

The challenges faced by Community Child Care workers in fostering child protection for survivors of intimate partner violence in Zimbabwe, with specific reference to Epworth and Goromonzi

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Abstract: *The protection of children exposed to intimate partner violence has become a major issue of concern in recent years with one in every 3 women being exposed to intimate partner violence globally. In this paper, the researchers focused on the challenges that are face by Community Childcare Workers in Zimbabwe in offering services to child survivors of intimate partner violence. The researchers also provide recommendations to alleviate the challenges that are outlined. The research utilised in-depth interviews and focus group discussions in order to get the emic perspectives of the 20 participants. The study findings exhumed that Community Child Care Workers play a pivotal role in ensuring the protection of children exposed to intimate partner violence. Their role compliments that of government employees in the Department of Social Services. Paradoxically the CCWs experience a plethora of challenges which include lack of financial and material support from the government, mobility challenges due to lack of transport support. These challenges were further exacerbated by a lack of contracts that clearly outline their roles as well as those of government. The paper concludes by arguing and recommending CCWs need to receive comprehensive support from the government and other stakeholders if the war against child exposure to IPV is to be won. The power should be broadened and they should receive corresponding capacity building to enhance their skills in dealing with children.*

Key Words: *Intimate partner violence, Community Childcare Workers, challenges.*

I. Introduction and Background of the study

Intimate partner violence is a global pandemic which according to a UN report (2021) affects 30% of the women. It is estimated that in the United States of America, 15.5 million children live in families in which intimate partner violence occur and at least 7 million children live in households in which severe intimate partner violence occurs (MacDonald, Reene et al, 2016). The United Nations Secretary General's report of Violence Against Children estimated that 275 million children worldwide are exposed to Intimate Partner Violence in the home (UNICEF, 2021). A study revealed that children are residents of the households experiencing intimate partner violence in 43% of the incidents involving female victims (UNICEF, 2021).

Intimate partner violence in Zimbabwe is very widespread with more than 35% of married women reporting exposure to Domestic Violence (UNICEF, 2018). 3 in every 5 children in Zimbabwe aged between 10 and 18 have reported exposure to domestic violence in their homes. Between 2018 and 2021 more than 50 children died as a result of violent conflicts in their homes in Zimbabwe. Some were stabbed by their fighting parents, others poisoned, and some were burnt to death by their parents. A recent study has shown that exposure to intimate partner violence is one of the factors leading to a sudden decline in the academic performance of about 25% of children in Zimbabwe. This gleaming picture is just the tip of the iceberg in terms of the real problem in Zimbabwe.

UNICEF (2006) further reveals that the violation of the child's right to protection takes place in every country and are massive, unrecognized and underreported barriers to child survival and development in addition to being human rights violations. This forms the epicentre of this research.

The current intervention programmes for domestic violence have focused only on women as victims and as survivors while neglecting or paying little attention to the abuse of children and their experiences (Hodson et al 2017, Spenser 2018). The notion of the impact of domestic violence needs to be expanded from merely considering the immediate effects on the women affected to examining the effects of domestic violence on the larger community, family, society and on children in particular (UNICEF 2008). A toothpick analysis of the domestic violence programmes in Zimbabwe indicates that most of the initiatives on domestic violence take a gendered approach whereby massive resources are channelled at ending violence against women under the guise of gender-based violence. Disproportionately, fewer resources are channelled towards children (ZIM Focus, 2016). However, whenever a woman is battered, the children in the home are also battered subtly. They become the "silent sufferers" of domestic violence, the witnesses of it and the weapons in cases of intimate partner violence. This piecemeal intervention approach leaves children in a more vulnerable position.

In order to alleviate the problem of children being exposed to intimate partner violence the government of Zimbabwe has tried many initiatives and laws such as the Domestic Violence Act and the Children's Act have been promulgated. Similarly, Community Childcare Workers have been taken on board to enhance the protection of such children. However, these CCWs have also continued to face a myriad of challenges.

Statement of the problem

Despite the existence of many comprehensive laws and legislative frameworks for child protection in Zimbabwe, children who are exposed to intimate partner violence continue to experience many negative things that impinge on their child rights and also directly affects their development. One such initiative in the fight was the introduction of Community Childcare Workers in the community. However, even these workers have continued to face daunting challenges which negatively affect their effectiveness leaving children more vulnerable.

Research questions

- What are the roles of Community Childcare Workers in the protection of children exposed to intimate partner violence?
- What are the challenges faced by Community Childcare Workers in delivering Child Protection Services to survivors of Intimate Partner violence?
- What should be done to alleviate the challenges faced by Community Childcare Workers?

