resources, cultural expectations, and policy gaps.

Presentation of Findings

Table 1. Demographic characteristics of participants by education, role, employment status, socioeconomic status.

Pseudonym	Gender	Age	Role/Posion	Institution/Community Role	Educational Background	Employment Status	Socio-Economic Status
Dzatsunga	Male	67	Traditional Leader	Village Governance	Secondary (Completed)	Community Volunteer	Middle
Tito	Male	63	Traditional Leader	Village Governance	Secondary (Completed)	Community Volunteer	Middle
Shumba	Male	60	Traditional Leader	Village Governance	Primary	Community Volunteer	Low-Middle
Vimbai	Male	59	Traditional Leader	Village Governance	Secondary (Completed)	Community Volunteer	Low-Middle
Tapera	Female	45	Guardian of OVC	Family/Home-Based Care	Secondary (Completed)	Informal Work	Low
Rukudzo	Female	39	Guardian of OVC	Family/Home-Based Care	Secondary (Completed)	Unemployed	Low
Gudoshava	Female	34	Guardian of OVC	Family/Home-Based Care	Primary	Unemployed	Low
Tipei	Female	41	Guardian of OVC	Family/Home-Based Care	Secondary (Completed)	Informal Work	Low-Middle
Chiedza	Male	50	Pastor	Local Church	Tertiary (Theological)	Full-Time (Religious)	Middle
Tawanda	Female	48	Women's Church Leader	Local Church	Secondary (Completed)	Part-Time (Religious)	Low-Middle
Chatira	Male	52	Elder	Local Church	Secondary (Completed)	Volunteer	Low-Middle
Gwenyaya	Female	35	School Head	Local Primary School	Tertiary (Bachelor's)	Full-Time (Education)	Middle
Mujaya	Male	31	Class Teacher	Local Secondary School	Tertiary (Diploma)	Full-Time (Education)	Middle
Chomurefu	Female	29	Teacher	Local Secondary School	Tertiary (Diploma)	Full-Time (Education)	Middle
Ruramai	Female	26	Guidance & Counselling Teacher	Local Secondary School	Tertiary (In Progress)	Contract	Low-Middle
Chikerema	Female	42	Sister in Charge	Local Clinic	Professional Nurse	Full-Time (Health Sector)	Middle
Maboke	Male	39	District Health Promotion Officer	Ministry of Health	Tertiary (Public Health)	Full-Time (Health Sector)	Middle
Tipei	Female	33	Health Technician	Local Clinic	Diploma in Health Technology	Full-Time (Health Sector)	Middle

Table 1 presents the demographic characteristics of the 18 duty bearers who participated in this qualitative study, all of whom were purposively selected based on their direct involvement in child protection in Bikita District, Masvingo Province. The sample consisted of four village heads, four caregivers of orphans and vulnerable children (OVCs), three religious leaders, four teachers (including one school head), and three government officials representing the Department of Social Development, a local clinic, and the Victim Friendly Unit of the Zimbabwe Republic Police. All participants resided in rural communities, reflecting the study's focus on the structural and systemic challenges surrounding child sexual abuse in under-resourced, geographically marginalized

settings. The age range of participants was broad, from 26 to 67 years, offering a rich cross-generational perspective on community-level child protection practices.

The gender distribution was relatively balanced, with 10 females and 8 males, while educational levels varied significantly by role. Village heads typically had primary to secondary education, and caregivers of OVCs often had limited formal education, reflecting their informal caregiving roles within extended family systems. Religious leaders ranged from secondary school graduates to those with formal theological training. Teachers and government officials, however, possessed tertiary qualifications in fields such as education, nursing, and public health. Employment status also varied: teachers and health workers held full-time formal employment, whereas village heads and religious leaders mostly served voluntarily or on part-time community-based terms. Caregivers were predominantly unemployed or engaged in informal work, highlighting their economic vulnerability. Based on educational background, employment type, and general livelihood stability, most participants were categorized within the low to middle socio-economic status range. These demographic insights are critical for understanding how education, income, and community roles influence the capacity and responsiveness of local actors in addressing and preventing child sexual abuse in rural Zimbabwe.

Understanding and Defining OVCs

Participants including nurses, teachers, guardians, and law enforcement demonstrated a general understanding of who OVCs are, often describing them as children who lack parental care and are reliant on extended family members. This understanding shapes their commitment to child protection.

One participant explained:

OVCs are those children who have one or both parents deceased and can be taken care of by an uncle, aunt, grandmother or a grandfather. (Gwenyaya, pseudonym)

Another added:

OVCs are children who live alone without care of parents since parents will have died while the children were still young. (Gudoshava, pseudonym)

One guardian shared a lived experience:

“I once came in contact with a girl who stays with her grandmother who is paying her school fees. Her grandmother loves her so much such that she does everything in her power to protect her either from sexual abuse or any other forms of abuse.” (Vimbai, pseudonym)

Despite differing perspectives, both viewpoints align with earlier studies emphasizing that care networks surrounding OVCs especially in the absence of biological parents are critical to preventing abuse (UNAIDS, 2015). Effective child protection hinges not only on formal systems but also on the strength and responsiveness of informal support structures such as extended families, religious institutions, and local leaders (Foster, 2005; Save the Children, 2020). Central to this is the need for clear and contextually grounded definitions of vulnerability to ensure targeted and appropriate interventions. Proper definitions of vulnerability are essential for effective protection. Through the Ubuntu lens, this understanding reflects the ethos that “a person is a person through others.” The shared responsibility of extended families and communities for raising children reinforces Ubuntu’s core principle of interconnectedness and collective moral duty.

Vulnerability to sexual abuse through manipulated trust

Trust, especially among OVCs seeking affection or belonging, can be manipulated by abusers. Participants described situations where OVCs were deceived and harmed by individuals posing as siblings or friends.

