


BMJ Open Exploring children's formal help-seeking behaviour for violence in Zimbabwe: analysis of national survey and routine service provider data

Karen Devries ¹, Ilan Cerna-Turoff,^{1,2} Camilla Fabbri,¹ Ellen Turner,¹ Robert Nyakuwa,³ Charles Muchemwa Nherera,⁴ Tendai Nhenga-Chakarisa,⁵ Beulah C Nengomasha,⁶ Ratidzai Moyo⁶

To cite: Devries K, Cerna-Turoff I, Fabbri C, *et al.* Exploring children's formal help-seeking behaviour for violence in Zimbabwe: analysis of national survey and routine service provider data. *BMJ Open* 2023;**13**:e067818. doi:10.1136/bmjopen-2022-067818

► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2022-067818>).

Received 31 August 2022
Accepted 23 February 2023



© Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

For numbered affiliations see end of article.

Correspondence to

Dr Karen Devries;
karen.devries@lshtm.ac.uk

ABSTRACT

Objectives To explore knowledge of formal services and help-seeking behaviour for violence among Zimbabwean children aged 18 years and under.

Design We use cross-sectional data from the 2017 Zimbabwe Violence Against Children Survey (VACS), which is nationally representative and had a 72% response rate for female participants and 66% for males; and anonymised routine data from one of the largest child protection service providers' (Childline Zimbabwe) call database.

Setting Zimbabwe.

Participants We analysed data from 13 to 18 year old participants in the 2017 VACS and pertaining to respondents aged 18 years and under from Childline Zimbabwe's call database.

Measures/analysis We describe characteristics of children, and fit unadjusted and logistic regression models to estimate associations between selected characteristics and help-seeking knowledge and behaviours.

Results 1339 of 4622 children aged 13–18 years surveyed for the 2017 VACS in Zimbabwe (29.8%) reported experience of lifetime physical and/or sexual violence. Of these, 829 (57.3%) children did not know where to seek formal help, 364 (33.1%) children knew where to seek help but did not, and 139 (9.6%) children knew where to seek help and did seek help. Boys were more likely to know where to seek help, but girls were more likely to actually seek help. During the 6-month period when VACS survey data were being collected, Childline received 2177 calls where the main reason for the call was recorded as violence against someone aged 18 years or under. These 2177 calls contained more reports from girls and children in school, versus the national profile of children who had experienced violence. Few children who did not seek help reported not wanting services. Most children who did not seek help reported that they felt at fault or that their safety would be put at risk by disclosure.

Conclusion Both awareness of services and help-seeking are gendered, suggesting that different strategies may be needed to support boys and girls to access the help they want. Childline in particular may be well placed to expand its outreach to boys and to receive more reports of school-related violence, and should consider efforts to reach out-of-school children.

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ This study uses data from a nationally representative cross-sectional survey (Violence Against Children Survey, VACS), and from the call database of one of the largest child protection service providers (Childline), both in Zimbabwe.
- ⇒ The VACS had a high response rate, but sampled fewer boys than girls, leading to uncertainty in estimates for boys.
- ⇒ Routine call data from Childline had high levels of missing data, limiting possible analyses that could be conducted to explore caller characteristics.
- ⇒ By using these two different data sources, we gain a more complete picture of children's help-seeking behaviour for violence in Zimbabwe.

INTRODUCTION

One billion children experience physical, sexual or emotional violence globally each year.¹ This violence has significant consequences for children's mental and physical health in childhood^{2–3} and in later life.^{4–8} Despite this, few children seek or receive help from any formal services. Across six countries in sub-Saharan Africa, Asia and the Caribbean, for example, only between 1% and 25% of children who experienced physical or sexual violence disclosed to formal services, and between 1% and 11% actually received any formal help.⁹

There are a myriad of reasons why children may not seek formal help for abuse they experience. In order to seek help, children first need to be aware of formal services. However, national survey data from Kenya, Malawi and Nigeria show that only 16%–28% knew where to seek help.⁹ In contrast, in South Africa, 98% of children in one study could name a formal service or confidante to disclose to, but still only 20% of children experiencing abuse told anyone.¹⁰ For children to disclose,

qualitative research shows that they need to recognise their experiences as abuse, want to receive services and have a trusted adult to whom they can disclose abuse.¹¹ Evidence from a range of settings suggests that children are less likely to disclose sexual abuse if they are boys^{9 12 13}; when they experience repeated or ongoing abuse^{12 14}; and when facing stigma or social norms that prevent disclosure,^{15 16} or when they do not feel they will be believed.¹⁷

Children may also be more inclined to report certain forms of violence or violence experienced from certain perpetrators based on norms about what constitutes violence. For example, violent discipline by caregivers and other adults may not be perceived as something worth reporting to relevant agencies.¹⁸ Gender norms and stereotypes around masculinity are likely to influence disclosure of childhood sexual abuse withing patriarchal societal structures.¹⁹ Different forms of violence, including from different perpetrators, often co-occur—‘polyvictimised’ children may also be especially likely to suffer the effects of trauma associated with abuse,²⁰ which also may affect help-seeking patterns. Existing analyses of help-seeking often conflate not seeking help because of a lack of awareness of services with not seeking help for other reasons, which has limited our understanding of factors associated with help-seeking behaviour. Reasons for lack of awareness may be quite different from reasons underpinning more active decisions not to seek formal help when it is available. Examining factors associated with awareness of where to seek help, and help-seeking among those who are aware of services, separately, may yield more targeted insights into how to improve awareness campaigns and increase formal disclosure among those who are already aware.

