A COMMUNITY EMPOWERMENT MODEL TO REDUCE CASES OF CHILD SEXUAL ABUSE IN ZIMBABWE

Nyamurera David,[*1] **Kurebwa Jeffrey,**[2]
Nyoni Chamunogwa,[3]

[1]*Department of Peace and Governance, Bindura University of Science Education. Email: davidnyamurera@gmail.com*
[2]*Department of Peace and Governance, Bindura University of Science Education. Email: jeffkurebwa2015@gmail.com*
[3]*Department of Peace and Governance, Bindura University of Science Education. Email: cnyoni@buse.ac.zw*
Correspnding Author: jeffkurebwa2015@gmail.com

ABSTRACT

This research aims to develop a community empowerment model designed to mitigate instances of Child Sexual Abuse in Zimbabwe. There is substantial evidence indicating that child sexual abuse constitutes a significant global public health concern. Effective interventions must encompass strategies that prevent individuals from engaging in the sexual abuse of children or from accessing online materials depicting such abuse. To facilitate sustainable prevention, it is essential for program developers first to identify child sexual abuse perpetrators, understand the underlying causes and effects, assess existing legal responses across various societal levels, and categorize the different forms of child sexual abuse. Most contemporary international frameworks primarily focus on criminal justice measures intended to deter future offences rather than addressing the prevention of initial acts of abuse. Additionally, there is a notable scarcity of

relevant research and few indications that countries are adopting cohesive, evidence-based policies aimed at preventing potential offenders from becoming actual perpetrators of child sexual abuse. Previous interventions have largely emphasized tertiary prevention. By adopting an integrated public health approach, a range of primary, secondary, and tertiary preventive measures can be incorporated into comprehensive prevention programs at local, national, or global levels. A holistic prevention strategy is essential, one that seeks to avert offenses from occurring in the first place while recognizing the complexity and diversity inherent in child sexual abuse perpetration.

INTRODUCTION

Child Sexual Abuse prevention is a critical issue that necessitates a comprehensive, multi-faceted approach characterized by a thorough examination of the various factors contributing to this societal problem. This article investigates several elements that should be taken into account when designing and executing interventions aimed at preventing child sexual abuse. The Community Empowerment Model (CEM), which adopts a public health perspective alongside socio-ecological and multi-sectoral strategies, is discussed and elucidated within this text. Child sexual abuse represents a grave, often overlooked social and behavioural challenge that impacts communities worldwide. It remains a persistent concern that influences contemporary society's public health, societal norms, human rights, and security. The consequences of child sexual abuse can be profound and enduring, affecting not only the victims but also their immediate social circles and the broader community. According to Anderson et al. (2020), both adolescents and young children are particularly vulnerable to sexual abuse perpetrated by individuals of all genders. Prevention encompasses a range of actions and interventions aimed at minimizing the risk or exposure to child sexual abuse (primordial and primary prevention), identifying and addressing related issues in their early stages (secondary prevention), mitigating the consequences of child sexual abuse (tertiary prevention), and implementing quaternary prevention, which focuses on recognizing victims at risk of excessive medicalization to safeguard them from unnecessary medical interventions while recommending ethically sound alternatives (Kisling & Das, 2022).

Social-ecological models, including the Socio-ecological and Pathways models (Bronfenbrenner, 1990), are recognized as comprehensive

frameworks for analyzing the various and interconnected determinants of health and social behaviours (Glanz et al., 2008). The ecological model of social behaviour highlights the significance of environmental and policy contexts while integrating psychological and social influences (Green & Kreuter, 2005; Porter, 2016). The overarching aim of primordial prevention is to avert child sexual abuse at the population level before it occurs. This article posits that a successful primordial prevention program necessitates a thorough understanding of the factors influencing child sexual abuse. Theoretical and development practitioners utilize a four-level social-ecological model to analyze child sexual abuse and evaluate potential preventive strategies. This model, derived from research discussions and documentary literature, is characterized by ongoing communication, iterative learning, dialogue for awareness-raising, participatory activities, and collaborative inquiry with others. It incorporates multi-layered and diverse perspectives on action-oriented interventions, as suggested by Nyirenda (2018). The model considers various attributes and factors identified in research findings, including social norms and perceptions regarding female-perpetrated child sexual abuse, as well as structural systems that hinder and sometimes obstruct effective community program outcomes, encompassing cultural, legal, governance, and programmatic frameworks.

