



A Dissertation submitted to
The School of Social Work, Faculty of Social Sciences
Midlands State University, Masvingo, Zimbabwe

Psychosocial Therapy Regimes for Child Sexual Abuse Survivors from 9 Years to 17 Years during the COVID-19 Era in Masvingo Urban

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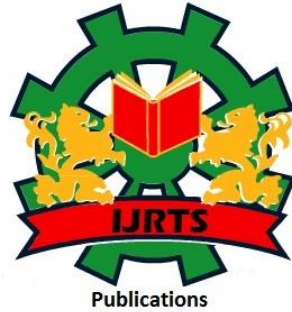
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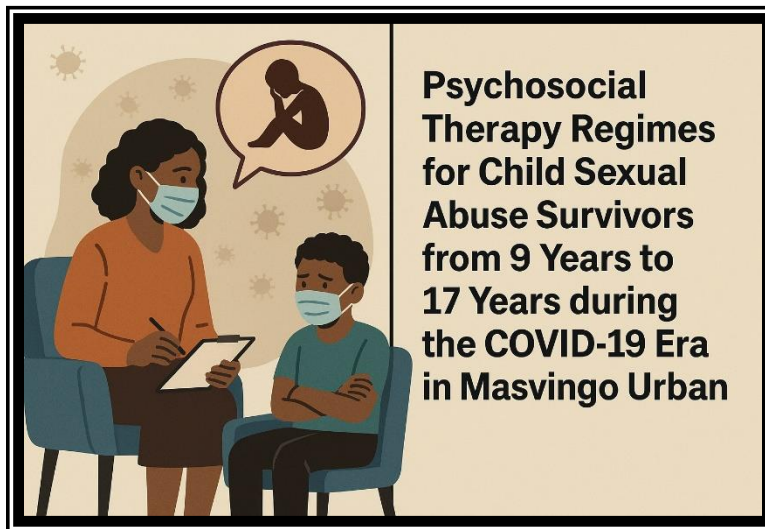




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First Edition

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The book is dedicated to child sexual abuse survivors who have faced a lot of psychosocial challenges in life as a result of child sexual abuse. I also dedicate this book to all the child sexual abuse survivors in Masvingo Urban and beyond.

~Cynthia Chinengundu

PREFACE

The devastating effects of child sexual abuse (CSA) on young survivors remain one of the most pressing child protection concerns of our time. While numerous efforts have been made globally and locally to address the trauma through psychosocial support, the arrival of the COVID-19 pandemic introduced unprecedented challenges that disrupted service delivery and intensified the vulnerability of affected children. It is within this context that the present study was undertaken.

This book, titled "Psychosocial Therapy Regimes for Child Sexual Abuse Survivors from 9 Years to 17 Years during the COVID-19 Era in Masvingo Urban", emerged from a critical need to understand how therapeutic interventions adapted—or failed to adapt—under the constraints of the pandemic. Masvingo Urban, like many urban settings in Zimbabwe and across the globe, witnessed disruptions in social services, restricted mobility, and reduced access to therapeutic care, all of which significantly affected the well-being of CSA survivors.

The study explores not only the types of psychosocial therapy regimes offered during this period but also the perceptions of survivors and professionals regarding their impact and effectiveness. Through case study methodology and qualitative inquiry, voices of survivors aged 9 to 17, along with key informants, provide insight into the lived experiences, coping strategies, and service delivery gaps.

This work is both timely and necessary. It highlights the complexity of supporting CSA survivors during times of crisis and reinforces the importance of a multi-sectoral, individualized approach to healing. It is my hope that the findings and recommendations herein will serve as a valuable resource for clinical social workers, mental health practitioners, policy-makers, and researchers committed to the holistic recovery of young survivors.

Cynthia Chinengundu

ABSTRACT

Child sexual abuse has become a child protection issue requiring closer attention to assist child sexual abuse services to overcome its effects. With its long and short-term effects, psychosocial therapy has been applied to the survivors as a way of curbing psychosocial problems. However, though psychosocial therapy has been offered before, the silence of the near dimension of the COVID-19 era has drawn attention to this study. The study had a goal to explore the psychosocial therapy regimes provided for child sexual abuse survivors aged 9 years -17 years during the COVID-19 era in Masvingo Urban. A case study was applied to the study. Data was collected from 22 participants as well as 3 key informants who were experts on dealing with child sexual abuse survivors in Masvingo urban. In-depth interviews were used for the participants and key informant interviews were conducted for the key informants. The study used an in-depth interview guide for the participants as well as the key informant interview guide for key informants. Thematic analysis was used to analyse the data and it was clearly shown by the findings that the child sexual abuse survivors suffer from both psychological and social effects of child sexual abuse. The child sexual abuse survivors then receive diverse psychosocial regimes they have a perception of the impact of COVID-19 on the provision of the regimes as well as a perception of the efficacy of the therapy. The study then poses recommendations as many parties like the parents, policymakers, clinical social workers as well as further researchers have a role to play in alleviating child sexual abuse and its psychosocial effects on younger children. The findings may be used in clinical social work as they bring out the diverse nature of clientele and the need for individualism when dealing with child sexual abuse survivors.

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CHAPTER1: INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 INTRODUCTION

This chapter provides the background of the study, a statement of the problem the aim, the objectives of the study, research questions, assumptions, significance of the study, limitations and delimitations, definition of key terms and the summary of the whole chapter.

1.2 BACKGROUND OF THE STUDY

Masvingo Urban is one of Zimbabwe's most populous cities, with a total population of 87886 people (47550 females, 40336 men) according to the 2012 Census. The majority of residents in Masvingo Urban are tenants, and due to financial constraints, people are compelled to live in large groups under one roof, exposing children to various sorts of maltreatment. Child sexual abuse has become a source of worry in clinical social work in such instances. The World Health Organization (WHO) defines child sexual abuse as "a kid's involvement in sexual behaviour that he or she does not consent to." society.' According to WHO (2013), sexual violence occurs all over the world, and data from surveys of violence against children revealed that the prevalence of any form of sexual violence in childhood (0–17 years) ranged from 4.4 per cent to 37.6 per cent among girls in Cambodia and Swaziland for respondents aged 18–24 years. In most Western countries, the incidence is around 25%, while in Africa, Zimbabwe has an 8.9% prevalence rate (WHO, 2013).

According to Tremble (2014), sexual assault is the second most common violent crime in the United States, and the Federal Bureau of Investigation (FBI) estimates that one in every ten people has been sexually assaulted. Sexual assault affects one out of every four women (Kress, Trippany, & Nolan, 2003). Counselors are likely to come across a client who has been traumatized by sexual assault due to the high incidence rate (Trippany, Kress, & Wilcoxon, 2004). There's also evidence that CSA is more strongly linked to mental health issues later in life than other types of abuse (Fergusson, Boden & Horwood 2008). Finally, while girls are more likely to be sexually abused, boys are also sexually assaulted and suffer similar harmful repercussions (Romano & DeLuca, 2001).

In response to these issues, practitioners and applied researchers have created and implemented a variety of programs for child sexual abuse survivors. Psychosocial therapy has been around for a long time. Clinicians, or rather therapists in general, have employed it on

multiple occasions as a therapy plan for clinical disorders. With the rise in incidents of child sexual abuse, psychosocial therapy has become more popular, as it aims to treat both the psychological and social aspects of the victim (Frisch, 2013). It is referred to as a dual treatment since its primary goal is to assist a client regain self-esteem and hope.

Survivors of child sexual abuse can get psychological therapy and treatment from a variety of government agencies, including the survival-friendly clinic and the victim-friendly section of the police. Non-governmental organizations (NGOs) such as Childline Zimbabwe and Family Support Trust (FST) provide free services in addition to the government's efforts. Even child survivors in Masvingo City can reach these organizations through referrals from other child protection stakeholders.

Although earlier research on the psychosocial therapy regimes provided for child sexual abuse survivors has been published, there is a need for an up-to-date complete exploration of the psychosocial therapy regimes for child sexual abuse, specifically during the COVID-19 era. As a result, the current study's goal is to look at psychosocial therapy for child sexual abuse survivors. The researcher plans to employ interview guidelines for participants as well as key informant interview guides for the selected key informants as research tools.

1.3 STATEMENT OF THE PROBLEM

During COVID-19, child sexual abuse has become a concern. At least one million incidences of child sexual abuse have been documented in the United States alone (Greydanus & Merrick, 2017). One million cases is a huge number, yet there are many more that go unreported. Masvingo province, according to UNICEF (2019), had 900 cases in 2018. Child sexual abuse survivors experience medical, psychological, and societal consequences as a result of their abuse. According to Zollner, Fichs & Fegert (2014), sexual abuse can have long-term or even long-term implications on a person, a family, or a nation. Muridzo & Malianga (2015) went on to say that while child sexual abuse impacts the survivor, its repercussions spread to other family members, posing mental health hazards. Psychosocial therapy and treatment, according to Weisz (1987), is aimed at minimizing psychological distress, reducing maladaptive behaviour, and promoting adaptive behaviour through counselling, structured or unstructured interaction, a training program, or a planned treatment plan.

Psychosocial therapy was developed as a means of addressing the psychosocial long- and short-term impacts of child sexual abuse on survivors. Psychosocial therapy proved beneficial

in treating despair and suicidal inclinations in child sexual assault survivors, (UNICEF, 2019). Psychosocial therapy, according to Sam (2013), addresses the interpersonal repercussions of child sexual abuse and to relate to anticipated issue scenarios, regimes were devised.

It is critical to provide psychosocial counselling to child sexual abuse survivors to alleviate the various repercussions. While there is a wealth of literature on both child sexual abuse and psychosocial therapy, there is a scarcity of research on psychosocial therapy regimes for child sexual abuse survivors in the COVID-19 era. During the COVID-19 era, this study investigates the psychosocial therapy regimes provided to child sexual assault survivors aged nine to seventeen.

1.4 JUSTIFICATION OF THE STUDY

1.4.1 Social Issues

Child sexual abuse is a child protection concern, and the findings of this study could be used as a guide in policy formation to reduce child sexual abuse instances and their clinical impact on survivors. The findings could be valuable in policymaking when it comes to matters like the age of consent to sex and other educational regulations that empower child sexual abuse survivors.

1.4.2 Clinical Social Work

The findings are critical because they may help psychosocial treatment service providers improve their programming and support other youngsters in similar situations. Through the testimonials that this research will present the findings may also aid in the selection of clinical social strategies that will have an impact on the psychological therapy plan for survivors of child sexual abuse.

