THE EFFECTS OF GENDER BASED VIOLENCE ON CHILDREN: A CASE STUDY OF ZIMUNYA COMMUNITY OF MUTARE DISTRICT IN ZIMBABWE

BY

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DECLARATION

I, the undersigned, Mwanyara Beatrice Chindoti hereby declare that the work contained in this dissertation is my own work, except where due acknowledgement is made with full references in the text and it has not previously been submitted to any university or institution of higher learning for any qualification or certificate.

Signed ………………………………………………………………………

Date ………………………………………………………………………
DEDICATION
This work is dedicated to my husband Stan and my three sons Ronias, Kudzai and Simbarashe.
ACKNOWLEDGEMENTS
First and foremost I would like to give glory and honor to the Almighty Lord and Creator, for strengthening me, giving me inspiration, courage, and intelligence to complete this work. Then I would like to express my sincere gratitude to my supervisor, Professor P. Tangwe Tanga, for his patience, constant guidance and advice during the process of writing this dissertation. I am grateful for his commitment, availability and criticism, all of which helped me to improve the quality of my work.

My appreciation also goes to my in-laws, Mr R. and Mrs E. Stima who took the burden of caring for my sons during my absence and to my sons who endured a number of years without the affection of their mum; “thank you”. My special thanks also go to my sisters, cousins and friends who were always there for me, providing moral as well as financial support during hard times. These are: Promise, Fortunate, Ruth, Media, My dad Mathew, Tafadzwa, Berthamore, Priscilla, Prof. A and Mrs M. Mushunje, Esther and last but not least my uncle and aunt (Chris and Penelope) for the great support they offered to me; which only God knows.

I would also like to thank Forward of Faith Church, East London Region and Bethel (Alice) Assembly in particular and my Pastors Bright and Rejoice Samundombe for all their prayers and moral support. To uncle Sam. Gladys Chitenderu, P. Goredema and S. Chidhakwa thank you for your prayers and words of encouragement. May the dear Lord bless you. Finally, I would like to acknowledge the financial assistance received during my studies from GMDRC of the University of Fort Hare and from the Zimbabwean Scholarship. Thank you for making this dream come true.
ABSTRACT

This study investigated the effects of gender based violence on children in the Zimunya community of Mutare in Zimbabwe. A qualitative approach was used to gather data, thus thirty children from thirty households from three wards were interviewed and three focus groups were conducted with women from the three wards of Zimunya. The outcomes of the research reveal that gender based violence have negative effects on children who are affected physically, socially, emotionally and psychologically. In other words, gender based violence impacts negatively on the development of the affected children. In the areas under study, domestic violence was identified as the most prevalent types of violence experienced by children in these communities. This is in spite of the fact that there are many services that are provided to protect children and their mothers from violent situations. The role played by support service groups cannot be undermined as they contributed to the reduction of violence in some homes. It is thus concluded that, in as much as services are provided by both government and non-government organizations to the victims of violence, many affected people were not utilizing them fully. Additionally, some research participants showed a certain level of confusion in distinguishing between services provided for children from those provided for women. This study therefore recommends that awareness campaigns should be carried out in many communities in Zimbabwe so as to inform women and children about the availability support services, what they are meant for and for whom. Additionally, the gender violence topic should also be introduced in primary and secondary school syllabuses of Zimbabwe so as to make all children aware of their rights and responsibilities as they grow up.
# TABLE OF CONTENTS

DECLARATION i  
DEDICATION ii  
ACKNOWLEDGEMENT iii  
ABSTRACT iv  
TABLE OF CONTENTS v  
LIST OF TABLES xi  
ACRONYMS AND ABBREVIATIONS xii  

## CHAPTER ONE: GENERAL OVERVIEW OF THE STUDY 1  
1.1 Introduction 1  
1.2 Background of the study 1  
1.3 Problem statement 3  
1.4 Aims and objectives of the study 3  
1.4.1 Aims 3  
1.4.2 Specific objectives 3  
1.5 Research Questions 4  
1.6 Rationale of the study 4  
1.7 Significance of the study 5  
1.8 Scope of the study 5  
1.9 Zimbabwe’s Legal Framework on children 6  
1.10 Chapter outline 7  

## CHAPTER TWO: LITERATURE REVIEW 8  
2.1 Introduction 8
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2</td>
<td>Theoretical framework</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>2.2.1 Social learning theory</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>2.2.2 Family systems theory</td>
<td>10</td>
</tr>
<tr>
<td>2.3</td>
<td>Types of violence</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>2.3.1 Domestic violence</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>2.3.2 Intimate violence</td>
<td>13</td>
</tr>
<tr>
<td>2.4</td>
<td>Main forms of violence</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>2.4.1 Physical violence</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>2.4.2 Sexual violence</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>2.4.3 Violence related to harmful traditional practices</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>2.4.4 Socio-economic violence</td>
<td>15</td>
</tr>
<tr>
<td>2.5</td>
<td>Gender based violence globally</td>
<td>15</td>
</tr>
<tr>
<td>2.6</td>
<td>Gender based violence in Africa</td>
<td>20</td>
</tr>
<tr>
<td>2.7</td>
<td>Gender based violence in Zimbabwe</td>
<td>23</td>
</tr>
<tr>
<td>2.8</td>
<td>Effects of gender based violence on children</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>2.8.1 Psychological Effects</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>2.8.2 Physical Effects</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>2.8.3 Social Effects</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>2.8.4 Effects of violence to toddlers and infants</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>2.8.5 Effects of violence to Pre-adolescents</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>2.8.6 Effects of violence to Teens or adolescence</td>
<td>38</td>
</tr>
<tr>
<td>2.9</td>
<td>Interventions</td>
<td>39</td>
</tr>
<tr>
<td>2.10</td>
<td>Conclusion</td>
<td>42</td>
</tr>
</tbody>
</table>
### CHAPTER THREE: RESEARCH METHODOLOGY

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Introduction</td>
<td>44</td>
</tr>
<tr>
<td>3.2</td>
<td>Research Paradigm</td>
<td>44</td>
</tr>
<tr>
<td>3.3</td>
<td>Study area</td>
<td>45</td>
</tr>
<tr>
<td>3.4</td>
<td>Preliminary outline of fieldwork</td>
<td>45</td>
</tr>
<tr>
<td>3.5</td>
<td>Research method</td>
<td>46</td>
</tr>
<tr>
<td>3.6</td>
<td>Research design</td>
<td>48</td>
</tr>
<tr>
<td>3.6.1</td>
<td>Case study design</td>
<td>50</td>
</tr>
<tr>
<td>3.7</td>
<td>Research population and sampling</td>
<td>52</td>
</tr>
<tr>
<td>3.7.1</td>
<td>Research population</td>
<td>52</td>
</tr>
<tr>
<td>3.7.2</td>
<td>Sample size</td>
<td>54</td>
</tr>
<tr>
<td>3.8</td>
<td>Data collection process and instruments</td>
<td>56</td>
</tr>
<tr>
<td>3.8.1</td>
<td>Interviews</td>
<td>57</td>
</tr>
<tr>
<td>3.8.2</td>
<td>In-depth interviews</td>
<td>59</td>
</tr>
<tr>
<td>3.8.3</td>
<td>Focus group interviews</td>
<td>59</td>
</tr>
<tr>
<td>3.8.4</td>
<td>Interview guide</td>
<td>60</td>
</tr>
<tr>
<td>3.9</td>
<td>Methods of data analysis</td>
<td>60</td>
</tr>
<tr>
<td>3.10</td>
<td>Trustworthiness and Credibility</td>
<td>62</td>
</tr>
<tr>
<td>3.11</td>
<td>Ethical Considerations</td>
<td>63</td>
</tr>
<tr>
<td>3.11.1</td>
<td>Voluntary participation</td>
<td>63</td>
</tr>
<tr>
<td>3.11.2</td>
<td>Anonymity</td>
<td>64</td>
</tr>
<tr>
<td>3.11.3</td>
<td>Confidentiality</td>
<td>64</td>
</tr>
<tr>
<td>3.11.4</td>
<td>Avoidance of harm</td>
<td>64</td>
</tr>
</tbody>
</table>
CHAPTER FOUR: PRESENTATION OF FINDINGS AND DISCUSSIONS 66

4.1 Introduction 66

4.2 Presentation of findings 66

4.2.1 Power and dominance in the hands of man 66

4.2.1.1 The main victims of GBV are women and girls 68

4.2.2 Violence, “A killer and a destroyer” 69

4.2.2.1 “Who shall we be? Our future is destroyed” 69

4.2.2.2 Freedom deprived 70

4.2.2.3 “Violence as discipline” 71

4.2.2.4 Role reversal between parents and children 71

4.2.2.5 Child neglect 72

4.2.2.6 Child abuse 72

4.2.2.7 Girls at greater risk of sexual abuse 73

4.2.2.8 Child headed families 74

4.2.2.9 Social isolation 75

4.2.2.10 Youth misdemeanor 75

4.2.2.11 Family disengagement 76

4.2.2.12 Child labour 77

4.2.2.13 Reactions of infants versus adolescents to violence 77

4.2.2.14 Fear by Infants in the presence of their fathers even in happy moments 77
4.2.2.15 Adolescents favor one side and fight the other side to support one parent 78

4.3 Services offered to victims of violent 79
  4.3.1 Report to the Police 79
  4.3.2 Protection services offered by Organizations 81
  4.3.3 Non-sustainability of services 82
  4.3.4 Resources limited 83

4.4 Discussions of findings 83

4.5 Conclusion 90

CHAPTER 5: FINDINGS, CONCLUSIONS AND RECOMMENDATIONS 91

5.1 Introduction 91

5.2 Summary of findings 91
  5.2.1 Which types of GBV are most prevalent in Dorapindo community 91
  5.2.2 What are the effects of violence on the physical, social, psychological and emotional functioning of children? 92
    5.2.2.1 The physical effects of violence on the functioning of children 93
    5.2.2.2 The social effects of violence on children 93
    5.2.2.3 Psychological effects of violence on children 94
  5.2.3 To what extent are current formal strategies effective in preventing and protecting children from violence? 96

5.3 Conclusion 97

5.4 Recommendations 100
5.5 Implications of findings for social work practice 102

5.6 Limitations of the study 104

5.7 Suggestions of future studies

104

REFERENCES 105

Appendix 1: Participation information sheet 114

Appendix 2: English consent form 115

Appendix 3: Shona consent form 116

Appendix 4: Focus group interview guide for women participants 117

Appendix 5: Interview guide for children 119

Appendix 6: Interview guide for key informants 120
LIST OF TABLES

Table 1  Number of participants from each ward  56
ACRONYMS AND ABBREVIATIONS

AIDS  Acquired Immune Deficiency Syndrome
CPS  Child Protection Services
DV  Domestic Violence
DVA  Domestic Violence Act
EPRC  Economic Policy Research Centre
ESCAP  United Nations Economic and Social Commission for Asia and the Pacific
GBV  Gender Based Violence
HIV  Human immunodeficiency virus
ICF  Intermediate Care Facility
IPV  Intimate Partner Violence
IPVAW  Intimate Partner Violence Against Women
JJB  Juvenile Justice Bulletin.
NASW  National Association of Social Work.
NPC  National Population Commission
NGOS  Non-Governmental Organizations
NNEDV  National Network to End Domestic Violence
PTSD  Post Traumatic Stress Disorder
RSA  Republic of South Africa
SAfAIDS  Southern Africa HIV and AIDS Information Dissemination Service
UNICEF  United Nations Children’s Fund
UNDP  United Nations Development Programme
UNFPA  United Nations Fund for Population Activities
UNDEVAV | United Nations Declaration on the Elimination of Violence against Women.
UN | United Nations
US | United States
UNAIDS | United Nations Programme on HIV and AIDS
USA | United States of America
UNESCO | United Nations Educational, Scientific, and Cultural Organization
VAW | Violence Against Women
WHO | World Health Organization
CHAPTER ONE

GENERAL OVERVIEW OF THE STUDY

1.1 Introduction

This chapter introduces the study by providing a background to the study, research problem, objectives, research questions and hypotheses of the study. In the chapter, the researcher also demonstrates how the current research contributes to the families and society at large. Lastly, an outline of the study is presented.

1.2 Background to the study

Gender Based Violence (GBV), in its different forms is prevalent in communities around the world, cutting across class, race, age, religion and national boundaries. Buzawa et al (2003) state that GBV is triggered by unequal power relationships within families, communities and states and it involves both men and women though women are in most cases victims of GBV. Exposure to violence is widespread internationally and it is associated with other forms of child maltreatment (UNICEF, 2006). Violence is a behaviour involving physical force intended to hurt, damage or kill someone (Buzawa, et al, 2003). GBV has been defined mostly as violence against women, though in rare cases it has been mentioned as a social problem which also affects men.

The concept of gender-based violence embodies different types of antagonism, which are inflicted on the basis of gender differences. However, this concept is commonly used to mean violence against women (VAW), though men are sometimes victims of
violence. The United Nations Declaration on the Elimination of Violence against Women of 1993, in its Article 1, defines the term ‘violence against women’ as: “Any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (Symonides & Volodin, 2002). It is believed that when violence takes place in a family or between two parties, it does not affect them only, but also the children in that family. The International Convention on the Rights of the Child defines every human being below the age of eighteen as a child.

A summary statistics in the world commonly cited is that nearly one out of every three women globally has experienced psychological, physical or sexual partner violence during their lifetime (Buzawa et al, 2003). Repeatedly children are exposed to violence in their own homes and this violence is not restricted to what they see while playing video games, watching movies or in their own neighborhood. Rather a great number of children are exposed to violence between their parents (UNICEF, 2006). According to Mesatywa (2009), many studies have established that South Africa has one of the highest levels of gender violence in the world; as such the South African court system is often overwhelmed in dealing with domestic violence and rape cases quickly and sensitively. Although a number of definitions were given above to describe GBV, the researcher is of the view that it is important to view violence from the perspective of black African children, in order to show how they view GBV and to what extent they are affected. In the study, gender refers to the socially constructed roles, behaviors,
activities and attributes that a given society considers appropriate for men and women (WHO, 2012).

### 1.3 Problem statement

Gender based violence is a problem of huge enormity that extensively impacts the short and long term development of children who are explicitly exposed to such violence in their homes (UNICEF, 2009). It causes long-lasting physical, psychological, emotional and sexual damage, which may even result in their death, health problems and even academic problems (Finkelhor et al, 2009). Moreover, GBV deprives children of the environment and the means to fully develop their potential. Children become desensitized to suffering, as a result, they may learn to see the use of violence as a justifiable means to achieve what they want in life (Maas et al, 2008).

### 1.4 Aim and objectives of the study

#### 1.4.1 Aim

The aim of the study is to:

Investigate the impact of Gender Based Violence on children in Zimunya Community in Mutare District in Zimbabwe.

#### 1.4.2 Specific objectives

The specific objectives of the study are:

- To examine the types of GBV prevalent in Zimunya Community.
• To investigate the effects of GBV on the physical, social, psychological and emotional functioning of children.
• To identify and evaluate the effectiveness of current strategies that are available to prevent and protect children from violence.

1.5 Research questions
• Which types of GBV are most prevalent in Zimunya community?
• What are the effects of violence on the physical, social, psychological and emotional functioning of children?
• To what extent are current formal strategies effective in preventing and protecting children from violence?

1.6 Rationale of the study
Not much research that has been conducted on the impact of GBV on children in rural and disadvantaged communities in Manicaland Province, Zimbabwe. Zimunya is one of the disadvantaged rural communities in Manicaland province where violence is taken as a norm by most families. Many children from this community are seen in the streets of Dangamvura, one of the nearest suburbs begging or selling vegetables and firewood in a bid to earn a living which raises questions on whether its abuse or poverty which lead them to do that. Moreover, high child abuse cases have been reported from this community and it raised more questions than answers which led to this study.
1.7 **Significance of the study**

The research will be relevant in the policy arena, in aiding formulation of new polices to strengthen good relationships in families. The research will also help to raise awareness campaigns among families to enhance good relationships between parents and their children and the community at large. Furthermore, the study will strengthen the coping skills of the affected individuals and it will act as a reflective mirror to those that will be setting anti-violence awareness campaigns in communities.

1.8 **Scope of the study**

This study utilized a qualitative empirical research approach to collect and analyse data on the effects of gender-based violence on children in Mutare District in Zimbabwe. The Zimunya community was selected as a case study to showcase the impacts of this problem. Zimunya is one of the disadvantaged rural communities based in Mutare District. It lies approximately 20 kilometers south west of the city of Mutare.

Mutare district is one of Manicaland Province’s seven districts. It is bordered by Mutasa and Makoni districts to the north, Mozambique to the east, Buhera district to the west and Chimanimani district to the south. Mutare district has a total of thirty-six (36) wards and Zimunya rural area has twelve (12) wards. While wards vary in size and scope, government authority has established a definitive range based on averages. According to the Prime Minister's Directive of 1984 & 1985, a village has about one hundred households, and a ward has six villages (Government of Zimbabwe, 1985). This research will be limited to three wards in Zimunya.
1.9 Zimbabwe’s Legal Framework on children.

Zimbabwe’s constitutional law contains a legal framework which is directly concerned with the rights of Zimbabwean children. The constitutional legal framework includes the Children’s Protection and Adoption Act, which was adopted in 2001 and this Act is a broad and encompassing statute with the aim of making provision for the protection, welfare and supervision of children and juveniles. An example of protection given to children is Subject to subsection (4), which states that: if any parent or guardian of a child or young person assaults, ill-treats, neglects, abandons or exposes him or allows, causes or procures him to be assaulted, ill-treated, neglected, abandoned or exposed in a manner likely to cause him unnecessary suffering or to injure or detrimentally to affect his health or morals or any part or function of his mind or body, he shall be guilty of an offence. Zimbabwe also adheres to both regional and international frameworks and conventions that the country has ratified as a signatory state.