Violence against children and seeking help in Zimbabwe

Zimbabwe is low-income country in Southern Africa. The country has faced two decades of protracted economic crisis, with high inflation and escalating costs of living. It also faces routine shortages of fuel, clean water supply and electricity. In 2019, 34% of the population were living in extreme poverty.²¹ The 2017 national data show that over a quarter of children experienced some form of physical, sexual or emotional violence before the age of 18, with one-fifth of adolescents experiencing violence in the past year.²² Strong social norms underpin violent discipline, as 44% of mothers or caretakers believe that children should be physically punished.²³

Zimbabwe has a national violence case management system developed by the Ministry of Public Service, Labour and Social Welfare and UNICEF, to respond to the social welfare needs of children and families and to support service provision at community level. The system uses a two-pillar approach. On one side, governmental agencies, such as the Department of Child Welfare and Probation Services, coordinate violence services which are directly provided to communities via the police, justice, education and health sectors at district and community level. On the other side, the informal system of child protection

consists of Child Protection Committees and Community Case Workers embedded within communities.²⁴ In addition, a range of non-governmental stakeholders, including civil society organisations, complement government bodies by providing specialist child protection services. One such non-governmental organisation is Childline Zimbabwe—a not-for-profit, community-based organisation that offers free counselling to young people and community members who have concerns about children’s well-being in the country. Childline Zimbabwe operates a free, confidential 24-hour helpline which is accessible from all landlines and mobiles phones nationally; a free postal service; and 23 community-based drop-in centres across 10 provinces where qualified social workers and counsellors offer in person services. It is one of the largest national providers of services for children who experience violence in Zimbabwe.²⁵

Aims, objectives and hypotheses

In this paper, we examine data on help-seeking and child protection service provision in Zimbabwe, with a view to making recommendations on how to increase the reach of formal child protection services. Using data from a nationally representative sample, we aim to: (1) describe the demographic characteristics of all children who experienced violence; and among them (A) characteristics of those who did not know where to seek help; (B) those who knew where to seek help but did not; (C) and those who sought help; (2) explore the characteristics of children who knew where to seek help and how those differed from those who did not know; (3) among those children who knew where to seek help, explore the characteristics of those who sought help and those who did not. We also: (4) descriptively compare the characteristics of children seeking help from Childline Zimbabwe with the characteristics of children who experienced violence nationally (to explore any differences among those who seek formal help from Childline and those who experience violence nationally), and (5) further explore girls’ and boys’ reasons for not seeking help for physical or sexual violence using national data.

Similar to previous studies, we hypothesised that girls would be more likely to seek help versus boys.^{9 10} We also hypothesised that girls would have better knowledge of where to seek help, as violence, particularly sexual violence, tends to be conceptualised as an issue affecting mainly women and girls. Literature from other fields has suggested the importance of community cohesion and trust in reporting of crime.^{26 27} Similarly, other factors which can relate strongly to the community environment, including shame, stigma and being fearful of repercussions, are among the most common barriers to disclosure and help-seeking.^{9 16} We hypothesised that having more trust in and feeling safer in one’s community would be associated with higher levels of knowledge about where to seek help, and higher likelihood of seeking help. It is plausible that condoning violence and having conservative gender attitudes mean that people are more likely

to accept violence against them and/or to view it as inevitable, and therefore, potentially place less emphasis on protective measures and seeking knowledge about how to report experiences.^{28 29} We hypothesised that having attitudes supportive of violence or conservative gender attitudes would be associated with lower knowledge of where to seek help and lower likelihood of seeking help.

METHODS

We use cross-sectional household survey data from the 2017 Zimbabwe Violence Against Children Survey (VACS) to explore the characteristics of those who have experienced violence and help-seeking, and 2017 data from Childline Zimbabwe to explore who seeks help from one of the largest child protection service providers in Zimbabwe.

VACS data

The 2017 Zimbabwe VACS is a cross-sectional household survey designed to generate representative, national-level estimates of the prevalence of childhood violence among adolescents (ages 13–17) and young adults (ages 18–24).²² Methodology is described in detail elsewhere.²² Briefly, using the most recent census as a sampling frame, a multistage cluster survey design was employed to select households for participation. In each randomly selected household, interviewers identified the head of household (HoH) to introduce the study and determine household members' eligibility to participate in the study. Interviewers invited the HoH to participate in a short survey that included a listing of members of the household. The HoH could provide consent for the household to participate in the survey and the parent and/or guardian of each selected young person between the ages of 13 and 17 provided consent for the young person to be approached about the study. When there was more than one eligible participant in a household, a random selection programme installed on the data collection instruments was used to select one participant. Participants were interviewed face to face in private by trained interviewers. Ethical protocols to ensure participant safety were in place; trained interviewers were instructed to conduct the interview with sensitivity, empathy and mindfulness of the participant's level of comfort, and received clear guidelines as to how and when to provide referrals to outside care or services. Only young people aged 18 years or younger were included in the analyses.²²

In the VACS, physical violence is defined as the 'intentional use of physical force with the potential to cause death, disability, injury or harm'²² and it includes violence from intimate partners, peers, parents or adult caregivers or family members, and from other adults in the community; emotional violence '...includes verbal behaviour that, either over time or an isolated incident, is not developmentally appropriate or supportive'; and sexual violence includes four different forms of abuse, including unwanted touching, attempted sex, pressured

sex and physically forced sex.²² For each form of violence, the survey asks questions on: the child's relationship to the perpetrator; for respondents who experienced physical or sexual violence, whether they disclosed the incident to anyone, if they knew where to receive help and whether they sought services from a health provider, police station, helpline, social welfare or legal office.²² Our analyses focus on children aged 18 years or less in accordance with Zimbabwean legal definitions of 'child', who reported experiencing any form of violence in their lifetime.

Other variables include gender, age in years, current level of schooling, household composition, wealth, type of violence, perpetrator of the violence, respondents' feelings of safety and trust in the community, beliefs about intimate partner violence and beliefs about the role of gender in sexual practices (described in online supplemental annex 1).

Childline Zimbabwe data

Calls to Childline Zimbabwe can be placed by children themselves, or third parties reporting concerns; are on a range of topics not limited to violence; and sometimes pertain to individuals over 18 years old. Call operators at Childline enter data from each call into an electronic database. For this paper, Childline provided anonymised data from their database. We restricted analyses to data pertaining to children aged 18 years and under, where some form of violence was reported as part of the call, and where the call was logged between the initiation of the electronic call system on 15 May 2016 and 31 August 2017. This time period overlaps with data collection of the VACS between January and August 2017.²² Data available in relation to each call includes the type of violence and survivor/perpetrator characteristics, such as: gender, age, level of schooling of the child, relationship to the child (when the call is made by a third person), reason for the call and the location where the violence took place.