The findings could be used in the Social Work Board as well as in practice in evaluating therapies, particularly the one chosen, in supporting and improving the lives of child sexual abuse survivors across the country and beyond. Furthermore, as a clinical social worker, the profession may improve its practices as a result of the recommendations provided after the study.

1.4. 3 Research

The information gathered in this study provided fresh information that may be valuable in the future since it motivates more research and expands the knowledge base for future studies. As a result, the researcher believes that the research will be a valuable addition to all clinical social work circles.

1.5 THE AIM OF STUDY

The purpose of this study is to look into the psychosocial therapy regimes offered to child sexual abuse survivors, as well as their perceived impact and efficacy during the COVID-19 era.

1.5.1 OBJECTIVES THAT ARE UNIQUE

- i. To explore the effects of child sexual abuse on survivors of child sexual abuse in Masvingo Urban.
- ii. To identify the psychosocial therapy regimes delivered to child sexual assault survivors in Masvingo Urban during the COVID-19 era.
- iii. To explore the perceived impact of COVID-19 on the provision of psychosocial therapy regimes for survivors of child sexual abuse in Masvingo Urban.
- iv. To investigate the efficacy of psychosocial therapy regimes for child sexual abuse survivors in Masvingo Urban during the COVID-19 era.

1.5.2 QUESTIONS FOR RESEARCH

- i. What are the effects of child sexual abuse on child sexual abuse survivors in Masvingo Urban?
- ii. What psychosocial therapy regimes were available in Masvingo during the COVID-19 era for child sexual abuse survivors?
- iii. What perceived impact does COVID-19 have on the provision of psychosocial therapy regimes for child sexual abuse survivors in Masvingo Urban?
- iv. What is the perceived efficacy of psychosocial therapy regimes for child sexual abuse survivors in Masvingo Urban during the COVID-19 era?

1.6 ASSUMPTIONS

This research is based on the following assumptions:

- The rise in child sexual abuse instances has resulted in a wide range of psychological counselling and treatment options.
- When it comes to dealing with children, psychosocial therapy and treatment outcomes are ineffective. Survivors of sexual assault.
- Other types of therapy can be beneficial as part of a therapeutic strategy for survivors of child sexual abuse.
- COVID-19 hurts the efficacy of psychological counselling and treatment.

1.7 DELIMITATIONS

The participants in this study range in age from nine to seventeen years old and have received psychosocial counselling and treatment in Masvingo Urban. Focus groups hosted by Family Support Trust and other partners are held with the participants. Three specialists from Childline Zimbabwe, the Victim Friendly Unit, and the Survival Clinic will give supporting evidence.

1.8 LIMITATIONS

Because child sexual abuse is such a sensitive and private subject in society, survivors of child sexual abuse may be scared to come forward for fear of being labelled. The researcher will use a family systems approach to ensure that minors receive consent and support from their families.

Because of the principle of confidentiality and privacy, key informants may refuse to cooperate and provide information on psychosocial therapy and treatment outcomes for child sexual abuse survivors. It's possible that disclosing company information is unethical.

The study will overcome the obstacle by describing the study's nature, importance, and relevance to clinical social work and the organization.

1.9 DEFINITION OF TERMS

According to Chapter 5.06 of the Children's Act, a child is anyone under the age of eighteen. The United Nations Convention on the Rights of the Child (UNCRC) of 1989 also defines a child as someone under the age of eighteen years.

A sample, according to Best & Kahn (1993), is a small group of people chosen for observation or analysis based on their characteristics.

A study population, according to Momoh (2021), is any group of people who share one or more characteristics that the researcher is interested in. It is the total number of members of a particular group of people, things, locations, or events chosen for their relevance to one's research.

1.10 CHAPTER SUMMARY

The study topic as well as the study's backdrop were discussed in this chapter. It looked at the problem statement, goal, objectives, research questions, assumptions, and justification for the study, as well as delimitations, limitations, and term definitions. The conceptual literature on psychosocial therapy regimes provided for child sexual abuse survivors will be explored in the following chapter, as well as the gaps in the literature.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

The chapter summarizes the existing literature on psychosocial therapy for child sexual abuse survivors as it has been advanced by several experts who have conducted studies on the topic. Clinical disorders such as child sexual abuse, according to clinical social work, psychology, and other medical fields, require psychosocial counselling and treatment for the survivors' benefit. George Miller (1956), proposed the cognitive-behavioural theory, which was used in this study. The goal of the research is to look into the medical and psychosocial effects of child sexual abuse, to identify the psychosocial therapy regimes used for child sexual abuse survivors, and to look into the impact of the COVID-19 pandemic on the provision of psychosocial services to survivors of child sexual abuse in Masvingo City, and to look into the efficacy of psychosocial therapy for child sexual abuse survivors in Masvingo during the COVID-19 era.

This section aims to highlight academic literature on the issue of psychosocial counselling and treatment for child sexual abuse survivors, as determined by the researcher's goals.

2.2 THEORETICAL FRAMEWORK

2.2.1 Theory

Miller's Cognitive Behavioural Theory (1956), was used in this research. The approach focuses on the development of personal coping mechanisms aimed at overcoming current issues and altering harmful patterns in cognitions (such as thoughts, beliefs, and attitudes), behaviours, and emotional regulation (Sagan, 2011). The findings were based on the chosen theory as a means of investigating psychosocial therapy programs for survivors of child sexual abuse. Because the study focused on psychosocial therapy regimes, it was vital to understand the relationship between the mind and behaviour to connect with the types of psychosocial therapy that were available and applicable for each situation, such as concerns of resilience (Domhardt et al, 2015). The theory was crucial since it provided insight into psychological components and how they interact with one's conduct.

The Cognitive Behavioural Theory is a theory that explains how people think and behave. One of the most important theories proposed by George Miller (1956) was the Information

Process Theory. CBT stands for cognitive behavioural theory. The hypothesis is predicated on the premise that rather than just reacting to stimuli, humans process the information they receive. He defined sensory memory, short-term memory, and long-term memory as the three categories of memory. This approach emphasizes the development of personal coping mechanisms aimed at overcoming current issues and altering harmful patterns in cognitions (such as ideas, beliefs, and attitudes), behaviours, and emotional regulation (Sagan, 2011). It was created to treat depression, but it's now used to treat a variety of mental illnesses. According to Beck (2000), it is based on the notion that cognitive distortions and maladaptive behaviours contribute to the emergence of illness. It's also founded on the idea that educating new information processing abilities and coping mechanisms will help alleviate stress (Kress, Adamso & Hensel, 2010). The approach is based on a mix of behavioural and cognitive psychology elements. As a result, cognitive behavioural therapy is utilized to assist patients in developing alternate ways of thinking and acting to lessen psychological stress (Subsoil & Grossman, 2010). It has a problem-solving orientation and is action-oriented. The majority of psychiatric illnesses in children and adolescents are treated using cognitive behaviour therapy as the first line of treatment. Trauma-Focused Cognitive Behavioural Therapy was developed as a result of the clinical work of Judith Cohen, Anthony Mannarino, and Esther Deblinger (Laloy & McElvaney, 2010). According to Balon (2009), there is a critical need for cognitive behavioural approaches to be used in conjunction with family therapy and a trauma-sensitive approach. To enable children to divulge specifics of trauma, a safe and stable setting is given (Maniglio, 2013). Children are told how their perceptions might be skewed and provided tools to help them change their minds. At home, parents and children are frequently expected to practice skills. The effectiveness of the program is dependent on a true relationship between the counsellor, the child, and the parent. At times, the therapist will involve the parents for them to assist their children in coping with the psychological trauma (Butler & Beck, 2000). This form of therapy is successful in helping sexually abused children, according to a study. Therapists engage in conversation therapy with the abused child, attempting to educate them on how to live a positive life.

The therapist tries to encourage the child to generate positive thoughts rather than focusing on the negative ones because the bad ones will continue to bother him or her as long as the thoughts exist. This sort of therapy is viewed as a powerful instrument for sexually abused children's empowerment (Fischer, 1979). Though this hypothesis has flaws, many people have found the therapy to be beneficial because it begins to work after a few sessions.

Because sexually abused children are psychologically traumatized and have a negative attitude toward everything as a result of the experience, they require extra care. The youngster will begin to have hope if you provide a pleasant, inviting, or friendly setting for them.

The youngster will be able to return to his or her usual life after several sessions and patience, and they will be able to communicate if the therapist creates a pleasant zone around them. As a result, because the child has gained trust in the therapist, the counselling procedure will be successful because they will listen to the therapist. The traumatized youngster will begin to think more positively and believe that they can still achieve their goals. This will aid in the treatment of stress problems or behavioural changes. Every person has the right to enjoy a healthy life, which includes mental, social, spiritual, and physical well-being (Frisch, 2013). The chosen theory will be used to evaluate the efficacy of psychosocial therapy and treatment for child sexual assault survivors in this study. `

These strategies have been adopted by counsellors to assist clients in reflecting on their experiences that may be keeping them from moving on. The therapist encourages the client to speak freely about whatever comes to mind, which allows the client to examine repressed feelings. This idea applies to the role of psychosocial therapy in improving the lives of child sexual assault survivors.

2.2.2 Justifications for using the theory

The cognitive-behavioural theories will be used throughout the research since they shed light on the relationship between the mind and behaviour. As a result, because the research will be focusing on the efficacy of psychosocial therapy and treatment outcomes, the target group will be examined to see if psychosocial therapy and treatment outcomes are effective for child sexual abuse survivors or if other options are required. In addition, the idea will be utilized to show differences in the client's ability to adjust to life following a tragedy. The research will be able to explore the efficacy of psychosocial therapy in addressing issues like resilience for child sexual abuse survivors to have a better life with the integration of the above-mentioned theory.

2.3 CONCEPTUALIZATION OF PSYCHOSOCIAL THERAPY

Therapeutic support for children and young people who have been sexually abused is given by statutory, volunteer, and private sector organizations ranging in size from small

specialised sexual abuse programs to big residential facilities. Psychotherapy can be offered from a variety of theoretical viewpoints, such as behavioural/cognitive, existential/humanistic, gestalt, interpersonal, psychoanalytic/psychodynamic, and others. Rogerian/person-centred and systemic approaches (Fischer, 1979). The integrative techniques, which attempt to multiply the benefits of diverse treatments, are becoming more widespread, according to Allnock et al (2010). Therapists often utilize one of these guiding philosophies. CBT, eye movement desensitisation and reprocessing, and transactional analysis are some of the most frequent integrative approaches used in sexual abuse programs for children in the UK. It's crucial to separate how therapies are applied to youngsters versus adults.