The most important International legal document that Zimbabwe is a signatory state to, is the UN Convention on the Rights of the Child (UNCRC), of September 2nd, 1990. This international convention is the most encompassing and inclusive legal text, which clearly delineates children’s rights and the State’s obligation in upholding such rights. Regional frameworks include the African Charter on the Rights and Welfare of the Child 1999. Most children who are exposed to violence do not enjoy their rights as the convention states, for example it states that every child have the right to be protected from being hurt and mistreated, in body or mind and to play and rest, which in most cases tends to be the opposite.
1.10 Chapter outline

Chapter one: Introduction
This chapter introduces the topic under study by outlining the problem statement, research aims and objectives, research questions, rationale, significance and scope of the study.

Chapter two: Gender based violence
This chapter reviews literature on gender based violence, showing what other scholars have done and how they contribute to the current study. Gaps that exist in the field will also be identified. Additionally, the chapter presents the theoretical framework that is used to guide this study.

Chapter three: Research Methodology
The research methodology chapter presents the research design, sampling, methods of data collection and the ethical considerations pertaining to this study.

Chapter four: Findings and discussion
The findings of the research are presented, analyzed and discussed under different thematic headings.

Chapter five: Summary of findings, conclusions and recommendations
This chapter summarizes the results of the research whilst also presenting the conclusions and recommendations of the study. It also suggests areas for further research.
CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction
This chapter is two-pronged. Firstly, it presents the Social learning theory and the Family Systems theory to bring insight into how gender-based violence affects children in Zimbabwe and Zimunya in particular and then it reviews literature on gender-based violence. Under the literature review section, an explanation of different types and forms of violence that are encountered by both men and women as a result of unequal power relations will be provided. In addition, the nature and extent of gender based violence in the world, in Africa and in Zimbabwe will be discussed. The chapter also explores how children are affected physically, psychologically and emotionally and these children will be classified according to age groups. Lastly, the chapter discusses interventions which are or can be used to prevent and protect children from violence.

2.2 Theoretical framework
In order to understand the effects of gender based violence on children, the study will make use of two theories; the Social learning theory and the Family Systems theory as explained below.

2.2.1 Social Learning Theory
Social learning theory maintains that people learn social behavior by observing and imitating other people. That is, through observation of adult behaviour, children learn to
be aggressive towards other family members because that is what they see in their families. This theory explains the link between exposure to violence in childhood and later perpetration of violence with an intimate partner or child (Bandura, 1977). In other words children who grow up in violent environments imitate these behaviors in their future relationships or learn to behave aggressively when presented with violent models (Ireland & Smith, 2009) especially when these models are admired, respected, perceived as competent, and have substantial power (Sims, Dodd & Tehada, 2008).

Vital aspects of social learning theory include: identification with parents who use physical punishment. The basic argument in this case being that individuals who were physically punished in childhood are more likely to use physical punishment on their own children if they identified with the perpetrator in the family of origin. Finkelhor et al, (2009) explains that the earliest relationships between young children and those who are closest to them have an effective influence on their early development. Observational learning therefore posits that physical violence between family members provide models for learning violence and conveys that such behaviors are proper in the family setting and positive reinforcement. This implies that experience of physical punishment and exposure to marital conflict in childhood gives approval to the use of physical violence or physical punishment as to achieve things in life. This theory suggests that children who are exposed to violence at home learn maladaptive ways of dealing with conflict and may see aggressive behaviour as a normal way of resolving problems. They then model this behaviour in their interactions with peers, and possibly later in their intimate relationships (Cooley-Stickland et al, 2009).
Finkelhor et al (2005) likens children to monkeys in an example of a man whose caps were stolen by a troop of monkeys when he was resting under a tree. When the man got angry at the monkeys, the monkeys also imitated his anger, when he yelled, they also yelled at him and when he threw away the only cap he was left with, the monkeys also did the same. In as much as monkeys in this story are exposed to the anger of the peddler, children are also frequently exposed to aggression and violence (Wilson, et al 2009). In the light of this example, this theory proposes that people are products of their environment and will persist with these habits in adult relationships according to behaviors learned as children. Research into childhood experiences of perpetrators and victims reveals the idea that many of those who were experiencing violence as adults had experienced violence in their families of origin (Wilson et al, 2009). This theory will help bring insight into how violence impacts on children and also help to comprehend how someone’s behaviour can be changed through learning or observing someone. As stated above, the social learning theory will be coupled with the family systems theory and the two will be used in a complementary manner. The family systems theory is explained in the subsequent section.

2.2.2 Family Systems Theory

Family systems theory states that family dysfunction and maladaptive parent-child relationships may influence the outcomes of children living in violent families. Gharajedaghi (2005) explains this theory as the process of understanding how things influence one another within a whole system. The systems theory is important to this study because it helps to understand how change in one sub-system affects the other
sub-systems. That is, individuals cannot be understood in isolation from one another and families are systems of interconnected and interdependent individuals. Since social isolation is a significant risk factor in a family, a helpful social support network is essential for parents dealing with many stressors as well as for the children in the stressful and abuse environment (Crosson-Towner, 2005).

Family systems theory therefore is organized around and within a hierarchy subsystem whereby in a family, the managerial subsystem is that of parents with children being the subsystem. Unspoken rules normally called invisible boundaries about who does what with who in the family are normally drawn from each other, so that each subsystem can carry out its family-stabilizing tasks while remaining connected to the others. One of the most common family problems is a weak boundary between subsystems, in which a parent makes several instructions to the siblings and it becomes an over-involvement or a man who visits or calls his mother whenever he argues with his wife shows a weak boundary within the family. This means that abusive parents have less enjoyment of their children and of general parenting experiences. They also typically exert a more authoritarian parenting style, characterized as restrictive, demanding, and unresponsive (Mapp, 2006).

A family functions better as a whole when there is good interaction, because each part of the system affects all others in a way. A family whereby one member controls the whole family with his or her bad behaviour for example, his unavailability, violence and unpredictability distorts all other interactions between family members. The whole family
learns to mal-adapt itself to the member’s behavior and in many situations, to what takes place in family structures, leads to strong emotional stressors (Rees et al, 2011). These stressors are risk factors for the occurrence of violence or abuse. Thus, families that experience severe life stressors such as unemployment, financial problems, and relational problems within the family unit, usually have a high rate of child abuse (Crosson-Towner, 2005). This means that unresolved stress between parents flows down to all family members and normally results in coalitions, emotional parent-child alignments against the other parent and perhaps other children.

As stated above, the family systems theory is complemented by the social learning theory. Whilst the family systems theory view the family as a system that requires uniting in order to function well. The social learning theory emphasizes that children behavior is learned from parents and other family members. That is, children are a product of their environment. With regards to gender based violence, the two theories concur that violence is an environmental phenomenon affecting individuals, families and the community at large. Families and communities as a result need to develop some coping mechanisms or strategies to deal with the effects of violence. Within the family structure, there are different types of violence that children encounter during the process of growing up and these are explained below.

### 2.3 Types of Violence

There are various forms of gender based violence in the family structure and these can be classified as: domestic violence (DV) or intimate partner violence (IPV) which shall
be used to mean the same or exchangeable with gender based violence throughout this study.

2.3.1 Domestic violence
According to Holt et al, (2008) “domestic violence constitutes the willful intimidation, assault, battery, sexual assault or other abusive behaviour perpetrated by one family member, household member or intimate partner against another.” Vetten (2005) also defines domestic violence as acts that may include physical, sexual, emotional, verbal and psychological abuse; intimidation; harassment; stalking; damage to property through entry into complainant’s abode without consent in situations where the parties do not share the same residence; any controlling or abusive behavior where such conduct may cause imminent harm to the safety, health or well-being of the complainant.

2.3.2 Intimate partner violence
Vetten (2005) has defined intimate partner violence (IPV) as threatened, actual physical, psychological, emotional or sexual abuse directed toward a current or former intimate partner.

2.4 The main forms of violence
Violence can be identified in different forms as discussed below.
2.4.1 Physical violence

Studies suggest that physical intimate partner abuse is the most common form of gender violence committed not only in Africa but worldwide (UN Women, 2011). Activities like selling and/or trading in human beings for sexual exploitation, forced labour and slavery takes place. With regards to children, this type of violence refers to all forms of slavery, use of child soldiers, trafficking of children, commercial sexual exploitation, and the use of children in illegal activities as well as hazardous child labour.

2.4.2 Sexual violence

This encompasses rape and marital rape, defilement, sexual harassment, forced prostitution or exploitation, and child sexual abuse. Young girls may be forced to exchange sex for life necessities such as food, sanitary towels, clothes and or money to support themselves (Dartnall & Jewkes, 2013).

2.4.3 Violence related to harmful traditional practices

It includes the mutilation of female genitals, forced marriage and early marriages, infanticide and/or neglect, and denial of education for girls or women (Gomez et al, 2011).
2.4.4 Socio-economic violence

It is isolating a person from friends or family or restricting movements, thus causing increased dependence and fear or acts of exclusion, denial of economic and social benefits and opportunities. It also includes limiting access to employment opportunities, access to and control over land and productive resources, access to services and social benefits, or precluding persons from exercising and enjoying their fundamental rights (Covey et al, 2013).

2.5 Gender based violence globally

Worldwide, the array and level of GBV has terrible negative impact on both the individual and society. Despite it being a direct cause of injury, illness and death, exposure to gender-based violence considerably increases additional health risk factors for girls and women with increased probability of early sexual debut, forced sex, transactional sex, and insecure sex, (Population Council, 2008). Data from large population-based surveys in countries around the world have shown that experiencing gender-based violence is associated with higher rates of mental disorders, including depression and post-traumatic stress disorder (PTSD) (Rees et al, 2011). In a review of violence against women in Latin American and Caribbean countries, between 5.8% and 13.4% of women reported forced intercourse in their lifetime with up to one third of first experiences occurring before the age of 15 years (Dartnall & Jewkes, 2013).

Fehringer et al (2009) explains further that the survivors also experience increased rates of morbidity, death, and higher rates of health circumstances including HIV and
other sexually transmitted diseases, unwanted pregnancies and mental illness (Zapata-Sepúlveda et al, 2012) also elaborates that, a study done at a national level in Chile found that the police reports of violence within the family have been growing, reaching 108,538 reports in 2007 and 90.5% of these corresponded to abuse against women. Exposure to violence is widespread internationally and it is associated with other forms of child maltreatment. Data from the 2008 National Survey of Children's Exposure to Violence pointed out that about 1 in 5 children in the United States have experienced one or more forms of child maltreatment in their lifetimes and 1 in 10 had experienced maltreatment in the past year (Finkelhor et al, 2009). In a multi-country study by WHO (2011) it was found that between 15–71% of women reported experiencing physical and/or sexual violence by an intimate partner at some point in their lives.

Additionally, GBV begins early as evidenced by a UNICEF report which found that nearly one third of adolescent girls worldwide reported that they had their first sexual experience through force, and almost half of all sexual assaults are against girls 15 years or younger (UNICEF, 2009). In their qualitative study, Henttonen et al (2008) shared the same sentiments that violence against women is a global health, human rights, and development issue that transcend geography, class, culture, age, race and religion to touch every community in every corner of the globe. As stated by WHO (2011), an estimation of at least one in every three women around the world has been beaten, coerced into sex, or otherwise abused in her lifetime.
According to a World Development report, the public health implications of this violence are vast and violence is a more serious cause of death and injury among young women as much as cancer, and a greater cause of ill-health. GBV drains a country's resources and handicaps women's ability to contribute to social and economic progress. Children in some instances may be direct witnesses to violence, often seeing abusive incidents or hearing violence as it happens in their homes and families. As witnesses, children may be considered secondary victims and can be harmed psychologically and emotionally (Whitfield, et al 2003). Children in the U.S are more likely to be exposed to violence and crime than adults (Finkelhor, 2008). Even if children are not physically present when violence takes place; they may be affected by intended harm done by another. According to a study published in 2003, over 15 million children in the United States of America (U. S. A) lived in the families where violence had occurred at least once in the past year and seven million children live in families in which severe partner violence occurred (Whitfield et al, 2003).

According to a study on domestic violence shelters in the U.S., in a single day in 2008, 16,458 children were living in a domestic violence shelter or transitional housing facility, while an additional 6,430 children sought services at a non-residential program (The National Network to End Domestic Violence, 2009). Graham-Bermann et al (2005) found that in the low-income pre-school children in the U.S. state of Michigan, nearly half of the children in the study had been exposed to at least one incident of mild or severe violence in the family.
Gender Based Violence (GBV), in its various forms is endemic in communities around the world, cutting across class, race, age, religion and national boundaries. Buzawa et al, (2003) state that GBV is fuelled by unequal power relationships within families, communities and it involves both men and women though women are in most cases victims. Unfortunately, exposure to inter-parental aggression predicts adolescents’ use of verbal attack and mild psychological aggression with romantic partners (Stocker & Richmond, 2007).

About 50 percent of men who assault their wives also abuse their children and also women who are abused are more likely to abuse their children. Exposure to violence is common internationally and it is related to other forms of child abuse (Rees et al, 2011). In most times, violence takes place in the face of children and this causes harmful effects to them as they experience it directly or indirectly. According to Chan and Yeung (2009) witnessing or being directly traumatized by violence is harmful enough to disturb people’s lives and development and this unpleasant experience is related to both children’s and adult’s maladjustment and distress symptoms.

The primary fact is that children need a safe and secure home, free of violence, and parents that love and protect them. They need to have a sense of routine and stability, so that when things go wrong in the outside world, home is a place of comfort (Holt et al, 2008). Moreover, every child has the right to grow up safe from harm and should feel that those they love are also protected. However, hundreds of millions of children are exposed to violence at home and this has a great and deep impact in their lives and
hope for their future (Fehringer & Hindin, 2008). These children not only watch one parent violently assaulting another, but they often hear the stressful sounds of violence or maybe aware of it from many revealing signs. This means that violence in the home shatters a child’s basic right to be safe and secure in the world.

Witnessing or being exposed to violence may result in a wide range of adjustment problems, which include psychological disturbances, behavioral disorders, fear of separation and death anxiety, feelings of loneliness and alienation, intrusive thoughts, lack of enjoyment in activities, inattentiveness, disrupted sleep and nightmares (Davis & Lindsay, 2004). WHO (2011) elaborates that children who are exposed to violence at home may suffer a range of severe and lasting effects and they are more likely to be victims of child abuse. Those who are indirectly involved have some of the same behavioral and psychological problems as children who are themselves physically abused.

Nishina and Juvonen (2005) state that children who observe a lot of violence are also likely to experience it themselves. Calvete (2008) further asserts that children who are exposed to a lot of violence might believe that it is a suitable and acceptable way to solve conflicts with others or it is an effective means to get what they want in life. By believing that the use of aggression is acceptable it predicts later aggressive behaviour. When examining the rates of exposure to family violence and psychological effects of their exposure among students in Sri Lanka, Haj-Yahia et al. (2008) found out that between 16% and 18% of their participants had witnessed at least one act of inter-
parental psychological aggression. Between 2% and 16% indicated that they had witnessed at least one act of inter-parental physical violence before the age of 18. Moreover, between 11% and 84% of the participants had experienced at least one act of parental psychological aggression and between 2% and 22% had experienced at least one act of parental physical violence during childhood.

Fehringer and Hindin (2008) investigated the relationship between witnessing inter-parental violence during childhood and violence in partnerships, and they found out that witnessing violence drastically predicted report of violent act victimization and reciprocal violent act. This is been evidenced by the following statistics; 45% of females and 50% of males reported to have witnessed their parents or caretaker being physically hurt and hurting one another during childhood. This can desensitize the children to the extent of victimizing their partners as they grow up. In as much as GBV has been experienced globally, it has been also indicated by some researchers that violence was also a matter of great concern in Africa especially to women.

2.6 Gender based violence in Africa

Violence against women is a widespread problem in sub-Saharan Africa. Shuman et al (2008) as cited in Uthman et al (2009) found that there are studies which have been done in Africa and the rest of the world which documented that intimate partner violence against women (IPVAW) is a serious public health issue, conferring immediate and long-term threats to women’s health. Researchers and policy makers have increasingly cited gender-based violence as a critical determinant to women’s health. IPVAW
exposure has often been associated with increased vulnerability to HIV and negative reproductive health outcomes (Emenike, Lawoko, & Dalal, 2008) both worldwide and in sub-Saharan Africa.

Surveys conducted in sub-Saharan Africa reveal that 46 percent of Ugandan women, 60 percent of Tanzanian women, 42 percent of Kenyan women, and 40 percent of Zambian women reported regular physical abuse from their partners. Another study carried out in African nations shows that IPV is pervasive as shown by findings from Hassan II University (2009) as cited in Olayanju et al (2013) that violence against women varies from 12% in Morocco to about 54% in Ethiopia (Garcia-Moreno et al, 2005), violence from an intimate partner ranges from 31% in Nigeria (NPC & ICFMacro, 2008) to 80% in Uganda (EPRC, 2009). UNAIDS (2011) further reveals that at least 60% of women have experienced physical and sexual violence from their most recent spouse or live-in partner (UNAIDS 2011). In a 2005 study in Moshi of Tanzania lifetime rate of physical and sexual violence were reported with a percentage of 26 in that year and 21% the following (Stöckl et al, 2010).