II. Literature Review

Global Prevalence of Domestic Violence

The first study to estimate the number of children who are exposed to domestic violence globally was derived from the United Nations Secretary-General's Study on Violence Against Children (2006), which reviewed existing studies that measure violence in the home in various countries. The numbers estimated by the research were staggering. As many as 275 million children worldwide are exposed to violence in the home. In actuality, millions more children may be affected by violence in the home. It is known that growing up with violence in the home is a devastating experience.

According to a UNICEF report (2015), many researchers have concluded that some children who witness or are victims of domestic violence experience a profound and lasting impact on their lives and hopes for the future. "A child's developing brain can mistakenly encode the violence," says Children of Domestic Violence (2015), adding that kids can grow up believing that violence is normal and that they are to blame for it. The report further notes that 30% to 60% of perpetrators of intimate partner violence also abuse children in the household. The single best predictor of children becoming either perpetrators or victims of domestic violence later in life is whether or not they grow up in a home where there is domestic violence.

Studies from various countries support the findings that rates of abuse are higher among women whose husbands were abused as children or who saw their mothers being abused. Boys who witness domestic violence are twice as likely to abuse their partners and children when they become adults (Clifford et al., 2019). Males exposed to domestic violence as children are more likely to engage in domestic violence as adults, and females

are more likely to be victims as adults (Clifford et al., 2019). This underscores the need to have effective interventions that will alleviate the prevalence of domestic violence and children's exposure to it. The continuous manifestation of domestic violence clearly perpetuates the occurrence of further incidents of domestic violence in the next generation. This is the reason why there is a need to research the efficacy of the child protection and support services available to children in Zimbabwe.

Further, the report notes that children who were exposed to violence in the home are 15 times more likely to be physically and/or sexually assaulted than the national average. Compared with children in other households, children who have been exposed to domestic violence often suffer from insomnia and have trouble with bedwetting (UNICEF, 2018). They also are more likely to experience difficulties in school and to score lower on assessments of verbal, motor, and cognitive skills. In addition, they are more likely to exhibit aggressive and antisocial behaviour, be depressed and anxious, and have slower cognitive development.

Court statistics show that children are present during domestic or intimate partner violence incidents in 36% of cases. In the case of Zimbabwe, this translates to 2,2 million children being present during intimate partner violence; of those children who were present, 60% directly witnessed the violence. These translate to 1.3 million children (UNICEF, 2018). Despite the high rates of violence against women and the recent attention to the physical and emotional consequences of this abuse, until recently relatively little attention had been given to the unseen victims—the children. This has resulted in the formulation of exclusionary solutions that are not child-sensitive, designed by adults for adults.

More than half of the female victims of domestic violence live in a household with children under the age of 12. It is estimated that between 2.3 and 10 million children witness domestic violence each year in the United States (Rossman, Hughes, & Rosenberg, 2000). Because children exposed to domestic violence may not necessarily be direct victims of abuse, they may be overlooked by helping professionals and, therefore, their potential problems related to witnessing the abuse go unnoticed. Ignoring the consequences of exposure to violence on children can negatively impact their cognitive development as well as their emotional and physical health (Edleson, 1999). Complicating these risks and negative impacts is the fact that these children are at higher risk for child maltreatment, with estimates indicating that as many as 70% of children exposed to domestic violence are also victims of child maltreatment (Fantuzzo & Mohr, 1999).

The effect of domestic violence at a global level has been seen to be more lethal than that of terrorism (UNDP 2016). Every day in England there are an average of 692 cases of a child being referred to social services where domestic violence is the main factor. That's almost 29 cases an hour. Official figures from England and Wales for the period between 2000 and 2018 indicated that 1 870 people were murdered in domestic violence compared to 126 people who were killed due to terrorism (UNDP 2016). Every fortnight, in England and Wales an average of 3 women are killed by their intimate partner or ex-partner. In 2018, 1.6 million women were reported to have experienced domestic violence in England alone.

While 2,8 million children witnessed domestic violence that same year. This goes to show that IPV has not only reached pandemic levels but is fast becoming a form of "terrorism" often hidden from the public eye. Millions of children witness their mothers being abused each year (Graham-Bermann, Howell, Lilly, & DeVoe, 2011; McDonald et al., 2007), and many of these children are directly abused by the perpetrator as well (Appel & Holden, 1998; Edleson, 1999). A growing body of literature indicates that children who witness abuse against their mothers, even when they are not the targets of violence, are at risk for maladjustment when compared to children who have not been exposed to such violence (Kitzman, Gaylord, Holt, & Kenny, 2003).