One participant shared

"A child introduced a herd boy as her brother. A few months later, she was reported sexually abused by him. He was actually her boyfriend who had lied." (Gudoshava, pseudonym)

This mirrors previous literature highlighting that sexual abuse often arises from trusted individuals, especially in environments where emotional deprivation is common (Save the Children, 2020; UNICEF, 2017). Perpetrators frequently present themselves as friends, caregivers, or authority figures, using manipulation and emotional grooming to access and exploit children (Sinnamon, 2017). In resource-constrained contexts like rural Zimbabwe, where traditional community structures may be weakened by migration, poverty, or social disintegration, these risks become even more pronounced. Trust is a sacred element in Ubuntu relationships. When adults betray that trust, especially toward vulnerable children, they violate a deep moral code. Ubuntu emphasizes honesty, care, and the protection of the innocent as the pillars of a just community.

Triple abuse – verbal, physical, and sexual

Findings from our study revealed that verbal and physical abuse often precede or co-occur with sexual abuse. These abuses lower children's self-esteem and instill fear, deterring them from speaking out.

One participant noted:

"Victims of verbal and physical abuse are likely to be sexually abused more often... they fear reporting due to low self-esteem." (Rukudzo, pseudonym)

He further explained that:

"*Perpetrators can become violent hitting the child with objects then, due to fear of being expelled from their homes, the children come back and get abused again."*

Our research findings echo those reported in existing literature globally and in some African contexts, highlighting similar patterns of vulnerability and the critical role of protective factors in safeguarding OVCs (Nichols et al., 2014; WHO, 2022). WHO (2016) highlighted the intersectionality of abuse forms, noting that children who experience cumulative abuse are more likely to remain trapped in cycles of victimization.. Similarly, Fulu et al, (2017) emphasizes that such abuse is often rooted in systemic gender inequalities and normalized power imbalances. Within the Ubuntu philosophy, violence whether verbal, physical, or sexual undermines not only the dignity and spirit of the individual but also the collective wellbeing of the community.

Relative Poverty

Relative poverty was cited as a root cause of sexual abuse. Participants noted that economic deprivation often forces OVCs into risky behaviors as they try to meet basic needs or imitate materially privileged peers.

"Sexual abuse does not necessarily start at home, but the home environment can create a fertile ground for vulnerability. For instance, if my niece asks me for money and I am unable to provide it, she might feel compelled to seek support elsewhere especially when she sees her peers with new clothes and other items. This unmet need, driven by poverty, can expose her to situations where men take advantage of her through transactional sex."Ruramai (pseudonym)

Another participant added:

Some children end up engaging in sexual relationships because of peer pressure. When they compare themselves to peers who have nicer clothes or a better lifestyle, they may feel pressured to get those things by any means even through sexual exchanges with older men. But these relationships are not just transactional, they are exploitative and often lead to abuse." Vimbai (pseudonym).

Findings from this study indicate that OVCs are significantly more susceptible to engaging in risky sexual behaviours compared to their non-orphaned peers (Vondo et al, 2023). This heightened vulnerability is largely attributed to diminished parental oversight, which often results in a lack of emotional guidance, supervision, and protection (UNAIDS, 2010). The absence of consistent adult care means that many OVCs are left to navigate complex social and economic pressures on their own. Furthermore, their typically

low socioeconomic status limits access to basic needs such as food, clothing, school supplies, and sanitary products. In such contexts of deprivation, transactional sex emerges as a survival strategy where children, particularly girls, may exchange sex for material support or money (Jimu et al, 2024). This pattern reflects both the structural inequalities they face and the effects of **relative poverty**, where children compare their deprived circumstances to better-off peers, intensifying feelings of exclusion and desperation.

Transactional Sex

The research highlighted that OVCs often engage in transactional sex due to financial constraints and the lack of basic necessities, exposing them to abuse and exploitation.

A participant reported:

OVCs often fail to raise money for basic necessities like sanitary wear and clothes, which makes them vulnerable. (Maboke, pseudonym)

Another noted:

Some girls accept transport from strangers to school, and then they get abused sexually. (Tito, pseudonym)

This finding is supported by Wamoyi et al. (2016), who argue that transactional sex among girls is normalized in some communities due to economic survival and peer pressure, further increasing risks for HIV and abuse. From an **Ubuntu** perspective, this normalization reflects a breakdown in communal ethics, as Ubuntu emphasizes collective responsibility, compassion, and the protection of the vulnerable particularly children. The failure to intervene or offer support to girls resorting to transactional sex represents a moral lapse in the community's obligation to uphold shared humanity and dignity.

Cultural and religious practices

Certain religious sects and cultural traditions were identified as enablers of child marriages and abuse. Participants shared that some churches still sanction marriages of underage girls.

One participant stated:

"Children under 18 are minors who are not allowed to be married, but white garment churches still do it under the name of religion." (Chatira, pseudonym)

This mirrors findings from Plan International (2021), which emphasize that child marriages often rooted in harmful traditional norms remain a persistent challenge in rural African communities. Child marriages often leads to school drop-out, not allowing girls to develop their full potential, and too early pregnancies (Bamhare & Willemot, 2023).

Stigma, discrimination, and labeling

Participants described how labeling and public humiliation of sexually abused OVCs contribute to re-traumatization and discourage reporting.

A participant recalled:

"Law enforcement agents call out victims publicly: 'Those who were raped, come forward!' It's humiliating." (Gudoshava, pseudonym)

Another added:

"People discriminate against orphans and vulnerable children... but we must support them to rise, like Maudi Charumbira, the youngest orphan graduate in Zimbabwe." (Dzatsunga, pseudonym)

This resonates with literature highlighting how stigmatization deepens psychological trauma and sustains cycles of abuse (UNICEF, 2021). These narratives echo findings of other studies who report that perceived stigma from healthcare providers leads to avoidance of sexual and reproductive health services among adolescents in sub-Saharan Africa (Nyblade et al, 2017; Nyblade et al 2022). Similarly Stangl et al. (2019) highlight that healthcare-related stigma acts as a structural barrier for vulnerable youth, reinforcing inequalities and denying them dignified care. Participants in this study further emphasized that confidentiality breaches and moralistic attitudes by service providers not only silenced them but amplified their internalized stigma, mirroring earlier work by Wamoyi et al. (2016) on community-level shaming of sexually active girls. However, when healthcare systems and community actors fail to respond with empathy and solidarity too OVCs, this is in contrast with the spirit of Ubuntu, which obliges us to protect the vulnerable and foster a culture of healing, not harm.

Silencing through fear and social threats

A recurrent theme in the data was that OVCs are frequently silenced by threats, fear of expulsion from their homes, or intimidation from perpetrators many of whom are respected community figures or relatives. Children remain quiet not only out of fear of physical harm but also due to social repercussions, such as being called liars or troublemakers.

A participant observed:

"Children keep quiet because the abuser might be the breadwinner. Speaking out might mean losing the only support they have." (Shumba, pseudonym)

Our findings dovetails literature from other sub Saharan findings for instance **Jewkes et al. (2021),** noted that fear of retaliation and economic dependency on abusers are major reasons why victims of child sexual abuse do not report. Social silencing not only protects perpetrators but also **reinforces power imbalances**, trapping children in cycles of invisibility and harm (PLAN international, 2018). Ubuntu does not tolerate the silencing of victims. In fact, it insists on speaking truth to power, and uplifting the voices of the most vulnerable. Silencing a child for the sake of preserving family honor or social status is a betrayal of Ubuntu's moral fabric, which upholds dignity, justice, and truth.

Emotional Neglect and the longing for connection

Many participants noted that orphans and vulnerable children often struggle with deep emotional voids due to the loss of parental affection and the instability of their caregiving environments. The absence of consistent, nurturing relationships creates a longing for love, attention, and validation, making them emotionally susceptible to manipulation.

A participant shared:

"Some girls just want someone to say 'I love you.' So when a man gives them attention, even if it's fake, they believe it." (Chiedza, pseudonym)

This emotional vulnerability is consistent with findings by **Cluver et al. (2012),** who argue that emotional neglect among OVCs increases the risk of exploitation and poor mental health outcomes. **Emotional grooming** where predators exploit children's unmet need for care and affirmation has become an overlooked mechanism of abuse in many rural contexts (Sinnamon, 2017). Ubuntu recognizes the emotional and spiritual well-being of the child as central to communal harmony. When children are emotionally abandoned, even within physically present families, the communal obligation to nurture and affirm them is broken. A community living by Ubuntu principles would strive to provide emotional warmth and presence, not just material care.

Breakdown of traditional protective norms

Participants expressed concern over the erosion of traditional values and community norms that once served as protective mechanisms for children. In the past, elders, neighbors, and local leaders would collectively monitor children's wellbeing. However, participants noted that **modern social changes, migration, and economic hardship have weakened these community-based safety nets**, leaving OVCs more exposed to harm.

One village head remarked:

"Long back, even if a child was not yours, you would discipline and protect them. Nowadays, people say 'it's not my business' even when they see abuse." (Tapera, pseudonym)

Another participant noted:

"Some people no longer care about children who are not their own. They turn a blind eye, even if they suspect abuse." (Rudo, pseudonym)

This findings are similar to **Foster (2005)** and **Nkosi et al (2025),** who argue that **traditional African child protection practices rooted in communalism are under threat from urbanization, poverty, and individualism**. As extended family systems strain under socioeconomic pressure, fewer adults feel morally or practically able to take responsibility for vulnerable children, resulting in neglect and increased risk of abuse. Ubuntu teaches that "I am because we are" a principle that once reinforced communal child-rearing and collective protection. The shift toward individualism and passivity in the face of abuse contradicts Ubuntu's ethos of active care and shared moral duty. Reviving traditional protective norms in line with Ubuntu could help rebuild communal safety nets for OVCs.

Lack of understanding of child protection policies

The research revealed a concerning gap in knowledge among some key duty bearers regarding legal and policy frameworks on OVC protection.

Mujaya (pseudonym) stated:

I am not familiar with specific child protection policies. At the VFU, our focus is on counselling victims and referring them for medical care and institutional support.

Vimbai (pseudonym) added:

I recall learning about child protection policies, but it has been a long time and I don't remember the details. Refresher courses would be helpful.

These admissions suggest a critical need for policy awareness and capacity building among frontline service providers. Notably, educational background appears to influence awareness levels. While many nurses and police officers in the study had only secondary-level education, the ward councillor, who had attained tertiary education, demonstrated better understanding:

Dzatsunga (pseudonym) affirmed:

As a local government official, I recognize that the Constitution of Zimbabwe mandates every parent or guardian to protect OVCs. Anyone who violates this mandate is legally accountable. I am duty-bound to uphold child protection laws and take decisive action when violations occur.

Our findings pointed to the fact that some duty bearers are not even aware of critical laws that protect children in Zimbabwe as stipulated in Zimbabwe's constitution for example. These disparities point to the need for continuous training and policy dissemination, especially among frontline workers, to ensure uniform understanding and application of child protection laws.

Guidance and counseling

An analysis was conducted to critically assess the strategies adopted by duty bearers in safeguarding orphans and vulnerable children (OVCs) from sexual abuse, drawing from their perceptions and lived experiences.

Tawanda, a teacher, explained:

To ensure that orphans and vulnerable children are equipped with appropriate knowledge on sexual issues, we hold weekly guidance and counselling focus group sessions every Wednesday. These are intended to prevent sexual abuse and other forms of mistreatment

such as bullying and verbal abuse. We also empower them with skills on how to report abuse without fear or intimidation from perpetrators. They are encouraged to confide in a trusted teacher when faced with such violations (Tawanda pseudonym).

