DYNAMICS OF CHILD SEXUAL ABUSE IN ZIMBABWE: TOWARDS A SOCIO-ECOLOGICAL FRAMEWORK OF PREVENTION

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ABSTRACT

Child sexual abuse is a common phenomenon the world over. Due to poverty and other socio-economic challenges bedevilling the country, this social vice is fast escalating in Zimbabwe, taking its toll on defenceless and vulnerable members of society. The advent of HIV and AIDS has left many children without parents, thereby further exposing them to abuse from both strangers and close guardians. Using evidence from literature, this paper seeks to unpack the prevalence of this social vice situating the role of social workers in efforts to curb it. Utilising the socio-ecological framework as an analytic and intervention tool and model, the paper notes that the current approaches employed by social workers are remedial or curative rather than sustainable and proactive. It is from this understanding that a more sustainable approach is advocated.

INTRODUCTION

Child Sexual Abuse (CSA) is a global socio-economic and health catastrophe. The World Health Organization (WHO) estimates that 150 million girls and 73 million boys under the age of 18 had experienced child sexual abuse by the year 2006 (WHO, 2006). Although this problem mainly affects girls than boys, there is now growing evidence suggesting that boys are now prone as well. To this effect, the United Nations Secretary General's Study on Violence against Children established that globally, 7% of boys and 14% of girls under the age of 18 are subjected to sexual violence (Pinheiro, 2006). These statistics provide a strong justification for society, through its various professionals including social workers to take action.

MAGNIFYING THE PROBLEM

CSA is broadly defined in this paper as any sexual act perpetrated against a person below the age of 18 years. Such violations usually take various forms including sexual touching, kissing, grabbing, fondling, attempted sex, sexual penetration, and pressured sex through the use of threats, luring, harassment or tricking (Collaborating Centre for Operational Research and Evaluation (CCORE), 2013; United Nations Children's Fund (UNICEF), 2013; Zimbabwe National Statistics Agency (ZIMSTAT), 2013).

In the Sub Saharan African region the prevalence of CSA is deep rooted and unembroidered. A 2007 national prevalence survey on CSA in Swaziland found that approximately 1 in 3 females experienced some form of sexual violence as a child (Reza, Breiding, Gulaid, Mercy, Blanton, Mthethwa, Bamrah, Dahlberg, and Anderson, 2009). In Tanzania, 4 in 10 females who experienced CSA before the age of 18 had more than one incident of sexual abuse during childhood (Center for Disease Control and Prevention, 2011; Muhimbili University of Health and Allied Sciences, 2011; National Center for Injury Prevention and Control, 2011; UNICEF, 2011b). An estimated 32 percent females and 18 percent of males experience CSA before reaching 18 years of age in Kenya (Center for Disease Control and Prevention, 2012; Kenya National Bureau of Statistics, 2012; National Center for Injury Prevention and Control U.S., 2012; UNICEF, 2012).

Zimbabwe is not spared. The Zimbabwe Demographic Health Survey of 2011 reported that of the 49 percent of women aged 15-49 who reported having ever experienced CSA confirmed that they experienced it between the ages of 15 and 19 (UNICEF, 2011c; ZIMSTAT, 2011). CCORE (2013), UNICEF (2013) and ZIMSTAT (2013) national cross sectional survey

indicates that about 33% of the female study respondents experienced some form of CSA before reaching the age of 18 years, while 9 percent of the males reported the same, females being at least three times more likely to be sexually abused than males.

The Zimbabwe Republic Police (ZRP) reported that within a period of 10 months (January to October 2011), 2,450 children had been raped country-wide, with neighbours responsible for 41% of the rape cases (UNICEF, 2011a). The cases increased from 2,883 in 2010 to 3,172 in 2011 (UNICEF, 2011a). In 2009, the Family Support Trust Clinic (clinics that provide clinical and psychosocial support to child survivors of CSA) reported having treated 30,000 girls and boys as survivors of sexual abuse over a period of 4 years, suggesting that at least 20 children were sexually abused in a day (UNICEF, 2011a).