In a Nigerian survey, 81 percent of married women reported being verbally or physically abused by their husbands and forty-six percent reported that they were abused in the presence of their children. Unfortunately, children who are raised within these violent families are prone to be victims of abuse, both physical and sexual abuse. They become vulnerable to rape and sexual assault (Gewirtz & Edleson, 2007).
Womankind Worldwide (2011) also states that more than 80% of women in Ethiopia believe that their husbands have the right to beat them. Globally, rates of GBV are highest in developing countries, with some of the most extreme rates in African countries. In Sub-Saharan Africa, 14.1 million girls are child brides, married before the age of 18 (UN Women, 2012). In a 2007 survey across eight countries (Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe) 18% of women aged 16-60 years had experienced intimate partner violence in the past 12 months; one in every five youths aged 12-17 years said they had been forced or coerced to have sex, and one in 10 said they had forced sex on someone else (Womankind Worldwide, 2011).

Gender-based violence has long been recognized and continues to be a strong factor in determining women’s HIV risk within sub-Saharan Africa and mostly in South Africa (Ghanotakis, Mayhew, & Watts, 2009). As noted by UNAIDS (2009) world, South Africa has the highest number of people living with HIV/AIDS compared to any country in the world, with an estimated 5.6 million people in 2009 and among its chief culprits is Intimate relationship violence directed at women resulting in HIV infection.

Vetten (2005) views violence against women as one of the most prominent features of post-apartheid South Africa. Idemudia (2009) adds that 1 in every 4 South African women or put graphically, 25% of women in the Republic of South Africa (RSA) are battered by their boyfriends or partners or husbands and a woman suffers battering on average of 39 times before she seeks outside help. Statistics in South Africa also
indicate that one in every five women is likely to be a victim of abuse and that family violence is also perceivable to be one of the fastest growing criminal acts in South Africa. It also affects mostly women and children (Buzawa & Buzawa, 2003). Moreover, Seba-Collett (2007) states that one out of four women is in an abusive relationship, every twenty six seconds a woman is raped and every six hours a woman is even murdered by her intimate partner.

Henttonen et al (2008) also found that adolescent girls may be predominantly exposed to different forms of gender-based violence as reflected in another study in Pabbo IDP camp in Gulu district, which found that girls aged 13-17 were the most frequently reported victims. Additionally, in a study in a South African hospital of children under age 15 in whom a diagnosis of child abuse was considered, 45 percent of the children reported having been the target of sexual abuse, 31 percent reported being physically abused and sexual abuse was suspected but not confirmed in the other 14 percent of children. GBV therefore, has a strong impact on children who are either abused themselves through rape and beatings or they observe violence taking place at home, making them victims themselves. Since this study focuses on GBV in Zimbabwe, the following section discusses the prevalence of gender based violence in Zimbabwe.

2.7 Gender based violence in Zimbabwe

SAfAIDS (2009) states that spousal violence is the leading form of GBV in countries like Zimbabwe, and is grounded in cultural practices which have dimensions of gender inequality and the adverse costs of GBV and spousal violence extends to families and even to the community at large. A study in Zimbabwe shows that 60% of murder cases
that went through the courts were due to domestic violence (Getecha et al 1995). The unbalanced gender relationships embedded in cultural and religious beliefs and practices often lead to women failing to negotiate their sexuality in intimate relationships thereby increasing women’s vulnerability to HIV by worsening the conditions that foster the spread of HIV and other sexually transmitted infections.

The 2010-2011 Zimbabwe Demographic Health Survey highlighted a strong positive association between low levels of education, early marriages and vulnerability to HIV and gender-based violence which is mainly fuelled by marrying at a young age. For example women in the Apostolic sects are more prone to spousal abuse because they marry young and at times to polygamous men. According to WHO (2010) gender based violence is also often due to generational gaps between spouses, low levels of education, financial dependence on male spouse proved by only 9% of women who have property registered in their names.

Also certain cultural and religious beliefs strengthen male dominance and subjugation of women. According to the Herald newspaper article (2011), many people have been experiencing various forms of domestic violence in Zimbabwe with issues swept under the carpet because of societal values and beliefs that oppress women and children. In many instances, women have suffered at the hands of their abusive husbands, economically, physically and emotionally.
Some men have also endured physical, emotional and verbal abuse and as a result of set societal standards, they rarely report these cases to police, as those who take that step are usually mocked and labeled weak. The paper also stated that consumption of strong spirits like Zed, Kenge and Tambirano and mental illness present additional challenges towards domestic violence. Other major causes of domestic violence include infidelity by partners and or engaging in extra marital affairs. Poverty in this case, the failure by breadwinners to sustain their families has also resulted in violence. Technology has contributed in fuelling domestic violence through cell phones and e-mails. The failure by some spouses to contribute financially in the running of the family has also resulted in domestic violence cases.

Economic dependency on men, shortages of both human and material resources are some of the many challenges they meet. Overall, 27% of women reported that they had experienced sexual violence and in nine out of ten cases, their current or former husband, partner, or boyfriend committed the act. Only 37% of women who experienced physical or sexual violence sought help. Most turned to family (58%), in-laws (36%), friends and neighbors (13%) for assistance (Zimbabwe Demographic Health Survey, 2010/2011).

Having said all this, though research has been done on gender based violence in Zimbabwe, little is known about its effects on children in this country since focus by many researches was mainly on women. How violence affects children in this country, is a gap which still needs focus and attention, so as to find out on if Zimbabwean
children are affected in a similar way with children from other developing countries. Whilst not much research has been carried out on the effects of gender based violence on children in Zimbabwe, research has been carried out in other countries and it is discussed below.

2.8 Effects of gender based violence on children

Children often witness violence in their homes and this has many effects on them. The evidence is overwhelming that children who witness violence do not escape unharmed (Finkelhor, 2005). The short- and long-term consequences of violence against children have far-reaching social, emotional, and economic costs to individuals, families, and communities. Researchers have found that children respond differently to violence and they show attributes like average or above average intellectual development, self-esteem, self-efficacy, attractiveness to others in both personalities and appearance, individual talents, religious affiliations, socio-economic advantage, good schooling and contact with people and environments that are positive all assist in the probability of a more positive development outcome for children who witness violence (Finkelhor et al, 2008).

Vinnerljung et al, (2006) explains that violence is often unanticipated and explosive and because a child’s level of coping skills and perception of violence may vary according to age, effects of exposure to violence may manifest differently in children of different developmental stages. In other words, when violence is focused on children, the seriousness of these actions affects the whole of their childhood thus their physical,
sexual, emotional being are affected and they suffer, although not always fatal, entail significant eroding effects, not just at that time but along the whole life.

Also, violence has powerful direct effects on children’s functioning. A rule of thumb is that, the greater the conflict between parents, the bigger the number of problems children will experience. Many of these short-term effects can adversely affect long-term development in that they build up over time (Hooper, 2005). Rees et al, (2011) states that there is increased risk of children exposed to violence to become victims of abuse themselves. Moreover, young adults maltreated as children are four to five times likely to be hospitalized for suicide attempts or serious psychiatric disorders (Vinnerljung et al, 2006). In a study by The National Center for Injury Prevention and Control (NCIPC) it was found that the total lifetime estimated financial cost associated with just one year of confirmed cases of child maltreatment (physical abuse, sexual abuse, psychological abuse, and neglect) is approximately $124 billion. This estimate included medical, child welfare, criminal justice, and special education costs, as well as productivity losses over the lifetime of children who are maltreated (Fang et al, 2012). Violence against children therefore has serious consequences hence the researcher is carrying out this study to identify how Zimbabwean children are affected by gender based violence. The following section, discusses the psychological effects of violence against children.

2.8.1 Psychological Effects

Children in violent families may experience chronic and elevated levels of tension and stress, which means that they may live in constant fear of injury and death for
themselves and every member of the family. In response to violence, the children become hyper-vigilant, hoping to monitor adult behavior and provide protection to the mother, siblings and self. By doing this, children work to develop coping skills to avoid or control the violence placing overwhelming and impossible demands on themselves thereby experiencing incredible outcomes (Margolin & Vickerman, 2007). Moreover, exposure to or witnessing or hearing violent events are traumatic experiences for children and the stress that children experience because of violence in the home can be dangerous to normal brain growth and development. Long-term experience of violence can change the structural design of the brain and lead to poor physical and mental health across the whole lifetime (O’Malley, 2012).

Children who witness violence report more depressive symptoms, anxiety and worry. These children may also experience trauma symptoms in the form of intrusive re-experiencing of the events in dreams or flashbacks, hyper arousal or an inflated exaggerated reaction and emotional withdrawal (Hooper, 2005). Childhood trauma is a major, worldwide public health problem. For many children, the unaddressed consequences of trauma will affect them adversely for their entire lives, affect the lives of those around them and ultimately affect the lives of their own children. Holts et al (2008) indicated that effects of childhood trauma can be pervasive, reducing school readiness and performance, diminishing cognitive abilities, causing or increasing substance abuse, and causing crippling mental disorders and costly physical health problems.
Violence also creates severe stress in children causing them to use exceptional coping effects. It also devastates a child’s ability to feel restricted and self-confident among many other problematic outcomes such as Post Traumatic Stress Disorder (PTSD). Children who obtain PTSD through violence persevere about violence thereby creating an overall disorder in their daily and long-term functioning such as bed-wetting, greater risks of having allergies, asthma, gastrointestinal problems, headaches and flu (Graham-Bermann & Seng, 2005).

Children who experience violence in their lives respond in different ways to unpredictable and uncontrollable stressful events and this means that some children may become more aggressive and hyperactive than usual while others develop feelings of helplessness, incompetence and low esteem. Many children manifest symptoms associated with posttraumatic stress disorder such as hostility, protest, aggression, avoidance of reminders, behaviour problems, clinginess to caregivers, distractibility, emotional numbing, emotional changes, flashbacks, general emotional distress, increased arousal, intrusive thoughts, insomnia and irritability (Krecke & Hahn, 2008).

Severe stress can lead to physical consequences such as impairments in the nervous system and immune system and because of the physically damaging stress victims of maltreatment experience; they are at a greater risk for future problems such as obesity, smoking, and alcohol and drug misuse (WHO, 2001).

Moreover, children’s capacity to focus at school diminishes which means that their cognitive functioning such as academics are affected in such a way that they end up
having lower verbal and quantitative skills and the development of attitudes of solving problems becomes a problem too. Guille, (2004) points out that violence within the family realm and involving close family members is much more disruptive, harmful and has long lasting effects and it impacts on children’s adjustment and development problems. Usta and Farver, (2005) stated that children who are exposed to violence on a daily basis do not have time to recover from the event. The adult who they may turn to for stability, control or protection, may be a wounded victim, an out of control combatant, or too depressed or overwhelmed to form a secure attachment with the child. Children, who experience constant unpredictable traumatic events, and the violation of their immediate environments, generally manifest anxiety accompanied by vulnerability. Children’s capacities to trust themselves as well as others and to enjoy their lives are obvious consequences of these experiences (Usta & Farver, 2005). Besides the psychological effects, children suffer physically as a result of abuse and the effects are explained in the next section.

2.8.2 Physical Effects

Violence involving associates, or strangers, directly or not directly as a victim, have been recognized as a major public health problem to date (WHO, 2011). Children who are raised up in families with violence may undergo a range of behavioral instability that can be connected with the perpetration of violence later in life. Moreover, children exposed to violence experience physical injuries that are incurred during the time of violence. It has been noted that children often receive injuries when trying to protect their mothers (Maas et al, 2008). They might get hurt when items are thrown or when
weapons are used. Infants and small children are frequently injured if they are held by their mothers when the aggressors lash out and some die in the hands of their parents. Children who experience violence face public health challenges which are costly and widespread (Gewirtz & Edleson 2007) since they end up getting injured in trying to rescue one of the parents.

In addition, most children from violent families end up being abused both physically and mostly sexually and these children are confronted with a demand for role performance, which is inapt to their mental, physical, emotional, and social development. Chitereka (2010) found that if the abuse is continually undetected, it can increase the level of stress to the child, and he or she may end up having various intolerable forms of behavior. Some of these behaviors may include bed-wetting, withdrawal from family and other social activities, eating disorders, nightmares, destructive and suicidal behaviors, and other types of sexual behaviors inappropriate to the age of the child. However, these children do not suffer only untold psychological trauma, but are at a high risk of contracting the virus that leads to AIDS and young girls also are at risk of getting pregnant (Chitereka, 2010).

Sexually abused children also find it difficult to cope with their school work, and there have been cases in Zimbabwe where the children abandon school altogether (Chitereka, 2010), and it is common for the victims when they get married to feel revulsion at the thought of sex as it becomes an inedible reminder of pain and betrayal. This often leads to troubled relationships or marriages.
2.8.3 Social Effects

Children need a sense of security in order to develop fully and to appreciate being alive, to be able to experience joy and delight, love and friendship but life seems as a nightmare to most children who are raised up in violent families. They see violence as a norm which means that they have no understanding of the dynamics and may view power and control, aggression and violence as the only means to get what they want in life (Maas et al, 2008). Some children may model violent behavior and on the other hand some children may withdraw and become passive adopting the victim’s role in their interactions with others. They are also caught up in a coil of recovering from the hurts they have suffered, and often grow up to perpetuate violence themselves where they start off as victims and end up as perpetrators (Kracke & Hahn, 2008).

According to the Juvenile Justice Bulletin (JJB) (2009), children who are exposed to violence experience lasting physical, mental, and emotional harm. They undergo difficulties with attachment, regressive behavior, anxiety and depression, and aggression and conduct problems. In addition, they may be more prone to dating violence, misbehavior, further ill-treatment, and involvement with the child welfare and juvenile justice systems (Finkelhor et al, 2008). Moreover, being exposed to violence may damage a child’s ability for partnering and parenting later in life, continuing the cycle of violence into the next generation (Finkelhor, 2009). Some children flee violent homes, engage in destructive behaviour and live on the streets.
Children may also exhibit low impulse control, inability to monitor and appropriately express emotions and little gratification delay. Prior work has shown that believing that the use of aggression is acceptable predicts later aggressive behavior (Vetten, 2005). Children exposed to violence may experience short and long term outcomes of internalizing and externalizing performance problems during adolescence like delinquency, status offences and perpetration of violence (Finkelhor et al, 2009). Herrenkol (2008) also supports the idea that children who experience violence appear to be prone to physical aggression and have high levels of general behavior problems. Moylan (2010) states that some children and adolescents receive an unhealthy amount of exposure of aggression and violence depending on the physical environment in which they live and grow. Those who experience abusive situations during cognitive development are more likely to develop a maladaptive perspective of aggression.

Violence also creates an environment in which children see themselves being isolated; particularly preschoolers see themselves being limited to family feedback regarding their self-worth and their ability to interact with others. Verbal abuse like shaming, blaming, intimidation and threats are the common techniques the abuser uses to control the children’s behavior and from these verbal assaults the child may acquire a sense of worthlessness. From these verbal assaults, the child may feel unlovable and incapable of success (Maas et al, 2008). By being isolated from other adult input, the child often internalizes negative messages from a very early stage (Wilson et al, 2009). In a review by Holt et al (2008) children may be extensively affected by living with violence and the impact can last even after actions have been taken to protect their safety.
In addition, they do not develop a sense of trust that allows them to explore their world and their own capabilities because they do not experience the world as a predictable and safe place. As a result, they may not be able to develop a better understanding of themselves, other people and the world around them, as they grow (Maas et al, 2008). Sometimes children believe that they are responsible for the violence and with this in mind coupled with inability to control it have serious negative impacts on their self-esteem. Isolated children are unable to practice social skills and they find it hard to set healthy personal boundaries and often do not respect other people’s boundaries, they seldom learn appropriate means of problem solving or acceptable means of conflict resolution (Maas et al, 2008).

In addition, young children do not know how to play with others and older children may lack the ability to make or keep friends. Their capability for parenting and partnering later in life may be damaged thereby continuing the cycle of violence into the next generation (Finkelhor, 2009). They may be unable to plan in a realistic and pragmatic way for their future because they may not get help to experience the difference between fantasy and reality as there is little in the way of rewarding reality in their lives.

Children in violent families may experience decreased parental care in that the abused parent may be unable to give adequate care to the children because of injuries, emotional exhaustion or depression. The abusive parent may be too involved in controlling the other partner to give the children the attention they need. Moreover, if the
abuser is male stereotypical beliefs regarding who is responsible for parenting may prevent him from meeting the needs of the children when the woman is unable to do so. This may cause constant emotional stress and anxiety and they may be unable to think clearly and process the knowledge that they need. They may fail to acquire skills in understanding the many ways to communicate with others (Herrenkohl et al, 2008). Findings by Pillado et al (2010) in the U. S. Department of Health and Human Services study, children were found to have been abused and neglected and the majority of these cases were of neglected children. When children are neglected their attempts to identify with unpredictable and frequently childlike role models may leave them with a shaky sense of self and in attempt to establish autonomy and they end up engaging in bargaining behavior with parents, siblings and friends indecisive between compliance and aggression (Holt et al, 2008)

Children do not develop a secure and happy sense of their own identity and self-worth. Lack of self-confidence may make them aggressive or it may make them fearful. They often lack continuity and regularity in care and fail to form bonds and attachments with caregivers and may not grow emotionally (Hildvard & Wolfe, 2002). However, Moylan et al (2010), stated that stronger bonds of attachment to parents at adolescence may appear to predict a lower risk of anti-social behavior independent of contact status. Moylan et al (2010) meant that preventing child abuse and children's exposure to domestic violence could lessen the risk of antisocial behavior during adolescence, as could strengthen parent-child attachments in adolescence.
Infants and toddlers are also reported to be affected in as much as adolescence are despite their difference in age as discussed below.