Another teacher, Tito, elaborated on the response process:

When a sexual abuse case is reported at school, we first investigate its origin and gather firsthand information. We then refer the case to the senior lady teacher who facilitates a preliminary hearing before the matter is formally reported to law enforcement agents, depending on its complexity (Tito pseudonym).

These insights highlight that guidance and counselling sessions serve not only as preventive platforms but also as entry points for early identification and reporting of sexual abuse cases among OVCs.

Comprehensive sexuality education

Our findings also show some recommendations from duty bearers such as the Comprehensive Sexuality Education (CSE). CSE is closely aligned with the Ubuntu philosophy. As Tutu (2004) stated, *"A person is a person through other persons."* He emphasized that human development is a communal process, where individuals are shaped by others. In this light, educating communities about child protection becomes a shared societal responsibility.

Gwenyaya stressed the role of communities:

To rebuild the moral fabric of our society, the community must take a leading role in safeguarding OVCs from sexual abuse and other gender-based violence issues. Adults are mature enough to grasp the consequences of such exploitation and should act accordingly (Gwenyaya pseudonym).

Mujaya, representing law enforcement, added:

The Victim Friendly Unit (VFU) plays a crucial role in educating and supporting victims in a safe, confidential environment. We also train community members to handle sexual abuse cases with empathy, professionalism, and discretion (Mujaya pseudonym).

These perspectives reflect the significance of CSE in promoting empathy, community responsibility, and the ethical handling of abuse cases. The alignment with global efforts such as the 16 Days of Activism Against Gender-Based Violence underscores the importance of collective community action in protecting children.

Empowerment programs

Empowerment initiatives introduced by NGOs have emerged as vital strategies in combating OVC sexual abuse at the community level.

Dzatsunga noted:

NGO-driven empowerment programmes, such as the Caritas Zimbabwe Women Empowerment Program, raise awareness on gender issues and teach communities how to reduce violence, ensuring the inclusion of OVCs. CAMFED has also played a role by tackling sexual exploitation and promoting protection rights for OVCs in schools.

Rukudzo (pseudonym), a healthcare professional, added:

When OVCs report abuse, we refer them to safe shelters like the Friendship Bench, Musasa Project, or the Department of Social Development for care and protection.

Mujaya emphasized:

To prevent further harm, especially from abusive home settings, victims are referred to care institutions like Musasa Project or Social Development, where they receive support and access to basic needs.

These findings reveal a multisectoral response, where NGOs and healthcare providers collaborate to offer immediate safety and long-term rehabilitation for abused OVCs. This aligns with Kurevakwesu et al (2019), who noted that Zimbabwe's National Orphan Care Policy adopts a six-tier safety net system including extended family, community support, foster care, adoption, and institutional care grounded in Ubuntu values. Therefore, the above findings show that duty bearers need continuous sensitization and a collaboration must be fostered among health care workers, law enforcement agents and caregivers to prevent cases of abuse among OVC.

Engaging in income generating activities (IGAs)

In efforts to prevent transactional sex and economic exploitation, some participants suggested that OVCs should be involved in IGAs.

Vimbai explained:

In Zimbabwe's tough economic conditions, enabling OVCs to participate in IGAs allows them to support themselves and reduces their vulnerability to transactional sex.

However, this approach has limitations. Engaging children in labor-intensive activities may inadvertently expose them to physical abuse and overwork, which contradicts child protection principles. As **Basu, and Tzannatos** (2003) argue, child labor is prevalent in low-income settings due to poverty, orphanhood, limited access to education, and lack of social safety nets. Therefore, while IGAs may offer short-term financial relief, they should not compromise children's right to protection and education.

Discussion

The present study set out to explore the perceptions and lived experiences of duty bearers regarding the protection of orphans and vulnerable children (OVCs) from sexual abuse in Bikita District, Zimbabwe. The findings revealed a widespread understanding of OVCs among participants, who described them as children who have lost one or both parents and are often under the care of extended family members. This shared awareness influenced the participants' approaches to child protection, with many expressing a moral and social responsibility towards safeguarding OVCs. However, despite this general understanding, the study revealed deeper structural and relational vulnerabilities that expose these children to various forms of abuse. Within the Ubuntu worldview, which frames a person's identity through relationships with others, the protection of OVCs is not just an institutional mandate but a moral imperative. When children are left without adequate emotional, social, or material support, the community as a whole is seen to have failed in its duty to nurture and protect its youngest members (Tutu, 2004; Foster, 2005).

A significant issue raised was the manipulation of trust, with several cases indicating that OVCs were deceived and sexually abused by individuals posing as close relatives or friends. These findings mirror global literature that identifies emotional deprivation as a key risk factor for grooming and exploitation (Sinnamon, 2017; Save the Children, 2020). Emotional neglect emerged as a strong driver of vulnerability, as OVCs, in their search for love and belonging, fall prey to abusers who offer counterfeit affection. These emotionally charged relationships are often misunderstood by the victims, making it difficult for them to recognize abuse or seek help. Within the Ubuntu context, this manipulation of trust represents a betrayal not only of the child but of the communal values that prioritize integrity, care, and protection. Communities that tolerate or overlook such violations undermine their own social fabric and collective identity.

Intersecting forms of abuse verbal, physical, and sexual were found to co-occur frequently, reinforcing a cycle of trauma and silence among orphans and vulnerable children (OVCs). Verbal and physical abuse often emerged as precursors to sexual exploitation, eroding children's self-worth and increasing their susceptibility to further harm. Participants noted that victims, particularly those subjected to beatings or verbal insults, were less likely to disclose abuse due to fear of retaliation or displacement. These findings align with evidence from WHO (2016) and Fulu et al. (2017), who emphasize that cumulative abuse significantly heightens children's vulnerability to continued victimization. In response, we recommend that all child protection systems adopt a trauma-informed approach (Sullivan et al 2015; Augustus et al, 2023). This includes equipping caregivers and frontline personnel with skills to identify and address overlapping forms of abuse, fostering safe and nurturing environments, and ensuring consistent access to psychosocial support to disrupt cycles of harm and silence.