In Childline's data system, physical violence is defined as force used against a child with the intention to injure, and emotional violence as the general lack of love and affection towards a child. Sexual violence includes sexual harassment, sexual assault (except for rape and forced sex), rape, sexual coercion and exploitation, exposure to pornography, and verbal sexual harassment. To increase comparability with the VACS, in the Childline data we have: combined rape and physically forced sex into the same category, merged sexual harassment and unwanted touching, and incorporated sexual assault, excluding forced sex, into the overarching category of attempted sex.

Analysis

All analyses were conducted with Stata V.17. All analyses using VACS data account for the complex sampling scheme employed in the survey, employing survey weights and adjusting for clustering. Levels of missing data for some variables in the Childline datasets were high, so we



restricted analysis to variables with lower levels of missingness and/or report missing responses as a separate category in analyses. Missing data outside of these categories are excluded pairwise.

With the VACS data, we begin by describing how many children aged 18 years and below experienced any form of physical, emotional or sexual violence and ever sought formal help by service providers. We then fit unadjusted and adjusted logistic regression models, accounting for the survey design, to explore factors associated with awareness of where to seek help and among those with awareness, seeking formal help versus not seeking formal help. Adjusted models were fit with all factors we hypothesised to be important predictors of each outcome and that were significantly associated with the outcome at $p < 0.05$ in univariate analyses. With the VACS and Childline datasets, we then produced frequencies of different characteristics among children who experienced violence nationally in the past year. Finally, using VACS data, we analyse data from girls and boys who knew where to seek help but did not, describing the frequency of reported reasons for not seeking help after physical or sexual violence.

Patient and public involvement

Patients and the public were not directly involved in this research.

RESULTS

Experience of violence and help-seeking nationally

Table 1 shows the characteristics of all children who experienced physical and/or violence, and of those: those who did not know where to seek help; those who knew where to seek help and did not; and those who knew where to seek help and did. Nationally, 29.8% of children between the ages of 13 and 18 years in Zimbabwe experienced physical and/or sexual violence in their lifetime (1339 out of 4622). Of the children who experienced physical or sexual violence, just over half did not know where to seek help (829 out of 1532). Thirty-three per cent of all children who had experienced violence knew where to seek help but did not; and only 9% of children who experienced violence in their lifetime sought help from the formal system of child protection. VACS asks only about perpetrators of the first and most recent incidents of physical and sexual violence, rather than perpetrators of any violence ever experienced. The most common perpetrators of first or last incidents were relatives (65.7% of children who had ever experienced physical or sexual violence reported that a relative perpetrated a first and/or last incident; relatives could include parents, grandparents, aunts, uncles, siblings and other relatives), friends (34.3%), teachers (19.3%) and partners or ex-partners (11.0%). Neighbours as perpetrators were reported by 7.3%, strangers by 2.1% and others (police/leaders/other/employer/colleagues) by 10.9%. Ten of the 1339

participants did not know or did not report who the perpetrators were.

Who is aware and not aware of where to seek help nationally?

Table 2 shows unadjusted and adjusted ORs between various characteristics and knowledge of where to seek help. In adjusted analyses, boys and those who were older in age were more likely to report that they knew where to seek help for violence. Interestingly, those who reported either having some or not much trust in their communities, were more likely to know where to seek help versus those who had high levels of trust. Those having conservative beliefs about the role of gender in sexual practices were also more likely to report knowing where to seek help for violence.

Those living with both biological parents, and those living with a biological mother alone, were less likely to know where to seek help relative to those children not living with either parent. Being in primary or secondary school versus not being in school, feeling safe in the community, as well as having beliefs supportive of intimate partner violence, were not associated with knowledge of where to seek help.

Who seeks formal help nationally?

Table 3 focuses on the subset of children who had experienced violence and knew where to seek formal help. Among these children, table 3 shows unadjusted and adjusted ORs between various characteristics and formal help-seeking. Being female was the only characteristic associated with increased odds of seeking formal help. Younger age; having not much or some relative to a high level of trust in the community; and less conservative beliefs about the role of gender in sexual practices were associated with lowered likelihood of formal help-seeking in unadjusted analyses, but these associations did not persist after adjustment for other factors. Living with both parents, versus neither parent was associated with a higher likelihood of help seeking in unadjusted, but not in adjusted analyses. Feeling trust in the community, feeling safe and having attitudes supportive of violence against women were not associated with seeking formal help.

Who seeks help from Childline Zimbabwe?

Table 4 shows the characteristics of the 2177 calls made to Childline about violence during the time period of interest. Only 24.9% were from boys. This differed from the national picture, as in the VACS data, as nationally similar percentages of boys and girls experienced physical, sexual or emotional violence in the past year (19.5% and 20%, respectively). In the national data, more children were at a higher level of schooling than secondary school, or were out of school, versus in the Childline data.

The primary type of violence reported to Childline was approximately equally distributed across emotional, physical and sexual violence. Among sexual violence calls, more than 70% pertained cases of forced sexual

Table 1 Descriptive statistics of children who experienced physical and/or sexual violence in their lifetime in Zimbabwe