Domestic Violence accounts for around 16% of all violent crimes in the United Kingdom. The cost of domestic violence is estimated to exceed 23 billion Pounds per year (Wiley, 2007). Studies in the United Kingdom and Germany found that domestic violence incidents claim the lives of 2 women each week and 30 men per year. This is the highest cause of morbidity worldwide in women aged 19-44. This is greater than war, cancer or motor vehicle accidents (Wiley, 2007). Stanko et al (1998) noted that domestic violence affects one in four women and one in 6 men in their lifetime.

Effects of intimate partner violence on children

Domestic violence has serious negative impacts on child survivors. Though a lot of research has explored these negative ramifications, this has not translated into intervention programmes that seek to enhance the Protection of children against Domestic Violence. According to Johnson and Emily (2018), exposure to domestic violence

affects children in the following ways: it can lead to bodily injury which can lead to disability, chronic health problems such as irritable bowel syndrome, gastrointestinal disorders, various chronic panic syndromes and hypertension, sexual and reproductive health problems such as contracting STIs, the spread of HIV, high-risk pregnancies and death among children. Gabriela and Kimson (2017) contend that domestic violence affects children's psychological health and orientation in the following ways: anxiety, fear, mistrust of others, inability to concentrate, loneliness, post-traumatic stress disorder, depression and suicide. Children exposed to domestic violence also experience psychosomatic illnesses, withdrawal, and alcohol and drug abuse (Johnson and Emily, 2018). Consequently, this calls for the adoption of aggressive, impact-driven child protection programmes.

Domestic violence damages the child's confidence resulting in fear of venturing into public spaces (Lee and Lin 2014). This can curtail their education and eventually their life chances thereby increasing a child's vulnerability to other forms of abuse. In the final analysis, domestic violence can lead to divorce and broken families (Manjengwa 2013). This hinders a child's emotional development. There are also collateral effects on children who witness violence at home which manifest themselves in emotional and behavioural disturbances such as withdrawal, low esteem, nightmares, self-blame, aggression against peers, family members and property, increased risk of growing up to be either a perpetrator or a victim of violence.

Smidth (2006) further postulates that child development is a continuous and cumulative process implying that the early years are vital to later development. Hence what a child experiences in their early life will influence their experiences in adult life. A child exposed to domestic violence may become a perpetrator of domestic violence in adult life. This leads to the perpetuation of the vicious cycle of domestic violence. This explains its transgenerational existence. Similar sentiments are echoed by Piaget (1932) who points out that learning in children is a result of the interaction between the child and the environment.

Magaisa (2008) alluded that living with domestic abuse has a profound and long-lasting impact on children's lives, futures, and life chances. Muzvidziwa (2014) alluded that domestic abuse is a poison that runs through the lives of vulnerable children and can cause long-lasting emotional scars. This is essential because children do not just 'witness' abuse, but they experience it, and the impacts can be severe and long-lasting. Children are also affected in terms of their mental health and this puts a burden on the health and social services.

Child Care and protection services in Zimbabwe

Child care and protection services constitute another intervention component in Zimbabwe. Services at this level aim to prevent or ameliorate the socio-economic effects of domestic violence. Services are largely provided by the Department of Social Services and other non-governmental organisations. Social services include child protection, safety services as well as pre-trial and post-trial support services. The Department of Social Welfare is a statutory body mandated to implement and enforce statutes such as the Children's Act Chapter 5:06 (2001) and the Constitution of Zimbabwe, which ensure protection from abuse (Mupedziswa, 1997; Judicial Service Commission, 2012). The Department of Social Welfare in Zimbabwe is a primary setting for social workers. Chitereka (2012) notes that safeguarding and promoting children's welfare are intertwined aims central to social work intervention in childcare in any circumstances. This role may include moving Child Sexual Abuse (CSA) survivors from unsafe environments into places of safety such as Children's Homes or placing them with foster parents. The Children's Act (2001) and the Social Workers Act (2001) provide for the appointment of social workers as probation officers.

The Role of Community Child Care Workers in Child Protection in Zimbabwe

The Community Child Care Workers are community based volunteers who work under the Department of Social Services. Their role includes identifying cases of children who need protection and who will be going through rights violations and referring them to Child Welfare Officers. They are also mandated to share child-friendly information with the community in order to promote the rights and welfare of the children. Community Childcare Workers also have a role to play in promoting child rights by conducting child rights awareness campaigns in their communities. They also accompany children/families/guardians to access services. The CCWs also facilitate access to services through continuous follow-up on cases and thereby maintain up-to-date information about the child. In addition to this, the CCWs are also responsible for preventing and responding to physical, sexual or emotional abuse, sexual exploitation, child trafficking, child labour, abuse in the home, at school, in the community and harmful as well as harmful traditional practices such as genital mutilation and child marriages.