Moreover, relative poverty, particularly in resource-constrained rural areas, was also cited as a major contributor to transactional sex. Children, particularly girls, often enter exploitative relationships in exchange for basic necessities like food, clothing, or transport (Kheswa, 2017. In such contexts, the line between survival and exploitation is blurred. Transactional sex not just as a consequence of poverty but as a survival mechanism in environments with limited social safety nets (Jimu et al. 2024; Wamoyi et al. 2016). As such there is a critical need for integrated community-based child protection systems that prioritize early identification, reporting, and response to all forms of violence (UNICEF, 2021; Mwapauara et al 2022). Stakeholders including schools, caregivers, traditional leaders, and law enforcement should collaborate to provide consistent psychosocial support, life skills education, and safe spaces for OVCs (Mwoma, & Pillay, 2015). Additionally, poverty-alleviation initiatives and child-focused social protection programs must be expanded to reduce children's vulnerability to transactional sex and other forms of exploitation (International Labour Organization 2022).

Cultural and religious practices also emerged as enablers of child sexual abuse. Participants reported that some religious sects continue to endorse child marriages, thereby normalizing abuse under the guise of tradition and religious belief. This is consistent with findings by Plan International (2021) and Bamhare and Willemot (2023), who argue that harmful cultural practices remain entrenched in parts of rural Africa, undermining child protection efforts. Furthermore, stigma and discrimination were found to silence victims and deter them from seeking help. Health care workers were reported to publicly call out victims, deepening their humiliation and reinforcing their trauma. Such practices violate not only ethical standards of victim support but also contradict Ubuntu principles that call for compassion, respect, and the restoration of dignity. Healthcare providers and community leaders who lack sensitivity in handling sexual abuse cases may inadvertently contribute to further harm, rather than healing. Our findings support existing literature (Nyblade et al., 2017; Stangl et al., 2019) that shows how stigma from service providers prevents vulnerable children from accessing sexual and reproductive health services. There is a need for sustained community dialogue and advocacy that engages traditional and religious leaders in promoting child rights and denouncing child marriage. Training and sensitization programs for healthcare providers and community leaders should be implemented to foster respectful, confidential, and trauma-informed responses to cases of sexual abuse.

Notably, the study revealed gaps in awareness of child protection policies among some duty bearers, especially caregivers and local community members with limited formal education. While healthcare workers, teachers, and law enforcement agents demonstrated a reasonable understanding of child rights and legal frameworks, others admitted to having outdated or insufficient knowledge. This suggests the urgent need for refresher courses and capacity-building programs tailored to different levels of education and responsibility. Participants expressed the need for policy training, while those with tertiary qualifications, such as ward councillors, showed better awareness of constitutional mandates. This discrepancy points to the need for inclusive and regular policy dissemination strategies that are accessible to all stakeholders, regardless of their educational background (Beyene et al, 2023). When frontline workers and caregivers are equipped with the right knowledge and tools, they are more likely to act decisively and appropriately when cases of abuse arise (Billings et al, 2021). Moreover, their ability to collaborate effectively with law enforcement and health systems is enhanced.

Findings from our study showed that guidance and counselling initiatives in schools were highlighted to be effective preventive and responsive strategies (Obumneke-Okeke, & Mogbo , 2011). Teachers reported conducting weekly sessions that educate OVCs on sexual abuse, help them develop self-protection skills, and encourage safe disclosure. These school-based platforms also act as entry points for early detection and referral of abuse cases. Participants emphasized the importance of collaboration among duty bearers—including teachers, healthcare workers, police officers, and social workers to ensure a coordinated and child-centered response. Comprehensive Sexuality Education (CSE) was also recommended as a tool to instill community values, ethical behavior, and empathy, aligning with Ubuntu's call for collective accountability and mutual care. NGOs such as CAMFED and Caritas were commended for their empowerment programs, which address gender-based violence and support OVCs in navigating risk (UNESCO, 2024). However, suggestions to engage OVCs in income-generating activities (IGAs) as a means of reducing economic vulnerability must be approached cautiously. While IGAs may offer temporary relief, they risk exposing children to exploitation and conflict with their rights to education and protection (Kaur & Byard, 2021). Any economic intervention must prioritize the child's holistic wellbeing and development.

Study limitations and strengths

This qualitative study faced several limitations that may affect the generalizability of the findings. The sample size of 18 participants, while providing valuable insights, may not fully represent the diverse perspectives of all duty bearers involved in child protection across different regions of Zimbabwe. Additionally, the reliance on purposive sampling could introduce bias, as participants were selected based on their known involvement in child protection, potentially overlooking voices from marginalized or less visible community members. However, the study's focused approach allowed for in-depth exploration of the experiences and perceptions of key duty bearers, enriching the data. The study's concentration on a single rural district provided a detailed understanding of the specific challenges and dynamics faced in that context, offering valuable insights for targeted interventions. While the sensitive nature of child sexual abuse may have led to underreporting or reluctance among participants to share personal experiences, the depth of qualitative data gathered highlights critical themes that can inform future policy and practice. Future research should aim for larger, more diverse samples and consider longitudinal approaches to capture the evolving context of child protection in Zimbabwe.

In light of the study's findings, there is a critical need to align child protection interventions with both national frameworks and global development agendas. Zimbabwe's National Case Management System and the National Action Plan for Orphans and Vulnerable Children (NAP for OVCs) provide strategic policy anchors that must be fully operationalized at community level to ensure responsive, coordinated, and rights-based protection mechanisms. At the global level, the Sustainable Development Goals (SDGs)—particularly SDG 16.2, which seeks to end abuse, exploitation, trafficking, and all forms of violence against children—offer a clear mandate for action. Integrating trauma-informed, culturally sensitive, and community-driven approaches into national policy implementation can bridge the gap between global aspirations and local realities. Furthermore, aligning child protection strategies with the African Union's Agenda 2040, which envisions an Africa fit for children, reinforces the continent's collective responsibility to protect its most vulnerable populations. It is imperative that policymakers, practitioners, and community leaders collaborate to institutionalize inclusive, well-resourced, and accountable child protection systems that reflect Ubuntu principles while meeting international standards of care and justice.

Conclusion

This study highlights the complex risks facing orphans and vulnerable children (OVCs) in rural Zimbabwe. Addressing emotional neglect, poverty, and cultural gaps requires an Ubuntu-guided, community-based protection system. Strengthening duty bearer collaboration and legal awareness is vital. Emotional and material support, CSE, and counselling must be prioritized. Ultimately, safeguarding OVCs reflects the moral integrity of the community. A united approach ensures dignity, justice, and protection for every child. Without this, society fails its most vulnerable members.

References

1. Ahmed, S. K., Mohammed, R. A., Nashwan, A. J., Ibrahim, R. H., Abdalla, A. Q., M. Ameen, B. M., & Khdhir, R. M. (2025). Using thematic analysis in qualitative research. *Journal of Medicine, Surgery, and Public Health*, *6*. https://doi.org/10.1016/j.glmedi.2025.100198
2. Ali, S., Pasha, S. A., Cox, A., & Youssef, E. (2024). Examining the short and long-term impacts of child sexual abuse: a review study. *SN Social Sciences*, *4*(2), 56
3. Augustus, P., & Pandey, S. (2023). Trauma-informed Care and its Significance in Responding to Child Sexual Abuse in India. *Journal of Indian Association for Child and Adolescent Mental Health*, *19*(3), 243-247.
4. Bamhare, F., & Willemot, Y. (2023). *#EmpowerWomen to #EndChildMarriage: Five questions for five role models*. UNICEF Zimbabwe. https://www.unicef.org/zimbabwe/stories/empowerwomen-endchildmarriage-five-questions-five-role-models
5. **Basu, K., & Tzannatos, Z. (2003).** The global child labor problem: What do we know and what can we do? *World Bank Economic Review, 17*(2), 147–173. https://doi.org/10.1093/wber/lhg014
6. Beyene, W. M., Mekonnen, A. T., & Giannoumis, G. A. (2023). Inclusion, access, and accessibility of educational resources in higher education institutions: exploring the Ethiopian context. *International Journal of Inclusive Education*, *27*(1), 18–34. https://doi.org/10.1080/13603116.2020.1817580
7. Billings, J., Ching, B. C. F., Gkofa, V., Greene, T., & Bloomfield, M. (2021). Experiences of frontline healthcare workers and their views about support during COVID-19 and previous pandemics: a systematic review and qualitative meta-synthesis. *BMC*

health services research, *21*(1), 923. https://doi.org/10.1186/s12913-021-06917-z

8. Cerna-Turoff, I., Nyakuwa, R., Turner, E., Nherera, C. M., Nhenga-Chakarisa, T., & Devries, K. (2022). National COVID-19 lockdown and trends in help-seeking for violence against children in Zimbabwe: an interrupted time-series analysis. *BMC public health*, *22*(1), 2116. https://doi.org/10.1186/s12889-022-14425-w
9. Cluver, L., Orkin, M., Boyes, M. E., Gardner, F., & Meinck, F. (2012). Transactional sex amongst AIDS-orphaned and AIDS-affected adolescents predicted by abuse and extreme poverty. *Journal of Acquired Immune Deficiency Syndromes*, *62*(5), 544–552.
10. Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications.
11. Featherstone, B., Morris, K., Daniel, B., Bywaters, P., Brady, G., Bunting, L., Mason, W., & Mirza, N. (2019). Poverty, inequality, child abuse and neglect: Changing the conversation across the UK in child protection? *Children and Youth Services Review*, *97*, 127–133. https://doi.org/10.1016/j.childyouth.2017.06.009
12. Foster, G. (2005). Under the radar: Community safety nets for children affected by HIV/AIDS in Southern Africa. *UNICEF/UNAIDS/Consortium for Street Children*.
13. Fulu, E., Miedema, S., Roselli, T., McCook, S., Chan, K. L., Haardörfer, R., Jewkes, R., Warner, X., Lang, J., Naved, R. T., Huque, H., Farah, S., Shuvra, M. M. R., Erken, A., Xiangxian, W., Gang, F., Hongtao, L., Mudrovcic, Z., Hua, W., et al. (2017). Pathways between childhood trauma, intimate partner violence, and harsh parenting: findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific. *The Lancet. Global Health*, *5*(5), e512–e522. https://doi.org/10.1016/S2214-109X(17)30103-1
14. Govhati, C. (2017). Existing laws in Zimbabwe fail to protect the rights of children. Available at https://www.humanium.org/en/existing-laws-in-zimbabwe-fail-to-protect-the-rights-of-children/ Accessed on 14/06/2025
15. Hennink, M. M., Kaiser, B. N., & Marconi, V. C. (2019). Code saturation versus meaning saturation: How many interviews are enough? *Qualitative Health Research*, 27(4), 591–608. https://doi.org/10.1177/1049732316665344
16. International Labour Organization (ILO). (2022). *The role of social protection in the elimination of child labour*. https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@ed_norm/@ipec/documents/publication/wcms_845168.pdf
17. Jewkes, R., Willan, S., Heise, L., Washington, L., Shai, N., Kerr-Wilson, A., Gibbs, A., Stern, E., & Christofides, N. (2021). Elements of the Design and Implementation of Interventions to Prevent Violence against Women and Girls Associated with Success: Reflections from the What Works to Prevent Violence against Women and Girls? Global Programme. *International journal of environmental research and public health*, *18*(22), 12129. https://doi.org/10.3390/ijerph182212129
18. Kachara M. (2022). Child Sexual Abuse (CSA) and the nature of intervention in Zimbabwe. Available at https://spikedmedia.co.zw/child-sexual-abuse-csa-and-the-nature-of-intervention-in-zimbabwe/
19. Kheswa, J. G. (2017). Investigation of transactional sex among adolescent females in Alice, Eastern Cape, South Africa. *Journal of Social Sciences*, *53*(1), 20-26.
20. Kurevakwesu, W., Mavungu, M. E., & Chikadzi, V. (2019). The implementation of the National Orphan Care Policy in Zimbabwe: Successes and challenges. *Journal of Child & Adolescent Social Work*, 36(2), 123–134.
21. Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-Orozco, C. (2017). Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology. *American Psychologist*, 73(1), 26–46. https://doi.org/10.1037/amp0000151
22. Manjengwa, J., Matema, C., & Tirivanhu, D. (2016). Understanding urban poverty in two high-density suburbs of Harare, Zimbabwe. *Development Southern Africa*, *33*(1), 23–38. https://doi.org/10.1080/0376835X.2015.1116376
23. Mathews, B., & Collin-Vézina, D. (2019). Child Sexual Abuse: Toward a Conceptual Model and Definition. *Trauma, violence & abuse*, *20*(2), 131–148. https://doi.org/10.1177/1524838017738726
24. McKim, C. (2023). Meaningful member-checking: a structured approach to member-checking. *American Journal of Qualitative Research*, *7*(2), 41-52.
25. Moyo, A. (2024). Sexual consent laws and the child's right to freedom from sexual exploitation in Zimbabwe: Unpacking the'polarising'legacy of Kawenda & Another v Minister of Justice, Legal and Parliamentary Affairs & Others. *African Human Rights Law Journal*, *24*(2), 743-771.

26. Muridzo, N. G., & Chikadzi, V. (2020). Zimbabwe's poverty and child sexual abuse. *Children Australia*, *45*(4), 222–228. https://doi.org/10.1017/cha.2020.41
27. Muridzo, N., Chikadzi, V., & Makurumidze, R. (2018). Community-based child protection in Zimbabwe: Exploring the role of community volunteers. *Journal of Social Development in Africa*, 33(2), 29–45.
28. Mutingwende A, (2022) Children account for 58% of sexual abuse cases in 2022. Available at https://spikedmedia.co.zw/children-account-58-of-sexual-abuse-cases-in-2022/
29. Mwapaura, K., Chikoko, W., Nyabeze, K., Kabonga, I., & Zvokuomba, K. (2022). Provision of child protection services in Zimbabwe: review of the human rights perspective. *Cogent Social Sciences*, *8*(1). https://doi.org/10.1080/23311886.2022.2136606
30. Mwoma, T., & Pillay, J. (2015). Psychosocial support for orphans and vulnerable children in public primary schools : challenges and intervention strategies. *South African Journal of Education*, *35*(3), 1–9.
31. Naeem, M., Ozuem, W., Howell, K., & Ranfagni, S. (2023). A step-by-step process of thematic analysis to develop a conceptual model in qualitative research. *International journal of qualitative methods*, *22*, 16094069231205789.
32. Nascimento, L. D. S., & Steinbruch, F. K. (2019). "The interviews were transcribed", but how? Reflections on management research. *RAUSP Management Journal*, *54*, 413-429.
33. Ndondo, S. T. (2024). *Public perceptions of child protection programmes in Zimbabwe: Towards strategies to improve the full realisation of children's rights* (Master's thesis, University of Cape Town). Retrieved from https://repository.uct.ac.za/handle/123456789/XXXX
34. **Ngidi, N. D., Bhana, D., & Dube, T. (2025).** 'Our options are limited, so we get married:' Girls, early marriage and health risks in rural Zimbabwe. *Health, Risk & Society, 27*(3–4), 182–198. https://doi.org/10.1080/13698575.2025.2492870
35. Nhenga-Chakarisa, T. C. (2022). *Children's rights in Africa: A legal perspective*. Pretoria University Law Press.
36. Nichols, J., Embleton, L., Mwangi, A., Morantz, G., Vreeman, R., Ayaya, S., ... & Braitstein, P. (2014). Physical and sexual abuse in orphaned compared to non-orphaned children in sub-Saharan Africa: A systematic review and meta-analysis. *Child abuse & neglect*, *38*(2), 304-316.
37. Nkosi, W., Mthembu, M., Ramphabana, L., & Mlotshwa, A. (2025). Challenges caregivers experience when transitioning to kinship foster care in low-income families in South Africa. *Social Work/Maatskaplike Werk*, *61*(1), 149-169.
38. Nyblade, L., Ndirangu, J. W., Speizer, I. S., Browne, F. A., Peasant Bonner, C., Minnis, A., et al. (2022). *Stigma in the health clinic and implications for PrEP access and use by adolescent girls and young women: conflicting perspectives in South Africa*. BMC Public Health, 22, Article 1916. https://doi.org/10.1186/s12889-022-14236-z
39. Nyblade, L., Stockton, M., Nyato, D., & Wamoyi, J. (2017). Perceived, anticipated and experienced stigma: exploring manifestations and implications for young people's sexual and reproductive health and access to care in North-Western Tanzania. *Culture, health & sexuality*, *19*(10), 1092–1107. https://doi.org/10.1080/13691058.2017.1293844
40. O'Connor, C., & Joffe, H. (2020). Intercoder reliability in qualitative research: debates and practical guidelines. *International journal of qualitative methods*, *19*, 1609406919899220.
41. Obumneke-Okeke, I. M., & Mogbo, I. N. (2011). Implementation of guidance and counseling services in Nigerian schools. *Journal of Emerging Trends in Educational Research and Policy Studies*, *2*(5), 361–364.
42. OECD (2019), Changing the Odds for Vulnerable Children: Building Opportunities and Resilience, OECD Publishing, Paris, https://doi.org/10.1787/a2e8796c-en.
43. Plan International. (2018, September 7). *The rights of children to live free from violence* [Position paper]. Woking, UK: Plan International. Retrieved from https://plan-international.org/uploads/2021/12/glo_the_rights_of_children_to_live_free_from_violence_position_paper_final_eng_nov18.pdf
44. Plan International. (2021). *The rights of children to live free from violence: Position paper*. https://plan-international.org/uploads/2021/12/glo_the_rights_of_children_to_live_free_from_violence_position_paper_final_eng_nov18.pdf
45. Save the Children. (2020). *Protecting children from sexual exploitation and abuse*. Save the Children International.
46. Save the Children. (2023). *Protecting Zimbabwe's children: Annual report on national child protection systems*. Save the Children Zimbabwe.