	All		Did not know where to seek help		Knew where to seek help		Knew where to seek help but did not		Knew where to seek help and did	
	n	%	n	%	n	%	n	%	n	%
Total	1339		829	57.3%	364	33.1%	139	9.6%		
						(28.4% to 38.1%)				(7.5% to 12.4%)
Sex										
Male	134	64	50.0%	(40.6% to 59.3%)	56	41.1%	13	9.0%		(5.3% to 14.6%)
Female	1205	765	64.6%	(61.5% to 67.5%)	308	25.1%	126	10.3%		(8.6% to 12.3%)
Age, years (mean)	15.7	15.4	15.4	(15.2 to 15.6)	16.0	16.0	16.2	16.2		(15.7 to 16.6)
Current level of schooling										
Primary or less	175	126	61.3%	(49.8% to 71.7%)	35	28.8%	14	9.9%		(4.9% to 18.8%)
Secondary or more	658	400	60.2%	(53.0% to 66.9%)	192	33.6%	61	6.3%		(4.1% to 9.4%)
Not in school	492	292	50.8%	(42.4% to 59.1%)	136	34.8%	62	14.4%		(9.6% to 21.2%)
Household										
Living with biological mother	263	174	67.1%	(55.6% to 76.8%)	63	27.0%	25	5.9%		(3.2% to 10.6%)
Living with biological father	80	39	47.5%	(26.4% to 69.5%)	29	45.7%	12	6.8%		(3.3% to 13.7%)
Living with both parents	441	286	63.5%	(56.0% to 70.4%)	115	27.0%	36	9.6%		(5.7% to 15.6%)
Living with neither parent	555	330	49.4%	(42.5% to 56.3%)	157	38.7%	66	11.9%		(8.1% to 17.1%)
Wealth										
Poorest wealth quintile	288	169	54.8%	(46.2% to 63.1%)	84	34.7%	34	10.5%		(5.8% to 18.2%)
Poorer wealth quintile	299	207	61.3%	(49.9% to 71.6%)	66	29.2%	26	9.5%		(5.3% to 16.4%)
Middle wealth quintile	257	168	55.6%	(41.7% to 68.6%)	66	35.5%	19	8.9%		(4.4% to 17.1%)
Richer wealth quintile	243	144	53.0%	(40.4% to 65.2%)	71	38.3%	28	8.7%		(4.7% to 15.6%)
Richest wealth quintile	249	139	61.4%	(49.6% to 72.0%)	76	27.9%	32	10.7%		(5.9% to 18.6%)
Type of violence										
Any physical violence	1152	711	56.8%	(51.1% to 62.2%)	324	34.1%	111	9.1%		(6.9% to 12.1%)
						(29.1% to 39.4%)				
Any emotional violence	396	231	52.4%	(43.3% to 61.2%)	107	33.6%	58	14.1%		(9.1% to 21.1%)
Any sexual violence	368	201	53.0%	(46.9% to 59.0%)	97	28.2%	69	18.7%		(14.5% to 23.9%)
Unwanted touching	160	85	53.9%	(45.1% to 62.4%)	47	30.2%	28	15.9%		(10.8% to 22.7%)
Attempted sex	177	88	45.5%	(37.2% to 54.1%)	59	37.2%	29	17.3%		(11.5% to 25.1%)
Forced sex	103	58	55.7%	(45.1% to 65.8%)	17	18.9%	27	25.3%		(17.1% to 35.7%)

Continued



Table 1 Continued

	All			Did not know where to seek help			Knew where to seek help but did not			Knew where to seek help and did			
	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	
Pressured into sex	64	47.6%	(34.2% to 61.4%)	14	19.9%	(11.6% to 31.9%)	20	32.5%	(21.1% to 46.5%)				
Has trust in the community													
Not at all	255	58.6%	(47.0% to 69.3%)	65	34.2%	(23.3% to 47.2%)	28	7.2%	(4.3% to 11.8%)				
Not much	393	52.2%	(42.9% to 61.3%)	112	35.0%	(27.2% to 43.8%)	43	12.8%	(7.7% to 20.4%)				
Some	375	50.4%	(40.5% to 60.3%)	109	39.9%	(30.5% to 50.1%)	37	9.7%	(5.8% to 15.8%)				
A lot	299	68.7%	(58.1% to 77.6%)	74	23.2%	(16.4% to 31.7%)	29	8.2%	(4.5% to 14.4%)				
Feels safe in the community													
Not at all	131	86	59.5%	(46.5% to 71.2%)	28	26.8%	(15.9% to 41.4%)	17	13.8%	(6.9% to 25.6%)			
Somewhat	520	313	55.6%	(46.5% to 64.4%)	145	34.7%	(27.0% to 43.3%)	61	9.6%	(6.4% to 14.3%)			
Very	674	421	58.0%	(50.6% to 65.1%)	187	32.8%	(26.2% to 40.2%)	60	9.2%	(6.0% to 13.8%)			
Attitudes supportive of violence against women (0–5)	0.64		0.64	(0.52 to 0.76)		0.70	(0.50 to 0.90)		0.43	(0.28 to 0.59)			
Discriminatory attitudes towards women (0–5)	2.38		2.17	(1.99 to 2.35)		2.66	(2.36 to 2.96)		2.65	(2.28 to 3.01)			

Data on awareness and help-seeking are missing for six children who experienced violence; these children are excluded from analyses.

Table 2 Characteristics associated with knowledge of where to seek help, among those who experienced violence

Predictors	Crude OR	95% CI	P value	Adjusted OR	95% CI	P value
Sex						
Male						
Female	0.55	(0.37 to 0.83)	0.004	0.54	(0.36 to 0.83)	0.005
Age, years (mean)	1.23	(1.10 to 1.37)	<0.001	1.17	(1.02 to 1.35)	0.025
Current level of schooling						
Primary or less	0.65	(0.37 to 1.13)	0.128	1.43	(0.73 to 2.80)	0.297
Secondary or more	0.69	(0.45 to 1.07)	0.097	1.03	(0.64 to 1.64)	0.905
Not in school	ref			ref		
Household						
Living with biological mother	0.48	(0.28 to 0.82)	0.007	0.52	(0.30 to 0.89)	0.018
Living with biological father	1.07	(0.41 to 2.79)	0.885	1.36	(0.56 to 3.31)	0.491
Living with both parents	0.58	(0.40 to 0.84)	0.004	0.62	(0.42 to 0.93)	0.022
Living with neither parent	ref			ref		
Wealth						
Poorest wealth quintile	ref					
Poorer wealth quintile	0.76	(0.43 to 1.35)	0.344			
Middle wealth quintile	1.00	(0.55 to 1.83)	0.996			
Richer wealth quintile	1.06	(0.58 to 1.95)	0.838			
Richest wealth quintile	0.77	(0.43 to 1.38)	0.377			
Has trust in the community						
Not at all	1.49	(0.78 to 2.85)	0.228	1.44	(0.78 to 2.66)	0.24
Not much	1.94	(1.06 to 3.55)	0.031	2.18	(1.18 to 4.02)	0.013
Somewhat	2.09	(1.09 to 4.02)	0.026	1.97	(1.01 to 3.85)	0.048
A lot	ref			ref		
Feels safe in the community						
Not at all	0.92	(0.51 to 1.65)	0.772			
Somewhat	1.07	(0.66 to 1.74)	0.773			
Very	ref					
Beliefs about intimate partner violence (1–5)*	0.99	(0.80 to 1.22)	0.920			
Beliefs about the role of gender in sexual practices (1–5)†	1.25	(1.08 to 1.45)	0.003	1.17	(1.01 to 1.37)	0.039

*aOR adjusted for sex, age, level of schooling, household composition, trust in the community and beliefs about the role of gender in sexual practices.

†Higher score=views more conservative or against women.

aOR, adjusted OR.

intercourse (classified as rape in the Childline dataset). Nationally, however, among the children who had experienced violence in the past year, more than 75% reported physical violence, followed by 37.2% reporting emotional violence, and 13.3% reporting. Although the children making these calls may have also experienced other forms of violence, as only the primary reason for the call was recorded, these data suggest that people are more likely to see sexual violence as something that needs help-seeking, relative to physical violence, for example.

Why do not children seek help for violence?

Using the VACS data, we explored the main reasons children selected for not seeking help. Note that we have not reported numerical estimates as these are based on responses from a very small number of participants. Among boys and girls who knew where to seek help but did not, the most common reasons not to report violence were that children felt it was their own fault, or were afraid of being abandoned. Notably, girls also reported that they were afraid of community violence or getting in trouble for the violence they experienced. Few girls, and

**Table 3** Characteristics associated with help-seeking, among children who experienced violence and knew where to seek help

Predictors	Crude OR	95% CI	P value	Adjusted OR	95% CI	P value
Sex						
Male	ref					
Female	2.08	(1.41 to 3.07)	<0.001	1.98	(1.31 to 2.99)	0.001
Age, years (mean)	0.86	(0.76 to 0.96)	0.010	0.91	(0.81 to 1.04)	0.157
Current level of schooling						
Primary or less	1.31	(0.70 to 2.47)	0.399			
Secondary or more	1.07	(0.63 to 1.80)	0.807			
Not in school	ref					
Household						
Living with biological mother	1.71	(0.95 to 3.11)	0.076	1.54	(0.82 to 2.90)	0.176
Living with biological father	0.75	(0.28 to 1.99)	0.559	0.85	(0.32 to 2.28)	0.751
Living with both parents	1.73	(1.07 to 2.81)	0.026	1.59	(0.94 to 2.70)	0.083
Living with neither parent	ref			ref		
Wealth						
Poorest wealth quintile						
Poorer wealth quintile	1.29	(0.63 to 2.62)	0.489			
Middle wealth quintile	0.99	(0.55 to 1.81)	0.980			
Richer wealth quintile	0.85	(0.46 to 1.60)	0.621			
Richest wealth quintile	1.38	(0.72 to 2.65)	0.329			
Has trust in the community						
Not at all	0.57	(0.29 to 1.14)	0.110			
Not much	0.45	(0.30 to 1.03)	0.061			
Some	0.45	(0.24 to 0.86)	0.015			
A lot	ref					
Feels safe in the community						
Not at all	1.32	(0.64 to 2.71)	0.457			
Somewhat	0.91	(0.55 to 1.49)	0.695			
Very	ref					
Beliefs about intimate partner violence (1–5)*	0.91	(0.73 to 1.13)	0.401			
Beliefs about the role of gender in sexual practices (1–5)†	0.82	(0.70 to 0.97)	0.017	0.88	(0.75 to 1.03)	0.101

*aOR adjusted for sex, age, household composition and beliefs about the role of gender in sexual practices.

†Higher score=views more conservative or against women.

no boys, reported that they did not think the violence was a problem or that they did not want services.

DISCUSSION

Key findings

More than half of girls and boys under 18 years in Zimbabwe who had experienced physical or sexual violence did not know where to seek help for violence, and only 10% of all children who had experienced physical or sexual violence actually sought formal help. Contrary to our hypothesis, boys were more likely to have knowledge of where to seek formal help than girls. Older age was associated with increased knowledge of where to seek

help; and, unexpectedly, having more conservative beliefs about the role of gender in sexual practices, as well as having low levels of trust in the community. Those living with both biological parents or a biological mother only were less likely to report knowledge of where to seek help than those living without either biological parent. Among those who did know where to seek help, very few factors were related to help-seeking. Girls were more likely to seek help than boys, although girls were less likely to be aware of where to seek help in the first place.

Contrary to hypotheses, feeling safe in the community, as well as attitudes supportive of violence against women, were not associated with either knowledge of where to

Table 4 Comparison between children who experienced past year violence and sought help from a child helpline, and those who experienced past year violence and sought help nationally

	Reported to Childline		VACS 2017—experienced any violence in past year*		
	n/N	%	n/N	%*	(95% CI)
Sex					
Male	543/2177	24.9	86/922	47.8†	(39.6 to 56.1)
Female	1435/2177	65.9	836/922	52.2†	(43.9 to 60.3)
Current level of schooling					
Less than primary	9/2177	0.4	1/922	0.0	(0.0 to 0.3)
Primary	706/2177	32.4	128/922	17.5	(13.2 to 22.7)
Secondary	500/2177	23.0	472/922	50.8	(44.8 to 56.7)
Higher than secondary	89/2177	4.1	18/922	2.1	(1.0 to 4.3)
Not in school	50/2177	2.3	294/922	29.2	(24.0 to 35.0)
Type of violence					
Any physical violence	819/2177	37.6	627/922	75.0	(69.4 to 79.8)
Any emotional violence	701/2177	32.2	362/922	37.2	(31.3 to 43.4)
Any sexual violence	654/2177	30.0	202/922	13.3	(10.8 to 16.2)
Unwanted touching (sexual harassment in Childline data)	44/654	6.8	83/922	5.4	(4.1 to 7.1)
Attempted sex (sexual assault except for rape/forced sex in Childline)	82/654	12.5	112/922	7.2	(5.6 to 9.1)
Forced sex (rape in Childline data)	470/654	71.9	41/922	3.0	(2.1 to 4.3)
Pressured into sex			27/922	1.8	(1.1 to 2.8)
Sexual coercion/exploitation	26/654	4.0			
Exposure to pornography	9/654	1.4			
Verbal sexual harassment	23/654	3.5			

*Percentages are adjusted for the complex survey sampling scheme.
 †The VACS 2017 heavily oversampled females, hence weighted percentages are substantially different from n/N.
 VACS, Violence Against Children Survey.

seek help, or help-seeking. Children who are aware of where to seek help but do not, report feelings of self-blame and fear of consequences as the main reasons for not seeking help. Very few children did not seek help because they perceived violence was not a problem or did not want or need services.