According to the CCW Handbook (2019), the CCWs are expected to look into the following cases: Sexually abused children, children who are physically abused, children reunified with their families to guard against stigma, married children, pregnant children, abandoned children, children not adhering to antiretroviral treatment (ART), children living in extreme poverty, child-headed families, children who have dropped out of school and children without birth certificates. According to the UNICEF Handbook, the cases which CCWs deal with can be grouped as emergencies and non-emergencies. In non-emergence cases, the life of the child is not endangered and includes issues like birth registration. Emergency cases, on the other hand, are those in which the life of the child is in danger and include all forms of child sexual abuse and exploitation. All emergency cases have to be documented, referred and/or reported within 24 hours to the Department of Child Welfare and Protection Services (DCWPS) or the police, whichever is faster or nearest. All cases reported to other agencies like the police must be written down and reported to the DCWPS for purposes of follow-up. In the table below are two lists of emergency and non-emergency cases:

| Emergency Cases | Non-Emergency cases |
|--|--|
| Child marriages Sexual abuse Physical abuse Abandonment and severe neglect. Children outside family environments Emergency food needs and severe malnutrition Emergency health care needs. | Students out of school Students in need of fees Birth registration Child participation issues Children needing uniforms. |

Table 4: Conceptualisation of emergency cases. Source UNICEF CCW Handbook, (2020).

*It should be noted that children exposed to intimate partner violence are not considered to be an emergency case. In fact, they are completely omitted in all considerations of cases whether emergency or non-emergency cases. The vulnerability of children starts with being left out of the need for protection. It should be noted that some of the cases that are considered to be emergencies may be manifestations of the problems that are associated with exposure to intimate partner violence. Hence the wrong diagnosis of causality may result in children exposed to intimate partner violence being more vulnerable

2.11 CCWs and Case Management:

Case management is a way of working better with children so that they get all the services they need at the right time from the right people or organizations. Through case management, the Department of social development uses the concept of the layering of services to bring together a number of organisations and ministries to offer services to children in their communities. For instance, a child can get psycho-social support, education assistance, a birth certificate, HIV testing and food assistance all from different organisations coming up to the assistance of the child at the right time. If this is not managed well many cases of child abuse will go unnoticed and unreported leaving many children in need of life-saving services. It should be noted that most cases of child abuse are difficult to establish at face value. This is one of the reasons why such cases have gone unreported for years. Once a child in need of protection services has been identified, the CCWs are responsible for referring the child.

III. Research Methodology

In order to fully explore the research problem as well as provide plausible answers to the above research questions, the researchers adopted phenomenology as the main research approach. This allowed the researchers to understand more about the lived experiences of the participants. It also allowed the researchers to spend considerable time interacting with the participants. In order to achieve this, the qualitative research methodology was used whose underlying philosophy is interpretivism. Interpretivism contends that human beings or research participants are not passive recipients of social phenomenon but are capable of interpreting and making meaning of their experiences. Data generation was done using in-depth interviews and focus group discussions. The research was conducted in the in Epworth and Goromonzi in Zimbabwe.

In order to reach the targeted participants, the researchers engaged the Department of Social Services and the offices of the respective organisations. The researchers used purposive sampling in which either being a Community Childcare Worker or having worked with them on a regular basis was a key criteria for inclusion. Snowballing technique was then utilised in which the participants would refer the researcher to other people

who fell within our inclusion criteria. The process would be repeated until saturation point was reached at which point no new information would be coming in. The research design used the multiple case study design as it was allowed the researchers to conduct the research in both cities.

Data was generated through in-depth interviews and 2 focus group discussions which were conducted one in Epworth and another in Goromonzi. The information was transcribed and coded. The information was further analysed through thematic analysis. The themes which emerged from the discussions and interviews were then grouped together for further analysis.

IV. Findings

The researchers begin by describing the research participants as shown in table 1 below.