Morgan & Kena (2017) define sexual abuse as "any encouragement or seduction of any kind of sexual behaviour." Any human, whether a youngster or an adult, participates in any sexually explicit action for the aim of creating a visual depiction, fantasy, or pleasure, all to satisfy fleshly desires. WHO (2017) defines child sexual abuse as any completed or attempted sexual act, sexual contact with, or exploitation of a child by a caregiver, and the definition goes on to include abuse performed by anybody other than a caregiver. According to the US Department of Health and Human Services (2016), there are several types of sexual abuse, with the distinction being made between those who are involved in direct physical contact and those who are not. Voyeurism, exhibitionism, and exposing the youngster to pornography are examples of non-contact sexual abuse. Sexual abuse takes several forms, according to Morgan et al (2017), including rape, forcible sodomy, forcible object penetration, unwanted sexual touching, incest, and coercive sexual contact. However, because this act of abuse is done without consent, it causes psychological anguish to both young people and adults.

To come to grips with what occurred to them as a child, many child sexual abuse survivors will require some form of psychiatric counselling (Ehring et al, 2014). The NSPCC takes a child-centred approach, in which the kid is seen as a participant. In contrast to the more paternalistic notion of intervention or 'rescue,' the subject can speak and act on his or her interests. A trauma-focused approach is utilized by some specialised sexual abuse services to remove or lessen symptoms related to trauma, such as PTSD and anxiety. Other interventions include abuse-focused, which assumes that symptoms in people who have experienced interpersonal violence are different from 'normal' anxiety or depression, or even symptoms seen in other types of trauma victims (Laloy and McElvaney, 2010). Encouragement of the child to communicate abuse-related sentiments and clarification of erroneous self-perceptions

are common features of this method or others, training skills in abuse prevention, and reducing feelings of stigma and loneliness. Talking therapies, which are centred on discussion with a skilled therapist, or creative therapies, which focus on the body and action, are two types of psychotherapies. Therapists urge clients to explore their history by telling tales in the present, and then work with them to uncover richer (or 'thicker') narratives that arise from divergent representations of experience, diminishing the grip of negative ('thin') narratives. Suicide is another concern that many survivors face. Physical and violent sexual abuse during childhood, according to Joiner et al (2007), are greater risk factors for suicide than verbal abuse, as well as molestation. As a result, when working with this demographic, therapists must check for suicidal tendencies and incorporate this into the therapy plan to ensure their quality of life. This research, on the other hand, will fill a gap by focusing on the role of psychosocial therapy in improving the quality of life of child sexual assault survivors. This study aims to determine the effectiveness of psychosocial counselling and treatment in enhancing the participants' quality of life in Masvingo.

2.4 TYPES OF THERAPIES OFFERED TO CHILD SEXUAL ABUSE SURVIVORS IN ZIMBABWE

According to Allock and Hynes (2011), two categories explain the types of therapies available to child sexual assault survivors. Talking therapy and creative therapy are the two basic kinds.

2.4.1 Talking therapy

Psychodynamic psychotherapy, counselling, group therapy, and family therapy are all examples of talking therapy.

2.4.1.1. Psychodynamic psychotherapy

This is based on the idea that emotional disorders may be traced back to the environment, internal tensions and unconscious motives of a client, which may be detrimental (Gabbard, 2009). It is highly dependent on the client-therapist interpersonal relationship. The therapist begins by treating the discomfort caused by the poorly developed function and then moves on to the next step. The client is then assisted in acknowledging the maladaptation and developing change strategies.

2.4.1.2 Counselling

Although the terms "psychotherapy" and "psychoanalysis" are sometimes used interchangeably, there are differences in specific contexts.

There are minor distinctions between them. Counselling is a relatively brief treatment (between 1 and 20 sessions) in the context of mental health services, making it more accessible and cheap for clients (Dryden & Feltham, 1992). Its goal is to relieve pain, address difficulties, and assist people in leading more fulfilling lives. It frequently focuses on a specific symptom or problem and investigates possible solutions. Distinct types of counselling begin with different theoretical foundations, such as humanistic, psychodynamic, cognitive, or behavioural.

2.4.1.3 Therapy in a group setting

Barlow et al (2004) recognize the ability of groups to affect individual transformation through psychology. Group therapy is frequently regarded as a particularly effective method of assisting sexual abuse victims. They don't feel so alone now that they've met other victims. Group therapy, on the other hand, is not appropriate in the early stages of sexual abuse since children will be processing the occurrence and may not feel comfortable sharing in a group context. Furthermore, the difficulties of one person dominating the group while others feel inferior are critical, and the therapist must manage the group to suit everyone.

2.4.1.4 Family therapy

Family therapy, according to Burnham (1986), arose from systems theory, which views families as living systems whose dynamics are continually changing as each family member deals with life, resulting in unpredictable outcomes. When it comes to child sexual abuse, family therapy is critical since it aids in assessment, diagnosis, treatment, and prevention. To provide comprehensive therapy to child sexual abuse survivors, the entire process requires family involvement. If the case concerns a family member, however, other family members may refuse to participate in the therapy, which will be considered an unlawful act under the Criminal Law and Codification Reform Act.

2.4.1.5 Problem-solving therapy

This is a quick strengths-based approach to treatment (Berg & Miller, 1992). It is based on the idea that while we will never know the true origins of people's issues, we can develop alternate explanations. It emphasizes the present and future rather than the past, focusing on what clients desire to achieve via therapy rather than the problem(s) that led them to seek help. Because it focuses on the current situation, this therapy does not take long. The regime also prevents the recurrence of psychological traumas from previous narratives. Because there are fewer therapeutic sessions in this type of therapy, it is a short-term solution.

2.4.1.6 Narrative therapy

According to White & Epston (1990), narrative therapy is used when a therapist encourages clients to explore their past by creating stories that tell in the present and then works with them to help them discover richer narratives that emerge from disparate descriptions of experience, thereby weakening the hold of negative narratives. This might be considered a long-term therapy plan since the child will be able to trace back the incident and receive treatment through narrations because the unconscious mind will be able to describe the occurrences.

2.4.1.7 Cognitive behavioural therapy (CBT) is a type of psychotherapy that (CBT).

CBT (cognitive behavioural therapy) is a type of psychotherapy that is based on the idea that how we think about things impacts how we feel. According to Nice (2004), in CBT, the therapist assists the client in learning new abilities, such as monitoring thought streams and exposing attitudes and prejudices to more realistic thinking. It can be employed in both individual and group settings, as well as in a variety of situations ranging from brief treatments to in-depth psychotherapy. A trauma-focused cognitive behavioural therapy (TF-CBT) has been created to address the specific issues that traumatized abused children face. CBT is a type of cognitive behavioural therapy. As a first-line treatment for the symptoms of sexual abuse, it is suggested. However, it is not recommended for use with extremely young children.

2.4. 2 Creative therapies

2.4.2.1 Children's Play Therapy

According to Kot et al. (1998), play is founded on the concept that it connects a child's internal thinking to the outer world. It bridges the gap between concrete experience and

abstract thought while allowing the kid to securely express experiences, thoughts, feelings, and wants that would be more dangerous if addressed directly.

2.4.2.2 Non-directive Play Therapy

This is based on Carl Rogers' person-centered therapy method. The child is provided with a secure and predictable environment, as well as a secure and predictable interaction with the therapist. All emotions are embraced and symbolically and/or explicitly discussed. The child decides how to spend his or her time, while the play therapist provides Rogers' 'core conditions,' which include unconditional positive regard, empathy, and consistency. This type of therapy is beneficial since it has a cognitive advantage because the child can relate to the experience he or she has had.

2.4.2.3 Drama therapy

This is a method for bringing about immediate change in individuals and groups of the performing arts. The therapy incorporates all parts of theatre art, including voice, dance, improvisation, role play, script development, performance, costume, lighting, and staging. This approach to treatment is founded on the idea that all art expresses something we can't express any other way (Jennings & Minde, 1992). The discipline, however, is only for vocal children who can participate in dramas.

2.5 CRITICS OF THE LITERATURE

Many theorists' discoveries and types of therapies explain how the therapist interacts with the client while leaving the outcome of the therapies unclear. The majority of the literature focused on general therapy offering rather than the therapy's outcome and efficacy. Because of these inadequacies, the study will focus on psychosocial therapy and treatment results for children who have been sexually abused. These studies are also foreign because there is no locally based literature, which prompted the researcher to do this study in Zimbabwe.

2.6 APPLICABLE STATUTORY INSTRUMENTS IN CHILD SEXUAL ABUSE

2.6.1 Chapter 5.06 of the Children's Act

This Act defines a child as someone under the age of 18, as well as the age of consent, which is set at 16 years old. Culture is considered a barrier in America, according to prior UNICEF (2006) material, and this is also seen at a local level in the study location, Zimbabwe. In some respects, the stumbling blocks had become ubiquitous. The old tradition of suggesting sexual

intercourse with a virgin for financial development, as well as the idea that having sex with a virgin cures HIV, has been linked to the increased prevalence of CSA cases in Zimbabwe (Musallam, 2014).

2.6.2 The Marriage Act, Chapter 5:11

The Act places a strong emphasis on the age of marriage, which is set at 18 years old as the age of majority. Minors are not allowed to marry until they reach the age of majority, according to the law. This is not observed, however, because some cultural ideas and faiths continue to force young females to marry. Forced marriages are not widely documented, and many young children are physically harmed, particularly during childbirth and forced sexual practices. According to Herald January 31 (2011), some cultures, such as Johanne Marange's church, accept child marriage, therefore if the situation is reported, the family may refuse to participate. They may be breaking church rules. As parents normalize abuse as part of their church standards, this may affect the reporting of child marriage and child sexual abuse instances. Even though the Act explicitly defines the various forms of marriages and the age of marriage, the law is still being broken, and stringent enforcement is required to protect minors from child sexual abuse and its psychosocial and medical consequences. Furthermore, notwithstanding the issue of religious freedom, the law should safeguard every child, and social workers and law enforcers should undertake follow-up to guarantee that children are secure from child sexual abuse. It is critical to protect children and limit the number of occurrences of child sexual abuse caused by religious and cultural beliefs.

Children have been protected by the law from sexual offences that may be perpetrated against them. The Criminal Law (Codification and Reform) Act [Chapter 9:07] defines several offences that carry heavy penalties and prison sentences. Anyone who allows a youngster to be a prostitute commits a felony, according to Section 87 of the Code. Adults who have sexual intercourse with kids or commit indecent assaults on children are likewise punished under Section 70 of the Code. The fact that a small child consented to the conduct is not a defence because children cannot consent to sexual actions under the law. Section 49 of the Code also protects anyone who, within six months of the birth of a child, violates the Constitution's right to life.

While many advocacy activities focus on policy and law development, ongoing efforts are required to ensure effective implementation, proper resource commitment, and monitoring to detect gaps and offer new solutions. Our experience demonstrates the critical importance of

policy advocates in bridging the gap between the many policy and legislative streams (Arato, 2000).

2.7 CHAPTER SUMMARY

This marks the end of this chapter which focused on a conceptual framework which was relevant to the title of an exploration of psychosocial therapy and treatment outcomes for child sexual abuse survivors. Literature regarding other studies relevant to the topic was explicitly reviewed and highlighted. The end of this chapter sees the beginning of chapter 3.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

The researcher's plans for doing the research are discussed in Chapter 3. It focuses on the researcher's ability to apply his or her theoretical knowledge into practice. The study focused on Masvingo Urban, which is a densely populated urban area. The researcher used a case study design in his research. Key research instruments in data collecting were in-depth interview guides and key informant interviews. This was done because the researcher sought thorough information from both the child sexual assault survivors and important informants.

3.2 PHILOSOPHY OF THE STUDY

The study's philosophy was interpretivism. According to interpretivism, knowledge is founded on an abstract description of meaning derived from human experiences. The perceived impact of COVID-19 on the provision of psychosocial therapy is obtained from the perceived description of meaning created by the participants and key informants of the study. The researcher and reality are inseparable, according to the theory, because the researcher deduced meanings from the study's findings. To arrive at conclusions, the researcher employed the degree of deducing meanings. The philosophy type was significant since it aided in the study's selection of subsequent components.

3.3 RESEARCH APPROACH: Qualitative

The qualitative research method was used in this study. Qualitative research, according to Creswell (2014), is the interpretation of social processes in natural settings. "Qualitative research is a type of naturalistic inquiry that is usually less obtrusive than quantitative inquiries," writes (Bowling, 2009:380). The qualitative technique does not conduct research based on predefined hypotheses but rather identifies a problem or topic that can be thoroughly investigated (Babbie, 2011). The method also encourages in-depth, open-ended responses, which was made possible by this method.

The goal of qualitative research, according to Creswell (2003), is to analyze human behaviour as well as the social, cultural, and political circumstances in which it occurs. The study took this strategy since the topic demanded descriptive responses, and the researcher was able to observe the participant's facial expressions and learn how they truly felt. Case study research, participant observation, organized in-depth interviews, focus groups, and

participatory research are all examples of qualitative investigations that are based on meanings expressed through words and other symbols or metaphors (Bryman, 2012).

This study benefited from the qualitative technique since participants were able to describe what was relevant or essential to them in their own words. Utilized to describe and give meaning to life experiences to gain understanding and explore the depth, richness, and complexity of the phenomenon. Because this study was labour hard and time-consuming, the approach was quite beneficial.

3.4 RESEARCH DESIGN

This research will make use of the case study research design as it will have a better understanding of the psychosocial therapy regimes provided for child sexual abuse survivors during the COVID-19 era specifically in Masvingo urban. Yin (2012: 13), defines a case as, “A contemporary phenomenon within its real-life context, especially when the boundaries between a phenomenon and context are not clear and the researcher has little control over the phenomenon or context. Yin (2012: 13), defines a case study as, “A contemporary phenomenon within its real-life context, especially when the boundaries between a phenomenon and context are not clear and the researcher has little control over the phenomenon or context.

The case study research design was useful for testing whether a specific theory and model applies to phenomena in the real world. Bryman (2012) postulates that case studies are a sub-type of qualitative inquiry that emphasises detailed description and understanding of the phenomenon.

3.5 STUDY POPULATION

3.5.1 RESEARCH DOMAIN

A research domain is defined as a place or site where accessible individuals willing to provide distinct detailed information about a phenomenon being studied are found, (Creswell, 2003). Masvingo Urban in Zimbabwe is the domain of this research. It is situated in the Southern part of Zimbabwe, 292km to the South of Harare, the capital and is the oldest urban centre in Zimbabwe.

According to the latest census which was carried out in 2012, the Masvingo urban area consists of 87 886 people. Of the total population, 47 550 are females whilst 40336 are males.

Therefore, this study will make use of the percentage of girls in the total number of females residing in Masvingo Urban.

3.5.2 STUDY POPULATION

The researcher will use Masvingo Urban as it is more accessible and the researcher is familiar with the area as a resident, which will assist her in carrying out the research.

3.6 SAMPLE SIZE

Twenty-two participants were sampled from the population at large of child sexual abuse survivors who have received psychosocial support during the COVID-19 era in Masvingo Urban. This follows the explanation of a population proposed by Bowling (2009), as any set of people from which a sample is selected and to which the research results will generalize.

The key informants who are experts in working with child sexual abuse survivors in offering psychosocial support from diverse organisations were sampled and gave supporting data which was useful in this study. Three key informants were sampled in this study which are a counsellor from Childline Zimbabwe, a nurse from Masvingo Provincial Survival Clinic as well as a police officer from Victim Friendly Unit. This accommodated the psychological, medical as well as legal sectors which are crucial for the child sexual abuse survivors in Masvingo Urban.

The inclusion criteria were used for both participants and key informants. The study used Masvingo urban as it was more accessible and when the researcher reached saturation she made use of the gathered data.

3.7 SAMPLING TECHNIQUE

3.7.1 Purposive sampling

The sample was chosen using a process known as purposeful sampling. Because McBurney and White (2009) stressed the importance of selecting a targeted group of persons at a desired period, this strategy ensured that the researcher only addressed child sexual assault survivors aged 9 to 17 years who had had or are getting psychosocial therapy as participants.

The strategy was also used to choose key informants to obtain adequate and essential information for this study from people who provide psychosocial counselling and treatment to survivors of child sexual abuse.

3.8 DATA COLLECTION

3.8.1 DATA COLLECTION TECHNIQUES

The study used an in-depth interview method to collect data. “Unstructured interviews aim to delve deep beneath the surface of superficial responses to obtain true meanings that interviewees assign to their experiences and the complexities of their attitudes and behaviour” (Klenke, 2008: 125). These were used for the participants.

The study also adopted the key informant interviews for the key informants. These methods are qualitative as explained by Creswell (2003). This study adopted the two methods to gather the data needed for this research.

3.8.2 DATA COLLECTION INSTRUMENTS

The research used a participant-in-depth interview guide for the participants. It also used a key informant interview guide for the selected key informants.

3.8.2.1 In-depth interview guide

The 22 participants who are child sexual assault survivors in Masvingo Urban were interviewed using in-depth interview guides. According to Ullman (2010), interviews are similar to regular chats, but they are more focused on the researcher's data needs. Open-ended questions were chosen since they allow for clarification and follow-up inquiries.

3.8.2.2 Key Informants Interview Guide

The key informant interview guide was used to gather data from the key informants that were chosen. It's a face-to-face interview with competent professionals who engage with the target population and/or are well-versed in the topic under investigation. These factors may influence the level of cooperation of survivors of child sexual abuse. Their expertise was combined with the information provided by the participants, resulting in a shade of light and adding value to the results of the research. The semi-structured questions were used to collect data from the experts which added meaning to the research.

Table 1: Trustworthiness of the study

Trustworthiness in the study

STEP	DESCRIPTION OF PROCESS
CREDIBILITY	Data source triangulation Triangulation of data analysis
DEPENDABILITY	Detailed description of methodologies utilized throughout the study
Confirmability	Data triangulation Use of verbatim quotations to report findings

3.9 ANALYSIS AND PRESENTATION OF DATA

Table 2: Steps for data analysis

steps of data analysis adopted from Braum and Clarke (2006)

DESCRIPTION	SUMMARY OF THE PROCESS
Familiarisation with data	Data Transcription Reading and rereading the data Noting down initial ideas
Generating initial codes	Coding interesting features of data across data sets Collating data relevant to each potential theme
Searching for themes	Collating codes with similar meanings into potential themes Gathering all data relevant to each potential theme
Reviewing themes	Checking in the themes in relation to the coded extracts and the entire data set
Defining and naming themes	Analysis of developed themes and refining each theme Generating clear definitions and themes of each theme
Producing the report	Selection of compelling verbatim quotations Conducting final analysis of selected extracts and linking them to the research question and literature

In this study, thematic analysis was used. The study employed data coding, which is defined as "the process of breaking down data into its parts and assigning labels to these parts" (Bryman, 2012: 13). For thematic interpretations, data was organized into topics based on the research questions.

- Presentation of Results

The data was presented descriptively.

- Analysis of the Data

This type of analysis was chosen in the study because it provided insight into trends and experiences among child sexual assault survivors. The interview replies and data from observations were organized into conceptual categories based on the study's theoretical propositions and aims.

3.10 ETHICAL CONSIDERATIONS

In social science research, ethical issues are critical because they lead the researcher in promoting uniformity and protecting the integrity of all persons engaged. Ethics, according to Babbie (2012), are linked to morality and the question of right and evil. The following ethics were used in this study: confidentiality, informed consent, and voluntary participation.

3.10.1 Voluntary participation

Participants agreed to participate voluntarily and were given the option to leave at any time throughout the interviews. Participants were not compelled to respond to questions about which they were uncomfortable. No child was coerced into participating in the interview. The researcher made certain that each participant was doing so voluntarily.

3.10.2 Anonymity and Confidentiality

The researcher pledged to keep the participants' comments private and assured them that the material would only be used for educational purposes. The researcher made it clear that the study is just for academic purposes and not for public consumption. According to Cooper and Schindler (2008), pseudonyms should be used to ensure and maintain confidentiality. To safeguard the participants in this study, pseudonyms were used. To keep the material safe and discreet, the researcher meticulously logged her findings on a laptop with security locks. To maintain secrecy, the interviews were also conducted in private.

3.10.3 Informed Consent

The researcher educated respondents about the study's procedures about their participation. Participants' decision to participate or not participate was heavily influenced by informed consent. Informed consent forms were presented to the participants, who freely signed them. The goal was explicitly described by the researcher so that the participants could make an informed decision.

3.11 FEASIBILITY

A referral letter from the Midlands State University of Science Education signed consent forms from minors' parents, and approval letters from the Victim Friendly Unit, Survival Clinic, and Childline Zimbabwe were all obtained by the researcher.

3.12 VALIDITY AND RELIABILITY

The study concentrated on Masvingo City, which has a higher proportion of child sexual abuse allegations. The study's findings do not imply that the situation is the same in other Zimbabwean cities. The three key informants were chosen because they are in charge of providing psychosocial therapy to survivors of child sexual abuse in Masvingo City. As a result of the variety, the research gained a broader perspective.

3.13 CHAPTER SUMMARY

The methods section attempted to describe how the researcher conducted the study. The research was carried out at Masvingo City. The research was exploratory in character and qualitative in nature. The data gathering procedures, instruments, and data analysis were all examined. This chapter goes through everything in great depth. This chapter also highlighted ethical considerations, laying the stage for the fourth chapter, which would present and analyze data.

CHAPTER 4: DATA PRESENTATION, INTERPRETATION AND DISCUSSION

4.1 INTRODUCTION

The chapter presents the data, interprets the data, and discusses the conclusions, with a focus on the study's objectives. The goals of this study were to investigate the physiological and psychosocial repercussions of child sexual abuse, to determine the psychosocial therapy regimes utilized for child sexual abuse survivors, and to investigate the influence of the COVID-19 pandemic on the survivors of child sexual abuse. Provision of psychosocial therapy to child sexual abuse survivors in Masvingo City, as well as an investigation into the perceived efficacy of psychosocial therapy for child sexual abuse survivors in Masvingo during the COVID-19 era.

The findings addressed the research questions of what the medical and psychosocial effects of child sexual abuse on child sexual abuse survivors in Masvingo Urban, what the psychosocial therapy regimes provided for child sexual abuse survivors during the COVID-19 era in Masvingo Urban, what the perceived impact of COVID-19 in providing psychosocial therapy regimes for child sexual abuse survivors in Masvingo urban, and what is the perceived impact of COVID-19 in providing psychosocial therapy regimes for child sexual In Masvingo Urban.

The following is the format of this chapter: the themes that have developed from the data obtained, the demographic illustration of data, the data discussion, and the chapter summary. The information gathered came from in-depth interviews with both participants and the key informants.

4.2 CHARACTERISTICS OF THE PARTICIPANTS IN THIS STUDY

The participants were able to work together until the end of the interview sessions. However, all of the participants refused to have their voices recorded, claiming that child protection issues are too sensitive to allow any information to leak. As a result, the study reached saturation at the 22nd participant, and the researcher had to rely on the data that was already collected.

4.3 DEMOGRAPHIC REPRESENTATION OF PARTICIPANTS

For 22 child sexual assault survivors, in-depth interviews were undertaken. In addition, the researcher conducted key informant interviews with three important informants. A total of 25

people are involved in the study, including key informants. Three key informants, a counsellor from Childline Zimbabwe, a nurse from Survival Clinic, and an officer from the Victim Friendly Unit, managed to comply and consent to participate in the key informant interviews (police department).

Despite their different backgrounds and ages, the participants demonstrated that they have similar knowledge and experience with psychosocial therapy. Medical and emotional long and short-term repercussions of sexual abuse, as well as types of therapy, were mentioned by the participants as their perception of the impact of COVID-19 on the provision of therapy and their appreciation of the efficacy of the psychosocial therapy on child sexual abuse survivors in Masvingo Urban. A diverse manner made the research rich in content. Moreover, the key informants despite their differences in professions, the key informants ought to have a similar goal of offering psychosocial therapy to child sexual abuse survivors from a trio perspective which is medical, psychological as well and legal. As the organizations offer different services, they therefore complement each other in a way to address child sexual abuse issues.

The participants received psychosocial therapy at different stages as well as in different regimes, therefore their diversity resulted in multiple perceptions of the efficacy of psychosocial therapy for child sexual abuse survivors.

TABLE 2: DEMOGRAPHIC REPRESENTATION OF PARTICIPANTS

CODE	SEX	AGE
P1	Female	13
P2	Female	12
P3	Female	17
P4	Female	17
P5	Female	15
P6	Female	15
P7	Female	16
P8	Female	13
P9	Female	9
P10	Female	10
P11	Female	11

P12	Female	16
P13	Female	14
P14	Female	16
P15	Female	15
P16	Female	13
P17	Female	12
P18	Female	16
P19	Female	17
P20	Female	15
P21	Female	13
P22	Female	14

The table above shows the participants who participated in the study desegregated by sex and age.

TABLE 3: DEMOGRAPHIC REPRESENTATION OF KEY INFORMANTS

CODE	ORGANISATION	DESIGNATION	SEX
KI 1	Childline Zimbabwe	Counsellor	Female
KI 2	Child Survival Clinic	Nurse	Female
KI 3	Victim Friendly Unit(police)	Assistant inspector	Male

The table above shows the key informants with details of their relevance to the study.

4.4 THEMES:

The research identified four themes which answer the reasons for the research. The themes are identified as effects of child sexual abuse, psychosocial therapy regimes, the perceived impact of COVID-19 on the efficacy of the therapy and the perceived efficacy of the regimes. The exploration of the psychosocial therapy regimes for child sexual abuse survivors during COVID-19 is traced from the initial effects of child sexual abuse to understand the gravity of the clinical issues. The themes also assist in outlining how therapy and treatment can assist the child and also how other factors can contribute to the efficacy of the treatment.

4.4.1 Psychosocial effects of child sexual abuse

The findings raised the topic of child sexual abuse's psychosocial ramifications as a topic of interest. Depression, suicidal ideation, panic attacks, self-harming, low self-confidence, and eating disorders were among the psychological impacts noted by the subjects. They also discovered that child sexual abuse has societal consequences, such as a negative impact on interpersonal connections, which makes it difficult to build and sustain both intimate and platonic relationships.

4.4.1.1 Psychological effects

Psychological repercussions of child sexual abuse were identified by the subjects. These impacts have an impact on the survivors of child sexual abuse's minds. Child sexual abuse is caused by depression, suicidal ideas, and panic attacks.

P13 said, *'When I was sexually abused, I was so stressed because I thought my life was ending because I was also impregnated by the perpetrator.'* P12 also said, *'I wanted to commit suicide because being sexually abused was not well accepted in my mind.'* P22 emphasized that *'When the perpetrator sexually abused me, I was depressed as I thought I was not going to continue with the school as well as if my parents will take me home again.'* The responses from the participants show that child sexual abuse has mental problems and if not urgently attended to, the survivors might end up in danger. Key informants also supported the findings from the participants. KI 1 mentioned that *'Child sexual abuse brings up depression, and stress as well as leading some children to try to commit suicide. Because of the traumatic events the child faces, it affects their mental well-being.'* KI 2 also mentioned that *'Due to forced sexual action, the child is traumatized and usually gets stressed as they will not know how to carry on with life after.'* KI 3 revealed that *'Several attempted suicides*

are being reported and police have rescued several children in Masvingo Urban who are child sexual abuse survivors.'

It is obvious from the information presented above that child sexual abuse survivors endure psychological issues. This is because, while physical pain and tissue damage from child sexual abuse might heal over time, the psychological effects can last far into adulthood. Depression and suicide ideation or behaviour appear to be more likely among victims of sexual abuse than in normal and psychiatric non-abused controls, according to Beitchman et al. (1991). This supports prior research by Roberts et al. (2004), which found that child sexual abuse has long-term consequences for adult mental health, parenting relationships, and child adjustment in subsequent generations. Suicide is another concern that many survivors face. According to Joiner et al. (2007), physical abuse, and violent sexual abuse as a child a significant risk factors for suicide, perhaps more so than verbal abuse and molestation. As a result, psychological therapy regimes are critical for reducing the psychological burden of child sexual assault survivors. There is also a need for proactive efforts to help survivors of child sexual abuse cope with their trauma. A holistic approach, on the other hand, will be useful and produce superior results with diversified cooperation from stakeholders.

4.4.1.2 Social effects

Participants in the study assessed the social consequences of child sexual abuse. Interpersonal relationships, teenage pregnancy, and forced and early child marriage are examples of these. Child sexual abuse hinders the social well-being of the survivors leading to both long-term and short-term ills.

4.4.1.2.1 Interpersonal relationships

Interpersonal relationships imply damaging the capacity to construct and maintain both intimate and amicable relationships.

P7 said, *'When I was sexually abused all my friends were warned by their parents not to play with me because I was now a bad influence to them. I was hurt as the incident occurred out of my will and I was really in need of friends to ease my mind. But now I was isolated by my friends and society.'* P12 also mentioned, *'It is now difficult to trust any men because I lost my trust to my father who sexually abused me.'* KI 1 mentioned that *'Child sexual abuse has both a psychological and social effect, especially to the sexually abused survivor as in the future, the survivor might fail to make lasting male-female relationships.'*

With the information shown above, it is apparent that child sexual abuse survivors struggle to build deep and trusted relationships. According to Cashmore and Shackel (2013), the effect can be long-term and have an impact on mental health, social, sexual, and interpersonal functioning, as well as physical health. Mullen et al (2018) came to a similar conclusion as this report, claiming that sexual abuse in childhood leads to increased sexual problems and the disruption of intimate relationships due to trust issues. This is consistent with the study's findings, as participants stated that the impacts had an impact on their social lives by destroying interpersonal ties. This could be due to the sexual abuse of children. Survivors are concerned that the relationships may bring up memories of sexual abuse, and that there may be sensitive barriers that make it difficult to discuss sexual abuse with partners. This indicates that the impacts may last into the future, and survivors may be discouraged from marrying or having serious romantic relationships because they will be psychologically harmed, resulting in social destruction and effects. Furthermore, child sexual abuse survivors may be perceived as dangerous by society or relatives, and as participants have stated, families would not entrust them with children since they may believe they can also abuse others. It is necessary to educate society so that child sexual abuse is not labelled and discriminated against child sexual abuse to continue with social relations and support them to maintain social relationships as a treatment plan. This is because labelling might cause reoccurring mental problems which will be against the Bronfenbrenner ecological systems theory which is useful in treating the survivors.

4.4.1.2.2 Teenage pregnancy

Another social effect which was identified by child sexual abuse is teenage pregnancy. In most cases, children are sexually abused without protection and in some cases, children end up being pregnant.

P6 said, *'After two months I discovered that I was pregnant and it was so hard to believe as I did not know the perpetrator since he was a stranger. Even today, I still wonder what, I am going to say to my child when he grows up about who his father is.'* P10 also mentioned that *'When I was sexually abused by my former employer in South Africa, I later on discovered that I was pregnant as well as HIV positive and it traumatized me a lot. I have bad memories that are failing to fade.'* KI 2 postulates that *'Our first point of call when dealing with the child sexual abuse survivors is testing for pregnancy as well as offering them with PEP. It is a pity that many children after being sexually abused are impregnated as well. However,*

many children though young have managed to overcome the labor pains but they are traumatized by the events.’ KI 3 mentioned that ‘Reports of dumped babies increased during COVID-19 and assumptions are that they are from teenagers, though not sure if there are only child sexual abuse survivors. Teenagers are ending up aborting babies or rather dump them if they are not fully supported.’

The most worrisome issue about teenage pregnancy is that the memory keeps on coming back whenever the child is with her child or during pregnancy. The evidence of a traumatic event is hard to erase as there will be a mark to remember. Therefore, such children need special psychosocial therapy as they should learn to accept the situation and also be strong and move on with life. Harden et al (2009), indicated that, usually due to teenage pregnancy, children tend to drop out of school as they will be shy as well as labelled by society. McDermott & Graham (2005), also postulated that, the social functioning of a child who becomes pregnant due to child sexual abuse or not will never be the same because, society will be anticipating that because of her pregnancy, she should take on motherhood roles. Yardley (2008), however, outlined coping mechanisms which can be used to fight stigmatization which is faced by teenage pregnant mothers. Therefore, there is a need for continuous engagement with the survivors so that they will manage to increase their coping mechanisms and also be able to face the social pressure and prevent themselves from mental problems as well as abortion tendencies. With the continuous engagement of diverse child protection organisations, the issue of teenage pregnancy can be reduced in Masvingo Urban, especially among child sexual abuse survivors.

4.4.1.2.3 Forced child marriages

The participants also identified that child sexual abuse results in forced child marriage. This decision is taken due to fear of the parents or when the parents are bribed by perpetrators so that they will not report them to the police. Children will then continue being sexually abused leading to an increase in mental health problems as well as school dropouts.

P12 explained that, *‘I was sexually abused by a neighbour and he then liaised with my parents and took me as his wife when I was 12 years old.’* Moreover, P3 also stated, *‘When my boyfriend sexually abused me, I was afraid to go back home then I ended up staying with him until my parents followed me.’* KI 1 then gave a supportive sentiment as she said, *‘The increase of early child marriage was traced to its root cause and we discovered that many children ended up married due to child sexual abuse. Instead of seeking assistance, the*

children end up opting to stay with the perpetrator as their husbands.’ KI 3 mentioned that the ‘Police department is seeking the cases of child marriages and the perpetrators are to be arrested as they are violating the law.’

From the above findings, it is of great interest that perpetrators are left scot-free and are also given wives after committing child sexual abuse crimes. Some parents are so heartless and they should as well be arrested as they cooperate with perpetrators in continuous emotional abuse of the survivors. Moreover, children should be educated so that they do not drop out of school and get married at a tender age. They should see the future after the incident. Chigiji (2018), researched child marriage and postulated that young girls who get married are at high risk of early childbearing and limited access to better reproductive health services. Because of such circumstances, if the child is forced into marriage, the probability that both her mental and physical well-being is jeopardized and a great need to support the survivors of child sexual abuse is needed.

4.4.2 Psychosocial Therapy Regimes

This study discovered a common thread of psychosocial therapy and treatment. The theme sheds emphasis on the various types of counselling and treatment that are utilized to help survivors of child sexual abuse. The goal of the study is to determine which types of psychosocial counselling and treatment are employed on child sexual assault survivors. The participants had a good understanding of the various types of therapy, however some couldn't fully characterize them. Counselling, group therapy, family therapy, and play therapy are all well-known based on the findings. During their therapeutic sessions, some individuals have used counselling, play therapy, and group therapy.

Talk therapy, psychosocial treatment, and other types of psychotherapy are all included in psychosocial therapy. Psychoeducational, vocational, creative, and social training therapies are all available. Depending on the severity of a child sexual abuse survivor's clinical issue, several types of therapy may be employed interchangeably. As a result, therapists should apply Biestek's (1967) notion of individualism and treat each client as an individual, using the most appropriate form of therapy. The services provided to child sexual abuse survivors will be unique and effective due to the variety of types of therapy available.

4.4.2.1 Talking therapy

One type of therapy mentioned by the participants was talking therapy. This style entails a verbal exchange between the client and the clinician, with the client speaking the majority of the time. The doctors and nurses listen to the client's story to learn about their thoughts and feelings, as well as their strengths and stressors. Counselling, narrative therapy, group therapy, cognitive behavioural therapy, family therapy, and solution-oriented therapy are all included in this category.

4.4.2.1.1 Narrative therapy

Therapists engage in conversation therapy with the abused child, attempting to educate them on how to live a positive life. It entails speaking with a physician about the psycho-behavioural factors that are creating stress symptoms. The therapist tries to encourage the child to generate positive thoughts rather than focusing on the negative ones because the bad ones will continue to bother him or her as long as the thoughts exist.

P 10 explained that she was used to talking therapy during her initial stages. She said, *'At first I was asked to narrate my story whilst the counsellor interjected with questions so that I clarify my narrations.'* The child indicated that she was offered narrative therapy and the child boosted confidence through speaking out. P2 also mentioned that, *'When we were in our group, the counsellor encouraged us to speak through narrations and she would offer group counselling to us giving us room to react to her encouragements.'* KI 1 also emphasized that *'We make use of narrative therapy, play therapy, family therapy, cognitive behavioural therapy.'*

With the evidence provided above, it is clear that talking therapy through narrative, counselling is well known and is mostly used by child sexual abuse survivors. The therapy is well known by the survivors making it more popular as they also understand the form. This type of therapy is seen to be a great tool in empowering sexually abused children (Fischer 1979). Narrative therapy can be used for an individual client or a focus group session. In both circumstances, the clinician or therapist should keep on encouraging the client to speak more to have self-mental treatment through offloading psychological issues. According to White and Epston (1990), narrative therapy is when a therapist encourages clients to tell their experiences to acquire strength and subsequently weaken the influence of negative narratives.

It's also crucial to express what's on one's mind, as well as psycho and feelings that are understood and appreciated because this leads to hope and therapy. The therapy, on the other hand, is best suited to youngsters who are verbal and have learned to convey their feelings to others. This type of treatment is vital because it aids in the examination of the relationship between thoughts and feelings, and child sexual abuse survivors will express their thoughts and feelings by telling their experiences which will also help them to improve their problem-solving skills if it is done in a group session.

4.4.2.1.2 Counselling

The participants identified that another form of therapy is counselling. Counselling is one of the ways, therapists or counsellors use on child sexual abuse survivors. It is more of an eye-opener as suggestions will be provided to allow the client to make the best decisions in life.

P 1 said, *'I was offered counselling at Childline Zimbabwe when I first looked for assistance.'* In addition, P15 also highlighted that *'Counselling sessions were done weekly and I was asked to visit the counsellor every time.'* The key informants also gave supporting evidence as KI 3 mentioned that, *'Counselling is one of our talking therapies that is crucial when dealing with child sexual abuse survivors.'* KI 1 emphasised that *'Counselling brings out the individualistic mode of healing. Therapeutic support groups allow children to learn from other survivors with similar problems and to accept that he or she is not alone. It also brings out the argument by Paulo Freire that the community has solutions to their problems in a bottom-top approach.'* KI 2 explained, *'We offer counselling to child sexual abuse survivors as we give them pretesting and post-testing counselling for HIV as well as pregnant tests. This is important as the child will feel supported in time of need.'*

Based on the information presented above, it is reasonable to conclude that counselling is an important kind of therapy for child sexual assault survivors. It is based on the idea that while we will never know the true origins of people's issues, we can develop alternate explanations. Counselling allows the victim to communicate with the therapists and gain an understanding of the concepts given. Counselling is the most effective way to provide support to a child sexual abuse survivor since it is an open discussion.

4.4.2.1.3 Family therapy

The participants identified family therapy as one of the talking therapies which are used when dealing with child sexual abuse. Family therapy emphasises more on the involvement of the

family in activities that concern the child. The treatment process is done at the family level which also assists the care plan for psychological treatment.

P18 explained that *'I was asked to bring my family to Family Support Trust for therapy and every time, I go with my mother.'* P6 also responded, *'From the day I started receiving therapy, I was going with both my mother and father, but at first I felt embarrassed in front of my father, but now it's ok.'* KI 1 explained *'We normally use the family to assist us in treating the child sexually abused. This is because we believe that even the family needs support and therapy to avoid stress-related illnesses.'* KI 2 also emphasized that *'No child at the clinic is attended without a close relative because we would like to know more from a parent and he or she will give consent to the services provided for the child.'*

On this subtheme, the researcher saw that the majority of the participants stated that they value the input and involvement of families. According to McWhirter (2007), certain intervention programs target the entire family, making family therapy crucial when dealing with child sexual abuse survivors. At home, parents and children are frequently expected to practice skills. The effectiveness of the program is dependent on a true relationship between the counsellor, the child, and the parent. At times, the therapist will involve the parents for them to assist their children in coping with the psychological trauma (Butler & Beck, 2000). As a result, family counselling is essential since it provides psychological support to the entire family, encouraging them to accept the situation and continue to help the child sexual abuse survivor. The family even in court sessions accompanies the child showing full support which makes the family the backbone of psychosocial therapy.

4.4.2.1.4 Cognitive Behavioural Therapy

The key informant identified cognitive behavioural therapy as another form of psychosocial therapy used on child sexual abuse survivors. The therapy assists in addressing the relationship between the mind and the behaviour.

KI 1 mentioned that *'Cognitive behavioural therapy specifically targets child's thoughts where in most cases, they see themselves as worthless after the abuse. The model rebuilds the child's self-esteem, instils confidence in them and enables them to move on with life.'*

The key informant's perspectives demonstrate that cognitive behavioural therapy is critical when dealing with child sexual assault survivors. According to Nice (2004), in CBT, the

therapist assists the client in learning new abilities. The participants, on the other hand, were unaware of this type of therapy because none of them acknowledged it.

4.4.2. 2 Creative therapy

The participants identified creative therapy as another form of therapy they know and have received. Although play therapy is mostly used by adults, it is now a psychotherapeutic approach which is employed by children between the ages of 3 and 12 as they can express repressed thoughts and emotions through play.

4.4.2.2.1 Play therapy

This is one of the creative therapies which was identified by participants in this research. Play therapy is done by doing plays such that the survivors can show what is in their inner memory and get relief.

P18 explained that, *'We were asked to do a play by the counsellor and everyone played a part in the play. I managed to express my anger on the doll which I used as my child just as how my stepfather used to do when he ended up sexually abusing me. However, though it brought memories, it gave me relief.'* P 9 also indicated that *'When we were given toys to explain how the abuse happened and the counsellor asked me to say anything or do anything to the perpetrator who was the doll.'* KI 1 supported by saying that, *'Play therapy is normally done using groups or with the aid of toys. The therapy is helpful as the child will have to draw back memories and also offload anger on an object and after the therapy, he or she will feel better. I prefer play therapy when dealing with child sexual abuse survivors.'*

It seemed more fascinating, and several participants enjoyed and valued this type of therapy. Play therapy bridges the gap between concrete experience and abstract thought, allowing the child to safely communicate feelings, experiences, and wants that would be more dangerous if handled directly. As a result, therapists and clinicians should combine play therapy with other talking therapies so that survivors can rehabilitate in a fun way.

4.4.3 Perceived Impact of COVID-19 on the efficacy of the therapy

4.4.3.1 Service provision

The participants also identified the theme which is the impact of COVID-19 on the efficacy of psychosocial therapy and treatment on child sexual abuse survivors. In early 2020 when the COVID-19 pandemic hit Zimbabwe, the normalities in the provision of psychosocial

therapy and treatment were affected. This is because the offices were closed and activities were no longer normal.

P4 mentioned that *'I was supposed to continue with my counselling sessions but when the COVID-19 pandemic was announced, I then realized that Childline Zimbabwe Masvingo office was closed and it made me miss a lot of psychosocial support.'* P16 also said, *'I was sexually abused during the COVID-19 era and after going to the hospital and the police, I was told that other services providers for counselling were closed and I then failed to get any counselling at the initial point of depression.'* KI 2 commented that the *'COVID-19 pandemic affected the psychosocial therapy since the lockdowns hinder the communication networks and this resulted in negative effects on the survivors.'* KI 1 also explained that *'COVID-19 disrupted one-on-one sessions and made it very difficult for survivors to be removed from the perpetrator's proximity.'*

From the above evidence, COVID-19 affected both the service providers as well as the clients. This is because operations were no longer normal and people were afraid of the pandemic so interaction was affected leading to failure to fully receive therapy by the child sexual abuse survivors. However, since online counselling platforms like 116 Free Phone for CHILDLINE Zimbabwe are available, children should be taught to make use of those platforms to avoid face-to-face interaction. However, the effectiveness of telephone counselling is questionable, especially in child sexual abuse cases.

4.4.3.2 Mobility

Mobility was also a crucial identified theme which was caused by the COVID-19 pandemic. Due to movement restrictions, many children failed to reach the service providers for assistance. The counsellors could not have continuous engagement with the child sexual abuse survivors causing an increase in psychological illnesses.

P21 said, *'When the first COVID-19 lockdown, I was in our rural areas and I could not travel to town to get counselling. I was so stressed and wanted to talk to some, but I was confined at home.'* P3 also mentioned that *'People were asked to stay indoors and I failed to go for my clinical sessions because I had no letter to travel with.'* P16 also said, *'The police were beating people in town and I was afraid to go to Family Support Trust for my group counselling sessions and it also made me abused again emotionally by the perpetrator.'* Childline Zimbabwe highlighted that *'We lost many walk-in clients during COVID -19 lockdown as they could not travel freely from their houses.'* KI 3 mentioned that *'It was*

difficult for children to report cases of child sexual abuse during COVID-19 lockdowns, but we tried to offer letters for the children and their parents so that they reach other services.'

Research which was done by Murewanhema et al (2021), indicated that there was an increase in the reported cases of COVID-19 in December 2020 but after the government employed a strict national lockdown. However, whilst the country was afraid of COVID-19, the child sexually abused survivors were being psychologically tormented in homes. There was a great need to recognize their need for psychosocial therapy and treatment to avoid relapse and further mental problems related to trauma. Moreover, engagement of the victim-friendly unit is crucial as some restrictions will be addressed and the child sexual abuse survivors will be assisted even in the COVID-19 era. Therefore need to alert and educate the community on services they can get from the departments will assist with the accessibility problem.

4.4.4 Perceived Efficacy of the Therapy

The efficacy of the therapy was also identified as a theme in this research. Participants showed how they viewed the effectiveness as well as the efficacy of the different therapies they received. The key informants also highlighted their preferences and also outlined their views on the efficacy of the therapy. This information is useful for future planning and service provision as acknowledgements and appreciation are shown.

4.4.4.1 Talking therapy

Talking therapy was also identified as a subtheme in the research. Its importance as well as how it helps a lot to child sexual abuse survivors helps in the provision of psychosocial therapy.

P1 said, *'It is very helpful as I first had suicidal tendencies but as soon as I started receiving therapy, I now value my life and will learn to let go of the bad memories through sharing my stories with the counsellor and other children in the same situation with me.'* P17 also said, *'I feel very relieved when I narrated my story in our focus group, as I had no one to share with at home. I do feel that as we share stories, we also assist each other in coping with problems. However, I am not very comfortable speaking in the group because there is a girl who always*

talks and seems to be more dominating.’ Childline Zimbabwe explained that *‘Talking is useful as it brings up resilience and the ability to move on, however, there is a need for material resources to reinforce the assistance that the client intends to use to move on.’* Survival Clinic also mentioned that *‘Therapy is effective to the clients especially the cognitive behavioural therapy as some child sexual abuse survivors and their parents call, complement the organisation for a job well done.’*

From the evidence above, it is clearly shown that psychosocial therapy is very helpful as it helps individuals to share their problems as well as learn from other’s experiences. The talking therapy is more interactive and the clients will be able to increase their self-esteem and problem-solving skills. Moreover, when the survivors are given the platform to narrate or contribute to the conversation, they have a sense of ownership of the therapy leading them to recover fast. Therapists engage in conversation therapy with the abused child, attempting to educate them on how to live a positive life. The therapist tries to encourage the child to generate positive thoughts rather than focusing on the negative ones because the bad ones will continue to bother him or her as long as the thoughts exist. This sort of treatment is viewed as a powerful instrument for sexually abused children's empowerment (Fischer 1979). Despite its limits, many people have found the therapy to be beneficial after only a few sessions, according to Hofmann (2012). Because sexually abused children are psychologically traumatized and have a negative attitude toward everything as a result of the experience, they require extra care. By creating a comfortable, welcoming or friendly environment the child will start to have hope. However, with the above evidence, the clinician or therapist should make sure that if it is group therapy, every member is given equal time to contribute so that no one will feel inferior or superior as it will cause another dimension of stress. By so doing dominance in groups should be prohibited.

4.5 Chapter Summary

The chapter focuses mostly on the study findings obtained through in-depth interviews conducted by the researcher to acquire data. Child sexual abuse survivors (22 participants) and key informants from Survival Clinic and Childline Zimbabwe provided data. When I was coding the data, I came up with the four key themes. The impacts of child sexual abuse, the psychosocial therapy regimens employed, the perceived impact of COVID-19 on the efficacy of psychosocial therapy, and the perceived efficacy of the regimes for child sexual abuse survivors are among the topics covered. All of the participants are Masvingo Urban residents.

CHAPTER 5: INTRODUCTION, SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter overlaps the study and contains the study's summary, conclusions, consequences, and study recommendations. Conclusions examine the constraints encountered and solutions proposed as a result of the study's research findings. Recommendations will be made for the profession of social work's future actions and growth.

5.2 SUMMARY OF FINDINGS

The initial response to the impacts of child sexual abuse, psychosocial therapy regimes, the perceived impact of COVID-19 in the provision of therapy, and the perceived efficacy of psychosocial therapy for child sexual abuse survivors were all investigated using a qualitative methodology. The use of legislation relating to child protection was made, as well as references to other laws. Inclusion criteria were done as only child sexual abuse survivors who have received psychosocial therapy ranging from 9 years to 17 years and stayed in Masvingo Urban were involved in the study. The experts were also professionals who deal with child sexual abuse survivors in diverse settings to come up with a holistic clinical approach for child sexual abuse survivors. The title of the study was 'Psychosocial therapy regimes for child sexual abuse survivors during COVID-19 in Masvingo Urban.' My research objectives were aimed at exploring the medical and psychosocial effects of Child Sexual Abuse on child sexual abuse survivors in Masvingo Urban, to identify the regimes of psychosocial therapy regimes for child sexual abuse survivors is worthy. In the quest to obtain my research objectives, I coded data and drew the outstanding themes from this study. These themes include, a) effects of child sexual abuse b) psychosocial therapy regimes c) the perceived impact of COVID-19 on the efficacy of the therapy and d) the perceived impact of the regimes. These themes represented a diverse response of participants through their experiences and knowledge in receiving psychosocial therapy regimes as well as key informants' responses on their experience with child sexual abuse survivors. However, from the research, the researcher noted that the principle of individualism is paramount as each participant gave a diverse opinion on the psychosocial therapy regimes.

5.3 CONCLUSIONS

From the research, the researcher concluded that:

5.3.1 Effects of child sexual abuse

The findings brought up the theme of psychosocial effects of child sexual abuse as a theme of interest. The participants identified psychological effects which include, depression, suicidal ideation, panic attacks, self-harming, low self-confidence, and eating disorders. During the study, participants identified the social effects of child sexual abuse. These include interpersonal relations, teenage pregnancy as well as forced and early child marriage. Child sexual abuse hinders the social well-being of the survivors leading to both long-term and short-term ills.

5.3.2. Forms of therapy

Psychosocial therapy is categorised into different groups. From the study, the researcher managed to come up with two broader categories which are i) talking therapy and ii) creative therapy. Talking therapy includes i) narrative therapy, ii) counselling, iii) family therapy iv) group therapy and v) cognitive behavioural therapy. Creative therapy only consists of play therapy and it is not commonly used as the children most of them are above 12 years old. The talking therapy in its diversity is more dominating from the findings of this research. The different forms are also well known by clients except cognitive behavioural therapy. However, from the findings, it is clearly stated that therapists usually prefer the narrative and there is a great need to exchange use of the forms of therapy even on one client as it will reduce the tendency of boredom which will cause clients to stop coming for sessions. However, the two categories can complement each other to bring out congruent results.

5.3.3 Impact of COVID-19

The COVID-19 pandemic has distorted the provision of adequate psychosocial therapy and treatment to child sexual abuse survivors. This is because there was the introduction of movement restrictions which led to children failing to go for their counselling sessions. Moreover, the service providers changed their models by stopping face-to-face therapeutic sessions which also affected children as they had to adjust to online sessions which are expensive for the poor. From the findings, it is clearly stated that some children were sexually abused during COVID-19 and due to restrictions, they failed to get services

and some were being sexually abused several times. Because of that, these children needed psychosocial support continuously but they were hard to reach. Therefore, there is always a need to have backup plans so that children will not be unattended psychologically during a crisis. These plans can include, peer-to-peer counselling sessions, also the involvement of professionals who do door-to-door counselling for the children. These will enhance the efficacy of psychosocial therapy and treatment for child sexual abuse survivors in any circumstance.

5.3.4 Efficacy of therapy

From this study, the researcher has concluded that psychosocial therapy and treatment for child sexual abuse are efficient to a greater extent. This is because many children are receiving the therapy and are aware of where to get services. However, hindering factors emerged in between causing it to need further improvement. This is because of the current COVID-19 era, face-to-face interactions are prohibited and using online platforms should be effective to continue assisting the children. However online interaction calls for the need for financial aid to purchase data bundles as well as having phones that have the platforms which are necessary for therapeutic sessions. However non-verbal cues will be very hard to take note of which affects the treatment process. Therefore, organisations need to take precautions when having psychosocial therapy and treatment for child sexual abuse survivors to avoid exposing them to more harm.

5.4 IMPLICATIONS

From the study, it is clear that the results which were brought out affect the children, clinical social work profession, policy decisions as well as future research. The following implications are identified as follows:

➤ TO THE CHILD

The results of the study may assist children in decision-making to seek psychosocial therapy when the need is seen. This is because of testimonies that were brought during the interviews, showing that many have gained psychological strength through diverse regimes thus giving hope for the ones who are in darkness. As the effects of child sexual abuse are clearly outlined, children are then guided by this study to relate their situations and be able to plan to alleviate the problems.

➤ ***TO CLINICAL SOCIAL WORK PROFESSION***

Moreover, the clinical social work profession may use the results of this study to increase the academic knowledge for future clinicians so that when similar situations occur, they have broader knowledge of child sexual abuse as well as the provided psychosocial therapy regimes. This will also bring a clinical view of therapeutic sessions and the clinicians will be able to work in multi-disciplinary settings as each member has a role to play in child sexual abuse therapy.

➤ ***TO POLICYMAKING***

The results of this study may be used as a referral point for amendment of policies that affect child protection. These also include the gap of consent which is between 16 and 18 and the age of marriage which jeopardizes the children as they end up in forced marriages or teenage pregnancies. As the study indicated the need for such amendments, referral to the testimonies will assist policy making.

➤ ***FUTURE RESEARCH***

The results of this study have paved the way for further research as it opened up the gaps which are shown in the study. The issue of child sexual abuse and psychosocial therapy is broad and cannot be addressed once, thus leaving the platform for further research regarding the study.

5.5 RECOMMENDATIONS

As a result of the study, it is evident that some issues have arisen; as a result, the researcher believes it is appropriate to make the following recommendations to identify the best available ways to solve them. The following are some suggestions:

➤ ***To parents and guardians***

Parents must be well-versed about the mental health issues that arise from being sexually assaulted as a child, as well as the importance of their contributions in safeguarding their children and decreasing stress-related disorders that affect children.

Parents should look after their children and keep them safe from child sexual abuse. The contribution made by psychosocial therapy and treatment on changing lives of child

sexual abuse survivors. By so doing, all organisations will have the same sight of how psychosocial therapy and treatment are of paramount importance to child sexual abuse. This will then add value as they will complement the works of each other.

➤ ***Promotion of organisations' effort***

Child serving Organisations which offer psychosocial therapy to child sexual abuse survivors need backup and support from the government as well as donors financially to manage to have efficacy in the provision of psychosocial therapy and treatment. This is because certain activities such as awareness campaigns, and follow-ups, need financial assistance to reach the target. The society also needs to support the organisations through cooperation to achieve the organisation's goal of supporting child sexual abuse survivors with mental health and treatment. Organisations should continue training their personnel in new ways of offering psychosocial therapy to refresh their mind and increase their knowledge base.

➤ ***Clinical Social Work profession***

There is a need to propose combined therapeutic ways which will be more effective especially when dealing with child sexual abuse survivors. Moreover, there is a need to monitor or supervise the professionals so that specialized clinicians will be placed in settings that specifically deal with clinical issues as they have a wider knowledge base and know-how on therapies and treatment. By so doing the provision of therapy will be of high quality and very effective and efficient.

➤ ***Policy Recommendations***

To prevent psychological diseases associated with child sexual abuse, it is necessary to increase the effectiveness of child-sensitive policies. Every citizen, particularly families, should be aware of the policies. The government should enforce the law and reprimand those who refuse to cooperate or breach child protection regulations and rights with harsh penalties. There should also be a standardized provision of psychosocial therapy with a reasonable budget so that therapists can provide unrestricted assistance to child sexual assault survivors. The policies should be proactive rather than reactive. This will aid in the protection of survivors of child sexual abuse.

➤ *Further Research*

Clinical social workers should do an investigation into the study's gaps. Other essentials are included that are necessary when dealing with child sexual abuse survivors. This will bring up a better holistic approach and create further knowledge of psychosocial therapy in clinical social work.

- Understanding of the PST services from both the caregivers and the child sexual abuse survivors
- Holistic approaches are necessary to upgrade the available PST in clinical social work.
- Challenges faced by the service providers for efficacy provision of PST.

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APPENDIX A: Interview Guide for Participants

1. Age.....
2. Sex.....
3. Kindly explain to me the services you are receiving.
4. Kindly comment on the effects of child sexual abuse.
5. Kindly share with me the forms of psychosocial therapy provided for child sexual abuse survivors you know.
6. Kindly share with me the forms of psychosocial therapy you are receiving.
7. Kindly comment on the impact of the COVID-19 pandemic on the psychosocial therapy you are receiving.
8. Comment on the assistance you are getting.
9. Kindly comment on the efficacy of the services you are receiving.
10. Any other comment?

THANK YOU

APPENDIX B: Key Informant Interview Guide for key informants

1. Organisation.....
2. Professional Qualifications.....
3. Kindly share with me the experience you have of working with child sexual abuse survivors.
4. What is your role in the provision of psychosocial therapy at your organisation?
5. Kindly explain to me the services you offer to child sexual abuse survivors.
6. Kindly comment on the ages of your clients
7. In your own opinion, what are the effects of child sexual abuse?
8. Kindly share other psychosocial therapy approaches that are used in child sexual abuse interventions.
9. Kindly share with me the forms of psychosocial therapy you use when assisting child sexual abuse survivors.
10. Kindly justify your model of choice.
11. What is the perception of your clients on the models you use?
12. Kindly comment on the impact of the COVID-19 pandemic on the effectiveness of psychosocial therapy in Zimbabwe.
13. Kindly comment on the efficacy of the services your organisation offer to child sexual abuse survivors.
14. Any other comment?

Thank you very much for your cooperation

APPENDIX C: ASCENT FORM FOR PARTICIPANTS

I am a University student studying for a Master of Science in Social Work degree at Midlands State University. I am researching, *“PSYCHOSOCIAL THERAPY REGIMES FOR CHILD SEXUAL ABUSE SURVIVORS FROM 9 YEARS TO 17 YEARS DURING COVID-19 ERA IN MASVINGO URBAN”*. Recognising that you are one of the child sexual abuse survivors who have received psychosocial therapy from different service providers, I have seen it worth interviewing you for some information. Kindly assist with your ascent so that you participate in the interview willingly. I would like to notify you that provision of information and participation is voluntary, and you can withdraw from participation during the interview if you no longer feel comfortable. I will assure you that confidentiality will be observed for the provided information and will only use it for academic use. No names will be required in the process.

This research is supervised by Dr N Muridzoo who can be reached at the following contact details.

Mobile Phone Number: +263772346507

Email address : muridzin@staffmsu.ac.zw

As an academic recommendation, would you cooperate as I will use a voice recorder to capture data during the interview session?

I agree.....

I disagree.....

APPENDIX D: CONSENT FORM FOR PARENTS/ CAREGIVERS

I am a University student studying for a Master of Science in Social Work degree at Midlands State University. I am researching, *“PSYCHOSOCIAL THERAPY REGIMES FOR CHILD SEXUAL ABUSE SURVIVORS FROM 9 YEARS TO 17 YEARS DURING COVID-19 ERA IN MASVINGO URBAN”*. Recognising that your child is one of the child sexual abuse survivors who have received psychosocial therapy from different service providers, I have seen it worth interviewing you for some information. Kindly assist with your consent so that the child participates in the interview willingly. I am seeking consent as the child is still a minor according to the Children’s Act of Zimbabwe and only the guardian is entitled to consent on behalf of the child. I would like to notify you that the provision of information and participation is voluntary, and the child can withdraw from participation during the interview if he or she no longer feels comfortable. I will assure you that confidentiality will be observed for the provided information and will only use it for academic use. No names will be required in the process.

This research is supervised by Dr N Muridzoo who can be reached at the following contact details.

Mobile Phone Number: +263772346507

Email address : muridzin@staffmsu.ac.zw

As an academic recommendation, would you cooperate as I will use a voice recorder to capture data during the interview session?

I agree.....

I disagree.....

Signature.....

APPENDIX E: CONSENT FORM FOR KEY INFORMANTS

I am Cynthia Chinengundu studying for a Master of Science in Social Work Degree at Midlands State University. I am doing a research study on “*PSYCHOSOCIAL THERAPY REGIMES FOR CHILD SEXUAL ABUSE SURVIVORS FROM 9 YEARS TO 17 YEARS DURING COVID-19 ERA IN MASVINGO URBAN*” The research has selected key informants as experts in the area who offer psychosocial therapy to child sexual abuse survivors and your contribution will add value to the results of the study as a requirement of completion of my degree programme. The information you will provide will be kept confidential and your names will not be used in any part of the research, therefore you are advised not to use false names. As an academic recommendation, would you also cooperate as I will use a voice recorder to capture data during the interview session?

This research is supervised by Dr Noel Muridzo who can be reached at the following contact details:

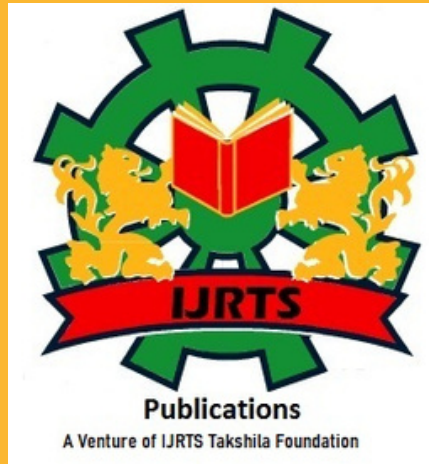
Mobile Phone Number: +263772346507

Email address :muridzon@staffmsu.ac.zw

In agreement and consent, I hereby agree to participate in the research.

Signature.....

Researcher's Signature.....



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