CHILD SEXUAL ABUSE

The interpretations of child sexual abuse differ significantly across various studies, resulting in a broad spectrum of meanings associated with this social term. Some research employs distinct age criteria, while others adopt alternative definitions of harmful sexual behaviour (Pereda et al., 2009). Despite the multitude of definitions, child sexual abuse is generally recognized as sexual behaviours or acts that transpire during childhood or adolescence, specifically involving a male, female, or another child before reaching the age of 18, with the perpetrator being an adult or another minor (Reynaert, 2015). Mathews and Collin-Vezina (2019) have pinpointed five critical areas of concern that relate to a unified understanding of child sexual abuse. These areas encompass knowledge generation and research, the legal framework, preventive measures, the significant influence exerted by national and international policy-making bodies, and the establishment of societal norms regarding acceptable behaviour, which may face obstacles. This article characterizes child sexual abuse as any coerced sexual act or coercive sexual behaviour perpetrated by a female against a boy or girl under the age of eighteen. The age of eighteen is utilized in this study as it is widely recognized in sexual history literature as the threshold at which individuals are considered to have surpassed the age of consent, as well as the definition of a child.

EFFECTS OF CHILD SEXUAL ABUSE

Each victim of CSA exhibits distinct and individualized reactions to their trauma. Factors such as the victim's personal history, cultural background,

traditions, belief systems, and lifestyle can significantly influence these responses (Denov, 2004). The repercussions of child sexual abuse contribute substantially to the global health burden. Survivors of child sexual abuse often endure profound psychological and physical trauma, which can even lead to premature mortality. Their experiences of violence not only threaten their physical health but also hinder their ability to learn and develop into responsible adults capable of fostering stable families and communities (Jewkes et al., 2002). Although the consequences of child sexual abuse may not always be overtly apparent, victims continue to face risks to their overall well-being. The comprehensive impact of child sexual abuse is estimated to exceed 20%, given its strong associations with various issues, including substance abuse, mental health disorders, the transmission of sexually transmitted infections (STIs), and Human immunodeficiency virus (HIV) (Selengia et al., 2020).

The individual who suffers from child sexual abuse is the primary victim, experiencing the most profound effects of this trauma. However, the repercussions of such abuse extend beyond the victim, impacting their immediate relationships and the broader community. The consequences of child sexual abuse manifest in various domains, including reproductive, physical, and mental health, as well as social well-being, as highlighted by Jewkes et al. (2002). When a person endures sexual abuse, it reverberates through their social circle, affecting parents, guardians, partners, friends, and peers. This situation places a significant burden on loved ones, who often grapple with uncertainty regarding the appropriate steps to take in response to the abuse (Borja et al., 2006; Schumm et al., 2006). Furthermore, similar to other forms of societal violence—such as civil conflict, economic downturns, and gender-based violence—child sexual abuse undermines the cohesion of community life. Communities, including neighbourhoods, educational institutions, workplaces, and cultural or religious groups, may experience feelings of anger, disbelief, or fear when confronted with incidents of child sexual abuse in their midst (Borja et al., 2006; Filipas & Ullman, 2001; Schumm et al., 2006).

THE FOUR STAGES OF PREVENTION

There are four preventive stages: primordial prevention, primary prevention, secondary prevention, and tertiary prevention. Combined, these strategies aim to prevent sexual offenders from perpetrating child sexual abuse. The high prevalence rates and numerous consequences associated with child sexual abuse make preventing these offenses a societal priority. Prevention strategies have traditionally involved only tertiary interventions, implemented by the criminal justice system after an offense has occurred.

Primordial prevention
The overarching objective of primordial prevention concerning child sexual abuse is to eliminate its occurrence at the population level before it manifests. This article posits that for a primordial prevention initiative to fulfill its intended objectives, it is essential to comprehend the various

factors that contribute to child sexual abuse. Effective policies and legislation should focus on enhancing the fundamental social and environmental conditions, which encompass cultural perceptions of childhood, parenthood, adolescence, and behaviours within different institutions, thereby mitigating exposure to risk factors linked to adversity. This comprehensive system approach aims to avert the emergence of risk factors and involves advocacy, lobbying, and securing the commitment of community leaders, including politicians and government entities. Additionally, it emphasizes raising community awareness to foster understanding of child sexual abuse as a detrimental social practice and the associated legal frameworks, policies, and intervention strategies (Smedley & Syme, 2000; Ferragut et al., 2022). Empowering communities and revitalizing their efforts to recognize child sexual abuse as a harmful social issue is crucial. The prevention of female-perpetrated child sexual abuse should commence at the micro level within family systems, scrutinizing the specific factors that have led to this social problem. This can be effectively accomplished through educational social group work sessions focused on child sexual abuse, engaging family members in dialogue (Muridzo & Malianga, 2015; Rudolph et al., 2018; Masilo, 2018; Freire, 2012).

Primary prevention
Primary prevention strategies target at-risk populations to avert the occurrence of child sexual abuse by minimizing exposure to potential risks and decreasing individual susceptibility. These strategies involve initiatives designed to alter social norms and environmental factors, thereby addressing the vulnerabilities of potential victims and shifting societal perceptions. The framework encompasses three distinct categories of primary prevention approaches: first, those focused on mobilization and education to enhance awareness and transform social norms, attitudes, and behaviours; second, situational prevention aimed at establishing secure environments; and third, a combined approach that integrates empowerment with efforts to mitigate risks and vulnerabilities.

Secondary prevention
Secondary prevention focuses on delivering treatment and support to individuals identified as at risk of engaging in sexual offenses before their interaction with the legal system. The growing demand for secondary prevention services, along with preliminary outcomes from existing programs, indicates that individuals at risk are inclined to pursue treatment voluntarily, independent of any coercive influence from legal authorities. Furthermore, many of these individuals frequently acknowledge a variety of benefits associated with their treatment experiences.

Tertiary prevention (including restorative justice)
Tertiary prevention of child sexual abuse is characterized by restorative justice, which promotes both individual and collective healing (Kisling & Das, 2022; Cant et al., 2022). This level of prevention also includes

measures such as arrest, treatment (which encompasses rehabilitation services), and strategies aimed at preventing both initial and repeat offenses, as well as the intergenerational transmission of child sexual abuse. Ultimately, restorative justice serves as a means to facilitate healing. Collectively, the four stages of prevention—primordial, primary, secondary, and tertiary—are designed to combat child sexual abuse by minimizing risk and alleviating its impacts (Kisling & Das, 2022; Cant et al., 2022). Each stage is essential for a comprehensive system-wide approach to prevention. The model may allocate responsibilities to various ministries, departments, and agencies during these prevention stages, thereby necessitating a strong coordinated effort led by the designated decision-making committee.

Community Empowerment Model
This model of community empowerment is multi-sectoral. Its multi-sectoral approach is evident as it engages various social sectors at different levels during its implementation. The model emphasizes a comprehensive community-based strategy for awareness, engagement, and education, beginning with an examination of the factors, typologies, and impacts of female-perpetrated child sexual abuse as identified by the community members themselves. This process utilizes participatory dialogues and aims to establish a practical transformative system that leverages existing local Indigenous knowledge within a community. It is underpinned by robust government coordination and a collaborative structural framework that employs a whole-of-government approach. The foundational concept of this model, which arises from research discussions and relevant literature, is characterized by ongoing communication, iterative learning, conscientization dialogues, participatory games, and team-building inquiries involving diverse stakeholders. It incorporates multi-layered and multi-voiced perspectives on action-oriented interventions, as articulated by Nyirenda (2018). Furthermore, the model integrates various attributes and factors identified in the research findings, including social norms and perceptions surrounding female-perpetrated child sexual abuse, as well as structural systems that hinder or obstruct effective community program outcomes, encompassing cultural, legal, governance, and programmatic dimensions.

   The Community Empowerment Model is characterized by its multi-dimensional framework, operating concurrently across various levels, each with tailored intervention strategies. Essential components of this model include community dialogues, ongoing communication, and a deep respect for indigenous knowledge, which are integral at every level. Within this framework, community empowerment emerges as a crucial objective of community organizing and development. It is typically perceived as a facilitative process that enables individuals and communities to assert control over their lives and surroundings through localized decision-making authority (1988). In the context of preventing child sexual abuse, community empowerment is recognized as a multi-tiered construct that

encompasses critical awareness, active participation, and decision-making control, reflecting both the processes of social change and the outcomes of improved conditions (Bronfenbrenner, 1979; Wallerstein, 2006; Wallerstein & Bernstein, 1994). The absence of empowerment signifies that genuine community organizing has not occurred.

Figure 1: Community Empowerment Model
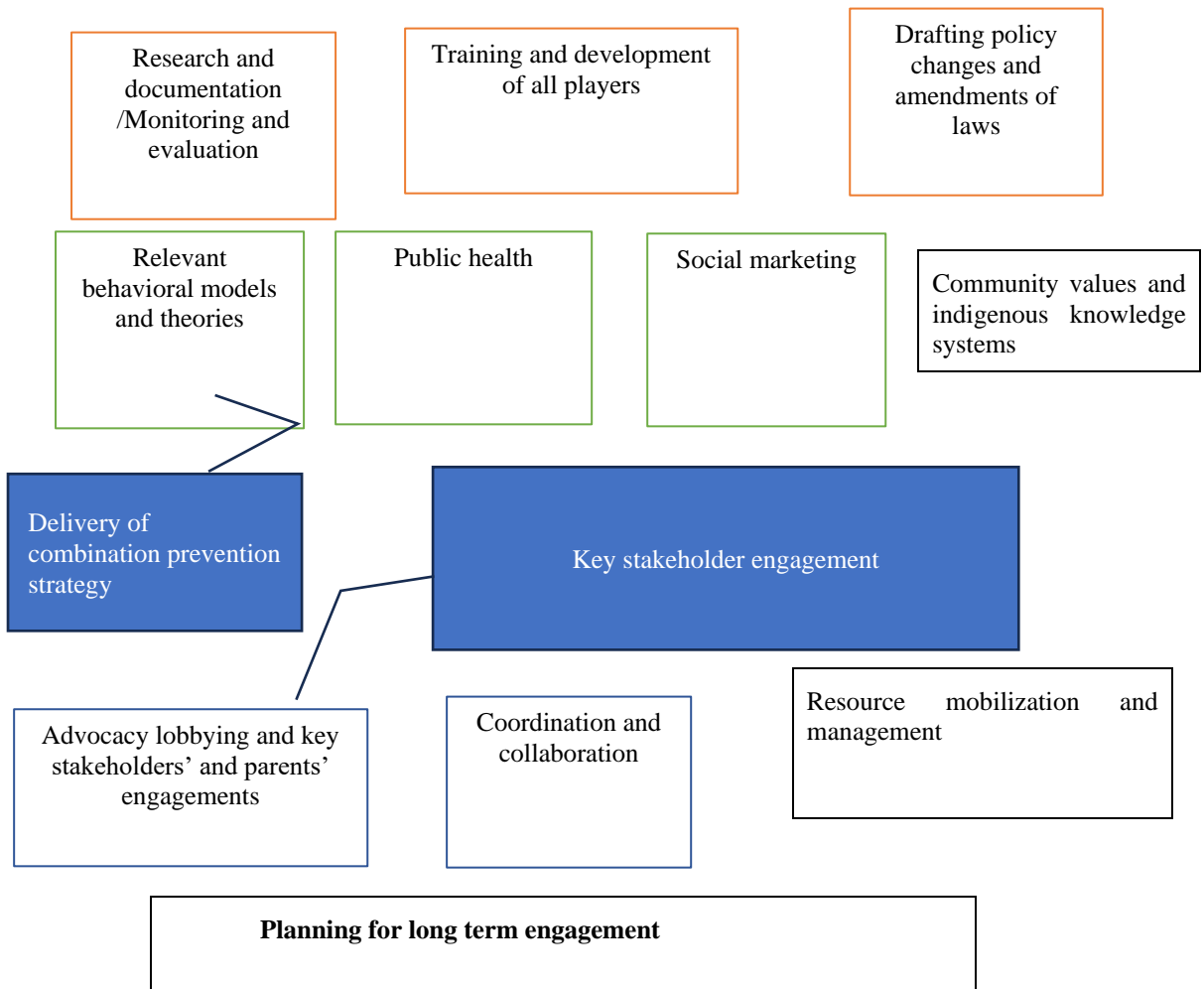
Advocacy, lobbying and key stakeholder engagement
Nair (2019) posits that advocacy for the prevention of child sexual abuse can be characterized as a strategic deployment of various methods, including media, to promote social or public policy initiatives. This approach aims to facilitate communication between policymakers and

opinion formation influences policy objectives and goals. It seeks to shift the discourse surrounding child sexual abuse from an individual focus to a broader emphasis on groups, communities, and society as a whole. In the context of promoting child sexual abuse primordial prevention, this advocacy model is applicable at all proposed levels of intervention. The incorporation of media and other awareness-raising strategies within advocacy efforts is expected to heighten societal awareness, vigilance, and responsiveness to issues of child sexual abuse and neglect. Furthermore, extensive media coverage and representation of child sexual abuse prevention strategies will enrich community comprehension of pedophilic attitudes and behaviours, violations of children's rights, and neglect, ultimately fostering the development of new perceptions that support child sexual abuse prevention (Nair, 2019). The successful implementation of community buy-in and the sustainability of practices aimed at addressing child sexual abuse necessitate robust collaboration with key stakeholders across all levels. This collaborative approach ensures that the intervention designed to alter social norms receives comprehensive support from the fundamental pillars of society. Potential stakeholders include religious and traditional leaders, civil society organizations (CSOs), representatives from both the public and private sectors, women's groups (who may be potential perpetrators of child sexual abuse), and children, particularly those in their pubescent years who may be at risk of becoming victims (Blanchet-Cohen & UNICEF, 2009; UNICEF Technical team, 2021). An illustrative case is provided by Devries et al. (2015), who highlight the effective use of the good school toolkit, which involved the active participation of school teachers, administrators, and community members who advocated for the program.

Planning for long- and short-term engagement

Strategic, medium-term, short-term, and implementation plans are essential for realizing the intended goals and objectives of the model. Consequently, the Ministry of Health and Child Care will spearhead this comprehensive planning initiative, commencing with strategic planning and culminating in the development of a detailed implementation plan or Gantt chart, which will be created using a computer-based software system. The model will consistently reference the theoretical framework employed in this study as a guiding principle, incorporating self and object/relations theories, as well as the Social-Ecological Model (SEM). Additionally, it will utilize various health promotion methodologies, participatory assessment tools, and community development theories to inform the planning and implementation processes at multiple levels (Lilleston et al., 2017; UNICEF C4D Technical Team, 2021).

Parental engagement on child protection issues

Zimbabwe possesses a comprehensive legal and policy framework aimed at safeguarding children's rights within the context of parental protection. These rights are codified in several key legislative documents, including the Children's Protection and Adoption Act, the Child Justice Bill, and the Constitution. Specifically, Section 81, Paragraph (i) of the Constitution

emphasizes that the best interests of the child must be the primary consideration in all matters affecting them. The rights afforded to children encompass access to health care, education, family life, opportunities for play and recreation, a sufficient standard of living, and protection from abuse and harm (Government of Zimbabwe Gazette; 2013 and Runyan, 2002; World Vision, 2018 and Government of Zimbabwe, Ministry of Public Service Labour and Social Welfare, 2016).

Social marketing

The Community Empowerment Model, aimed at preventing child sexual abuse, emphasizes the role of social marketing as a crucial element within the public health prevention continuum. This perspective is derived from insights gathered from study participants and is integral to the model's comprehensive approach. The Community Empowerment Model demonstrates effectiveness for both the communities it targets and the social programmers involved. By employing social marketing strategies, practitioners can accurately assess the perceptions, needs, and desires of these communities, subsequently addressing them through thoughtful design, effective communication, and the delivery of compelling and competitive messaging. Within the Community Empowerment Model, the social marketing process is driven by the needs of the clientele rather than solely by expert opinions. This client-centered approach aligns with the community organization principles articulated by Glanz et al. (2008) and is consistent with the innovation development aspects of diffusion theory.

Mobilizing community values and Indigenous knowledge systems

The model integrates the fundamental values already prevalent within the community into the messaging for child sexual abuse interventions, rather than relying on a top-down approach characterized by negative messaging, as suggested by Bell et al. (2016). It is essential to evaluate and leverage Indigenous Knowledge Systems (IKS) to aid in the prevention of female-perpetrated CSA, as highlighted by Sillitoe et al. (2006) posit that the knowledge possessed by marginalized or impoverished individuals serves as a framework that can correct, sustain, expand, and disseminate information. Furthermore, Chambers (1983) contends that these capabilities may encompass the transmission of child sexual abuse antecedents and consequences through methods such as teaching, storytelling, apprenticeship, and a keen memory for details and observations. Nonetheless, Chambers (1983) notes that this knowledge is susceptible to loss through death; however, it can also be perpetually renewed and refined through ongoing observation. Thus, it is evident that the elements of observation and dialogue are vital for transforming social perceptions regarding female-perpetrated child sexual abuse.

Research, documentation, monitoring, and evaluation

The implementation of the model across all segments is grounded in both empirical and inferential data derived from studies conducted at global, regional, and local levels. Documentation serves as a critical activity, meticulously carried out at each stage to capture all aspects of the program, thereby facilitating effective tracking. This model prioritizes the monitoring

and evaluation component as an essential process for the successful execution of various implementation levels (Kabonga, 2018; Teddlie & Tashakkori, 2015). Furthermore, the research, documentation, monitoring, and evaluation elements will integrate with the coordination, collaboration, and advocacy sectors to engage key stakeholders, including academics, researchers, political leaders, and the legal framework.

Conclusion

This paper has examined the factors associated with child sexual abuse, focusing on the legal response frameworks at global, regional, and national levels. Furthermore, it has highlighted the issue of female-perpetrated child sexual abuse, exploring its causes, consequences, and the current legal responses in Zimbabwe as critical elements for the sustainable prevention of child sexual abuse. The primary objective of the article is to emphasize the essential factors that must be taken into account when developing a comprehensive multi-sectoral and holistic prevention strategy for child sexual abuse. The model showed the potential connections among these factors to facilitate child sexual abuse prevention at both primordial and primary levels. The detailed components of this model, which encompass community diagnosis, planning, development communication, research and documentation, and community awareness through dialogues and training, were discussed as vital elements of the model.

REFERENCES

Anderson, J. F., Lee T., Langsam A. H., & Reinsmith-Jones K. (2020). *Female Sexual Offending: A Neglected Criminal Justice Issue*, *International Journal of Social Science Studies, Redfame Publishing, 8*(3), *1-9.*

Bell, E., Alexander-Scott, M. & Holden J. (2016). *Shifting social norms to tackle violence against women and girls (VAWG).* Department for International Development, UK VAWG Helpdesk

Borja S.E., Callahan J.L., & Long P.J., (2006). Positive and negative adjustment and social support of sexual assault survivors. *Journal of Trauma and Stress,* 19 (6),905-914.

Bronfenbrenner U. (1979). *Toward an Experimental Ecology of Human Development*. American Psychologist 32,513-531.

Bronfenbrenner, U. (1990). Bio-ecological Systems Theory: Discovering what families do. In *Rebuilding the Nest: A New Commitment to the American Family.* Family Service America

Cant, R.L., Harries, M. & Chamarette, C. (2022). Using a Public Health Approach to Prevent Child Sexual Abuse by Targeting Those at Risk of Harming Children. International. Journal on Child Maltreatment. 5, 573–592.

Chambers, R., (1983). *Rural development: putting the last first.* Prentice Hall.

Chen, T. C., Elveny, M., Surendar, A., Lawal, A. I., Zekiy, A. O., & Anzum, R. (2021). Developing a multilateral-based neural network model for

engineering of high entropy amorphous alloys. *Modelling and Simulation in Materials Science and Engineering*, *29*(6), 065019.

Denov, M. S. (2003). The myth of innocence: Sexual scripts and the recognition of child sexual abuse by female perpetrators. *Journal of Sex Research*, 40(3), 303---314.

Denov, M. S., (2004). The long-term effects of child sexual abuse by female perpetrators. A qualitative study of male and female victims. *Journal of International violence*, 19, 1137-1156. Denov, M.S., (2003). To a safer place? Victims of sexual abuse by females and their disclosures to professionals. *Child Abuse & Neglect*, 27(1), 47-61.

for Effective Development. *Africanus: Journal of Development Studies, 48*(2), 21.

Freire P. (1988). *The Adult Literacy Process as Cultural Action for Freedom and Education and Conscientisacao. In Perspectives on Literacy. Eugene R. Kintgen, Barry M. Kroll, and Mike Rose, pp. 398–409.* Carbondale, IL: Southern Illinois University Press.

Glanz K., Lewis F. M., & Rimer B. K., (2008). *Health Behaviour and Health Education: Theory, Research and Practice,* (2nd ed.). Jossey-Bass.

Green L.W., & Kreuter M.W., (2005). *Health Program Planning: An Educational and Ecological Approach*. McGraw-Hill.

Health? Health Evidence Network Report. WHO Regional Office for Europe, Copenhagen.

Islam, M. A., Islam, M. Z., & Anzum, R. (2022). Smart Farming: Legal Issues and Challenges. *Journal of Asian and African Social Science and Humanities*, *8*(2), 31-37.

Islam, M. Z., & Anzum, R. (2019). Internet governance: present situation of Bangladesh and Malaysia. *International Journal of Recent Technology and Engineering*, *7*(5), 176-180.

Islam, M. