An Analysis of Child Sexual Abuse Cases

in the period

1 January 2008 to September 2010

Reported to
Family Support Trust Clinics

unicef

FAMILY SUPPORT TRUST

CCORE
Collaborating Centre for Operational Research and Evaluation
An Analysis of Child Sexual Abuse Cases reported to Family Support Trust clinics in the Period January 1, 2008 to September 2010
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<th>Description</th>
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<tbody>
<tr>
<td>CCORE</td>
<td>Collaborating Centre for Operational Research and Evaluation</td>
</tr>
<tr>
<td>CRF</td>
<td>Case Review Form</td>
</tr>
<tr>
<td>(Please avoid using this acronym as it will be confused with the NGO Child Protection Society)</td>
<td></td>
</tr>
<tr>
<td>FST</td>
<td>Family Support Trust Clinic</td>
</tr>
<tr>
<td>NAP</td>
<td>National Action Plan</td>
</tr>
<tr>
<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
</tr>
<tr>
<td>PEP</td>
<td>Post-Exposure Prophylaxis</td>
</tr>
<tr>
<td>SD</td>
<td>Standard Deviation</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Presentational System Software</td>
</tr>
<tr>
<td>VFU</td>
<td>Victim Friendly Unit</td>
</tr>
<tr>
<td>ZRP</td>
<td>Zimbabwe Republic Police</td>
</tr>
</tbody>
</table>
ACKNOWLEDGMENTS

This report was compiled by Mr Kuziwa Chimunda (Consultant from Development Data) working under the CCORE. Special thanks are extended to the following people:

- Mr. Shemiah Nyaude (Harare Family Support Clinic M&E Officer) who ensured that data from all Family Support Trust Clinics were available for analysis.
- Family Support Trust Clinic managers,
- CCORE team: Dr. Susan M. L. Laver, Mr Wellington Mushayi and Mr Munyaradzi P Mapingure and Anthony Nolan and Ndangariro Moyo, UNICEF
EXECUTIVE SUMMARY

Anecdotal evidence suggests that abuse and violence against children are a serious concern in Zimbabwe; however, the lack of data from which to make evidence-based programming continues to limit efforts to prevent and respond to abuse and violence. This study represents a retrospective analysis of 728 cases of child sexual abuse that were reported to four Family Support Trust Clinics in 2009; clinics located in Harare, Chitungwiza, Mutare and Beitbridge.

Four categories of variables: survivor profile, perpetrator profile, incident profile and outcome were identified for the study and based on the subsequent analysis; the following key findings were identified:

- There has been an increase in cases of child sexual abuse reported to the four Family Support Trust Clinics in the period beginning first quarter of 2008 to the third quarter of 2010. This does not necessarily indicate an increase in prevalence or incidence, but rather, suggests an increase in cases that are now being referred for clinical care and support.

- Around 71 per cent of reported cases (N=517) were drawn from urban areas. This is not surprising, given that each of the clinics is urban-based, but the increase may also suggest that rural survivors continue to face access barriers when seeking support.

- More than 40 per cent of reported sexual violence incidents took place in or around the child’s home and 92 per cent of survivors were girls.

- Boyfriends, neighbours and the extended family accounted for 68 per cent of the alleged perpetrators, supporting global research that suggests that most perpetrators of sexual abuse have an existing relationship of trust with the survivor.

- Around 85 per cent of cases were first reported to the Zimbabwe Republic Police, prior to being reported to the Family Support Trust Clinic, indicating the necessity of strong linkages between the legal and welfare services.

A number of opportunities for strengthening the Family Support Trust Clinics were also identified:

- A comprehensive, electronic data collection tool should be developed to enable the regular analysis of case data and should include follow up information on the well-being of the survivor and the outcome of other welfare and justice service provision.

- Monthly statistical reports should be generated and shared, using the data collection tool described above. This serve to both strengthen the scale up of Family Support Trust Clinics and inform programme design of other justice and welfare services for survivors.