Professional intervention strategies

Evidence from literature and practice experiences reveal that efforts by social workers working in health and child protection services in Zimbabwe in dealing with CSA are largely tertiary, curative and remedial (Kaseke, 1991). There is a wholesome emphasis on interventions such as clinical manage-ment, psychosocial support, counselling, psychotherapy and legal support for survivors (Kaseke, 1991). While these services are equally important constituents of any wrap-around portfolio intended to address CSA, the long term vision of a community substantially free of CSA, or at least greatly reduced in frequency and severity, demands an emphasis on reducing sexual abuse before it starts or recurs (Child Welfare Information Gateway, 2011). It is here observed that this approach has received less emphasis by social workers especially in Zimbabwe.

In the public health domain, the approach of prevention is better known as "primary prevention," because it aims to lower the rate of sexual violence against children by striving to stop violence before it starts (Dahlberg and Krug, 2002). This is contrasted with tertiary prevention which is focused on efforts to mitigate the negative impacts of sexual abuse that has already occurred. Initiatives such as expanding access for rape survivors to emergency contraception, Sexually Transmitted Diseases treatment, and post-exposure prophylaxis to prevent HIV would qualify as tertiary (Dahlberg and Krug, 2002).

Moving forward the paper envisages the socio-ecological model as a frame-work for the prevention agenda. The model has the strength of highlighting

the multiple causes of violence and the complex interplay of risk factors operating within the individual, family and broader community, social, cultural and economic contexts (Dahlberg and Krug, 2002). The model is grounded on multidimensional roots of CSA, hence is best suited to inform prevention interventions. This approach is more likely to sustain prevention efforts over time than any single intervention (Barkhurst, 2006). Dynamics of CSA in Zimbabwe are provided so as to influence evidence-based prevention interventions.

STATEMENT OF THE PROBLEM

CSA thrives in both the private and public spheres, catalysed by a number of factors that stem from the way in which Zimbabwean society is organised. These factors include culture, tradition, religion, politics, and the economy. These factors contribute to modelling societal perceptions of why child sexual abuse occurs, how society perceives the victim and the perpetrator, and how society responds to address cases of child sexual abuse (Brakarsh, 2003). This paper observes that intervention strategies presently employed by social workers are largely curative rather than preventive. The socio-ecological model is proffered as a framework for a prevention agenda. It is worth noting that the paper does not undermine curative efforts already in place, however, it simply calls for an integrated system that has both preventative and curative facets.

METHODOLOGY

The paper is primarily a desk study involving a rigorous literature review of the evidence on CSA in Zimbabwe. The authors embarked on an electronic search for published literature using Google Scholar, Google, Journal Storage and Medline relying heavily on the Web of Science. Examples of search terms used include Zimbabwe, violence, sexual violence, child sexual abuse, gender-based violence, children sexual exploitation, child protection, youth, orphans and vulnerable children and girls. The search results revealed a dearth in peer reviewed journal articles addressing the subject of child sexual abuse and exploitation against children in Zimbabwe. Instead, most insights are derived from the National Baseline Survey on Life Experiences of Adolescents by CCORE (2013), UNICEF (2013) and ZIMSTAT (2013). Currently, this represents a comprehensive and recent population based survey on the wider subject of violence against children in Zimbabwe. In addition, literature from other countries was also interrogated with the view of drawing lessons towards prevention.

CSA AETIOLOGY: CONCEPTUAL AND THEORETICAL FRAMEWORK

There is no clear consensus as to why CSA occurs (Dahlberg and Krug 2002, Child Welfare Information Gateway, 2011, Finkelhor and Dzuiba-Leatherman, 1995). This paper is anchored upon the socio-ecological theory of abuse which is a conceptual analysis of CSA, its possible aetiology and prevention modalities. It emanates from the child development theoretical work of Bronfenbrenner (1990). The theory is contextualised and modelled by the Centre for Diseases Control in the United States of America who coined it the socio-ecological model (Dahlberg and Krug, 2002). Hence the terminology theory and model are used interchangeably. The socio-ecological theorem posits that there is no sole factor that "causes" sexual violence against children, rather, there are plethora of factors that interact at diverse levels of the "social ecology" (Dahlberg and Krug, 2002). The paradigm places children at the centre of a series of concentric, nested circles or social "systems" influencing the child's life (Berk, 2000).