4.1 Demographic characteristics of the research participants

| Location | Category | Institution | Age | Sex | Position | Edu | | |
|------------------|-----------|-------------|---|-----|----------|------------------|------------------|---------|
| NGO | | | | | | | | |
| Harare | Degree | CL 1 | Childline | | 43 | F | Director | Masters |
| | | CL2 | Childline | | 28 | F | Social Worker | Degree |
| | | CL3 | Childline | | 23 | F | M&E | Degree |
| | | CL4 | Childline | | 26 | F | M&E | Degree |
| | | CL5 | Childline | | 22 | F | Attachee | |
| Harare | Degree | CL6 | Childline | | 23 | M | M&E | Degree |
| | | ZM1 | ZIMNAMH | 46 | M | Director | Masters | Degree |
| | | ZM2 | ZIMNAMH | 27 | F | Social Worker | Degree | |
| DSD | | | | | | | | |
| Epworth | | SSE1 | Dept. of Soc Dev | | 42 | M | District Officer | Degree |
| | | CCWE1 | Dept. of Soc Dev | 28 | F | Volunteer | Diploma | |
| | | CCWE2 | Dept. of Soc Dev | 25 | F | Volunteer | Certificate | |
| | | CCWE3 | Dept. of Soc Dev | 36 | M | Volunteer | A'level | |
| | | CCWE4 | Dept. of Soc Dev | 31 | F | Volunteer | O level | |
| Goromonzi | Goromonzi | CCWE5 | Dept. of Soc Dev | 29 | F | Volunteer | O level | |
| | | SSG1 | Dept. of Soc Dev | 36 | F | District Officer | Degree | |
| | | CCWG1 | Dept. of Soc Dev | 51 | M | Volunteer | Diploma | |
| | | CCWG2 | Dept. of Soc Dev | 38 | M | Volunteer | Secondary | |
| | | CCWG3 | Dept. of Soc Dev | 27 | F | Volunteer | Secondary | |
| | | CCWG4 | Dept. of Soc Dev | 34 | F | Volunteer | Secondary | |
| TOTAL | | | 19 Participants (6 Males and 13 Females) | | | | | |

Table 1: Demographic Analysis of participants. Source, Researcher.

6.1 Description of research participants

Table 1 above shows that 19 participants took part in the research. Their ages ranged between 21 and 51 years. Of these participants 6 were males while 13 were females. 8 participants worked for NGOs while the rest worked for the Department of Social Services with 2 being District Social Services officers while 9 were Community Child Care workers who worked as volunteers. Most of the participants had Ordinary level education, 2 had diplomas, 10 had degrees while 1 had a certificate. Their levels of education meant that they were able to articulate their views from an informed position and from experience.

6.2 Presentation of Research Findings and Discussions

The roles of Community Care Workers in the protection of children exposed to intimate partner violence?

4.7.1 The Roles of the CCWs

The study revealed that the Community Childcare Workers are a critical component in advancing the child protection agenda in the community which is being utilized by the government of Zimbabwe through the Department of Social Services. CCWE1 pointed out that:

“We are the eyes and the ears of the DSD”.

CCWG3 also added that,

“We work closely with the government to ensure that children are kept safe in the community. We observe if there are any children who will be exposed to abuses in the community. In this case we see if children are not being exposed to intimate partner violence in our community. Where this is happening we come in to offer help for the sake of the children”

This means that the Community Childcare Workers play a crucial role in the community and are responsible for seeing what is happening around them, engaging stakeholders and hearing issues that will be happening in the community that negatively affect children. They then report these to the Department of Social Services for appropriate action. This initiative is of crucial importance given that the Department is usually limited in terms of the resources to reach to all children in the community, hence the people in the community are a very important resource in protecting children.

The Community Childcare Workers are pivotal in ensuring that children are protected from harm. This came out clearly from CCWG2 who pointed out that,

“We are the ones who see where the rights of children are being violated and we report to Social Services.”

CCWE4 also noted that,

“Children are going through a lot of abuse in the community. Some suffer in silence especially those exposed to intimate partner violence. Our role is therefore to make sure that children are protected. We can recommend for children to be taken to safe places if the violence in the home is too much.”

The Child Care Workers are mandated to look into the protection of children. They identify where such rights are being violated and they report the cases to the DSD. The participants noted that some of the violations include child labour, child neglect, physical abuse or being denied the opportunity to go to school. They were however not quick to pick exposure to intimate partner violence as an issue. They only picked it after being probed further.

The CCWs also conduct trainings in the communities on child rights and the protection of children. To do this more effectively, they receive basic training on the same from the DSD. These training sessions are more of trainer of trainers' sessions in which they are given skills to train others in the community. CCWE1 pointed out that,

“We do meetings with parents and we train them about child protection. If children are not well protected it puts their lives at a greater risk.”