- Opportunities to expand the reach of services, particularly into rural areas must be harnessed to ensure that access is equitable.

- Capacity strengthening activity around data collection and analysis should be routinely offered.
1.0 BACKGROUND TO THE STUDY

Family Support Trust is a civil society organisation that provides clinical care and psychosocial support to survivors of sexual violence through its hospital-based clinics. At present, clinics have been established in Harare, Chitungwiza, Mutare and Beitbridge. A further three clinics established by the Ministry of Health and Child Welfare in Bulawayo, Gweru and Gokwe also draw on technical support from the Family Support Trust (FST) for training, monitoring and ongoing mentoring support. Based on the success of these Centres, the Ministry of Health and Child Welfare has indicated that it wishes to expand the delivery of services through FST to clinics in all hospitals throughout the country.

FST also works closely with other welfare and justice sector agencies, the Department of Social Services and civil society organisations and is part of the Victim Friendly System, which ensure that survivors are referred to and receive a holistic package of support.

Whilst case data is recorded for each survivor that accesses one of their clinics, FST has lacked the capacity to undertake systematic data analysis and as a result, been unable to draw on existing information when designing and establishing new Centres. This study aimed to undertake a preliminary analysis of recent data and strengthen FST’s capacity to assume the regular and systematic reporting of data in future years.

2.0 JUSTIFICATION FOR THE STUDY

It is widely recognised that sexual violence against children is a serious violation of children’s right to protection and has adverse effects on child development. Anecdotal evidence suggests that sexual violence is occurring in Zimbabwe, however, as in all countries, there is a paucity of data from which to make evidence-based policy and programming decisions. Some statistics collected in the Zimbabwean context reveal the following:

- An estimated 60 per cent of rape survivors brought to the attention of authorities are children, an overwhelming majority of whom are girls;¹
- The Police recorded 3,448 child abuse cases in 2009, the Victim Friendly Courts heard 1,222 cases of child sexual abuse and it is generally acknowledged that the majority of abuse is not reported to authorities;
- 25 per cent of boys living and working on the streets of Harare are victims of sexual abuse, and only 8 per cent of these boys are able to report that the perpetrator had been arrested²;
- 24 per cent of alleged perpetrators of cases of child abuse reported through Childline in 2009 were arrested. A court hearing date was obtained in 23.5 per cent of the cases, but only 8 per cent of the cases went to trial. The perpetrators were sentenced in 3.5 per cent of cases and imprisoned in 1.2 per cent of cases³.

This study aims to analyse reported cases of sexual abuse within a defined period and as a result, is unable to provide an indication of prevalence or incidence. It does, however, offer an opportunity to gather information on the profile of reported survivors, identify risk and protective factors; and the nature and success of FST interventions. This data will inform FST’s strategy for scaling up its clinics and complement upcoming national research efforts, including the upcoming national prevalence study on sexual violence against children. The study also offered an opportunity to strengthen the capacity of FST to manage and analyze critical data on sexually abused children.

¹ Victim Friendly Unit Police Reports, disaggregated by year to uncover general trends (2008,9,10)
3.0. OBJECTIVES

1. Show trends of sexual abuse cases reported to FST clinics from 1 January 2008 – 30 September 2010.

2. Analyze available data on cases of child sexual abuse reported to Family Support Trust over a 12 month period (1 January 2009 – 31 December 2009) in order to describe the characteristics of:
   - The child survivor of sexual abuse
   - The incidents of sexual abuse
   - The perpetrators of abuse
   - The intervention conducted by different stakeholders.

4.0 METHODOLOGY

4.1 DATA COLLECTION AND ABSTRACTION

4.1.1 Case Reviews

A case review form was designed to abstract data and capture it in a format that facilitated analysis. Retrospective review of sampled cases, sexually abused children under the age of 16, reported between January 01, 2009 and December 31, 2009 was conducted. The review process involved thorough examination of all materials presented in each individual FST sexual abuse case file, including the intake form. The study population was derived from four Family Support Trust (FST) clinics (i.e. Harare FST, Mutare FST, Chitungwiza FST and Beitbridge FST), and all of which are located in an urban setting.