47. Sinnamon, G. (2017). The psychology of adult sexual grooming: Sinnamon's seven-stage model of adult sexual grooming. In W. Petherick & G. Sinnamon (Eds.), The psychology of criminal and antisocial behavior: Victim and offender perspectives (pp. 459–487). Academic Press.https://doi.org/10.1016/B978-0-12-809287-3.00016-X
48. Stangl, A. L., Earnshaw, V. A., Logie, C. H., van Brakel, W., Simbayi, L. C., Barré, I., & Dovidio, J. F. (2019). The Health Stigma and Discrimination Framework: a global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas. *BMC Medicine*, *17*(1), 1–13.
49. Sullivan, K. M., Murray, K. J., & Ake, G. S. (2016). Trauma-Informed Care for Children in the Child Welfare System: An Initial Evaluation of a Trauma-Informed Parenting Workshop. *Child Maltreatment*, *21*(2), 147–155. https://doi.org/10.1177/1077559515615961
50. Tuckett, A. G. (2005). Applying thematic analysis theory to practice: A researcher's experience. *Contemporary Nurse*, 19(1-2), 75–87. https://doi.org/10.5172/conu.19.1-2.75
51. Tutu, D. (2004). *God has a dream: A vision of hope for our time*. Doubleday.
52. UNAIDS. (2010). *Supporting community action on AIDS in developing countries: Review of experiences of community-based responses to HIV/AIDS*. UNAIDS.
53. UNAIDS. (2015). Social protection: Advancing the response to HIV. Available at https://www.unaids.org/sites/default/files/media_asset/JC2750_SocialProtection_en.pdf
54. UNESCO (2024) Comprehensive sexuality education: For healthy, informed and empowered learners. Available at https://www.unesco.org/en/health-education/cse
55. UNICEF & International Rescue Committee. (2023). *Caring for child survivors of sexual abuse: Guidelines* (2nd ed.). https://www.unicef.org/media/155226/file/CCS%20Guidelines%20Final%20.pdf
56. UNICEF, (2023) CARING FOR CHILD SURVIVORS OF SEXUAL ABUSE GUIDELINES. https://www.unicef.org/media/155226/file/CCS%20Guidelines%20Final%20.pdf
57. UNICEF. (2016). *Violence against children in Zimbabwe: National baseline survey report*. UNICEF Zimbabwe.
58. UNICEF. (2023). *Zimbabwe child protection programme report*. https://www.unicef.org/zimbabwe/reports
59. Vondo, N., Mabaso, M., Mehlomakulu, V., Sewpaul, R., Davids, A., Ndlovu, P., Sekgala, D., Shandu, L., & Moyo, S. (2023). Risky sexual behaviors among orphaned youth in South Africa: findings of the 2017 population-based household survey. *Frontiers in child and adolescent psychiatry*, *2*, 1033663. https://doi.org/10.3389/frcha.2023.1033663
60. Wamoyi, J., Stobeanau, K., Bobrova, N., Abramsky, T., & Watts, C. (2016). Transactional sex and risk for HIV infection in sub-Saharan Africa: a systematic review and meta-analysis. *Journal of the International AIDS Society*, *19*(1). https://doi.org/10.7448/IAS.19.1.20992
61. Wessells, M. (2012). A grounded view of community-based child protection mechanisms and their link with the formal child protection system in Sierra Leone. *Child Abuse & Neglect*, 36(1), 29–38.
62. Wessells, M. (2018). *Supporting community-led child protection* [Toolkit]. Inter-Agency Learning Initiative on Strengthening Community-Based Child Protection Mechanisms; Child Resilience Alliance. https://resourcecentre.savethechildren.net/document/supporting-community-led-child-protection/
63. Wessells, M. G., Lamin, D. F., King, D., Kostelny, K., Stark, L., & Lilley, S. (2012). The disconnect between community-based child protection mechanisms and the formal child protection system in rural Sierra Leone: Challenges to building an effective national child protection system. *Vulnerable Children and Youth Studies*, *7*(3), 211-227.
64. WHO, Responding to Children and Adolescents Who Have Been Sexually Abused: WHO clinical guidelines, World Health Organization, 2017.
65. WHO. (2016). *INSPIRE: Seven strategies for ending violence against children*. Geneva: World Health Organization.
66. World Health Organization. (2006). *Preventing child maltreatment: A guide to taking action and generating evidence*. WHO Press.
67. World Health Organization. (2022). *Child maltreatment fact sheet*. https://www.who.int/news-room/fact-sheets/detail/child-maltreatment
68. ZIMSTAT. (2023). *Zimbabwe Demographic and Health Survey: Preliminary Report*. Zimbabwe National Statistics Agency.