The socio-ecological framework is premised on the notion that individual behaviour can only be understood by taking into account factors of human living at each of endogenic, micro-system, exo-system and macro-system levels (Bronfenbrenner, 1990). Endogenic development deals with the characteristics of the individual, micro-systems involve the immediate context of the individual, exo-systems refer to formal and informal structures such as neighbourhood, community, schools and social networks, and macro-systems include societal institutions, cultural values and belief systems that impact on the individual (Bronfenbrenner, 1990).

The endogenic level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors are age, education, income, substance use, or history of abuse (Dahlberg and Krug, 2002). Brakarsh (2003) notes that in Zimbabwe some children are raped as young as three years old, with perpetrators taking advantage of the age of the child. The second level of the socio-ecological model explored shows proximal social relationships, such as relations with peers, intimate partners and family members, and the consequent risks for violent victimisation and perpetration of violence (Dahlberg and Krug, 2002). In application of the framework to Zimbabwean contexts, research shows that the major perpetrators of sexual violence against children are neighbours or someone who has a close relationship with the child (UNICEF, 2011a; ZIMSTAT, 2011; UNICEF, 2013).

The ecosystem examines the community contexts in which social relationships are embedded, such as schools, workplaces and neighbourhoods, and seeks to identify the characteristics of these settings that are associated with being victims or perpetrators of violence (Dahlberg and Krug, 2002). A contextual example in Zimbabwe is that most sexual abuse usually occurs on the way to school, at school and at a neighbour's house (CCORE, 2013; UNICEF, 2013; ZIMSTAT, 2013). Risks of child sexual abuse are greater in some community contexts than others, for instance in areas of poverty or physical deterioration, or where there are few institutional support mechanisms (Pinheiro, 2006).

The final level of macro-systems examines the larger societal factors that influence sexual violence. Larger societal factors include cultural norms that support violence as an acceptable way to resolve conflicts, norms that give priority to parental rights over child welfare, and norms that entrench male dominance over women and children (Dahlberg and Krug, 2002).

FORMS OF CSA IN ZIMBABWE

Knowledge of prevalent forms of CSA is cardinal in informing holistic prevention modalities. Findings by CCORE (2013), UNICEF (2013) and ZIMSTAT (2013), points that sexual touching or fondling (20.2 percent) is the most prevalent form of CSA, followed by attempted sex (15 percent). Sexual touching is the common form of abuse experienced by boys (5.6 percent), followed by attempted sex (3.8 percent). UNICEF (2011a) points out that rape cases (70%, N=726) constitute the largest category of reported CSA incidents at the four Family Support Trust clinics.

Multiple incidents of CSA

Evidence from literature points towards the fact that CSA is a real and vivid social menace in Zimbabwe. From this evidence, it is rather unfortunate that perpetrators have tended to capitalise on the underlying vulnerabilities and circumstances including orphan hood, poverty, living arrangements, age, culture and the distance to school that children are continually exposed to. To this effect, 63 percent of females and 7 percent of males aged 18-24 years who reported CSA experienced either two or more incidents (CCORE, 2013; UNICEF, 2013; ZIMSTAT, 2013). Perpetrators have reported in multiple studies that they sexually abuse children who are socially isolated and vulnerable (Renk, Liljequist, Steinberg, Bosco and Phares (2002). Additionally the recurring trend can be enunciated by the fact that most abuse happens in the milieu of dating relationships, in which sexual abuse is a

recurring feature under the auspices of the "relationship" (Finkelhor, Turner, Ormrod, Hamby and Kracke, 2009).

Boys as victims of CSA

Research on CSA against boys has been neglected over a long period of time thereby stalling meaningful interventions targeting boys (UNICEF, 2011a). CSA of boys is not a new phenomenon, yet globally very little is known about the nature and extent of sexual violence against boys (Finkelhor et al., 2009). The paucity of literature on sexual abuse of boys in the general population has led to an assumption that it rarely occurs (Finkelhor et al., 2009). Save the Children Norway, Childline, and Streets Ahead (2009) observed that 25 per cent of boys living and working on the streets of Harare are victims of sexual abuse, and only 8 percent of these boys are able to report the abuse.

These findings resonate with international studies that suggests between 3% and 29% of men have experienced some form of child sexual abuse during childhood (Jewkes, Sen, and Garcia-Moreno, 2002). The perception that sexual abuse is confined primarily to girls and women rather than to boys and men is largely a product of culture and tradition. Traditionally, men are masculine, powerful and less vulnerable. To that end, they are not expected to complain or to report cases of CSA. To worsen the already precarious situation, such a culture of silence has tended to dissuade most professionals, including donor agencies, from treating men and boys as a group at risk.

FACTORS PROMOTING CSA

In order to understand the nature and depth of child sexual abuse, there is need to appreciate its precipitating factors. As has been previously discussed, these factors take a variety of forms including religious, social, economic and cultural. This section is intent at bringing to the fore some of these factors in order that a sound and comprehensive intervention strategy is carved.

Religion and CSA

Religion has tended to be a haven of child sexual abuse in Zimbabwe (Sibanda, 2011). This scenario resonates with other parts of the world where CSA is wide spread among religious groupings (Sibanda, 2011, Pinheiro, 2006, Jewkes et al., 2002). Thirty-two percent of the females and 12 percent

of the males from households where the head was Roman Catholic reported that they had experienced some form of CSA (CCORE, 2013; UNICEF, 2013; ZIMSTAT, 2013). Among those who were from households with a Protestant head, 28 percent of females and 8 percent of males experienced CSA. More than a third (37.1 percent) of the females whose head of household belonged to the Apostolic Sect reported that they had experienced some form of CSA.

Perpetrators of CSA abusing the trust given them by children

In the majority of cases, CSA is perpetrated by a person close or known to the child (Brakarsh, 2011, UNICEF, 2011a). The group include neighbours, peers, boyfriends / girlfriends, teachers, parents and members of the extended family (Brakarsh, 2011). UNICEF (2011a) notes that about 96% of 584 reviewed cases indicated that the relationship between the perpetrator and the child pre-existed, and the remaining 4% of perpetrators were described as strangers. The neighbour (20%), boyfriend (20%) and some members of the extended family were most frequently represented as the perpetrators of CSA. CCORE (2013), UNICEF (2013) and ZIMSTAT (2013) observes that 77.7 percent of females and 26.7 percent of males aged 18-24 years reported that the first incident was perpetrated by a boyfriend or girlfriend, that is, someone they were in a relationship with. Neighbours were cited by 10 percent of females and 33 percent of males as the perpetrators of the first incident of sexual violence among the 18-24 year age group.

CSA ocurring among boys and girls in dating relationships

There is noteworthy evidence that most CSA is transpiring in intimate relationships and is affecting both girls and boys (CCORE, 2013; UNICEF, 2013; ZIMSTAT, 2013; UNICEF, 2011a; Pinheiro, 2006). Three quarters of females and a quarter of males aged 18-24 years reported that the first incident was perpetrated by a boyfriend or girlfriend, that is, someone they were in an intimate relationship with (CCORE, 2013; UNICEF, 2013; ZIMSTAT, 2013). Almost 71 percent of the females aged 18-24 years indicated that their boyfriends were responsible for experiences of unwanted sexual touching, while 28 percent of the males reported unwanted sexual touching from their girlfriends (CCORE, 2013; UNICEF, 2013; ZIMSTAT, 2013). Implicit from the above statistics is the fact that dating if not controlled becomes a major determinant of child sexual abuse. Any professional intervention therefore must be sensitive to the relational activities indulged in by boys and girls in order to arrest the problem.

Age as a determining factor of CSA

According to CCORE (2013), UNICEF (2013) and ZIMSTAT (2013), twenty-nine percent of the females who experienced any childhood sexual violence indicated that the perpetrator was at least 10 or more years older than they were. The proportion is slightly higher for males, where 35 percent reported that their abusers were 10 or more years older than them (CCORE, 2013; UNICEF, 2013; ZIMSTAT, 2013). This pinpoints that nearly 1 in 5 of both females and males who experienced any CSA indicated that the perpetrator of the incident was 10 or more years older than they were. Thus, the converse is true that about 4 in 5 of the females and males who experienced any childhood sexual violence indicated that their perpetrator was less than 10 years older than them (CCORE, 2013; UNICEF, 2013; ZIMSTAT, 2013). The above findings pit age as a crucial imperator when it comes to the perpetration of child sexual abuse.

Location of first incident of CSA

Knowledge of the context in which CSA occurs helps in understanding the factors which may expose children to the risk of abuse (UNICEF, 2011a). CCORE (2013), UNICEF (2013) and ZIMSTAT (2013) points out that forty-nine percent of females who had experienced CSA indicated that at least one of their experiences of sexual abuse took place at someone's house. Thirty-two percent of females experienced the first incident of CSA at their own home, while 31 percent experienced the violence at the perpetrator's home. About 20 percent of females experienced the first incident of CSA while travelling to or from school. For males, 31 percent experienced the first incident of sexual abuse at their home, while 19 percent experienced it outside (CCORE, 2013; UNICEF, 2013; ZIMSTAT, 2013). UNICEF (2011a) in Zimbabwe notes that girls above 12 years were most frequently abused at peers' and boy friends' dwellings.

THE SOCIO-ECOLOGICAL MODEL: A FRAMEWORK FOR PREVENTION AND SOCIAL WORK INTERVENTION

The prevention of CSA before it begins or escalates reduces human suffering and also makes sense economically. Prevention requires understanding the factors that influence violence. The social-ecological framework is useful not only in understanding the possible causes of CSA but also how to prevent it (Dahlberg and Krug, 2002). The model's multifarious interchange between individual, relationship, community, and societal factors enables a continuum of activities that address multiple levels and dimensions of CSA.

This methodology is more positioned to sustain prevention efforts over time than any single intervention (Dahlberg and Krug, 2002). This paper outlines the levels of the socio-ecological model and proposes possible social work interventions for each level. The paper is not geared towards the invention of new theories, but the utility of social work methods and skills that are already in use in other fields of practice. The paper is not only concerned with positioning social workers to prevent CSA, but in implementing evidence based effective interventions. Research suggests that CSA is preventable, and the persistence of the problem indicates the need for systematic prevention (Moore, 1995).

Individual personal history and biological and demographic factors such as age, education, attitudes, income, substance use, or history of abuse. In addition, such factors as impulsivity, low educational attainment, substance abuse, and prior history of aggression and abuse, are identified in the first arm of the socio-ecological model as characteristics of the individual that increase the likelihood of being a victim or a perpetrator of violence (Dahlberg and Krug, 2002).

Social workers' roles and interventions at this juncture should address risks that are associated with individual factors that place children at risk of being abused or being an offender. Prevention strategies should, therefore, be directed towards the promotion of behaviour change, attitudes, and beliefs that ultimately prevent violence. To that end, CSA prevention interventions must target victimisation, sexually abusive behaviour and the altering of community attitudes which allow the CSA.

One of the interventions is to target offenders to prevent recurring behaviour. The perpetrators need to admit responsibility and be seen as responsible for their actions. In this activity individuals bear responsibility for structural injustice because they contribute by their actions to the processes that produce unjust outcomes (Moore, 1995). Intervention programmes targeting perpetrators should include therapies, peer support groups and education meant to demystify masculinity, cultural norms, and practices that perpetuates CSA. A criminal justice approach responds to violence with retribution against perpetrators (Moore, 1995). A socio-ecological model, in contrast, employs a systemic understanding of the vulnerabilities and resilience of both victims and perpetrators.

There are children who sexually abuse other children in Zimbabwe especially in the milieu of intimate relationships. The most common form of CSA by other children is coerced fondling (CCORE, 2013; UNICEF, 2013;

ZIMSTAT, 2013). Estimates suggest that between 30 and 50 percent of child molestations are perpetrated by juveniles (Becker, 1994). Between 60 and 80 percent of adult offenders are estimated to have begun sexually abusing children as juveniles (Groth, Robert and Bradley, 1982). Typically, children who sexually abuse children have difficulties with emotional regulation, intimacy, sexual arousal, and distortions in thinking (Musser, Cimbolic and Rossetti, 1995; Berlin, 1983). Possible activities include multimodal, behavioural, and skills-oriented interventions, family clinical interventions such as family functional therapy and multisystem therapy, therapeutic foster care and wraparound services to intensively supervise and provide tailored services to delinquent youth. These activities should not only target boys but also the girls implicated. However, the interventions should be implemented separately for boys and girls.