Time constraints made it impossible to review all available cases in this study. However, a representative sample for each FST clinic was determined for each of the clinics and a two stage sampling technique was used to select a representative sample size for the four FST clinics. Proportional sampling across three age groups for each FST clinic followed by a random sampling from each selected age group was employed. Sample size determination was informed by Cochran’s sample size formula for categorical data.

The sample size for each FST clinic cases was calculated based on a 95% confidence level and 5% margin of error. The general rule relative to acceptable margins of error (5%) in educational and social research was applied using the formula in Appendix 2. General trends for the four clinics from 2008 to 2010 were plotted and an in-depth analysis of sexually abused cases reported in 2009 was made. Table 1 below shows total number of cases reviewed against total number of cases reported to the four FST clinics in 2009.

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4 Only children up to the age of 16 were included in this study, as the existing data collection tools do not enable the separation of cases of 17 year old children from adults. This has been addressed in the recommendations.

5 Age groups (i) 0 to 5 (ii) 6 to 11 and (iii) 12 to 16


Table 1: Number of cases reviewed vs. Total number of reported cases to the four FST clinics

<table>
<thead>
<tr>
<th>FST Clinic</th>
<th>Total Cases reported in (January-December) 2009</th>
<th>Sample size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beitbridge</td>
<td>70</td>
<td>59</td>
</tr>
<tr>
<td>Chitungwiza</td>
<td>379</td>
<td>192</td>
</tr>
<tr>
<td>Harare</td>
<td>1203</td>
<td>264</td>
</tr>
<tr>
<td>Mutare</td>
<td>526</td>
<td>213</td>
</tr>
<tr>
<td>Total</td>
<td>2329</td>
<td>728</td>
</tr>
</tbody>
</table>

4.1.2 Desk review

In order to attain a deeper understanding of the Family Support Trust programs, a desk review of relevant documents was conducted in the initial phase of the study. These documents were used to develop the contextual background (trends of selected variables and socio-economic background) and framework against which the study was conducted. The following documents were reviewed:

- Family support monthly statistics (2008-2010)

4.1.3 Data categories

The data were classified within the following areas:

1. Characteristics of sexually abused children
2. Characteristics of sexual abuse incidents
3. Characteristics of perpetrators
4. Nature of the intervention

4.2 DEFINITIONS OF TERMS

Child and child sexual abuse:

A child is any human being under the age of 18. For the purpose of this study, Child sexual abuse case was limited to cases reported to Family Support Trust clinic for counselling and medical examination or treatment where the survivor of sexual abuse was sixteen years and below; and the report made between January 1st, 2009 and December 31st, 2009.

Sexual abuse categories

- **Indecent assault** is an intentional assault involving the sexual organs, including actions such as attempted rape, fondling and oral sex
- **Statutory rape** is unlawful sexual intercourse with any girl or boy under the age of 16 years where the child appears to provide consent
- **Rape** is forceful, non-consensual sexual penetration. This included attempted rape, incest and sodomy.

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d) **Incest** is when a person intentionally has sexual intercourse with another person who is a blood relative or related by marriage or adoption, and thus unable to contract a valid marriage.

e) **Abduction** is the act of intentionally taking a minor against the will of the parents, guardians, or custodians of the minor with the intention of the person or another party marrying or having sexual intercourse with the minor.

**Child to Perpetrator Relationship Category**

- **Extended**: Included aunt, uncle, cousin, brother-in-law, sister-in-law and all other relatives not in the immediate family
- **Immediate**: Includes mother, father, siblings, step-parents, step-siblings and grandparents
- **Peer**: Included any relationship identified as being a peer, e.g. school mate, playmate, friend, boy friend etc
- **Other**: All other relationships in which the child reported that they knew the perpetrator but the relationship did not fall within the family or peer categories, e.g. teachers, gardeners, maids, employees, neighbours, landlords and strangers.