In addition, looking at the Childline data, girls and children who were in school were over-represented in help-seeking compared with the national profile of children who experience violence, and sexual violence may be more likely to prompt help-seeking from Childline than other forms of violence.

Comparison to other literature

Although fewer than half of children in Zimbabwe who experienced physical or sexual violence knew where to seek formal help, children's knowledge of where to seek help was relatively high compared with VACS in Cambodia, Haiti, Kenya, Malawi, Nigeria and Tanzania, where 16%–28% of children knew where to seek formal help.⁹

We do see clearly that both awareness of where to seek help, and seeking help, are gendered. Similar to other studies, we find that girls are more likely than boys to seek formal help.^{9 10 12 13} This could be due to norms of masculinity requiring men and boys to be strong and withstand physical violence,³⁰ or that shroud male experiences of sexual violence in taboo and shame.^{31 32} Previous evidence has shown that the relationship between household demographics and help-seeking varies significantly by context,⁹ and our findings show that, in Zimbabwe, children living with biological parents are more likely to seek help. In Namibia, lower education, perpetrator type and witnessing violence were found to be associated with disclosure of physical violence among girls, while peer support and perpetrator type were associated with disclosure among boys.¹⁸ We extend previous work by systematically examining factors associated with awareness and help-seeking separately, but similar to Pereira *et al.*,⁹ we find relatively few predictors which emerge as significant.



Our findings regarding more conservative beliefs about female roles in sexual practices and better knowledge of help-seeking are surprising. It is possible that those with more traditional attitudes are more likely to hold beliefs about men being inherently or inevitably violent,³³ and therefore, perceive themselves to be more at risk of violence, or their social environment as more risky. This may, therefore, increase attunement to information about where to report violence. However, it is also plausible that those with conservative gender attitudes may be more likely to view violence as a normal part of relationships, and therefore, less likely to report it. Further research is needed to confirm and understand these findings.

Similarly, we found that lower levels of trust in the community were associated with less knowledge of where to seek help. This could reflect that those who had very low levels of trust were also less familiar with/new to communities and therefore has less knowledge about resources. Further research is needed to explore this.

We had hypothesised that having feeling safe in the community would be associated with increased help-seeking, but no associations were found. Fear of community violence and perpetrator threat were still mentioned as reasons for choosing not to seek help, however, so it could be that the survey questions around trust and safety were not specific enough to reflect safety in relation to violence. Similarly, perceptions of community safety could also be influenced by perceptions of the justice system in Zimbabwe, where the policy frameworks for violence have gaps and inconsistencies, and are often poorly understood; and where court cases can be lengthy, harrowing for survivors of violence, and survivors may feel they are unlikely to get justice.^{16 34 35}

Limitations

Our analysis has both strengths and limitations. We use a nationally representative dataset that collected high-quality data on violence using a standardised methodology, and routine data from Zimbabwe's largest child protection service provider, Childline. The VACS data are the best available national data, but were not designed to produce estimates representative for subpopulations, hence some estimates from the VACS analysis have a high level of uncertainty (wide CIs). The VACS required parental consent for participation of children aged 13–18 years, which may have led to exclusion of some more vulnerable children who may experience high levels of violence, or of vulnerable children choosing not to disclose their experiences. Childline's database is a routine database maintained by volunteers and provides some of the only electronic data available from any child protection provider in the country. As expected, there were high levels of missing data for some fields, which led us to exclude some variables from our analysis of Childline data. For the remaining variables, we have reported levels of missingness. However, it could be that the non-missing data from Childline available for analyses are systematically different from cases with missing

data, which would have led to a biased picture of the case characteristics. Our comparison between national VACS data and Childline's data should also be viewed only as indicative, as there are a number of differences in the methodology employed to gather these different data, and differences in variable construction between datasets.

Implications for research

Further research is needed to understand which aspects of community environments, and individual attitudes and norms around gender and disclosure impact awareness and help-seeking, and why. We also note that predictors of help-seeking linked to the perceived quality and availability of services have not been measured in the VACS. Childline indicates that anecdotally, some children report being reluctant to engage with services provided over the phone, rather than in person, which may prevent some formal help-seeking among those who know how to access help. Further research is needed to understand what and how characteristics of services are related to children's willingness to seek help. Identification of other modifiable risk and protective factors may aid in the development of targeted interventions to increase awareness of services and help-seeking behaviour.

We also note that other studies find levels of informal disclosure (to parents, friends and others, rather than to services) to be uniformly higher than levels of formal disclosure. Pereira *et al*'s six country study found that 23%–54% of children who experienced violence informally disclosed, compared with under 1%–25% who formally disclosed.⁹ This implies that for at least some children, there could be different barriers to seeking formal services, versus disclosure in itself. Further research could be conducted with existing data to gain insight into how to enable children who do disclose informally, to also seek formal help if this is appropriate for them.

Implications for practice

Our findings also have key implications for practitioners working to provide services to children, and for funders of these services. In Zimbabwe, there are clear gender differences in awareness of where to seek help, and in help-seeking. Our findings suggest a need for child protection service providers to increase awareness of where to seek help in both boys and girls, but especially among girls. Conversely, other strategies beyond awareness raising are needed to encourage more boys to seek formal help.

Children's reasons for not seeking help, besides awareness, generally do not seem to include not wanting or needing services, underscoring the responsibility of adults and child protection actors to enable children to access services. Reasons for not seeking help include feeling at fault, which may be addressed through changing attitudes and community norms, and also more structural reasons around fear of perpetrators and safety concerns that need to be addressed through more robust formal justice and child protection systems.

Outreach in schools to increase awareness of different forms of violence and how to report them, as well as better linkages between schools and formal structures to respond to violence, are an obvious area to focus to increase children's access to help. Given that Childline seems to reach a disproportionately high number of children who are in school, exploring avenues for Childline as a specific service provider to enable more children to report teacher and other school violence could be a promising intervention to improve help-seeking for school violence in particular. Childline is able to offer in-person service provision at 23 locations in Zimbabwe, but at present, this leaves large numbers of children unable to access in-person support. Childline has run some mobile service provision booths in selected schools, with the aim of increasing access for children without phones. This and other outreach models could be further explored in relation to teacher violence.