CCWG3 echoed similar sentiments elaborating that,

“We were taught how to conduct counselling for parents and children experiencing and exposed to intimate partner violence.”

The CCWs received counselling training in general and also counselling training which was focused on children. The focus on children in counselling is a critical step. Child-focused counselling will incorporate issues that are specific to children. But they do not have a specific programme for these children exclusively.

The Child Care Workers also give psychological first aid to children who are traumatized. This was pointed out by the CCWE1 who is based in Epworth. He pointed out that,

“We give children psychological first aid which aims to assist them by stabilizing them after exposure to intimate partner violence”.

However, the study revealed that the CCWs in Goromonzi did not receive training that is child-focused but that they were taught counselling in general. In addition, they did not receive training in psychological first aid. CCWG2 had this to say,

“We were taught counselling in general and not counselling that is child sensitive.”

It would appear as though the DSD trainings are not uniform but are dependent on what the local officers see fit. In the end, some are given more comprehensive training than others. For similar results to be achieved in both rural and urban Zimbabwe there is a need to harmonize the trainings for the Community Childcare Workers.

The CCWs also play a crucial role in awareness raising on the dangers of intimate partner violence to children.

CCWG2 highlighted that,

“We give awareness on the dangers of violence. Some child rights violence are committed out of ignorance.”

Parents may not be fully aware of the negative effects of intimate partner violence on children. It is the role of the Community Childcare workers to train the parents and to raise awareness on the dangers of intimate partner violence on the children.

The challenges faced by Community Care Workers in delivering Child Protection Services to survivors of Intimate Partner violence

Two focus group discussions were conducted among the researcher, the CCWs and the director of the Zimbabwe National Association for Mental Health. The focus groups sought to get deeper insights from the participants on the effectiveness of the services that are offered to child survivors of intimate partner violence and the challenges that are faced by the CCWs. The in-depth interviews had focused on what the CCWs do in the community. But having that side of the story would not be enough without exploring the insider's perceptions of the services they offer to children and the challenges that they face. The focus group discussion revealed a number of challenges which the CCWs have to contend with. These challenges impinge negatively on effectiveness of the child protection efforts.

There are very few probation officers in DSD to cover the administrative wards

The participants concurred that there is a critical shortage of staff in the Department of Social Development compared to the work that needs to be done. Effective programmes require human capital support in order for the intended positive outcomes to accrue to the children in need. CCWE1 pointed out that,

“The Probation Officers are very few in our rea. We only have 3 probation officers to cover 26 wards. So not much gets done work wise. For that reason when you go to report a case no Probation Officer comes to attend to it in the community. You go next time with another report, again no one comes to attend to the report. As the CCWs, you become discouraged and may not report further cases”.

The study revealed that the Probation officers normally do not have vehicles and that they have to rely on vehicles from other organisations which may not always be available. In that scenario, the officers will have to walk or use their money in order to attend to cases. For the 3 probation officers to cover 26 wards it is very difficult and severely compromises the quality of services given to children. That means many cases will go unattended and unresolved and the children's rights will continue to be violated in the community. In addition, as outlined by CCWE4, it can be very discouraging to the CCWS to have a situation in which reported cases are not actioned.

The CCWE4 further added,

“It is so discouraging that you report a case but you don’t see action being taken. They will always be saying we have too many things to attend to, we will come when we get the chance or we are currently working on things that are more critical than that”.

The CCWs cannot question the Probation Officers once they say they have other more pressing issues to attend to. The only thing they will have to do is to take their word and wait for their chance to come. Meanwhile, the rights of children will continue to be violated without interventions. This undermines the effectiveness of the services that are rendered to children. The question is if there are two cases of rights violations, which right should be considered more important than the other. The principles of human rights dictate that all rights have equal weight before the law and that all rights are fundamental.

The Probation Officers do not only cater for children exposed to intimate partner violence. They have jurisdiction over all child-related matters such as child trafficking, sexual abuse, physical abuse, emotional abuse, children living on the streets, children in need of care child labour, child marriages, drug and substance abuse, child prostitution, baby dumping, psychosocial support, assisted medical treatment orders, disability programmes, government programmes, NGO collaboration, NGO community and Case Management among other issues. For 3 people to cover 26 wards and this vast expanse of work, it can indeed be an uphill task.

An example given by CCWG1 makes it explicit,

“You may have a case where a child has been dumped and the same probation officer should attend to that scene and to find a place of safety for the child and you are also asking them to attend to a case of a child exposed to intimate partner violence. These cases cannot be done at the same time.”