4.4 DATA ENTRY, ANALYSIS AND REPORT WRITING

Data was entered in Microsoft Access 2007 database and analysed using Statistical Presentational System Software (SPSS) package.

4.5 LIMITATIONS

- All data presented in this report were collected from information detailed in the reports made to Family Support Trust Clinics and may not be generalisable to all abuse that occurs in communities;
- The results only represent those clients for whom data are available. Missing data varied across variables, with some missing for large proportions of the sample
- Data quality was subject to (1) the precision of the report made to FST counsellors, (2) the degree of FST’s success in accurately documenting this information in a record detailing all the facts related to the incident of abuse and (3) the ability of the reviewer to objectively abstract these details, capture them onto the Case Review Form (CRF) and enter them correctly into the database
- Only cases of children below the age of sixteen were reviewed in this study, as the available FST data collection tools did not separate 17 year old children from older survivors
- Concerning case referrals, it is not clear if all abusers were prosecuted since the information recorded in the file was recorded after counselling and also because FST’s support to child victims is largely a pre-trial intervention resulting in medical and psycho-social support to the child that results in the establishment of medical evidence required for prosecution.

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9 For noting: In this report some percentages are presented as: X % (n) where n is the total number of cases equivalent to x%, e.g. 22% (148): X % (N=a) where N is the total number of children which constitutes the denominator for the calculations, e.g. 89% (N=141)
5.0 FINDINGS

5.1 NATURE OF THE INTERVENTION
The study reveals that about 51% (N=728) of survivors’ clinical observations were fully recorded whilst the remaining 49% of the reviewed cases had some missing information. Missing data varied across variables, with some variables having large proportions of data missing. This may have resulted from the fact that data were not collected for research purposes, but to serve clients, usually under demanding situations.

An FST clinic offers sexual abused children a prescribed treatment plan based on the nature and extent of sexual abuse. A standard treatment plan includes, but is not limited to:

(i) Supportive counselling, medical examination and treatment
(ii) PEP program and HIV tests
(iii) Pregnancy and STIs tests

The Victim Friendly Unit in Zimbabwe Republic Police, in this study, was found to be the main partner of FST in assisting abused children. Findings show that the majority of sexual abuse cases (85%, N=728) were first reported to ZRP and later on to the FST clinics. Among all cases referred by ZRP, about 33% (204) of the alleged perpetrators were arrested at the time of the counselling session.

5.2 REPORTING PATTERNS
A majority of sexual abuse incidents were discovered by mothers. Additionally, about 42% of 728 sexual abuse incidents reviewed were discovered within a week of occurrence. Once a child sexual abuse incident was discovered or disclosed, 66% of the survivors reported to FST within a week (See Appendix 4). As a result of the delays in reporting many clients did not present at the clinic in time to qualify for PEP (only about 34% of the reviewed cases presented at the clinic within the maximum limit of 72 hours from the time of the incident).

5.3 CHILD SEXUAL ABUSE TREND ANALYSIS
Fig 1: Sexual abuse Trends of the four FST clinics from 2008 to 2010

![Sexual abuse cases reported](image)

Source: FST monthly statistics (2008-2010)

There is a general increase in reports of sexual abuse to the four FST clinics from the first quarter of 2008 to the third quarter of 2010. Sexual abuse cases reported to the Harare FST clinic show an upward trend from 2008 to third quarter 2010. It is worth noting that the increase in sexual abuse cases reported to the four FST
An Analysis of Child Sexual Abuse Cases reported to Family Support Trust clinics in the Period January 1, 2008 to September 2010

clinics does not necessarily reflect an increase of sexual abuse in communities, as it may only be reflective of an increase in reporting of sexual abuse incidents.

The feedback below was obtained from Harare and Mutare FST clinic managers:

The Harare clinic manager indicated that increases in the first quarter of each year may be a result of a backlog since the clinics close mid December and opens in January of the following year. In addition, children travel more during the Christmas holidays increasing their vulnerability to abuse. Further analysis reveals that the increase in reported cases in the fourth quarter of 2009 to the first quarter of 2010 in Harare coincided with the enrolment of additional community based volunteers during that period.

The Mutare FST clinic manager explained that number of clients observed during the first quarter of 2009 was lower than the second quarter of the same year due to the fact that some families could not afford to pay bus fares following the introduction of the multicurrency system. To quote: “The (United States) dollar was very difficult to get therefore some clients did not manage to come to clinic in time and some reported very late because of cash problems.”

She further revealed that the increase of reported sexual abuse cases at Mutare FST clinic could have resulted from the extensive awareness campaigns that were conducted in the third and fourth quarter of 2009.

According to the Mutare FST manager, the increase of sexual abuse cases observed in 2010 resulted from the following:

- Increased awareness of the services being offered at the Mutare FST clinic by the community hence more people are now reporting.
- More children seem to be aware of their rights hence they are reporting abuse.

5.4 PROFILE OF CHILD SEXUAL ABUSE SURVIVORS

Data presented is for the period from January to December of 2009 and all findings in this section are based on the 728 sampled cases.

Study findings revealed that child survivors of sexual abuse are predominantly female with males comprising 8% of the sample. This is almost similar to findings from an earlier study undertaken by FST from January 1998 to December 2001 where males accounted for 7% of sexual abuse survivors from a sample of 4,928\(^{10}\).

**Table 2: Age distribution of clients, January 2009 to December 2009\(^{11}\)**

<table>
<thead>
<tr>
<th>Age in Years</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>163</td>
<td>22.5</td>
</tr>
<tr>
<td>6-9</td>
<td>146</td>
<td>20.1</td>
</tr>
<tr>
<td>10-12</td>
<td>101</td>
<td>13.9</td>
</tr>
<tr>
<td>13-16</td>
<td>316</td>
<td>43.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>726</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

In addition:

- Children between 0-5 years comprise 22.5% of the sample
- The 13-16 year age group had the largest proportion of cases, representing 44% of the children brought to the clinics. This age group also has the largest number of statutory rape cases; out of 81 statutory rape cases 96.3% were within the 13-16 year age group.

5.5 PERPETRATOR PROFILE

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\(^{11}\) Adolescents (12-16) years, pre-adolescents (10-12) years
Available data revealed that majority of the perpetrators were older than the sexual abuse survivor. For example, out of 669 perpetrators, 71% were adults while 29% were children.

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%), boy friend (20%) and some members of the extended family were most frequently represented as the perpetrators of sexual abuse. Results are shown in Fig 1 below.

**Fig 2: Perpetrator’s Relationship to abused child**

- Further analysis revealed that 53% of 265 adolescents’ girls indicated that boyfriends and peers were the most commonly reported perpetrators.
- In terms of marital status of the perpetrators, majority of the perpetrators (65.7%, N=595) were found to be single. Married perpetrators accounted for 27.1% (N=595).

### 5.6 CHARACTERISTICS OF SEXUAL ABUSE INCIDENTS

Our findings revealed that rape cases (70%, N=726) constitute the largest category of reported sexual abuse incidents at the four FST clinics (Table 3). However, for noting, though rape incidents constituted the bulk of the cases at most of the facilities, statutory rape was the highest at Beitbridge FST clinic comprising 45.8% (N=59) of the total number of cases.