The second level deals with close relationships that increase the risk of experiencing sexual abuse as a victim or perpetrator. A child's closest social circle peers, partners and family members influences their behaviour and contributes to their range of experience. Prevention strategies of social workers should be geared towards strengthening families, promoting healthy relationships and empowering caregivers and children themselves to prevent CSA. Social workers need peer programmes that educate children on CSA and encourage same age group relationships that are not harmful or exploitative.

It is, therefore, crucial for social workers to influence close personal relation-ships and work to create healthy family environments, as well as providing professional help and support for dysfunctional families. As noted earlier, most abusers are people known or have relationships to children (UNICEF, 2011a). Further to that thirty-two percent of females experienced the first incident of sexual abuse at their own home , which shows that many home environments are not safe (CCORE, 2013; UNICEF, 2013; ZIMSTAT, 2013). These types of inter-ventions generally educate caregivers on healthy parenting and creating a safe home environment. Parenting clubs/groups are an effective mechanism of reaching out to many parents and further to facilitate sharing of experiences and robust dialogue. These interventions are particularly important with high-risk, vulnerable, isolated families such as those living in poverty (MacLeod and Nelson, 2000).

Such interventions should empower caregivers to identify possible risks and help their children to resist or refuse overtures and fondling. Parents should be encouraged to train children to evade risky areas such as hotels and pubs on the way to school, to vacate the situation and encourage them to yell or

scream, or, less frequently. Efforts should be made that males including those in the extended family take part as they have a critical role to protect children and major potential abusers. Further to that interventions with parents should address religious practices that fuels CSA.

Home visitation programmes have been found to effectively reduce CSA (MacLeod and Nelson, 2000). Home visitation programmes entail social workers visiting individual households to provide the knowledge, skills, and support to improve the parenting skills of overwhelmed or at-risk parents (Dahlberg and Krug, 2002; MacLeod and Nelson, 2000). Opening the lines of communication about CSA may reduce some of the secrecy, shame, confusion, and stress that all parties (children, families, perpetrators, individuals at-risk for offending, and the public) associate with its occurrence. The home visitations will model parent-child interactions, child management strategies, general parenting and child development information, conducting formal assessments and screenings and providing structured counselling. The ultimate goal being to enhance family cohesion, promote health relationships and family wellness.

A meta-analysis of the child abuse prevention effects of interventions promoting family wellness found positive results (MacLeod and Nelson, 2000). Rather, CSA prevention education should focus on the need for adults to be protective of and responsible for children. Home visitations should avoid assertions and programming that stigmatise the relationships between male caretakers and children. Rather, prevention efforts should develop strategies that actively bring men at the prevention forefront. This article also recommends fostering discourses that provide men with the opportunities to be considered nurturers and caretakers. CSA prevention programmes targeting children and those close to them are among the most effective approaches (MacLeod and Nelson, 2000).

Educational clubs in schools are instrumental in addressing gendered inter-personal relationships and individual factors that place a child at risk or being an offender. Traditional male roles where society promotes domination, exploitation, objectification, control, oppression and dangerous risk taking behaviour in men and boys, often lead to men victimising women and girls. Prevention programmes should focus on altering perceptions of gendered sexual scripts as well as gendered assumptions about abusers and victims. Programmes that encourage the active participation of children, for example, role-plays are more effective than those that use either passive methods such as teaching concepts, discussion or non-participation (for example, films, videos, or individual study of written materials) (Rispens, Aleman, Goudena,

1997). The third level explores the settings, such as schools, workplaces, and neighbour hoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of CSA. Prevention strategies at this level are typically designed to impact the climate and processes in a given system. Social norm and social marketing campaigns are often used to foster community climates that promote healthy relationships (Dahlberg and Krug, 2002). Community-level interventions include reducing the intergenerational relationships and creating safe communities.