2.8.4 Effects of violence to toddlers and infants.

According to Carter et al (1999) infants and toddlers who witness violence demonstrate severe bad temper, underdeveloped behavior; sleep disorder, emotional anguish, fears of being unaccompanied and failure in toileting and language. Kindergarten children may develop enuresis and communication problems. Many babies appear detached and are unresponsive to adult attention. Battered women may be unable to nurture and care for their babies the way they would wish and in response to this, the babies may become passive, not expecting needs to be met or they cry relentlessly for attention or in reaction to the stress in the home. Moreover, individuals who suffer from neglect in early childhood more often show academic and cognitive deficits, social withdrawal, and more internalization of problems (Hildvard & Wolfe, 2002).

Toddlers and preschoolers may experience sleeping and eating disorders along with somatic complaints like headaches and stomachaches. They may cling to their mothers thereby showing signs of separation anxiety and they often have nightmares related to the violence. At this stage, children are often denied the exploration and experimentation necessary for their development and speech, motor skills and cognitive delays may result (Kracke & Hahn, 2008). More so, they show signs of depression and anxiety and may find it difficult to express any emotion but anger.

2.8.5 Effects of violence to Pre-adolescents
Ritcher (2004) states that children in this age group have a greater capacity to externalize negative emotions and in addition to symptoms frequently seen with childhood anxiety for example sleep problems, eating disturbances and nightmares, victims within this age group may show a loss of interest in shared activities, low self-concept, isolation or avoidance of peer associations, rebelliousness and oppositional-defiant behavior in the school setting. In other words these children may demonstrate difficulties in academic achievement, but the most overt consequences of their abuse and neglect are seen in social and behavior problems (Dartnall & Jewkes, 2013). They may also show some bad temper, irritability, numerous fighting at school or with other siblings, lashing out at objects, treating pets unkindly or rudely, bullying of peers or siblings and attempts to get attention through hitting, kicking or choking peers or family members.

However, at this stage many children may develop coping skills that may lead them in one of two directions. On one hand, children may see few options and expect little success in life and because of frequent mood swings, erratic attendance and inability to concentrate, their self-esteem continues to drop. Frequent conflicts with classmates and teachers may take place because of poor social skills and their success is compromised (Dartnall & Jewkes, 2013). On the other hand, children strive to overcome family dysfunction by excelling in school and as they experience a different environment which is consistent and predictable from the home environment, they excel in this well ordered world. This makes them to be perfect in whatever they do, make many friends and seek for approval. However, in either case, these children continue to live with frightening and
unpredictable events where they experience conflict over loving or hating their parents and stress related physical ailments may persist (Usta, 2005).

2.8.6 Effects to Teens or adolescence

Teens who witness violence in their families face the problem of trying to blend in with their peers while keeping their home life undisclosed. The outcome can be teens that on no account learn to form trusting relationships, or teens end up in violent relationships themselves either as the perpetrator or as the victim (Hildvard & Wolfe, 2002). In addition, teens also feel the same as younger children in an abusive family in that they also feel lonely and isolated, parentification, behaviour tribulations, stress related medical and mental health problems and also difficulties in school. Most of these children also end up engaging in drug and alcohol abuse, sexual behavior, aggressive and anti-social behavior (Usta, 2005). Children who grow up in abusive or violent families may act more disruptively at adolescence stage, showing uncooperativeness and aggressiveness and they are described as less mature and less trusting and more difficult to manage. At this stage, difficulties experienced by these children may be more alarming in that eating difficulties may advance into disorders such as anorexia, obesity and bulimia and also academic frustrations may result in dropping out. Feelings of fear, powerlessness and hopelessness can result in delinquency, running away, acting out sexually, substance abuse and also suicide. Exposure to inter-parental hostility predicts adolescents’ use of verbal attack and mild psychological aggression with romantic partners (Stocker & Richmond, 2007).
This means that children begin to establish intimate partner relationships where they may put into practice the sex roles and communication patterns learned at home and there is a risk that a generational cycle of violence continues. Research suggests that exposed adolescents are less likely to have a secure attachment style and more likely to have an avoidant attachment style, indicating perhaps that they no longer feel trust in intimate relationships. Maas et al (2008) speculated that abusive patterns in intimate relationships initiated in adolescence, may well lead to violence on the part of men and victimization on the part of women in their adult relationships. In early adolescence, negative mental representations of the self and others continue, and some children also develop a negative view of the social world. This overall negative perspective is visible through low or negative social expectations (Hildvard & Wolfe, 2002). With a negative outlook, adolescents also have difficulty with problem solving. They are unlikely to find a high level of motivation to repair or avoid problems if their social perspective is one of despair.

2.9 Interventions

The World Health Organization in its survey found that the strongest indication of effectiveness for the primary prevention of GBV is with respect to school-based programs to prevent violence within adolescents’ dating relationships (WHO, 2011). Additionally, promising primary prevention strategies like gender equality training; promotion of communication and relationship skills within communities; reducing access to alcohol; alcohol harm reduction; and changing cultural gender norms should be implemented (WHO, 2011). Preventing the recurrence of violence and extenuating its
consequences are vital to any full effort to reduce GBV and such responses must involve multiple sectors in the community for an example, law and justice to education and health. However, fear, victim-blaming, stigmatization, discrimination, and cultural taboos often keep survivors of GBV from seeking assistance, and efforts must be made to ensure that services are available and accessible. Medical, legal, and social services for survivors should be integrated and coordinated responses.

According to Finkelhor et al (2005), early recognition, interference and constant follow-ups are important strategies to avoid or reduce the impact of exposure to violence. All individuals who interact with children like families, teachers, police, child protection workers, judges and others have a responsibility to create necessary interventions for the affected children thereby ensuring protective environments and caregivers and also help children to use positive coping skills (Fehringer & Michelle, 2009). Children who live in violent families cope better if they are resilient. They are also less likely to be abused, as perpetrators often target children who appear to be easy victims. If they are abused, resilient children are more likely to seek and get help, and they will recover more quickly from hurt. They are less likely to perpetuate the continuity of violence in their communities. Children need to be encouraged to develop attitudes, qualities and skills that will make them resilient such as self-confidence, competence, assertiveness, decision making skills and problem solving skills (Holt et al, 2008). They should also be encouraged not to be afraid of making mistakes, therefore learning from their mistakes and to know and respect their rights and those of others.
Children have the right to a home environment that is safe and secure, and free from violence and to ensure this kind of environment for the children who are exposed to violence, governments carry a primary responsibility through several ways which are raising awareness of the impact of violence on children (UNICEF, 2006). A lot can be changed by exposing this into the open. Policies and legislations that protect children must be created and focus on the protection of children and address the impact of violence on children in families (Ritcher, 2004).

In addition, governments must offer social services to support children who are exposed to violence. This can be done by training staff who work with children to detect necessary early signs of the effects of violence and provide with necessary responses and support like locating safe housing, income assistance, access to care and referrals for psychological support services (Bacchus et al, 2010). Moreover, young children and their families should receive early strength-based interventions to help them avoid harmful consequences of violence. Emerging developmental knowledge makes a strong case for targeting intentional supports, services, and specialized early interventions to young children and families experiencing multiple risk factors. For parents, this may mean not just attention to safety and basic needs, but help to repair or prevent damaged parent-child relationships and to promote positive parenting. For children, it means ensuring they have access to health care, developmental screening, high-quality early childhood programs, and, if necessary, specialized services (UNICEF, 2006). A review of findings from 15 projects which focused on children experiencing domestic violence, for example, suggested that participating in either groups or in mother-child
dyadic interventions resulted in reduced aggression, decreased anxious and depressive behaviors, and improved social relationships with peers (Graham-Bermann, 2005). Strengthening the focus on early intervention for young vulnerable children and their families is especially critical because, in the absence of specific attention to early intervention services, community providers are more likely to believe that their only alternative, and obligation, is to refer a family experiencing domestic violence to Child Protective Services (CPS) or to the police. Rates of foster care placement, especially for young children, are escalating and such referrals become the default option. CPS has an important role to play for those children at serious risk of harm.

2.10 Conclusion

In a nutshell, this study focused on two theories to help explain the whole idea of the research and these theories are the Social learning theory and the Family systems theory. The social learning theory maintains that people learn social behavior by observing and imitating other people and this is done through observation of adult behaviour. In other words it has been concluded that children learn to be aggressive towards other family members because that is what they see in their families. This theory also explains the link between exposure to violence in childhood and later perpetration of violence with an intimate partner or child (Bandura, 1977). In a nutshell children who grow up in violent environments imitate these behaviors in their future relationships or learn to behave aggressively when presented with violent models at childhood. On the other hand, Family Systems Theory points out that a family is perceived as a whole and that a family dysfunction and maladaptive parent-child relationship may influence the outcomes of children living in violent families. This
theory reveals a better understanding on how change in one sub-system affects the other sub-systems as pointed by several authors on violence who found out that most children in violent families can be affected in one way or the other. Drawings from the literature show that children from a toddler to adolescence are affected by violence negatively at most. It has been found that children are affected physically, socially, emotionally and psychologically. Davis and Lindsay (2004) as cited in Chan and Yeung (2009)'s findings supported the conclusion that children and adolescents who grow up in violent and aggressive families are at an elevated risk for a wide range of psychological and behavioral problems. However, most of the literature on how children are affected by gender-based violence has been drawn from most of the studies done in developed countries and hence little is known on how children in developing countries are affected by violence. Moreover, despite the conventions and other interventions put in place to prevent and protect children and their mothers from all forms of violence as stated in the literature above, violence is reported to be on its peak in almost every nation which raises more questions than answers on whether these interventions are effective in protecting the victims of violence.
CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction
The previous chapter presented the framework used to guide this study and reviewed literature on the effects of gender based violence on children. This chapter outlines the research methods used to collect and analyze data in this study. This includes the research paradigm, case study research design; the description of the research population; sampling procedure and size. Research instruments, ethical considerations and trustworthiness and credibility of the research are also discussed.

3.2 Research Paradigm
Taylor et al (2007) defines a paradigm as an extensive view or perspective of something while Weaver and Olson (2006) state that “paradigms are patterns of beliefs and practices that regulate inquiry within a discipline by providing lenses, frames and processes through which investigation is accomplished”. In this study an interpretive paradigm which supports the view that there are many truths and numerous realities was utilized. The focus of the study was on the holistic perspective of the people and environment and also to hear the voices, concerns and practices of the research participants (Weaver & Olson, 2006). Moreover, interpretive paradigm was utilized because of its connection with methodological approaches which provided the opportunity for the concerns, voice and practices of the research participants to be heard (Cole, 2006). The aim was to determine how children experiencing and exposed
to GBV felt and thought about the situations they found themselves in, without passing any judgment about whether their thoughts and feelings were convincing. Interviews were conducted to distinguish the value and depth of individual content through their different perceptions, experiences and needs.

3.3 Study area

The study utilized a qualitative approach to collect data from participants in Zimunya community in Mutare District of Manicaland Province in Zimbabwe. As stated in Chapter 1, Zimunya is one of the disadvantaged rural communities located in Mutare District. It lies approximately 20 kilometres south west of the city of Mutare. Mutare district is one of Manicaland Province’s seven districts. It is bordered by Mutasa and Makoni districts to the north, Mozambique to the east, Buhera district to the west and Chimanimani district to the south. Mutare district has a total of thirty-six (36) wards and Zimunya rural area has twelve (12) wards. While wards vary in size and scope, government authority has established a definitive range based on averages. According to the Prime Minister’s Directive of 1984 and 1985, a village has about one hundred households, and a ward has six villages (Government of Zimbabwe, 1985). This research was limited to three wards (Dora ward 5, Munyarari ward 20 and Gombakomba ward).

3.4 Preliminary outline of fieldwork

The data to be presented and analyzed were collected between January and February 2013. Three focus group discussions in each of the three selected wards were conducted with women and their ward leaders. This study also conducted some in-
depth interviews with ward leaders from each ward, children at adolescent stage, school staff members from each ward, NGO official and a government official who works with women and their children. The purpose and procedure of the research was visibly written on the participation information sheet and consent form which each participant had to sign before participating.

The researcher also took time to explain and clarify the research purpose, procedure and status of participation. The data were collected in the form of field notes. In order to boost data capturing aptitude, the study appointed a research assistant who mainly concentrated on recording the research discussions by taking field notes. A tape recorder was also used to capture the interviews. This was done to prevent data loss from the interviews with participants. Consent was sought from all participants, both verbally and through a written and signed consent form. Participants were informed that they could have access to the results of the study on request. The prospect of publication of the research findings was also communicated to the participants.

3.5 Research method

Methodology is usually a scientific rule for solving a problem, with clear components such as phases, tasks, methods, techniques and tools. It can also be defined as the logical study of methods that are, can be, or have been applied within a discipline. Methodology consists of research design, methods of data collection and data analysis (Sumbulu, 2010). The research approach utilized in this study is the qualitative research methodology.
Creswell (1998) defines qualitative research as an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. Creswell goes on to state that qualitative research provides a rich foundation of information leading to the establishment of theories, patterns and or policies that help to elucidate and inform the phenomenon under study. In this study, the researcher sought to find out the effects of gender based violence on children and it is hoped that the results will help inform policies that seek to ensure the decline or abolition of violence in families and also policies that seek to protect children from violence.

Another reason for using the qualitative method for this study was that the topic needed to be explored flexibly with the main aim of finding out specific information rather than mere overview of the findings. In addition, the qualitative research methodology draws its principles from the phenomenologist and critical traditions. In using this approach, the study strove to understand the sense people had built about their world and experiences. This means that the study sought to know the nature of that setting, what their lives are like, what was going on for them, what meanings did the setting carry to them and what the world looked like in that particular setting. This study sought deep understanding of the experiences of people living within violent families or environments, in this regard, understanding the role women take in protecting their children in violent situations and what the children do when they are faced with such situations.
Qualitative research emphasizes the significance of the social context for appreciating the social world. It holds that the meaning of a social action, statement or situation depends, to a greater extent, on the context in which it appears. Regarding the issue of the importance of social context in qualitative research, Neuman (2000) asserts that when a researcher removes an event, social action, answer to a question, or conversation from the social context in which it appears, or ignores the context then the social meaning and importance are distorted. This definition simply implies that a social context must not be ignored when carrying out a qualitative research so that its importance will be maintained and accurately recorded.

3.6 Research design

Mouton (1996) defines a research design as a plan or an outline of how one intends to conduct research. This means that a research design refers to how a researcher situates a study together to respond to a question or a set of questions. In the light of this definition, a research design shows an orderly or logical plan outlining a study’s methods of compiling and analyzing data that were used to arrive at a conclusion of the research problem. Creswell (2009) conceptualizes a research design in a qualitative framework as the total process of research from conceptualizing a problem to writing the story or narrative. Following Creswell’s line of analysis, a research design is the outlined plan of action that a study uses to gather and use data so that desired information can be obtained from particular intended sources. Qualitative research design comprehensively explores human behaviour feelings, and probes for reasons and detailed explanation over researched dynamics in question. Moreover, it is to be
used by the researcher to design, collect and analyze the data. The goal of this method is defined as describing and understanding rather than explanation and prediction of human behavior (Babbie, 2010). The qualitative nature of the study concerns the exploration or in depth analysis of the effects of gender based violence on children in the Zimunya community of Mutare district in Zimbabwe.

Qualitative research involves exploration, elaboration and systematization of the significance of an identified phenomenon. Babbie (2010) defines qualitative research as an approach in which research takes as its departure point the insider perspective on social action. It is a research approach interested in the meaning of the subjects attached to phenomenon being investigated. The main purpose of a research design is to allow the study to forestall what suitable research decisions should be initially made so as to capitalize on the validity and trustworthiness of the eventual outcome. This study adopted the descriptive research design. The main purpose of descriptive research is to inspect the association among variables and to give an exact explanation of the phenomenon that is being researched (De Vos et al, 2002). In other words, it defines some sections of social reality. A descriptive study believes that before solutions are sought, one needs to know what the existing facts and prevailing conditions are. Descriptive research involves an in-depth description of specific individuals, social group, event, company or any social phenomenon.

Since this study aims to dig deep into people’s perceptions and attitudes concerning violence and its effects on children, focus was put on only three wards as case studies.
The reason for focusing on a small area was to get a deeper view and understanding of people’s experiences and viewpoints; to explore the associated feelings and to observe the non-verbal expressions. A case study was utilized in this research. According to Babbie (2007), a case study is an in-depth assessment of a single incident of some social phenomenon, such as a village, family, or a juvenile gang. Therefore, a case study aims to understand the case in depth, and in its natural setting, recognizing its complexity and its context.

Additionally, there are two major aspects of a research design, namely; the study should clearly specify what it envisages to find out; and it must determine the best way to do it (Babbie, 2010; Sumbulu, 2005). This study envisages finding out the effects of gender based violence on children through an in-depth examination of data collected from Zimunya in Zimbabwe.

3.6.1 Case study design

A case study is a study of social elements through a thorough description and analysis of one situation or case. Importance is placed on comprehending the unit and the entirety of a particular case. Walliman (2006) states that in the need to study a social group, community, system, organization or social event; it is expedient to pick one instance or a small number of examples from the list to study them in detail covered in their own context and make considerations and judgments. These are commonly known as case studies. According to Creswell (1998), a case study can be viewed as an exploration or in depth analysis of a “bounded system” (that is, bounded by time and/or
place), of a single case, or of multiple cases over a given period of time. The case being studied can refer to a process, activity, event, program, individual or numerous individuals.

Since the study’s interest in on an individual case, the study and its outcome was restricted to the case. The researcher selected three wards. This enabled relationships to be constructed among these wards pertaining to the same phenomenon of violence in families and its effects on children and to find out measurements which could be taken to address the problem. The case study approach is applicable to the study since it offered more opportunities than a survey approach of getting the required data. Case studies tend to be holistic rather than deal with solitary factors.

With regards to case studies, Denscombe, (2003) explains that, the case that constitutes the core of a study is usually something that already is in existence which means that it is a naturally occurring phenomenon. What Denscombe means is that a case is usually in existence prior to the research project. Therefore, this study, in its attempt to find out the effects of violence on children, selected a case which naturally existed prior to the research and which is likely to continue existing after its completion. The study’s units of analysis were equally chosen from groups that naturally existed prior to the research, so as to avoid forming artificial groups which might negotiate the reliability and validity of the research outcome.
3.7 Research population and sampling

Outlined in the following sections, is the population and sampling technique which was used in the study.

3.7.1 Research population

A research population refers to all those cases, on which the study intends to make a scientific conclusion with respect to a certain attribute or social phenomenon (Sumbulu, 2005). Specifically in this study, the research population refers to all residents of Zimunya Community. However, the researcher was unable to study the total population as it was too large. The study therefore used a sample (a relatively small section) from within the population. It was out of this large population that the study selected direct participants for the research to form their search sample based on the sampling method outlined below.

A sample is a small portion of the total set of objects, events or persons that together comprise the subject of the study. It can be viewed as a subset of measurement drawn from a population in which the study is located (Denscombe, 2003). A sample is studied in order to understand the population from which it is drawn. The major reason for sampling is feasibility. Since this study is qualitative in approach, it worked with small samples of people, nested in their context and studied in depth. The qualitative samples were purposive rather than random. This was because the initial definition of the population was more limited, and partly because social processes have logic and coherence that random sampling may reduce to incomprehensive saw dust. Moreover,
samples in qualitative studies are usually not wholly pre-specified, but can evolve once fieldwork begins.

Singleton and Straits (2010) describe sampling as the process of taking a portion of a population as a representative of that population. Purposive sampling was utilized as a sampling technique or procedure. Purposive sampling involves purposive or intentional choice of particular units of the population for constituting a sample which represents the population. Purposive sampling is when one selects a sample on the basis of his or her own knowledge of the population, its elements and the nature of the research aims. In short, its selection was based on the judgments and the purpose of the study (Babbie, 2007). Advantages of purposive sampling are that, people who do not fit the selection eligibility are eliminated. The limitation of purposive sampling is that; it is the responsibility of the researchers to choose participants and hence there is a possibility that the researchers can be biased in choosing suitable participants for the study (Corbin & Strauss, 2003). In other words, such a process may provide influenced results predominantly when the population is not homogeneous.

Purposive sampling is exceptional when a researcher desires to discover specific types of cases for in-depth examination. The intention is to obtain a profound understanding of the phenomenon under study. The study’s sample was made up of key informants (ward leaders, school official, NGO official, and Government official who work with families) because of their characteristics. Ward leaders are representatives of the people who fall under their authority and they work directly with families and have the
directive to send local people’s concerns to higher offices. The school officials work
directly with children and can easily see if a child is disturbed or not, NGO officials also
work with children who face different problems and assist them through different
interventions and lastly, government officials also work with families and empower
women who have problems in their families. The study chose to make use of a non-
random selection approach because the ultimate goal was access to information, not
just generalizations.

Purposive samples are drawn from an available population without stratifying first
(Steinberg, 2004). This is also why this study chose to use purposive sampling. Like all
other non-probability sampling methods, purposive sampling does not permit
generalization; hence the outcome of this study was interpreted in terms of the specific
context under study. Purposive sampling was used for the selection of the case study of
three wards in Zimunya. The study picked the most convenient three wards with a view
to proximity and financial affordability. Hence, the wards selected were Munyarari ward
20, Gombakomba ward and Dora ward 5. Since the selected wards were close to the
researcher, this allowed easy access in terms of the visits.

3.7.2 Sample size
The study purposefully selected a small sample with the intention of focusing more on
that small group and dig deeper into all the required information. According Neuman
(2006) beginning field researchers should start with a moderately small group (thirty or
fewer) who interact with each other formally on a frequent basis. The study sample was
therefore composed of 30 households, 10 from each ward. Children at adolescence stage, which is from 11 to 18 years of age, were interviewed.

In addition, a total of three focus group discussions were carried out in the entire three wards comprising of women and the participants for these focus groups were randomly selected from different villages within the wards. Women were included in the sample on behalf of infants and younger children (from a day old to 10 years) because the assumption was that at early stage children may not be able to articulate their experiences. The researcher made use of ward leaders in the three wards of Zimunya with the help of the Social worker of that area who made it easy for the researcher to gain access into the area. Both the social worker and the ward leader helped in identifying families who were or had experienced GBV. Ward leaders, school officials, NGO officials and government representatives were interviewed on one on one basis. A social worker was also included in the sample to offer counseling to the children who might have had traumatic situations. The study sample is presented in the table below in Table. 1.
### Table 1. Number of participants from each ward.

<table>
<thead>
<tr>
<th>Ward Name</th>
<th>No. of children interviewed</th>
<th>No. of women in focus group</th>
<th>No. of Key-informants</th>
<th>Total no. of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dora Ward 5</td>
<td>10</td>
<td>9</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>Munyarari, Ward 20</td>
<td>10</td>
<td>10</td>
<td>2</td>
<td>22</td>
</tr>
<tr>
<td>Gombakomba</td>
<td>10</td>
<td>10</td>
<td>2</td>
<td>22</td>
</tr>
<tr>
<td>Non Governmental organization</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Government Welfare organization</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total no. of participants</strong></td>
<td><strong>30</strong></td>
<td><strong>29</strong></td>
<td><strong>8</strong></td>
<td><strong>67</strong></td>
</tr>
</tbody>
</table>

### 3.8 Data collection process and instruments

Descriptive research, based on a case study design usually takes place through detailed, in-depth data collection methods which are rich in context and involve multiple sources of information (Babbie, 2010). This can include interviews, documents, observations or archival records. As such, data were collected through primary sources
which were focus groups and in-depth interviews. A tape recorder was also utilized in this study with an assistant helping in capturing and taking down field notes. The assistant was trained on how to transcribe the field notes before the beginning of field work. The two data collection techniques used in this study increased data capturing and avoided loss of any information from the interviews. Moreover, interviews with key informants were utilized in collecting data and unstructured interviews were used in conducting both focus groups and in-depth interviews since the study sought to explore the topic deeply.

3.8.1 Interviews

Interviewing is the central mode of data gathering in qualitative research. According to Sewell in De Vos et al (2002) qualitative interviews attempt to understand the world from the participant’s point of view, to unfold the meaning of people’s experiences and to reveal their lived world prior to the scientific explanations. This means that in qualitative interviews, the interviewees are provided with an opportunity to expand and verify their answers and accounts of their experiences and feelings. Participants are given space to give their own viewpoints relating to the problem under study. The study viewed this method as the best instrument of attaining primary data which presents more of an in-depth insight into the topic, deriving from information supplied by a small number of informants. Denscombe (2003) adds that a study is supposed to be able to justify the choice to go for depth rather than breadth in material as being appropriate to the specific needs of the study.
The study chose to pursue in-depth rather than breadth information on the effects of gender based violence on children because of two major reasons. The first one was to have information in its entire contextual relevance which includes the emotions, experiences and feelings that go together with it, rather than access to plain straightforward distant factors. The second reason was to pursue privileged information as Denscombe (2003) explains that one gets in touch with major players in the field who can provide private, confidential and restricted information.

The depth of information obtainable by interviews in this regard can create great value if the informants are prepared to and are capable of providing information that others could not, or the researcher could not know or retrieve without getting connected with them. The field interviews comprise asking questions, listening, expressing interest and noting down what has been articulated which means they are a combined production of both the researcher and the participants. Members are active participants whose insight, feelings and cooperation are vital parts of a discussion procedure that discloses theme meanings. Denscombe (2003) also highlighted the presence and participation of the researcher, including how he or she listens, attends, encourages, interrupts, digresses, initiates themes and terminates responses, is important to the respondent’s account. This study utilized unstructured interviews in carrying out both focus group and in-depth interviews for the reason that the research was obliged by the need to study deeply into what the respondents considered to be the effects of gender based violence on children. This permitted the respondents freedom and preference to convey their thoughts in the manner they felt and comfortable with.
3.8.2 In-depth interviews

One-to-one interviews are unstructured personal interviews with a single respondent that are conducted by an interviewer. That is, they take place between two people; the interviewer and the respondent. The purpose of one-to-one or in-depth interviews is to understand the underlying motivations, beliefs, attitudes and feelings on a particular subject. This study utilized unstructured one-to-one interviews with children, ward leaders, school officials, NGO official, government official in trying to understand the underlying beliefs, attitudes and feelings pertaining to gender based violence and its effects on children.

3.8.3 Focus group interviews

Focus groups are a research technique that is used to collect data through group interaction on a topic determined by the researcher. Focus groups therefore should be held in a relaxed setting. This, however, requires a skillful facilitator to ensure an even participation from all members. In the study, interviews with focus groups were conducted to draw out information from all respondents in terms of their feelings, opinions, views, perceptions and thoughts on the effects of gender based violence on children. As such, three focus group discussions were held in the three wards which mean that one focus group was held in each ward with specifically women and their ward leaders from the three specified wards of Zimunya.

This assisted the researcher to identify trends in the perceptions and opinions expressed by the respondents. The interviewer acted as a facilitator in introducing the
themes, guiding the discussions and encouraging all members to express their perceptions. The study opted to utilize focus group interviews because it elucidated on questions and responses to acquire precisely what the respondents meant and non-verbal cues were observed during the discussions which were explored further with responses. These discussions were carried out in a style that accommodated all levels of literacy, and were conducted in Shona. This was done so as to suit properly into the respondents’ way of communication and their most relaxed and normal setting. This allowed them to use the language of their choice throughout the discussions.

3.8.4 Interview guide

According to Steinberg (2004), data compilation in a qualitative research is normally flexible in order to ensure access to information and should be carried with instruments that search for qualitative data. In this case, data collection was carried out with an interview guide which is a guiding schedule. The interview guide was a collection of unstructured questions which were posed by the interviewer in a face-to-face situation with the respondents and they responded orally. At most twelve questions were asked in both focus groups and one-on-one interviews. Questions utilized in the form of focus group and in-depth interview guides are affixed in Appendix B of this study.

3.9 Methods of data analysis

The major purpose of conducting a qualitative study is to transform data into findings. The process of data analysis in qualitative research involves reducing the volume of raw information, sifting significance from trivia, identifying significant patterns and
constructing a framework for communicating the essence of what the data reveal (Patton, 2002). This means that qualitative data analysis is a process of attempting to make meaning through interpretation of volumes of raw data captured from interviews during data collection. Since qualitative field research produces large volumes of data in non-standard format, this study analyzed it through making an instinctive attempt to identify the categories and connections of insights that simply came to the study as a matter of stimulation. This encompassed a process called coding and categorizing of data which was done by breaking the data down into units for analysis and then categorizing the units. This was achieved by using taped and transcribed interviews and field notes data.

In this research, data were categorized according to the three major themes which emerged from the respondents whilst carrying out the research. These three main themes are; the main type of GBV prevalent in Zimunya community, the effects of GBV on children and interventions with several categories under each main theme. In undertaking the analysis, the study utilized the model of qualitative data analysis suggested by Steinberg (2004). The model follows three steps. The first stage is intra-transcript analysis; that is, trying to make meaning out of each script by referring to the verbatim comments and notes captured on the tape recorder and transcribed by research assistants during the interviews. This involved playing the tape recorder and reading the transcripts in their entirety several times and trying to get a sense of the interviews before breaking them into parts. The second step is inter-transcript analysis; that is, comparing and contrasting responses from respondents. The final phase is
developing a meaningful story, which was the objective outcome the study drew out of the gathered data. Participants were also given codes to identify them as indicated in chapter four below.

### 3.10 Trustworthiness and Credibility

In order to reduce bias and obtain trustworthiness in the research, the researcher subjected the research instrument to a few pilot samples to refine the research tool. The aspect of flexibility in the research device was emphasized to cater for different languages, cultures, ethnicity and race; for example, the use of Shona and English was allowed. Having noted the above, the research instrument was revised by several experts and approved by the supervisor after further scrutiny.

In ensuring the legal correctness of the research, the researcher met with the community authorities like ward leaders to gain permission and also obtained some clearance letters from the ministry of Education so as to gain access to the schools and another clearance letter from the ministry of Women’s Affairs to gain access to interview their members. The respondents were issued with consent forms which were signed by those who agreed to participate in the research process. The consent forms constituted the promise and commitments to view and treat participants with dignity and worth they deserve as individuals. Confidentiality and anonymity are the primary principles which were emphasized as well as voluntary participation. This means that respondents were not compelled, coerced or forced to participate in the research. Children were as well also asked for their assent to participate before consent was granted by their guardians.
3.11 Ethical Considerations

There are various ethical considerations as mentioned below that the researcher adhered to when conducting this study. Ethical considerations are a vital aspect of research that are established in order to guard the physical and mental dignity of individuals, to respect their moral and cultural values as well as their religious and rational convictions. In addition to their other essential rights respect for privacy whilst maintaining the highest level of confidentiality was also considered. The following ethical considerations were exercised:

3.11.1 Voluntary participation

Voluntary participation was obtained through the signing of informed consent forms by all participants in the research prior to enrolling those individuals in a study. That is, the individual’s consent was voluntary and based upon adequate knowledge of the purpose of this research study. All potential participants were informed of their right to withdraw consent to participate at any time. Children were part of the participants who could not totally provide consent for themselves to participate in this study because they were minors. Therefore, after obtaining their assent or agreement to participate the researcher also sought legal guardian consents to their children’s participation in this research and this was done by filling and signing assent forms.

3.11.2 Anonymity

The participants’ right to anonymity by the use of pseudonyms was guaranteed. This means that the researcher assured the participants about the anonymity of the data,
with the removal of names and any identifying information, to meet their concerns. Anonymity exists when participants' identities cannot be linked, even by the researcher, to their actual data or responses. The participants therefore were not asked for their names or identity numbers.

3.11.3 Confidentiality

Confidentiality is the management of data to prevent participants' identities from being linked to their responses. Participants were informed that their personal identities would be protected by the use of pseudonyms in maintaining confidentiality. In addition, the researcher gave information on how data was to be stored, who was to have access to it and how it would be used in a clear language that the participants understood. Furthermore, explanation was given to participants on any potential areas where confidentiality may be broken if any need arises but identity of the participants would remain anonymous.

3.11.4 Avoidance of harm

In carrying out this study, dangers such as physical, emotional or psychological harm were closely guarded against and thoroughly examined. A social worker was used to guard the emotional and psychological harm of the participants through offering counseling where necessary.

3.12 Conclusion
The research design and the methods used for data collection and analysis were discussed in this chapter. Qualitative research design broadly explored human behaviour, feelings and probed for reasons and detailed explanation over the effects of gender based violence on children. The qualitative research helped to explore the topic of this study flexibly with the sole purpose of accessing specific information from a particular social setting. From the population of Zimunya, a sample was drawn using a purposive sampling method and the sample consisted of children at adolescence stage, key informants, and women. To access the best information, a case study was used where in-depth interviews and focus group discussions were used to collect data. For a successful collection of data, certain ethical considerations in respect of the participants were recognized for instance confidentiality, anonymity, voluntary participation and avoidance of harm.
CHAPTER FOUR
PRESENTATION OF FINDINGS AND DISCUSSIONS

4.1 Introduction
This chapter presents, analyses and discusses the results generated through the utilization of the methodology outlined in the preceding chapter. The results were obtained from the focus group discussions and in-depth individual interviews with the study participants and are presented according to the themes that emerged from their responses. They are described and interpreted according to the people’s feelings and their experiences. Finally, the discussion and analysis of findings of the study are discussed thereof in the last section in the light of theoretical framework and current literature.

4.2 Presentation of findings
As outlined in the first chapter, the study's main objective is to investigate the effects of gender based violence on children and a qualitative analysis was undertaken through utilizing in-depth interviews to explore the participants’ attitudes and views on gender based violence. The interpreted and analyzed data are presented the following themes:

4.2.1 Power and dominance in the hands of man
The participants were asked to indicate the type of GBV which was most prevalent in their community and the reasons for its prevalence. All the participants indicated that domestic violence as a type of violence which was most prevalent in their community in
the form of physical abuse, psychological and economic deprivation. They pointed out that the main cause of violence in their families was that one parent held too much power over the other, which means that one parent dominated the other in giving ideas and making decisions for the family. In most cases men were said to have power over women and they dominated in everything which concerns the family as explained below:

*Baba vanoshusha amai zvekuti amai havana simba rekupawo “maideas” avo pamusoro pemhuri yavo. Mai vakadawo kupa ma”decisions” baba vasiriwo vavaudza kuti vaite vanozvambaradzwa tese vana tichiona.* (My dad abuses my mother to the extent that she cannot give ideas concerning her family. If she gives decisions on anything concerning us, she is beaten heavily in front of us all) (Child participant 1).

*Ini ndinoona sekuti “culture” yedu inoti vakadzi vave pasi pevarume wavo ndiyo inokonzeresa kushushwa kwaana mai vedu. Vanababa ndovanondotonga pese, vakadzi vachingobvumira nezvisikaiti nekuda kwe”culture”. (I see as if our culture which says women should submit to men is resulting to abuse to our mothers. Men tend to dominate everywhere, even if they make wrong decisions our mothers are forced to agree because of culture) (Child participant 2).*

Domestic violence was the type of violence mainly in the form of physical abuse which was experienced in all the three wards within the Zimunya community from the responses obtained from the children in the interviews conducted with them and also from the focus group discussions conducted in all the three wards with women. Twenty seven (27) of the thirty (30) women from the three focus groups concurred with the idea that violence takes place because of the power that men hold over women in the families as shown by one of the women:

*Simbare kutonga mhuri yangu zvisina kutenderwa nemurume handina, kunyanya kutsvaga basa rekuriritira mhuri, handitenderwi, zvinozokonzeresa mhirizhonga mumba vana vachiona.* (I have no authority over my family without my husband’s
consent; especially seeking for a job to fend for my children causes a lot of fights as my husband does not approve it) (Woman participant 1).

However, three (3) of the women in the focus groups raised that it was not only dominance of power by men, but also poverty in homes which was causing fights most of the time, mostly in front of children.

_Ini kumba kwangu nhamo ndiyo inokonzeresa mhirizonga nguva dzose nekuti chekupa vana kuti vararame hapana uye baba havadi kushanda, vanongotevedza doro chete._ (In my house poverty is making us fight every time because there is nothing to give our children for survival and my husband doesn’t want to work, he is always drinking beer) (Women participant 2).

Following the above statement, some women complained about their husbands who were lazy to work for their families and moreover they did not allow their wives to seek for employment hence the families would end up starving and results into quarrelling and fighting.

4.2.1.1 The main victims of GBV are women and girls

In an interview with one of the ministries which works with women, a question was posed on who are mainly the victims of violence and the response was that it was mainly women and girls. This information was based on the reports they received as a ministry. According to the findings, there were no reports of men encountering violence from their partners which might indicate that women were the only victims of violence.

Participant 1 explains:

_I have never had any reports on abused men, maybe they are there but they feel intimidated to report such cases. Most reports we have are of women who suffer violence from their partners (Worker participant 1)_
As stated by all participants, violence takes place in the presence of children in most cases and this led to a question to whether children were being affected by the situations they faced within their homes. This brought up a new theme which is discussed below.

4.2.2 Violence, “A killer and a destroyer”

The children were asked how they view violence and if it was affecting them in any way and the response was a strong “YES” from twenty five (25) of the children who pointed out that they were affected in different ways. Surprisingly they all mentioned that they were the future of tomorrow and how were they going to make it in life yet they have been already killed and destroyed by this violence. Violence comes up with a number of effects to the children as all the participants pointed out in the interviews conducted with them as discussed below.

4.2.2.1 “Who shall we be? Our future is destroyed”

Twenty five (25) children from the three wards of Zimunya showed concern on what they shall be in future since their lives has been modeled by bad things. Children were facing challenges which were beyond their capacity, challenges which they could not control as children and it was affecting them. Separation and divorce were presented as taking place in the families facing violence and children were left with one parent, in most cases fathers who then neglects and deprives the children of their rights. For example, the right to education and freedom of expression. Fifteen (15) children mentioned that they stopped going to school which they thought was a better place to
mould them than home because they had no one to pay for their school fees. However, to those who were going to school, they were equally affected since they could not concentrate in their academics because of the situation at home. Child participant 3 explains:

_Mai vangu vakatiza pamba nekuti vaigarorohwa nababa, zvino ini nevanin’ina vangu hatichaendi kuchikoro nekuti vanotirambidza vachiti havana mari. Ndisosuwa amai vangu._ (My mother ran away from home because my father would always beat her, now I and my siblings are no longer going to school because he said he does not have money to pay for our fees. I miss my mother) (Child participant 3).

_Kuchikoro ndirikuenda asi ndinenge ndichingofunga kumba nguva dzese, nekuti ndinorwirira amai vangu kuti wasarohwe nababa kana ndiripo._ (Though I am going to school, I cannot concentrate on my school work for I will be thinking of my mother at home, since I always protect her from being beaten by my father) (Child participant 4).

Five (5) children indicated that violence was also causing restlessness in them which made them not to concentrate on their education as one child pointed out above.

### 4.2.2.2 Freedom deprived

The children showed concern about who they will be in future if they are not educated and if they are not given freedom to express their opinion in the family matters. Child participant 5 also pointed out that they were getting help from an NGO which was paying school fees for them but they also could not concentrate in school because they were full of fear and did not know who to trust anymore. He indicated that:

_Ndakungogara ndichitya nguva dzose uye handichaziviwe kuvimba naye._ (I am staying in fear all the time and do not know who to trust anymore) (Child participant 5).
4.2.2.3  “Violence as discipline”

Five (5) of the children, didn’t view violence as a serious, to them it was a normal thing. These participants perceived violence as normal and to them it was a form of discipline which was used to control the family and as worth to be used by every man who had a family. one of these children indicated that:

*Ini handioni dambudziko, ingazviri “normal” mudzimba dzese, musha wese une mutemo. Kana ndikaroora wangu mukadzi ndinorova kana asingateereri senziraye ”discipline” (Violence is normal, it’s a form of discipline used in homes, every home is governed by rules. When I get married I will also beat my wife if she does not behave well as a disciplinary measure) (Child participant 6)*

4.2.2.4  Role reversal between parents and children

Violence has resulted in role reversal with elder children taking supportive roles in caring for younger siblings. It was found that children were taking parental roles like cooking; doing laundry and other house chores thereby absconding from school to care of their siblings or the parent who would have been badly hurt from the fights. Child participant 7 reveals that:

*Ndinochengeta vanin’ina vangu nguva zhinji zvinova zvinonditadzisa kuenda kuchikoro ( I take care of my siblings most of the times which makes me not to attend school).*

Three children pointed out that they ended up dropping from school because their mothers were no longer in good health. One indicated that her mother was injured both externally and internally because of the assaults she got from her husband and the child had to drop from school in order to nurse her mother and to look after her younger siblings. The other two said that they dropped out from school because their parents were now HIV positive and on death beds, so it became their responsibility to look after
their mothers and their siblings too. Three children indicated that they had to go and seek for jobs as house maids and as garden boys at young ages so as to provide for their families financially.

### 4.2.2.5 Child neglect

All thirty (30) women in the focus groups from the three wards of Zimunya indicated that most children in violent families are neglected and deprived of their rights. The findings show that children lack affection from both or one of the parents since some parents run away from their homes and leaving their children with no one to care for them as shown below:

*Hatisisina anotichengeta amai vakatiza.* (No one is taking care of us, our mother ran away from home) (Child participant 8).

*Ndakatiza pamba pangu nemhosva yekurohwa nemurume kwandaiitwa ndikasiya vana*(I ran away from my house because of bad treatment I was getting from my husband and I left my children with him) (Woman participant 3).

From the statement above women indicated that they were left with no option but to run away from their homes living behind their children because of the treatment they get from their husbands.

### 4.2.2.6 Child abuse

In the interviews held with children, twelve (12) of them mentioned that they were either physically or sexually abused either by their relatives or by neighbors as a result of violence which they experienced in their homes. Among these children, some of them mentioned that they used to run away to their neighbors when their parents started to
fight and the neighbors would take advantage of the situation and abuse the children sexually. Some of the children mentioned that in their mother's absence, their fathers also abused them sexually and they had no power over this situation since they were threatened not to report it to anyone. This brought fear into the children, especially the fear of men; they lost trust in any man since they faced abuse in the home and also outside it. They had no place of safety, since to them every place was fierce and uncomfortable to them as explained in the statement below:

*Kubva musi wandabatwa chibharo nemuvakidzani wedu ndavekutya vanhurume vose. Ndinovenga baba vangu nekuti ndivo vaikonzeresa mhirizhonga pamba, sakataitiza pamba usiku hwoga hwoga kuti tinopotera kumuwakidzani. (I am now in fear of all men from the day I was sexually abused by our neighbor and I hate my father for he is the one who caused all this to happen)* (Child participant 9).

Another child stated that:

*Baba vangu vakatanga kundibata chibharo kubva mazuva atiza amai pamba nekuda kwekushungurudzwa kwavaiitwa, vakanditi ndikaudza munhu vaizondirova zvakasimba. Handivafariri baba vangu. (My father started to sexually abuse me from the day my mother ran away from home and he threatened me not to tell anyone because if I did he would beat me so hard. I don’t like my father)* (Child participant 10).

4.2.2.7 Girls at greater risk of sexual abuse

Among the key informants, the teachers who work with the children on daily basis and the ward leaders who work with the families in their wards also indicated that children from violent families were abused both sexually and physically either by their guardians or by their neighbors. The teachers indicated that children are facing double trouble as they are exposed to violence in their homes and being abused at the same time by the people whom they trust. A greater portion of girls mentioned to have been abused sexually which affected their health than the boys who indicated to have been only
physically abused. Three girls mentioned that they have been infected by HIV/AIDS after being sexually abused. The girls were heavily traumatized hence restless and could hardly sleep at night. Findings from these participants indicated that children were having problems on adjusting to a new status, in most cases the HIV status which was reported to stimulate negative emotional feelings such as denial, anger, hopelessness, antisocial behavior and suicidal thoughts. The following sentiments were expressed in this regard:

_Ndinovenga baba vangu vakandibata chibharo._ (I hate my father who sexually abused me) (Child participant 11).

Another child indicated that:

_Ndakabatwa hutachiona hwemukombera mumashure  mekubatwa chibharo nemuvakidzani wedu._ (I was diagnosed HIV positive after being sexually abused by our neighbor) (Child participant 9).

In the above statements, the children showed bitterness and hatred towards the people whom they thought would protect them. To them life was a nightmare since they had no hope anymore.

### 4.2.2.8 Child headed families

Violence was also causing deaths as indicated by seven (7) children, twenty two (22) women and three (3) key informants thereby leaving many children as orphans which resulted in the rise of child headed homes. One child indicated that:

_Amai vedu vakafa, baba vakatiza hatizivi kwavari. Ndinochengeta vanin’ina vangu._ (Our mother is late and our father just disappeared, we do not know his where about. I care for my siblings) (Child participant 12).

A key participant also raised the same issue on the death of parents as a result of violence thereby living children with no one to care for. He said:
Vamwe vabereki varikufa nokuda kwemhirizhonga vosiya vana vasina vachengeti. (Some parents are dying living their children with no one to care for) (Key participant 1).

The statement above shows in some way on how cruel some men were to their wives which resulted to death of some mothers thereby living their children with no one to care for. On the other hand, the key participant showed that children were left without choice but to live in child headed homes.

4.2.2.9 Social isolation

Teachers observed that children from violent backgrounds deteriorate in their school performance, they isolate themselves from others and that they do not socialize with their peers as before. A key participant mentioned that:

Children from violent families become very quiet and passive in class, they become closed up and some deteriorates in health, it is easy to see that the child is facing some difficulties in life but very difficult to convince the child to tell the truth. (Key participant 2).

In the above statement, the key participant indicated that children from violent families reacted differently and it was easy to see that a child was facing difficulties though it was difficult to convince the child to tell the truth of which it was a great challenge to many people who provide services to children.

4.2.2.10 Youth misdemeanor

Five (5) key informants indicated that children who lacked good parental guidance and monitoring had high chances of engaging in misbehavior such as drug and alcohol abuse, truancy, theft and teenage pregnancies (status offence). They also indicated that
some children become very harsh and violent to their peers and in most cases use violence to get what they want in life. A key informant pointed out that:

*Maitiro emwana anogara pamusha unemhirizhonga akatosiyana nevamwe vana nekuti mumwe anotanga kunwa doro nekuputa fodya, mumwe ndiye anotiza pamba ononotsvaga basa achiri mudiki, vanwe vanopedzisira vogara musango kana muma”streets”, vanwe vanotangakuba. (There is behaviour change on children who are exposed to violence in their homes compared to those who are not from violent backgrounds. Some become alcoholic, some run away from home and seek for jobs at tender ages and others end up being street kids and engaging in theft) (Key informant 3)*

The above response shows that there is a great possibility of children exposed to violence to become aggressive and change their behaviour which means that just by observing someone, a child is changed into another person whom he or she was not.

4.2.2.11 Family disengagement

Twelve (12) women indicated that GBV disconnected the family since some children could not bear the situation and end up getting into early marriages in order to run away from their home situations. Some preferred to live in streets where they thought it was better than home. On the other hand some women would run away from their homes because of the brutality they got from their partners. A woman indicated that:

*Muzukuru wangu akatiza pamba pavo paigaroitwa mhirizhonga ndokunooroora achirimudiki chaizvo. (My grandchild ran away from our home and got married at a tender age) (Woman participant 4).*

Another woman also mentioned that:

*Mwanakomana wedu akatiza pamba ave kugara mu”street”, arikuramba kuuya kumba. (Our son ran away from home and now lives in the street; he doesn’t want to come home anymore) (Woman participant 5).*
4.2.12  **child labour**

A key informant pointed out that many children from violent families end up being used for child labour which is a form of abuse which violates their rights as children. The following sentiments were made:

“Most children from violent families are used for child labour with little incentives and it is a form of abuse which violets their rights as children” (Key informant 4).

4.2.13 **Reactions of infants versus adolescents to violence**

The women in the focus groups were asked if infants (one day olds to 10 year) reacted the same way the adolescents react to violence and they pointed out that in some cases they reacted in a same way though it was sometimes difficult to tell whether the infants were affected. Sixteen (16) women pointed out that every child reacts to violence as long as he or she is exposed to it, though these reactions are more prevalent in adolescents because their reasoning capacity is more than that of infants.

4.2.14 **Fear by Infants in the presence of their fathers even in happy moments.**

From findings obtained from all women and some three (3) key informants, infants were said to show fear every time their fathers were present at home even in happy moments. They tend to be confused and fail to distinguish between happy moments and sad ones. Some become very passive, they are not free and children of school going age tend to sleep in class and their school work deteriorates. Babies are also affected and they show it by crying if the violence starts and if the father wants to hold the baby in happy moments, the child may react by refusing or crying. Other young children imitate what their parents do in their presence, like fighting and saying vulgar words.
They are also affected physically especially when fights are done with the baby on the back of the mother. One woman said:

_Vana vadiki vanokanganisikawo nekurwisana kwedu mudzimba. Anoramba kubatwa nemunhu anondirwisa, uye anokwanisa kukuvaru patinenge tichirwisana angobatanidzirwa. Ndakambotsika mwana wangu ndichitiza murume wangu aindirwisa akakuvara pagumbo._ (Infants are also affected by violence and in most times they don’t want to be held or being close to my rival and can also be physically affected when we are fighting. I once stepped on my child when I was trying to escape from my husband who was fighting me and she got a fracture on her leg) (Woman participant 6).

### 4.2.2.15 Adolescents favor one side and fight the other side to support one parent

Ten women also indicated that children at adolescent stage are affected more for they can master everything happening in a home. They highlighted that the children tend to favor one side and fight the other side in support of one parent. However, some of the children were said to respond to the situation by abandoning their homes, prostituting, getting married at tender ages and engaging in alcoholism and theft. Some adolescents cannot handle the situations they encounter in their homes and attempt to or commit suicide. One woman mentioned that:

_Mwanasikana wedu akapotsa azviuraya nekuda kwemhirizhonga yaiitika pamba pedu nguva nenguva. Akazoponera kuchipatara._ (Our daughter attempted to commit suicide because of the exposure she had to violence in the family every time. However, she survived when she got treatment from the hospital) (Woman participant 7).
4.3 Services offered to victims of violent

In as much as children and women are affected by violence as explained above, a number of services are provided to them as means of protection and for their healing process. Below are services which are provided.

4.3.1 Report to the Police.

The participants were asked if there are strategies or policies in place which protected women and their children from violent situations and if there are, how effective are these policies or strategies. Thirty (30) women, twenty five (25) children and three (3) key informants indicated that they report any case of violence to police and to them it was an effective strategy which led to a decrease in cases of GBV. A key informant indicated that:

Ma"cases" emhirizhongaaderera chaizvo munharaunda yedu nekuda kwekumhangara kurikuita madzimai nevana varikusangana nema"situations” akadai. Vazhinji vakutya kusungwa uye mapurisa ari kuita basa ravo nemazvo.

(Violence is now very low in our community following reports made by victims to the police (children and women at most). Most perpetrators are now afraid of being arrested since the police are very effective in doing their job) (Key participant 3).

A key informant from one of the government organizations mentioned that reports were made to police and it was an effective way of protecting women and children since they were the main victims of GBV. This was evidenced by reports which came out in newspapers every week about violence which showed the frequency of reports made. However, in as much as violent cases were reported as a protection measure by many women, a concern was raised by ten (10) women and two (2) key informants who work with women that some women withdrew cases before charges were laid. This was a
matter of great concern to many who thought that it would be difficult for GBV to end.

The following sentiments were indicated:

Aah zvinoratidza kusarongeka matiri vakadzi ende varume avavacharamba vachitidzvanyirira nekuti tinoita setisingazivi zvatinoda muupenyu. (Aah it shows confusion in us women and these men will keep suppressing us down because we seem not to know what we want in life) (Woman participant 8).

Also a key participant mentioned that:

“Of course, violent cases are being reported but our main concern is in victims who withdraw cases of their perpetrators who are their husbands in most cases before they are given charges. It’s a matter of great concern to us since it will become difficult to end violence in any place of the country if there are no changes in victims reactions towards their perpetrators) (Key participant 4).

However, not everyone agreed with the idea of reporting these cases to the police. Among the participants, three (3) of the women and six (6) children disputed the idea of reporting their perpetrators to the police especially if the perpetrator is a breadwinner in the family. According to them this made things worse no one will be left to provide for the family. One child indicated that:

Hazvina kunaka kumhangarirana kumapurisa, ko kana vari baba vakasungwa tinochengetwa nani? Zviiru nane kudeedza munhu anokugadzirisai. Handidi kushaya vabereki vangu vose, nekuti mumwe wavo akasungwa zvinondi“affecta” uye sezvandambotaura mumashure “discipline” yakanaka mumhuri “and” hakuna chinonzi mhirizonga. (It is not good to report each other to the police because if my father is arrested who will provide for us. It is better to call a third party to help you settle things down. I do not want to miss my parents because it affects me a lot if one of them is arrested and after all as i have said earlier on, discipline is good for the family and there is nothing called violence) (Child participant 6).
4.3.2 Protection services offered by Organizations.

All thirty children and thirty women showed that they knew that there were some organizations which offered services to victims of violence though about fifty of them were not able to distinguish which organizations provided services to children and which provided services to adults. This showed the researcher that the participants hardly used the services, even though they knew they were there. The ten (10) participants who had used the services pointed out a number of organizations like the Justice for Children’s Trust, Simukai Child Protection Centre, Child Line, Plan International, Mirirai child protection, The Girl Child and the Ministry of Social Welfare. All these organizations offer protection to children in difficult conditions like violence and abuse. They engage in a lot of awareness campaigns so that the children are enlightened on their rights as children and some of these organizations act as children’s mouth pieces in courts (lawyers).

Simukai Child protection centre provides shelter for abused children who run away from their homes and live in streets and reunite them with their families. Five children also indicated that Plan International promotes their rights to education by making payments of their school fees and according to them, these organizations were very effective and of great help. A question was posed to one of the NGOs to explain the kind of services they provided to children and if these were effective enough in helping them and the following was the response from worker participants:

We mainly focus on the protection of children’s rights; we make them aware of their rights and their responsibilities as well. We have worked well with children for the past years and most of them are now open to say things out and if all the
children can disclose their problems we are rest assured of a better generation in future (Worker participant 2).

However, two (2) women indicated that it would not be easy for violent cases to decrease without the help of organizations like The Musasa Projects, the Ministry of Women’s Affairs and the Family support Trust. In an interview with the Women’s Affairs, it was mentioned that in partnership with some stakeholders like the district administrator’s office, schools, police, hospitals, councils, chiefs and NGOs, to mention a few, they protect and promote the welfare of families especially the rights of women and their children. This organization was also concerned about cases which are withdrawn before being charged as another worker participant indicated:

Most women feel pity for their perpetrators, who are in most cases their husbands or close relative and withdraw the case before the person is charged. The way I see it, violence will not stop if the victims keep on withdrawing cases like that. We encourage them to utilize the Domestic Violence Act (Worker participant 1).

The statement reveals that many victims of violence were not or a few were using the DVA which protects them from all forms of violence. This means that more awarenesses were needed to highlight the importance of using DVA.

4.3.3 Non-sustainability of services

Another question was asked on what they think should also be done to protect them from violent situations. All women raised an idea that the government should introduce some sustainable projects which will help them to fend for their children in the absence of the breadwinner. Some seven women pointed out that there should be projects to support single mothers since some of the mothers left their husbands because of
violence and do not have any source of income to fend for their children. One of the women indicated that:

_Ini ndiri shirikadzi yakasiwa nevazukuru vabereki vavo vakafa nemhosva yemhirizhonga, zvinondakura handichakwanishi kuriritira mhuri iyi. Dai hurumende yatibatsirawo isu vanhu vachembera, ndinovapei vana vacho._ (I am a widow who have been left with my son’s kids. Their parents died and I am old, I am no longer able to work for them. I am appealing to the government to help us old people, what will I give to these kids) (Woman participant 9).

From the participants’ responses it shows that there is a need for sustainable projects to be introduced to women and children who are victims of violence so that they would not struggle to earn a standard living.

### 4.3.4 Resources limited

One of the government service providers to women indicated that they did not have enough resources to use in working with families encountering violence. For them to be more effective, transport assistance was needed to visit chiefs from different communities who mobilized people for awareness programmes. These sentiments were raised:

_We need transport assistance for us to be more effective since we should visit communities every week_ (worker participant 1).

In as much as services were being provided, the worker participants showed that they can do better if they get enough resources which means that there is need for co-odination between the service providers to victims of violence and the state itself.
4.4 Discussions of findings

Despite of the policies in place, GBV seems to be a problem which is moving from one generation to another and it raises more questions than answers as to why it is not ending. According to the United Nations Declaration on the Elimination of Violence Against Women of 1993, article 1, GBV has been defined as violence against women and many researches in Sub-Sahara has focused mainly on how women suffer from this violence. However, from the findings above, it has been realized that as much as women suffer from GBV, another group of people also suffers directly or indirectly and these are children. This study was guided by two theories (The Family Systems Theory and Social Learning Theory) which were used to help understand the phenomenon of violence especially on its impacts on children. From the results obtained, domestic violence in the form of physical abuse was indicated as the main type of violence which prevails in the Zimunya community and it was mentioned that the main reasons for DV were the dominance of power by men over women and poverty. According to the systems theory, a family is as a system with sub-systems which are connected together to make a whole. Members are intensely connected emotionally and affect each other’s thoughts, feelings and actions. A change in one person’s functioning is predictably followed by reciprocal changes in the functioning of others.

Family systems theory is organized around and within a hierarchy subsystem where in a family, the managerial subsystem is that of parents and the children being the sub-system. Unspoken rules normally called invisible boundaries about who does what with who in the family are normally drawn around each other and the family so that each
subsystem can carry out its family-stabilizing tasks while remaining connected to the others. However, findings of this study shows that some family members tend to misuse the hierarchy in treating other family members badly. It was found from the participants’ responses that some fathers were misusing the power they had in the hierarchy by dominating the other parent and not giving each other room to make decisions on family issues. The family systems theory poses that each family member carries out family stabilizing tasks which makes them remain connected to each other which tend to be a different issue in this study where the family is disengaged following children or wives who run away from their homes in fear of violence within the family.

The findings which were gathered from the study encompassed a wide range of multifaceted issues that were so inseparable due to their coherence and intertwining nature. There was no doubt that the effects of violence on children were beyond the children’s coping capacities. It was found out that children were playing a critical role in violent families which resulted in role reversal whereby children take care of their abused mothers. In addition, various children were deprived of their normal social development as they were becoming responsible for giving care to the other siblings at a tender age. In accordance with the Children’s Act No. 23 of 2001 section 3; these children are defined as children in need of care and thus they should be placed in the relevant care. However, the situation on the ground was contrary, meaning that there is a lot to be done as far as the implementation of children’s rights as stipulated in the Act is concerned. More importantly, the study witnessed child headed families prompted by death, divorce or separation of parents as a result of violence.
As emphasized by the family systems theory a family is a system with sub-systems which are connected to make a whole and in this study it has been found that the system cannot function well if one or more sub systems are disturbed. Children were found to be the most affected sub-system of the family since they had no power to change the situations in their homes. Moreover, it was observed that violence deprived children of their rights to normal psychological development, subjecting them to physical, sexual abuse and child neglect and denied them full access to education and freedom of expression.

The researcher also found that the normal development of children in many cases was hampered by various risk factors that accumulated and produced risk behavior and misconduct among children (Jackson, 2002). Bandura, (1977) in his Social Learning theory, mentions that people can learn new information and behaviors by observing other people and imitate them which explains the behavior of most children in this study which had changed as a result of being exposed to violence. Some children turned to be aggressive and used violence to get what they want. Moreover, lack of proper parental control could inform children’s involvement in risk behaviors that cloud judgment and interferes with the development of their social skills and with school achievement (Grobbler, 2003). Lack of parental care and monitoring attributed to be the leading factor for children’s misbehavior such as theft, drug and alcohol abuse, teenage pregnancy and many others (Glaser, 2000). Observational learning posits that physical violence between family members provides models for learning violence and conveyed
that such behaviors are proper in the family setting and positive reinforcement hence leading to the following sentiment by child participant 6:

_Ini handioni dambudziko, inga zviri “normal” mudzimba dzese, musha wese une mutemo. Kana ndikaroora wangu mukadzi ndinorova kana asingateereri senzira ye”discipline”_ (Violence is normal, it’s a form of discipline used in homes, every home is governed by rules. When I get married I will also beat my wife if she does not behave well as a disciplinary measure. (child participant 6).

This clearly shows that children who are exposed to violence may take it as normal and may use it also in their relationships to achieve what they want. This is in accordance with the family systems theory that states that change in one person’s functioning is predictably followed by reciprocal changes in the functioning of others. In this study, the functioning of parents as heads of the house affected children in different ways, thus some perceived it as normal which means they admired their role models in this case their fathers. However, some children’s functioning was disturbed since they started perceiving their fathers as enemies and great fear was instilled in them as highlighted by the family systems theory that if one member controls the whole family with his or her bad behaviour it, unpredictability distorts every interaction between the family members. The whole family learns to mal-adapt itself to the member’s behavior and many situations that take place within families lead to strong emotional stressors (Rees et al., 2011). Whist the argument from the behaviorists is that learning leads to permanent behavior change, observational learning demonstrates that people can learn new information without changing their behavior. In as much as children were exposed to violent situations, it did not change some of the children’s behaviors though some did change.
The family systems theory also views a family as an emotional unit with complex interactions, which means that family members are intensely connected emotionally and because of this deep connection, children are psychologically disturbed when they are exposed to violence. The findings of this study shows that children are stressed hence they end up having sleeping problems, they become passive and their social life is disturbed. Because of the connection within a family setting, some children in this study indicated that they fight back for their mothers in protecting them against their perpetrators which affects them in their education as they could not concentrate in class thinking of the situation at home. One child indicated that:

Kuchikoro ndiri kuenda asi ndinenge ndichingofunga kumba nguva dzese, nekuti ndinorwirira amai vangu kuti vasarohwe nababa kana ndiripo. (Though I am going to school, I cannot concentrate to my school work for I will be thinking of my mother at home, since I always protect her from being beaten by my father) (Child participant 4 indicated).

Findings from this study also show that families that experienced severe life stressors such as unemployment, financial problems, and relational problems within the family unit, had a high rate of child abuse (Crosson-Towner, 2005). This resulted in some of the children becoming infected with HIV/AIDS because of being sexually abused by their fathers or by neighbors. According to UNICEF (2009), nearly one third of adolescent girls worldwide reported to have had their first sexual experience through force, and almost half of all sexual assaults are against girls 15 years or younger. This shows that children at adolescent stage are at a greater risk of being abused.

Abuse brings fear to the children as indicated by most of the children in this study. The primary fact is that children need a safe and secure home, free of violence, and parents
that love and protect them. They need to have a sense of routine and stability, so that when things go wrong in the outside world, home is a place of comfort (UNICEF, 2006). However, children in this study experienced harsh conditions of being abused by people they trusted which resulted in suicidal thoughts in some of the children, some resorted to early marriages, some ran into streets, and some into prostitution.

The study also revealed that infants are also affected in as much as adolescents are, though adolescents react more than them. Infants react to violence by crying and could not fight back. Instead, they are filled with fear. However, some infants are said to imitate the behavior of their parents which means if reinforcement is not properly done, they might grow up thinking violence is normal and might use it on their peers to achieve what they want in life. However for adolescents, though they were affected, a number of them knew how to control themselves and some fought back.

The study noted that a lot of services are available for abused children and women though many participants could not distinguish which ones belonged to children and which ones served to women. This is despite the awareness campaigns which the organizations claim to be doing in communities. Lack of knowledge on what services are offered by organizations, reveals a degree of ignorance among community members which implies that the awareness campaigns are not as effective as they need to be. Nevertheless, police have been reported to be the most effective service which was used by most families to deal with violence. Some children and women however perceived it as being inhumane to make one’s partner arrested hence some people to
withdrew cases against their perpetrators. This caused a lot of friction between the victims of violence and the service providers who complained that it was difficult to instill order in many communities since many cases were withdrawn before charges were made. The findings also revealed that a lot of resources were needed by service providers, so as to effectively provide excellent services to people since the information on the ground showed that both governmental and non-governmental organizations had the capability, technique and capacity to cater for violent victims. However, some governmental organizations lacked resources like transport to unleash their programs fully; hence there was a need for the state to empower these organizations.

4.5 Conclusion
This chapter presented the results of this study in which violence was demonstrated to affect children in different ways. Domestic violence has proved to be the main type of GBV prevalent in the Zimunya community. Its two main causes were the dominance of power by men and poverty in most families. Violence has proved to affect most children negatively. It affected their physical being, their psychological being, emotionally and their social being. It has been also found that infants are equally affected by violence as any other child is. Different services are also provided to protect victims of violence though a few people proved to be using them. However with the use of police and many other protection services such as the use of ward leaders and school authorities as mentioned in this study, violence can be fought and eliminated, thereby promoting the well-being of many children.
CHAPTER 5
SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter offers a summary of findings, draws conclusions from the study, provides recommendations, and links the implications of the findings to social work practice. The limitations of the study and suggestions for the future studies are also provided. The summary of findings is presented according to the research questions which are as follows: a) which types of GBV are most prevalent in Dorapindo community? b) What are the effects of violence on the physical, social, psychological and emotional functioning of children? and c) To what extent are current formal strategies effective in preventing and protecting children from violence?

5.2 Summary of findings

A qualitative approach was used to collect data and the study targeted thirty households from three wards in which one child was interviewed from each household. In addition, twenty nine 29 women from the three wards were engaged in focus group discussions and eight key informants were interviewed. The collected data shows that GBV is a problem of great magnitude mostly to women and their children in the Zimunya community.

5.2.1 Which types of GBV are most prevalent in Dorapindo community?

Domestic violence in form of physical abuse economic deprivation is the most prevalent type of violence in this area with men dominating women leaving them with no power to
have a say or make decisions regarding the daily welfare of their families. A lot of sexual harassment took place within homes in this community and mostly the beating of wives by their husbands was also a problem of great magnitude which caused instability in most homes. Some men suppressed women to the extent of not allowing them to work, in instances where they got jobs, this create tension within the family. Apart from dominance of men over women, poverty is one of the factors found to pose threatening challenges to many families of the Zimunya community. People who lacked food and some other basics quarreled most to each other. More so, the study findings show that women and girls are the main victims of violence in this area since no reports were made by men as victims of violence and unfortunately violence took place in the presence of children which affected them in different ways.

5.2.2 What are the effects of violence on the physical, social, psychological and emotional functioning of children?

The majority of children in this study indicated that they are negatively affected by violence which takes place in their homes, especially in their presence. They raised concern that their future was affected by the kind of modeling they were getting from the people they expected to get good role models. Moreover, the study findings show that children are also the most affected group in families since in most cases they do not have the power to stop the violence.
5.2.2.1 The physical effects of violence on the functioning of children.

Most children especially girls indicated that they were vulnerable to both physical and sexual abuse which came as a result of violence. This violence was perpetrated by people they trusted for security and protection, like fathers and neighbors. They indicated that they sometimes incur injuries in trying to fight back their abusers. Abuse also forces them to isolate themselves from others in fear of being confronted on what took place. They also live in fear of their abusers who threaten them with violence or death if they tell anyone what happened. Research also showed that older boys at adolescence stage interfered in the quarrels between their parents, by fighting back one parent in order to protect the other and in most cases the mothers. Injuries were incurred during this time if the father overpowered the child.

Additionally, young children, infants and toddlers incurred injuries during the fights between parents, for example if the child is carried on their mother’s backs, the child can be beaten in the process and they risk falling. In other instances children risk being stepped on whilst lying down or used as shields in trying to avoid fighting.

5.2.2.2 The social effects of violence on children.

Children in this study viewed violence differently but the end result was the same in that they were all affected one way or another. Some children viewed violence as a normal thing which to them was a form of discipline. This means that some children were modeled to be violent too by being exposed to violence. As such these children use violence when they are with other kids to get what they want in life. In contrast, some
children became very passive in class, isolated themselves from others even from their friends; they became closed up and could not share anything with anyone. In other words, quarrelling and fighting in front of children affected some children in their academics, brought with it passiveness and deterioration in their academics which resulted in some dropping out from school and early marriages. Some ended up looking for jobs and staying in streets for they viewed home as a place with no peace. Some children became very aggressive to anyone who came near them and concentration on their education was very low. This study has also shown that some children were involved in a number of misconducts and misbehaviors since they were lacking parental control and care, so they resorted to stealing, drug and alcohol abuse and also into teenage pregnancy. These children did not hesitate to use violence because to them it was a normal way of living and violence was a tool to achieve what they wanted in life.

5.2.2.3 Psychological effects of violence on children

The study found out that children from families experiencing violence were playing a critical role in the family life, which resulted in role reversal. They played roles which were meant for elderly people, such as caring for their siblings and sometimes their parents when they are hurt from fighting. Other children even care for their parents in their death beds because of HIV/AIDS. By doing this, children were deprived of their normal social development as they became care givers at a tender age. In line with this view, UNAIDS (2008) also found out that children were absconding from school to become care givers to their parents and other siblings. Care giving at a tender age to sick people traumatized children since it was a challenge to them. More importantly, the
study witnessed child headed families prompted by the HIV/AIDS pandemic which came as a result of violence. This deprived children of their rights since they had to spend most of their time caring for their parents and siblings. In his study in Botswana, Kang’ethe (2010b) pointed out that care giving deprived children of their right to normal psychological development, subjecting them to exploitation, denying them full access to education.

The results also shows that violence traumatizes children despite their age group, whereby infants fear their fathers even in happy moment and they become confused and fail to distinguish happy moments to sad ones. The results also show that children from violent families are at a greater risk of being physically and sexually abused and also neglected which in most cases results in trauma in most children. Some of the children reported that they had been diagnosed with HIV/AIDS as a result of sexual abuse they suffered in the hands of their male family members or neighbors. This traumatized them, as a result they isolate themselves in fear of being stigmatized by others. Violence also resulted in families breaking up. Some mothers ran away from their homes because of the brutality they received from their husbands. In turn, children were left with no one to care for them which resulted in some children running to closer relatives like the grandmothers for care and protection. Some children were left stranded with no one to care for them leading to child headed families which brought a lot of stress to the elder child who would be caring for the other siblings.
However, some adolescents who could not fight back became suicidal as a way of running away from these violent situations. Violence also brought about hatred and division within the immediate family, especially when a family member is convicted of violence, some children and some immediate family members might not approve it and tend to favor the perpetrator’s side.

5.2.3 To what extent are current formal strategies effective in preventing and protecting children from violence?

Despite the existence of violence in many homes of Zimunya community, efforts were being made in trying to reduce violence and protect its victims. Reporting to the police is one of the most effective intervention strategies that is being used in this community by the victims of violence. The study findings shows that many people in this community are aware of this intervention strategy which was evidenced by the frequency of reports made on GVB to the police, mostly by women. However, there was no evidence of men being victims of violence since no records existed from men reporting such cases. Although many women opened cases of abuse against their perpetrators, most withdrew these cases before justice could be metered out which was a great concern to some women and other organizations who work with victims of violence.

With regards to support services, a number of government and NGOs were identified to be working with children who are exposed to violence and they offered protection services. Services offered include; standing for the abused children in courts, offering financial support to the children mostly in terms of their school fees, offering health
services, raising awareness on violence to children and communities at large, making follow ups on cases of violence and abuse, placing children who run to streets in temporary safety homes and reunifying children with their parents.

The researcher also found out that there are organizations which assist women who are victims of GBV. These organizations empower women through awareness. However, although these organizations are there and they assist children and women, some women raised a concern that awareness not enough to do away with harsh moments they face as a result of violence. In addition to awareness, they wanted sustainable projects to be introduced so that they can be able to provide for the children. They also mentioned that it was the reason why they always withdrew the cases from the police, so as to free their husbands who in most cases are strong financially and are family’s breadwinners. It was also found that as much as the people in Zimunya community had knowledge about organizations which provide services to children and women who experience violence, many of them could not distinguish which organizations provided services for children and which provided for women. This shows that a few people were using these services and the majority was only using police services to protect them from violence.

5.3 Conclusion.

The study’s aim was to investigate the effects of GBV on children in Zimunya community. The study firstly explored whether GBV was prevalent in this community followed by an assessment of its effects on children. A platform was created to discuss
the issue of GBV and from the major findings it can be concluded that GBV is a problem of great magnitude which affects both women and children. From the findings of this study it can be concluded that children are at a greater risk of being affected by violence especially when it takes place in their presence. Another conclusion which can be drawn from the study is that the more exposed the child is to violence, the more affected he or she may be. Children showed that they are affected psychologically, physically, emotionally, healthy wise, economically and socially. Most children indicated that they are psychologically and emotionally disturbed by witnessing violence between parents. They reported that they are traumatized, which brought fear in them, resulting in sleeping problems and some becoming suicidal. One can conclude that violence can impair the normal thinking capacity of a child and the child’s normal development. Most children cannot function well if they are always exposed to violence. Violence also brings about neglect of children since parents will be concentrating much on their problems than caring for the children, which results in some children dropping out of school in order to care for their siblings.

It can also be concluded that violence brings with it abuse of children which means that violence and abuse are inseparable. This study has shown that some children got abused physically or sexually as a result of violence either by their fathers or neighbors which resulted in psychological distress, suicidal attempts and health problems. Abuse hampers children’s development and their social life is normally destroyed. Children are engulfed by fear thereby living them with no one to trust in the family or outside the home. They also experience high levels of horror and worry about their own or their
mother’s security and feel embarrassment, remorse or annoyance about their family situation. As a result, they become passive in class and also become anti-social to peers and other people.

Violence destroys the children’s future since some end up dropping from school; indulge in drug and alcohol abuse, theft, prostitution, early marriages, running to streets and job seeking at tender ages, which results in the exploitation of the children. Children lose trust in their parents and tend to favor one side thereby hating the other one. However, some children viewed violence as a form of discipline which was worthy to be exercised in a home and others viewed it as brutality and being inhumane. Those who viewed it as discipline were modeled to use it as a form of getting what they want in life and to them it was normal. This means that parents’ behavior can influence that of their children as they are their models and in some way determine the destiny of their children. From the study, it can be safely said violent environments are not conducive for children because they are not able to protect themselves thereby affecting them negatively which destroys their normal functioning, potentials and their destinies. Moreover, violence may also breed hostile behavior in children which maybe a sign of feelings of being hopeless.

It can also be concluded that men misuse their power to suppress their partners which results in violence. However, it has been discovered in this study that most families who encountered violence were poor which means that one or both of the parents in the family are unemployed. One can safely conclude that violence is mostly experienced by
poor families who can hardly put food on the table which leads to quarrels and fights all the time. Some people are not open to report violent cases because they fear discrimination and hatred from the family which makes it difficult for violence to end. The findings also showed that a few people were able to distinguish the services provided to victims of violence which might be the problem of them not utilizing the services at their disposal because of lack of knowledge. This means that more awareness campaigns should be done to inform people on the services available for them. Though services were available for children and women, the service providers pointed out the need for more support in the form of resources to use in mobilizing people and follow ups of cases. This also means that a strong support from the government is needed especially in providing transport to service providers.

5.4 Recommendations

- Firstly, men should respect their wives and vice versa, thereby respecting each other’s decisions over family matters. Parents should also avoid quarrelling and fighting in front of children. Instead this study recommends a third party in solving any problems faced.

- Awareness on violence should be done continuously in communities by service providers.

- GBV and child abuse should be introduced in primary and secondary syllabuses and taught as separate subjects so that every child gets knowledge on the two thereby enabling their safety as they grow up.
The government should supply social workers once or twice a month in schools to offer psychological and emotional support to the abused children and those exposed to violence.

This study recommends the law of Zimbabwe to be strict on perpetrators of violence for it do not affect one person but the whole family and the entire community. Victims should not be allowed to withdraw cases after reports are made, instead they should face charges and victims should be encouraged to be transparent. Child abusers should be dealt with accordingly.

People should be educated on the services which are there to protect them from violence so that they can be able to distinguish service providers for children and for women. In addition, they should also be educated on the Domestic Violence Act and Children’s Act and have knowledge on what the two entail, as it will help them to know and exercise their rights in the society at large.

Homes for victims of violence should be established in Mutare, so as to place those children who experience violence in their families, instead of them staying in streets which are dangerous for them. More so, with the capability, techniques and the capacity which the NGOs and government organizations working with victims of violence have, more financial support and the provision of vehicles from the state should be provided for them to travel from point A to B on follow-ups and mobilizations. Equally important to note is that an integrated service delivery approach with the partnership of the government and non-governmental organizations is pivotal and should be encouraged as this helps in centralization of resource distribution in a bid to avoid haphazard implementation of social
services which could act as a stumbling block to comprehensive and quality service provision (Lombard and Du Preez, 2004).

- A number of sustainable projects to the victims of violence and affected children should be introduced which may help them in the absence of the breadwinner.

5.5 Implications of findings for social work practice

The National Association of Social Workers (NASW) defined social work as a professional activity of helping individuals, groups, or communities enhance or restore their capacity for social functioning and creating societal conditions favorable to this goal (Zastrow, 2012). It is concerned and involved with the interactions between people and the institutions of society that affect the ability of people to accomplish life tasks, realize aspirations and values and alleviate distress. Following this definition, social workers have vital roles to play in families encountering violence since they are concerned and involved with the interactions between people that affect their ability to accomplish their tasks. Social workers should widen their knowledge, understanding and awareness of the complex proportions involved in GBV and continues to build up skills that are based on most excellent practices.

Violence being one of the problems which impairs people’s capacities to function well, it can be suggested that social work services are immensely required in providing awareness campaigns, psychological and emotional support. Awareness programs can be done through community education and programs that address male anger control or management. Psychological and emotional support should be given to clients through
counseling and in the case of working with children from violent families values and principles of social work should be well practiced thereof. The communicating skills like listening to the client, observing gestures and showing empathy should be shown also so as to allow flexibility in the client to say out everything useful in helping him or her. Counseling can be done to individuals, groups or families. Equally important, social work services should be offered in order to advocate for abused children from violent families for some cannot articulate themselves. They can as well advocate for safety places for both mothers and their children who live in violent backgrounds since many suffer consequences of violence because they in most cases do not have anywhere to go.

More so, they can act as mediators in settling custody of children with parents who are divorcing so as to avoid more fights. Additionally, social workers should link the victims with resources like services which provide sustainable projects to the victims and other services which provide protection to the victims thus social workers should work hand in hand with service providers to assist victims of violence. Equity and access to such resources should be assured to the victims despite their backgrounds or status. A lot of counseling services should be offered by social workers to abused children and even to the parents. Social workers also have great roles to play in communities, especially educating people on the services they offer to victims of GBV, and encourage them to make use of the services. All in all, a social worker as a change agent should be in a position to bring change to many individuals and communities experiencing GBV.
5.6 **Limitations of the study.**

- Time scheduled for focus groups was limited which left people with a lot to say.
- Some participants especially children were not free to open up in the interviews conducted with them.
- There were some transport problems to some of the wards and the researcher would arrive later than expected.

5.7 **Suggestions of future studies.**

- A study like this should be done in the whole of Manicaland Province since the area of study in this research cannot be representative of the whole province and the effects of GBV on children may vary from one place to another.
- A quantitative study or a survey should be conducted so as to come up with the actual statistics of GBV rather than generalizing.
- Males should be included to participate in such studies so as to find their perceptions and avoid biasness.
REFERENCES


Zimbabwe Demographic Health Surveys (2010-2011).
APPENDICIES

Appendix 1: Participation information sheet

Dear Respondent

Thank you for participating in this study. The information you provide forms part of a descriptive research project that seeks to gain in-depth information on the Effects of gender based violence on children and the study will be done through a case study design and data will be gathered using in-depth interviews with individuals and focus groups. The interviews will be conducted in the participant’s choice of language. If you choose to participate, we shall have a focus group discussion on how children are affected by gender based violence. The focus will be on identifying problems which children living within violent families face and to see how best these problems can be rectified through identifying useful programmes which can be put into place.

Before you show your willingness to participate in this study by endorsing your signature on the attached consent form, take note of the following:

Ø Participation in this study will be on volunteer basis. There will be no financial or any material rewards that will accrue to participants for partaking in this research. However, all efforts will be acknowledged in this study.

Ø Ethical considerations will take preference in this study. Ethical principles as outlined in the research proposal will be upheld to the uttermost level possible; including the principle of confidentiality. With regard to identification of participants, this will be done only at the approval of the respondents themselves.

Ø You are free to withdraw from the study at any time.

Ø Notes will be taken from your responses and form part of the research report and also note that a tape recorder will also be used to record your responses.

Ø You have the right to access the feedback of the findings of the study.

Ø The interview will take approximately 45 minutes to one hour.

I hope that the results of the project will assist all the organizations which work with children and women with information that may help alleviate violence within families thereby strengthening the relationships between children and their parents.

If you choose to participate in this research, please sign the attached consent form.
Appendix 2: English consent form

CONSENT FORM
Researcher: Miss M. B. Chindoti E-mail: mchindoti@gmail.com Phone: +263775339397
Research Assistants: Mrs A. Mupfava, Mr Bayanyi and Ms Grace
Supervisor: Prof. T.P. Tanga E-mail: ptangai@ufh.ac.za Phone: +274066322239

I or (We) do hereby confirm that:
1) I or we have read the attached participation information sheet and fully understand the nature and purpose of the study and hence agree to take part in the study.
2) I understand that there will be no financial or material benefits to be gained from taking part in this study.
3) I understand that while information from this research may be published, I will not be identified, unless I consent to true identification; besides that my identity should remain confidential.
4) I understand that I am free to withdraw from the study at any time.
5) I understand that notes will be taken from my responses and will also make part of the research report.
6) I understand that I have the right to access the feedback of the findings of the study.
7) I understand that the interview will take roughly 45 minutes to one hour.

Signature(s):

Date: ------------/----------/------------
Appendix 3: Shona consent form

WIRIRANO

Musoro weOngororo: Kukanganisika kwevana kuburikiddza nemhirizhonga pakati pevarume nevakadzi munzvimbo yeZimunya.

Muongorori: Mwanyara Beatrice Chindoti Nhare: +263775339397

Vabatsiri muongororo: Mai Mufava, VaBayanyi naMuzvare Grace

Muongorori wemuongororo: Prof. P. T. Tanga Nhare: +274066322239

Ini/ Isu -----------------------------------------------------------------------------------

ndinobvuma kuti:

1) Ndaverenga nokunzwisisa mamiriro nechinangwa cheongororo iri kuitwa mudunhu muno naizvozvo ndinozvipira ndichibatikanawo neongororo iyi kuti ndiitewo rupande rwangu.

2) Ndinonzwisisa kuti hapana mari kana mubayiro wandichapiwa mukuisa rupande rwangu muongororo iyi.

3) Ndinonzwisisa kuti kanapo zvandichapa muongororo iyi zvichazoshambadzwa, handizozivikanwi, kunze kwekutoti ndabvuma kuti ndizivikanwe; pasina izvozvo zivikano yangu inofanira kuramba yakavanzwa.

4) Ndinonzwisisa kuti ndakasununguka kubuda muongororo iyi chero ipi zvayo nguva.

5) Ndinonzwisisa kuti mhinduro dzandichapa dzichanyorwa pasi uye dzichaumbawo chidimbu cheongororo iyi.

6) Ndinonzwisisa kuti ndine kodzero yokuonawo zvichabuda muongororo iyi.

7) Ndinonzwisisa kuti hurukuro yacho ichatora maminitsi makumi mana nemashanu kusvika awa imwe.

Siginicha:

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Zuva: --------/--------/---------------
Appendix 4: Focus group interview guide for women participants.

Good day and welcome to our session. Thank you for taking the time to join our discussion on the effects of gender based violence on children. My name is Mwanyara Beatrice Chindoti. Assisting me today is Mrs Mupfava. We are gathering information on the effects of gender based violence on children. We have invited you as people with similar experiences to share your perceptions and ideas on this topic. You were selected because you have certain things in common that interest us. There are no right or wrong answers, but rather differing viewpoints. Feel free to share your point of view, even if it differs from what others have said. Before we begin, let me remind you of some ground rules. Please speak up with only one person speaking at a time. We are writing notes and recording what we are discussing on the session because we do not want to miss any of your comments. We will be using pseudo names and in our later reports, there will not be any names associated with comments. You are assured of absolute confidentiality.

Keep in mind that we are just as interested in negative comments as positive ones, and at times, the negative comments are the most important. Our session will last about 45 minutes to one hour. I am going to ask the first question differently from the remainder of the questions. Let us begin with the first question:

Interview guide for women in a focus group.

1. Do you understand what gender based violence means?
2. Have you ever heard about it in your community?
3. Which types of gender based violence are common in your community?
4. Have you ever experienced violence in your family?
5. What can you say are the causes of this violence in your family?
6. How often do you experience violence?
7. Does it take place in the presence of your children?
8. How do your children react to this situation or environment and how does violence affects them (physical, social, psychological and emotional)?
9. As a parent what efforts do you make in trying to prevent and protect your children from violence?
10. Are there any policies which you know which protect you and your children from violence?
11. Are these policies effective enough in protecting you and your children?
12. In addition to the policies and strategies which are already in place, what else do you think can be done to protect you and your children from this violence?
Appendix 5: Interview guide for children

1. Do you understand what gender based violence means?
2. Have you ever heard about it in your community?
3. Which types of gender based violence are common in your community?
4. What type of gender based violence have you experienced?
5. How frequent are you exposed to this type of violence?
6. In which ways are you affected by this violence (physical, social, psychological and emotional)?
7. What do you think is or are the cause(s) of this violence?
8. How have you handled or managed to stay in such an abusive environment?
9. What actions have you taken to remedy the situation?
10. Are there any policies which prevent and protect you from this type of violence and are these policies of much help to you?
11. What do you think can be done further to prevent and protect you from violence?
Appendix 6: Interview guide for key informants

1. Gender based violence is reported to be high in almost every nation and with this in mind what can you say about it in Zimbabwe?
2. I understand that you work with families in this district of Mutare and may you please enlighten me about Zimunya Community concerning gender based violence?
3. What is the prevalence rate of this violence in this community?
4. What do think are the causes which trigger this violence?
5. I understand you also work closely with children from these families, do they disclose what they encounter or experience at home?
6. What intervention strategies do you use and how effective are they in dealing with children who have experienced GBV?
7. Do you face any challenges when working with children from violent families?
8. What further assistance do you think you can give to these children and their parents to enhance better functioning within the families?