<table>
<thead>
<tr>
<th>Age categories/Sexual Abuse type</th>
<th>Indecent Assault n (%)</th>
<th>Rape n (%)</th>
<th>Statutory rape n (%)</th>
<th>Suspected abuse n (%)</th>
<th>Total N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 years</td>
<td>41(56.2%)</td>
<td>96(18.9%)</td>
<td>1(1.2%)</td>
<td>25(39.1%)</td>
<td>163(22.5%)</td>
</tr>
<tr>
<td>6-9 years</td>
<td>15(20.5%)</td>
<td>121(23.8%)</td>
<td>1(1.2%)</td>
<td>9(14.1%)</td>
<td>146(20.1%)</td>
</tr>
<tr>
<td>10-12 years</td>
<td>14(19.2%)</td>
<td>76(15.0%)</td>
<td>1(1.2%)</td>
<td>10(15.6%)</td>
<td>101(13.9%)</td>
</tr>
<tr>
<td>13-16 years</td>
<td>3(4.1%)</td>
<td>215(42.3%)</td>
<td>78(96.3%)</td>
<td>20(31.3%)</td>
<td>316(43.5%)</td>
</tr>
<tr>
<td>Total</td>
<td>73(10.1%)</td>
<td>508(70.0%)</td>
<td>81(11.2%)</td>
<td>64(8.8%)</td>
<td>726(100.0%)</td>
</tr>
</tbody>
</table>

- As shown in Table 3 above, among the reviewed cases, indecent assault incidents most frequently occur among the 0-5 year age group while rape and statutory rape incidents were commonly reported among the 13-16 year age group.
- In terms of sexual abuse disclosure, mothers played the most important part in discovering the abuse and also accessing the clinic across all age groups. However, it was noted that among the girls in the 13-16

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12 Suspected Abuse: The type of sexual abuse was not defined and there was a possibility that the child was abused.
year age group, about 18% of 270 incidents reported sexual abuse on their own. More than 84% (N=728) of abuse cases took place in the child’s home or the home of the perpetrator. Some of the most common answers reported (by gender and age) about location of sexual abuse are shown on Table 4 below.

Table 4: Location of Abuse by gender and age

<table>
<thead>
<tr>
<th>Location of abuse</th>
<th>SURVIVORS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boys (N=53)</td>
<td>Girls (12 years and below) (N=315)</td>
<td>Girls (Above 12 years) (N=284)</td>
</tr>
<tr>
<td>Perpetrator’s home</td>
<td>43%</td>
<td>34%</td>
<td>55%</td>
</tr>
<tr>
<td>Child’s home</td>
<td>36%</td>
<td>36%</td>
<td>16%</td>
</tr>
<tr>
<td>Bush</td>
<td>4%</td>
<td>14%</td>
<td>17%</td>
</tr>
</tbody>
</table>

- Study findings also revealed that girls above 12 years were most frequently abused at peers’ and boy friends’ dwellings. In this study, 55% of 284 adolescent girls were abused at perpetrator’s residence while about 36% of 315 girls below the age of 12 years were abused at their own homes. About 79% of 53 boys were abused at either the perpetrator’s home or in their own homes.
7.0 RECOMMENDATIONS

Data Collection, Management and Analysis

- A comprehensive, electronic data collection tool should be developed to enable the routine and timely analysis of case data; this tool should facilitate case management of the survivor that will ensure a clearer and effective referral chain in other welfare and justice service provision for child victims.

- Monthly statistical reports should be generated and shared with stakeholders, such as the Victim Friendly Court Committees, using the data collection tool described above. This will serve to both strengthen the scale up of Family Support Clinics and inform programme design of other justice and welfare services for survivors.

- Capacity strengthening activities for data collection, management, tools development and analysis should be developed to ensure that FST and other organisations are enabled to collect, analyse and manage this critical data, also noting the importance of survivors’ confidentiality and privacy.

- Data quality control should be routinely carried out throughout all stages of data collection. (i.e. from the stage of counselling sessions, medical examinations and analysis).