School interventions are generally designed to teach children how to recognise threatening situations and to provide them with skills to protect themselves against CSA in schools, communities and families (Daro and Donnelly, 2002; Kenny and Adriana, 2000; Wurtele and Miller-Perrin, 1992). The concepts underlying the intervention are that children own and can control access to their bodies and that there are different types of physical contact. Children are taught how to tell an adult and peers if they are asked to do something they find uncomfortable. Researchers found that children who had participated in school-based sexual abuse prevention programmes not only demonstrated greater knowledge about sexual abuse, but also reported that these children were more likely to exhibit protective behaviours and utilise protective strategies when threatened or victimised (Finkelhor and Dzuiba-Leatherman, 1995). Furthermore, children who participated in school based sexual abuse prevention programmes were more likely to use protective strategies (for example, yelling, running, telling an authority (Finkelhor and Dzuiba-Leatherman, 1995). A meta-analysis of 16 evaluation studies of school-based child education programmes found that such programmes are generally successful at teaching children about child sexual abuse concepts and self-protection skills (Rispens et al., 1997).

At community level of intervention, social workers need to strengthen and support community based child protection systems such as Child Protection Committees (CPC). Child protection committees are groups of community members who volunteer to work together to protect children, offering support, information and referrals. Child protection committees can play a key role in mediation with families and authorities, in providing direct support to children (and families) and ongoing monitoring of security situations, and in referring children and families to appropriate services. Their status in the community means they have the capacity to intervene in the early stages of a crisis.

Widespread community prevention and educational campaigns are another approach to reducing CSA. These activities should also deliberately target religious sects given that CSA is rife within various religious institutions. These interventions stem from the belief that increasing awareness and under-standing of the phenomenon among the general population and demystifying harmful norms and harmful religious practices will result in a lower level of abuse (Dahlberg and Krug, 2002). This could occur directly with perpetrators recognising their own behaviour as abusive and wrong and seeking treatment, or indirectly. Raising awareness about, and understanding of, sexuality is an important starting point in changing behaviours. To challenge the way children are viewed and treated requires interventions that look at individual behaviours and attitudes, as well as at the norms that govern community. Adolescents additionally receive informal education and vocational training and are trained in peer education and peer mediation on topics such as gender norms, cultivating resilience and peacebuilding skills. Education efforts should ensure that children, parents, and professionals do not harbour the inaccurate notion that sexual abuse perpetrators tend primarily to be strangers. A prevention strategy that promotes awareness of gender and sexuality constructs may serve to strengthen the relationship between the child and male caregiver.

The fourth level looks at the broad institutional and societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms. Other large societal factors include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society. Cultural traditions that favour male over female children, early marriage for girls, male sexual entitlement, and female "purity" place women and girls in a subordinate position relative to men and make them vulnerable to violent victimisation (Dahlberg and Krug, 2002). This involves addressing social, religious and cultural norms that promote or glorify violence towards others, including physical punishment, norms that diminish the child's status in parent-child relationships, and norms that demand rigid gender roles for males and females, can increase the incidence of violence (Daro and Gelles, 1992).

Social workers need to advocate and participate in the strengthening of national legal and policy frameworks to address sexual violence. Ensuring their enforcement is of key significance in tackling CSA (Dahlberg and Krug, 2002). In addition to strengthening national criminal laws to criminalise and impose heavy penalties for rape and sexual violence, laws and policies can help to address gender attitudes, implementing policies and programmes to reduce poverty and inequalities of all kinds and improving support for

families, social norms and other underlying causes of sexual violence, including discrimination (Daro and Dodge, 2009). Maintaining a fair and efficient criminal justice system contributes to the general deterrence of violence (Dahlberg and Krug, 2002).

CONCLUSION

CSA is preventable. Social workers have a critical role to play in the prevention of CSA. The socio-ecological paradigm is an essential tool for social workers to understand the possible causes of CSA and how prevention can be enhanced. CSA is a complex social problem that requires a multisectoral approach that requires different stakeholders such as the police, education and health sectors to work together. Further to that this calls for a multi-disciplinary approach.

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