Importantly, our findings suggest that children can and do receive support from Childline for physical, sexual and emotional violence. Additional funding should be provided to enable Childline to expand its reach by focusing on encouraging more boys to report violence. Our findings suggest that these efforts should include material to address the stigma around violence against boys, rather than only on raising awareness of where to seek help. Similarly, targeted campaigning to reach out of school children could encourage more of these children to access vital support.

CONCLUSION

Children in Zimbabwe want services, but are either not aware of how to access them, feel that they are at fault for the violence they have experienced, or that their safety will be put at risk by accessing help. There is a clear need for child protection service providers to enable access for more children, and our findings suggest that the best way to do this may be need to be tailored for girls and boys. Childline may be well placed to encourage reporting in the Zimbabwe context.

Author affiliations

¹Department of Global Health and Development, London School of Hygiene & Tropical Medicine, London, UK

²Department of Environmental Health Sciences, Mailman School of Public Health, Columbia University, New York City, New York, USA

³Q Partnership, Harare, Zimbabwe

⁴Department of Art Design and Technology Education, University of Zimbabwe, Harare, Zimbabwe

⁵School of Law and Child Rights Research Centre, Africa University, Mutare, Zimbabwe

⁶Childline Zimbabwe, Harare, Zimbabwe

Acknowledgements We gratefully acknowledge participants in the VACS, the children who shared their stories with Childline Zimbabwe, Best Slibanda at Childline for assistance with data collation and Ian Mutimuri at Q Partnership for assistance with data cleaning.

Contributors KD is the study guarantor, drafted the manuscript and obtained funding; IC-T analysed Childline data and commented critically on the manuscript; CF analysed VACS data and co-wrote the manuscript; ET reviewed the literature

and co-wrote the manuscript; RN, CMN, TN-C, BCN and RM commented critically on the manuscript.

Funding This work was funded by a grant from an anonymous donor to KD.

Competing interests BCN and RM are employees of Childline Zimbabwe. We declare no other competing interests.

Patient and public involvement Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

Patient consent for publication Not applicable.

Ethics approval This research was approved by the LSHTM Ethics Committee and received an exemption from the MRC Zimbabwe Ethics committee. Participants gave informed consent to participate in the study before taking part.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Data may be obtained from a third party and are not publicly available.

Supplemental material This content has been supplied by the author(s). It has not been vetted by BMJ Publishing Group Limited (BMJ) and may not have been peer-reviewed. Any opinions or recommendations discussed are solely those of the author(s) and are not endorsed by BMJ. BMJ disclaims all liability and responsibility arising from any reliance placed on the content. Where the content includes any translated material, BMJ does not warrant the accuracy and reliability of the translations (including but not limited to local regulations, clinical guidelines, terminology, drug names and drug dosages), and is not responsible for any error and/or omissions arising from translation and adaptation or otherwise.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>.

ORCID ID

Karen Devries <http://orcid.org/0000-0001-8935-2181>

REFERENCES

- Hillis S, Mercy J, Amobi A, *et al*. Global prevalence of past-year violence against children: A systematic review and minimum estimates. *Pediatrics* 2016;137:e20154079.
- Hecker T, Hermenau K, Salmen C, *et al*. Harsh discipline relates to internalizing problems and cognitive functioning: findings from a cross-sectional study with school children in Tanzania. *BMC Psychiatry* 2016;16:118.
- Devries KM, Child JC, Allen E, *et al*. School violence, mental health, and educational performance in Uganda. *Pediatrics* 2014;133:e129–37.
- Norman RE, Byambaa M, De R, *et al*. The long-term health consequences of child physical abuse, emotional abuse, and neglect: a systematic review and meta-analysis. *PLOS Med* 2012;9:e1001349.
- Lansford JE, Dodge KA, Pettit GS, *et al*. A 12-year prospective study of the long-term effects of early child physical maltreatment on psychological, behavioral, and academic problems in adolescence. *Arch Pediatr Adolesc Med* 2002;156:824–30.
- Oladeji BD, Makanjuola VA, Gureje O. Family-Related adverse childhood experiences as risk factors for psychiatric disorders in Nigeria. *Br J Psychiatry* 2010;196:186–91.
- Felitti VJ, Anda RF, Nordenberg D, *et al*. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The adverse childhood experiences (ACE) study. *Am J Prev Med* 1998;14:245–58.
- Hughes K, Bellis MA, Hardcastle KA, *et al*. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet Public Health* 2017;2:e356–66.
- Pereira A, Peterman A, Neijhoft AN, *et al*. Disclosure, reporting and help seeking among child survivors of violence: a cross-country analysis. *BMC Public Health* 2020;20:1051.
- Meinck F, Cluver L, Loening-Voysey H, *et al*. Disclosure of physical, emotional and sexual child abuse, help-seeking and access to abuse response services in two South African provinces. *Psychol Health Med* 2017;22:94–106.
- Brennan E, McElvaney R. What helps children tell? A qualitative meta-analysis of child sexual abuse disclosure. *Child Abuse Rev*