Access to services

- A majority of cases were identified through self-report or by the child’s mother. This underscores the importance of raising awareness amongst these groups on how to report; and raising awareness in other groups on how to identify and report

- Many children presented at the clinic too late to receive post-exposure prophylaxis; efforts to facilitate faster presentations should be encouraged

- Most referrals came from police, however, as many children are also in contact with other professionals (such as teachers), these professionals should also be equipped with the knowledge and skills to refer survivors

- Increased awareness for and research in the topic of sexual abuse in boys is essential. Further research is specifically needed in evaluation of victim outcomes, management strategies for the victims, and in studying women as perpetrators.

- FST clinics are urban based, and transport was identified by one Manager as an access barrier. Strategies should be developed by FST (and other partners) to ensure equitable access by designing programmes that reach rural children and women. Appendix 1 showed that Mutare and Beitbridge clinics had slightly more cases from rural areas as they are at Provincial and District hospitals which cover surrounding rural areas, however Harare and Chitungwiza were predominantly having urban cases as both are at Central Hospitals in highly populated urban centres.

Strengthening partnerships

- The data indicates the importance of stronger partnerships to ensure a coordinated response for survivors. From the current analysis, it is unclear how much data is available from other service providers, but survivors would benefit from a system that is linked and that ensures that all required
medical, care and support services are provided. This could be achieved through better information sharing (but with due consideration to survivor privacy and confidentiality).
Appendix 1 Sexual abuses cases reported from rural and urban setup.

Source: FST data analysis findings (2010)

Appendix 2 Cochran’s formula

\[ SS = \frac{(Z)^2 x (p) x (q)}{(d)^2} \]

Where

- \( Z \) = value for selected alpha level of .025 in each tail = 1.96. (Alpha level of .05)
- \( p = q = 0.5 \) (maximum possible); and \( PQ=\)estimate of variance = 0.25.
- \( d \) = acceptable margin of error for proportion being estimated = .05 (error we are willing to except).

And adjust for the finite population by

\[ SS_{adj} = SS/(1 + (SS-1)/\text{population}) \]
Appendix 3 Characteristic of Child Survivors of Sexual Abuse 2009

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Female (%) n</th>
<th>Male (%) n</th>
<th>Total (%) n</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age group</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;5</td>
<td>148 (22%)</td>
<td>15 (25%)</td>
<td>163 (22%)</td>
</tr>
<tr>
<td>6-9</td>
<td>127 (19%)</td>
<td>19 (32%)</td>
<td>146 (20%)</td>
</tr>
<tr>
<td>10-12</td>
<td>88 (13%)</td>
<td>13 (22%)</td>
<td>101 (14%)</td>
</tr>
<tr>
<td>13-16</td>
<td>303 (45%)</td>
<td>13 (22%)</td>
<td>316 (44%)</td>
</tr>
<tr>
<td><strong>Attending school or not</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not going to school</td>
<td>246 (38%)</td>
<td>18 (31%)</td>
<td>264 (37%)</td>
</tr>
<tr>
<td>Going to school</td>
<td>405 (62%)</td>
<td>40 (69%)</td>
<td>445 (63%)</td>
</tr>
<tr>
<td><strong>Education level</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-School</td>
<td>21 (3%)</td>
<td>2 (3%)</td>
<td>23 (3%)</td>
</tr>
<tr>
<td>Primary</td>
<td>219 (33%)</td>
<td>29 (48%)</td>
<td>248 (34%)</td>
</tr>
<tr>
<td>ZJC</td>
<td>99 (15%)</td>
<td>6 (10%)</td>
<td>105 (14%)</td>
</tr>
<tr>
<td>&quot;O&quot; level</td>
<td>58 (9%)</td>
<td>0 (0%)</td>
<td>58 (8%)</td>
</tr>
</tbody>
</table>

Source: FST data analysis findings (2010)