Engaging more employees in the DSD will allow for the segregation of duties and more impactful interventions. When few employees are doing a lot of work, there is the danger of fatigue and employee burnout which further compromises the quality of service output.

Shortage of Vehicles as a factor hindering effective service provision to children

It emerged during the focus group discussion that the DSD office experiences a serious shortage of vehicles which hinders their ability and capacity to offer effective services to children. CCWG3 pointed out that,

“There is only one car at the office. When you phone they will say we are coming. Then they will be walking on foot because there is no vehicle. Sometimes they fail to make it. Walking in these rural areas is not a joke. Can you climb that hill going to attend a case and back.”

The NGO Director added another dimension,

“The Department of Social Services is always asking for vehicles to go into the field. But we cannot be giving them vehicles every time we are going in that direction. They are not indemnified to use the vehicles. Our vehicles are monitored by our international office. Besides what happens in the event of an accident and they die in our vehicle. But then you also cannot refuse because these are our “bosses”. They can revoke the licence so we just play along. They should just include vehicles on their budgets and the managers should let go of the vehicles they hold on to so much.”

It emerged during the discussion that in most instances when the Probation officers eventually come, the feuding couple may be already reconciled and no longer willing to discuss the issue.

“When they eventually come the couple will have resolved their conflict and won't even entertain the probation officer and discuss the matter”.

Intimate Partner Violence incidents are emergency cases and immediacy of response is of paramount importance in ensuring that children remain safe in the home environments. DSD’s failure to have vehicles allocated for programmes is inimical to effective service delivery. The nature of the work done by Probation Officers mandates that they should have vehicles that prioritise community outreach and case management in the community.

Lack of financial support for CCWs as a hindrance to work execution and child protection.

The focus group discussion revealed that the CCWs are volunteers who are not paid by the DSD for their services. The researcher explored how easy it is for the CCWs to offer their services to children under the circumstances. The first casualty of this scenario is the reports on children's cases. CCWE1 had this to say,

"Here where we are, it's very far from the office. You won't be having money to deliver the report. It's so discouraging that even a pen they don't give you. It will be your own... For you to write a report, you buy your own pen, your own book using your own money".

This is not a healthy scenario if the CCW will have to meet virtually all the costs for doing the work. They have to use their money to buy report books and pens. Eventually, some will drop out due to this unbearable situation. Again, the vulnerable children will suffer more.

The second casualty in this scenario is communication. The work done by CCWs requires efficient communication which hinges on and revolves around the availability of money:

"No financial gain. The CCWs don't even have phones. Those with phones don't have airtime to phone a probation Officer. They don't have data bundles. They probably have very old phones which do not have camera for sending pictures to the office. So all those factors hinder the reporting of cases promptly."

Children are safer in environments where matters pertaining to their welfare are communicated promptly. This is even more mandatory for cases of child survivors of intimate partner violence because any delay further entrenches their vulnerability. A good mobile phone, airtime and data are crucial ingredients for communication which the volunteers should also get to make their work much easier.

Another casualty is the family relations of the CCW himself or herself. This emerged during the focus group discussion as well as illustrated in the comments by CCWG1 who mentioned that,

"You are told there is a case in such and such a place and you run to attend the scene. You sweat in the process but back home you don't have bathing soap to clean the sweat. When you get home after you save for buying mealie meal to do this work, your spouse says since you had gone to work, give us what you brought for the family. You say I brought nothing from work. Then violence breaks out in the CCW's household".

D2 supported the idea strongly by adding that,

"We can see that the CCWs are suffering whenever we get to work with them. And it's a pity. They do a lot of sacrifice for little to no gain. I have personally helped about 2 CCWs who had marital fights. The DSD should at least have programmes for caring for the carers."

This is the danger involved when the financial needs of the CCWs continue to be ignored. The people who are assigned to assist in cases of intimate partner violence may themselves become victims of intimate partner violence as the frustrations to do with the demands of life continue to take effect on the family. Sadly, there are no programmes for caring for the carer at the Department of Social Development as explained by the D2,

"They go through a lot of stressful situations, and the violence that also happens in their own households but there are no programmes to cater for their emotional needs at the DSD. This makes them extremely vulnerable as well as they try to help children. So it's a paradox where people who are themselves in need of assistance are entrusted to provide assistance to children."

The above statements demonstrate that the childcare workers encountered so many challenges in their work which hinders the overall effectiveness of the programmes that are meant for the protection of children exposed to intimate partner violence.