- 2020;29:97–113. 10.1002/car.2617 Available: <https://onlinelibrary.wiley.com/doi/10.1002/car.2617>
- 12 Boudreau CL, Kress H, Rochat RW, et al. Correlates of disclosure of sexual violence among kenyan youth. *Child Abuse Negl* 2018;79:164–72.
 - 13 Sumner SA, Mercy AA, Saul J, et al. Prevalence of sexual violence against children and use of social services-seven countries, 2007–2013. *MMWR Morb Mortal Wkly Rep* 2015;64:565–9.
 - 14 Smith DW, Letourneau EJ, Saunders BE, et al. Delay in disclosure of childhood rape: results from a national survey. *Child Abuse Negl* 2000;24:273–87.
 - 15 Nguyen KH, Kress H, Atuchukwu V, et al. Disclosure of sexual violence among girls and young women aged 13 to 24 years: results from the violence against children surveys in nigeria and malawi. *J Interpers Violence* 2021;36:2188–2204NP.
 - 16 Obong'o CO, Patel SN, Cain M, et al. Suffering whether you tell or do "t tell: perceived re-victimization as a barrier to disclosing child sexual abuse in Zimbabwe. *J Child Sex Abus* 2020;29:944–64.
 - 17 ONS. *Child sexual abuse in england and wales: year ending march 2019*. Office for National Statistics, 2020.
 - 18 Velloza J, Davies L, Ensminger A, et al. Disclosure and help-seeking behaviors related to sexual and physical violence in childhood and adolescence: results from the namibia violence against children and youth survey. *Child Abuse Negl* 2022;128:105624.
 - 19 Gagnier C, Collin-Vézina D. The disclosure experiences of male child sexual abuse survivors. *J Child Sex Abus* 2016;25:221–41.
 - 20 Finkelhor D, Ormrod RK, Turner HA. Polyvictimization and trauma in a national longitudinal cohort. *Dev Psychopathol* 2007;19:149–66.
 - 21 Conceição P. *UNDP human development report: beyond income, beyond averages, beyond today. inequalities in human development in the 21st century*. New York: United Nations Development Programme, 2019.
 - 22 Ministry of Health and Child Care Zimbabwe. *Young adult survey of zimbabwe: A violence against children study, 2017*. Harare, Zimbabwe: Elizabeth Glaser Pediatric AIDS Foundation, 2019.
 - 23 ZIMSTAT and UNICEF. *Zimbabwe multiple indicator cluster survey 2019 survey findings report*. Harare, Zimbabwe: Zimbabwe National Statistics Agency (ZIMSTAT) and UNICEF, 2019.
 - 24 MoPSSW Z. *National case management system for the welfare and protection of children of zimbabwe 2017*. Ministry of Public Service, Labour and Social Welfare, 2017.
 - 25 Fry D, Petrowski N. *A secondary analysis of data from childline zimbabwe understanding violence against children in zimbabwe data series, no: 2*. Harare: UNICEF, 2016.
 - 26 Hawdon J, Ryan J. Social capital, social control, and changes in victimization rates. *Crime & Delinquency* 2009;55:526–49.
 - 27 Goudriaan H, Wittebrood K, Nieuwbeerta P. Neighbourhood characteristics and reporting crime: effects of social cohesion, confidence in police effectiveness and socio-economic disadvantage1. *The British Journal of Criminology* 2006;46:719–42.
 - 28 Wood K, Maforah F, Jewkes R. "He forced me to love him": putting violence on adolescent sexual health agendas. *Soc Sci Med* 1998;47:233–42.
 - 29 Jewkes R, Penn-Kekana L, Rose-Junius H. "If they rape me, I can't blame them": reflections on gender in the social context of child rape in south africa and namibia. *Soc Sci Med* 2005;61:1809–20.
 - 30 Morrell R. Corporal punishment and masculinity in South African schools. *Men and Masculinities* 2001;4:140–57.
 - 31 Holmes GR, Offen L, Waller G. See no evil, hear no evil, speak no evil: why do relatively few male victims of childhood sexual abuse receive help for abuse-related issues in adulthood? *Clin Psychol Rev* 1997;17:69–88.
 - 32 Sorsoli L, Kia-Keating M, Grossman FK. "I keep that hush-hush": male survivors of sexual abuse and the challenges of disclosure. *Journal of Counseling Psychology* 2008;55:333–45.
 - 33 Dagirmanjian FB, Mahalik JR, Boland J, et al. How do men construct and explain men's violence? *J Interpers Violence* 2017;32:2275–97.
 - 34 Musiwa AS. How has the presence of Zimbabwe's victim-friendly Court and relevant child protection policy and legal frameworks affected the management of intrafamilial child sexual abuse in Zimbabwe? the case of marondera district. *J Interpers Violence* 2018;33:1748–77.
 - 35 Mantula F, Saloojee H. Child sexual abuse in Zimbabwe. *J Child Sex Abus* 2016;25:866–80.

Annex 1

Variables description

Variable	Questions	Coding
Sex,		0=Male 1=Female
Age	<i>How old did you turn on your last birthday?</i>	(years)
Current level of schooling	Constructed using answers to: <i>“Are you currently attending school?”</i> and <i>“What is the highest level of schooling you have completed?”</i>	0=Less than primary/primary 1=Secondary/higher than secondary 2=Not in school
Household composition	Combined indicators constructed using answers to: <i>“Is your biological mother living with you?”</i> and <i>“Is your biological father living with you?”</i>	1=Lives with biological mother 2=Lives with biological father 3=Lives with both parents 4=Lives with neither parent
Wealth index	Wealth quintiles are from indices created through factor analysis of household assets and dwelling characteristics, similar to standard methodology used elsewhere (?) [9] and are age-group specific	
Type of violence	Binary indicators for whether respondent experienced each type of violence in the lifetime/past year: any physical violence, any emotional violence, any sexual violence, any touching without permission, any attempted sex, any physically forced sex, any pressured into sex through harassment, threats or tricks	0=No 1=Yes
Trust people living in your community	<i>“How much do you trust people living in your community/neighborhood? Would you say: a lot, some, not too much, or not at all?”</i>	1=Not at all 2=Not much 3=Some 4=A lot
Feelings of safety in the community	<i>“How safe do you feel in your community/neighborhood? Very safe, somewhat safe, or not safe at all.”</i>	1=Not at all 2=Somewhat 3=Very
Beliefs about intimate partner violence (1-5)	<i>“Do you believe, it is right for a man to hit or beat his wife: (Read categories below)</i> A) <i>If she goes out without telling him</i> B) <i>If she does not take care of the children</i> C) <i>If she argues with him</i> D) <i>If she refuses to have sex with him</i> E) <i>If she burns the food”</i>	Number of positive answers
Beliefs about the role of gender in sexual practices (1-5)	<i>“Do you believe: (Read categories below)</i> A) <i>Men, not women, should decide when to have sex</i> B) <i>Men need more sex than women</i> C) <i>Men need to have sex with other women, even if they have good relationships with their wives</i> D) <i>Women who carry condoms have sex with a lot of men</i> E) <i>A woman should tolerate violence to keep her family together”</i>	Number of positive answers