Appendix 4 Child Sexual abuse reporting pattern

<table>
<thead>
<tr>
<th>Time period</th>
<th>Time from first abuse to discovery (%)</th>
<th>Time from discovery of abuse to clinic (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 3 Days</td>
<td>36</td>
<td>33.9</td>
</tr>
<tr>
<td>4-7 Days</td>
<td>6</td>
<td>22.5</td>
</tr>
<tr>
<td>1Wk-1Month</td>
<td>15</td>
<td>14.3</td>
</tr>
<tr>
<td>2Months-6Months</td>
<td>10</td>
<td>7.1</td>
</tr>
<tr>
<td>More than 6Months</td>
<td>4</td>
<td>3.7</td>
</tr>
<tr>
<td>More than a year</td>
<td>4</td>
<td>0.3</td>
</tr>
<tr>
<td>Unknown/Missing information</td>
<td>25</td>
<td>18.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100(N=728)</td>
<td>100(N=728)</td>
</tr>
</tbody>
</table>

Source: FST data analysis findings (2010)

Appendix 5 Type of Sexual Abuse by Age category of Child Survivor

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Indecent Assault (n=73)</th>
<th>Rape (n=497)</th>
<th>Sodomy (n=11)</th>
<th>Statutory rape (n=81)</th>
<th>Suspected abuse (n=64)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 years</td>
<td>56.2%</td>
<td>19.1%</td>
<td>9.1%</td>
<td>1.2%</td>
<td>39.1%</td>
</tr>
<tr>
<td>6-9 years</td>
<td>20.5%</td>
<td>22.9%</td>
<td>63.6%</td>
<td>1.2%</td>
<td>14.1%</td>
</tr>
<tr>
<td>10-12 years</td>
<td>19.2%</td>
<td>14.9%</td>
<td>18.2%</td>
<td>1.2%</td>
<td>15.6%</td>
</tr>
<tr>
<td>13-16 years</td>
<td>4.1%</td>
<td>43.1%</td>
<td>9.1%</td>
<td>96.3%</td>
<td>31.3%</td>
</tr>
<tr>
<td><strong>Total cases</strong></td>
<td><strong>10%</strong></td>
<td><strong>68%</strong></td>
<td><strong>2%</strong></td>
<td><strong>11%</strong></td>
<td><strong>9%</strong></td>
</tr>
</tbody>
</table>

Source: FST data analysis findings (2010)
## Appendix 6 Perpetrators relationship to child by sexual abuse category

<table>
<thead>
<tr>
<th>Sexual Abuse Category</th>
<th>Perpetrator Relationship to Child</th>
<th>Boy friend n (%)</th>
<th>Extended n (%)</th>
<th>Immediate n (%)</th>
<th>Neighbour n (%)</th>
<th>Peer n (%)</th>
<th>Other n (%)</th>
<th>Total n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indecent Assault</td>
<td></td>
<td>.9%</td>
<td>14.8%</td>
<td>6.5%</td>
<td>14.8%</td>
<td>7.3%</td>
<td>14.7%</td>
<td>62 (10.6%)</td>
</tr>
<tr>
<td>Rape</td>
<td></td>
<td>52.2%</td>
<td>80.6%</td>
<td>71.0%</td>
<td>77.4%</td>
<td>68.3%</td>
<td>78.3%</td>
<td>420 (71.9%)</td>
</tr>
<tr>
<td>Statutory rape</td>
<td></td>
<td>43.5%</td>
<td>3.7%</td>
<td>11.3%</td>
<td>2.6%</td>
<td>22.0%</td>
<td>1.4%</td>
<td>75 (12.8%)</td>
</tr>
<tr>
<td>Suspected abuse</td>
<td></td>
<td>3.5%</td>
<td>.9%</td>
<td>11.3%</td>
<td>5.2%</td>
<td>2.4%</td>
<td>5.6%</td>
<td>27 (4.6%)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>115 (100%)</td>
<td>108 (100%)</td>
<td>62 (100%)</td>
<td>115 (100%)</td>
<td>41 (100%)</td>
<td>143 (100%)</td>
<td>584 (100%)</td>
</tr>
</tbody>
</table>

Source: FST data analysis findings (2010)