Negative attitudes from the Community

The CCWs handling intimate partner violence cases in communities also encounter very negative attitudes from members of the community. They are viewed with suspicion and sometimes they work in fear for their lives. Some of the fears include fear of stigmatisation, witchcraft and of death.

“There is no direct support to the CCW. You are hated in the community because when people get arrested they say it’s the CCWs who got them arrested. If there is violence and the police come they say it’s the CCW who called them. You also don’t get the things that other people get such as the presidential agricultural input scheme. They can wait for you in ambush and mug you in revenge”. (CCWG2).

This attests to the fact that there are also dangers to being a CCW. These risks are to him and his family. Hence, they do their work with some level of fear and this further negatively affects their effectiveness.

Effectiveness of child protection and support services offered by CCWs

The focus group discussion then delved into the critical arena of the effectiveness of the services offered by CCWs. The response of CCWG4 himself was very telling,

“To be honest I can’t say that we are effective because we are not given financial support in our work. We do not have adequate moral support in our work. We do not have incentives. The CCWs only have a passion for children but do not have support. We can say the Ministry does not value children that much because if they did they would also value us for the support we render to children).

The CCW was certainly confident that given the magnitude of the problem and the conditions under which they work as well as the relations that exist with DSD the services given to children exposed to intimate partner violence are not that effective. They need to be revamped in order to better address the conditions for children exposed to intimate partner violence. It emerged during the research that this calls for the development of a model or framework for offering effective child protection and support services in Zimbabwe and other low-income countries.

What should be done to alleviate the challenges faced by Community Childcare Workers?

Recommendations

The CCWs should receive more financial support from the government.

The researchers recommend that CCWs should receive financial support from the government. One participant noted that:

“The government should consider to give us some salaries or allowances to make it easier for us to meet all child survivors of intimate partner violence. This is affecting our effectiveness because you end up only focusing on children who are close to you” (CCWE1)

Currently, the CCWs have to use their resources to travel to various areas in response to emergencies. However, most of the CCWs live in poverty conditions and may not afford to visit the children in need.

There is need to provide CCWs with transport and other material support.

The current situation in which CCWs use their own resources for transport, calls and writing materials only serves to discourage the volunteers.

“When I consider that I have to fork out my money to meet the transport costs associated with this work, it discourages me in a major way. The government should ensure that we get some allowances for transport and writing materials as well as phones.”(CCWE3)

This emerged as a cross cutting consideration for all CCWs in Epworth and in Goromonzi. The effectiveness of their services hinges on CCWs being mobile. They should be able to move around the wards attending to children in vulnerable conditions. It should be incorporated in the government’s budgets to accommodate the CCWs.

CCWs need to receive capacity building in terms of providing services to child survivors of intimate partner violence.

Dealing with child survivors of intimate partner violence requires more child sensitivity and knowledge in relation to trauma counselling for children. The CCWs who participated in the research professed ignorance in terms of rendering effective counselling to children exposed to intimate partner violence.

There is need to broaden the scope of work and responsibilities for the CCWs.

During the research it emerged that participants felt that there is need to broaden the scope of work which is conducted by the CCWs. Currently, their roles are more focused on hearing and seeing only.

“We are just the eyes and ears. If it is out of hand, we refer to police or hospital. We just refer. We do not have the power to make decisions. That is done by the Probation Officer. All we do is see and report” (CCWE4).

They should be allowed to assume some of the rudimentary roles that are performed by the Probation Officers so as to increase efficiencies in dealing with children’s cases.

There is need to strengthen the relationships between the Probation Officers and the CCWs.

Strengthening the relationship between the CCWs and the Probation Officers will ensure that when the CCWs present work to the Probation Officers, they are seen in a good light and not as villagers who are just adding on to the Probation Officers’ work load. This entails proactive engagement of these two offices and drawing areas of collaboration and common interest.

There is need to have comprehensive monitoring of the activities of the CCWs.

It emerged during the research that there is need to have comprehensive monitoring mechanisms for the activities of the CCWs. This will ensure that their adherence to their roles and role expectations is upheld. Monitoring will help to flag out areas that may need interventions before the situation deteriorates. Due to inadequate monitoring, those who are not contributing effectively through work performance will continue in books but delivering no services to child survivors of intimate partner violence.

V. Conclusions

The initiative to have Community Childcare Workers is a very noble one in the fight to enhance the protection of children exposed to intimate partner violence. However, there is need for the government to offer comprehensive support to the Community Childcare Workers in order to create an enabling environment for them to work. There is need to invest in the capacity building and training of the CCWs so that they can be able to handle the ever-changing demands of working with children exposed to intimate partner violence.

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