

Chapter 2

Intersectional Analysis of the Social Determinants of Child Maltreatment in Zimbabwe

Manase Kudzai Chiweshe
Chinhoyi University of Technology, Zimbabwe

ABSTRACT

Child maltreatment in Zimbabwe is a pervasive and structural phenomenon that requires a grounded analysis to understand its drivers and impact. This chapter is focused on providing extensive literature review of work done focusing on child maltreatment in Zimbabwe. It provides an analysis of emerging patterns of child maltreatment in Zimbabwe, arguing that children are found within multiple and intersecting forms of discrimination. The social determinants outlined in this chapter are not mutually exclusive but rather reinforce each other. This makes the problem of child maltreatment complex and multifarious. Child maltreatment is variously described as any form (physical, emotional or symbolic) of abuse of a child or children. The paper discusses the intersection of various factors that cause child maltreatment including: Culture, gender norms, religion, poverty, age, social location, class, HIV status, orphanhood, disability, domestic violence, blended families, new media and child carers. Children are the most vulnerable group of people because of their position in society.

INTRODUCTION

Childhood is a period of social, psychological, emotional and physical development. It is thus a crucial stage of development which requires nurturing, support and loving environment. There exists a huge amount of work in the field of anthropology, developmental psychology, medicine, sociology and education which outlines the importance of points to the early years of childhood in the formation of intelligence, personality, and social behaviour. Early childhood is an important foundation for the future as the effects of neglect in these formative years can be cumulative and lasting. This study is thus important because it focuses on violence at this crucial stage in a person's life. In the human life cycle, the early childhood phase: from birth to nine years is considered the most important phase for every human being. Giving

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children the best start in life means ensuring them good health, proper nutrition, and early learning. Save the Children (2008a) argues that it is important to identify and support “children at risk” early in their lives. If there is early and appropriate treatment and care, this can often reverse the effects of deprivation and support the development of innate potential. Early intervention and provisioning make it possible for children to grow and develop to their full potential, thus reducing the need for remedial services to address stunting; developmental lag and social problems later in life.

NATURE AND SCOPE OF CHILD MALTREATMENT

Maltreatment is often described as violence against children. There is no universal or agreed definition of violence against children. Violence against children is a multi-faceted and often contested concept which describes any act (physical, emotional, symbolic, sexual and spiritual) that brings harm of any kind to a child. The Violence Prevention Alliance initiative describes four categories of interpersonal violence that are included in this study: physical, sexual, psychological and deprivation or neglect. For the purposes of this study, child maltreatment constitutes the following forms of abuse: physical, emotional, sexual and neglect in addition to commercial and/or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power (Krug *et al.* 2002).

The work by Childline (civil society organisation working on eradicating violence against children) in all the provinces of Zimbabwe is instructive on the nature and scope of child maltreatment. This section will draw a lot from this work, highlighting the emerging patterns of child maltreatment. Childline (2010) conceptualise child abuse to include physical abuse, emotional abuse, sexual abuse and neglect. Sexual abuse is more prevalent throughout the reported period and statistics from all previous years highlight this. It explains the dominance of academic work and civil society programming on sexual violence. Between January (2012) and October 2012, the Zimbabwe Republic Police (ZRP) recorded that “2,450 children had been raped countrywide, with neighbours responsible for 41% of the rape cases...rape of juveniles cases increased from 2,883 in 2010 to 3,172 in 2011” (Dube 2013:3). To further illustrate the pervasiveness of sexual abuse, Makamure (2010) notes that the Family Support Trust Clinic treated 30,000 girls and boys between 2005 and 2009 who were victims of sexual violence.

There is a gendered dimension to child maltreatment in Zimbabwe. In a study of 1,062 females and 1,348 male respondents aged 13-24 years across Zimbabwe, UNICEF and ZimStat (2011: xxi) show that “among the females and males aged 18-24 years, a third of the females and 9 percent of the males experienced sexual violence before reaching the age of 18 years. For those aged 13-17 years, the victimisation rate for sexual violence was 9 percent and 2 percent for the females and males respectively.” Girls tend to be overwhelmingly the largest number of survivors of child abuse (especially sexual abuse) for example Childline statistics for 2014 show that between January and October a total of 1,073 cases were reported on the sexual abuse of girls compared to 93 cases involving boys.

Age provides an important prism to analyse the power differentials between perpetrators and survivors of child maltreatment. Birdthislte (2011:1079) notes that: “Girls and boys less than 12 years most often described vaginal and anal penetration, respectively, by a neighbour or relative at least 10 years older, occurring in their own or the abuser’s home. Adolescent girls up to 16 most often described vaginal

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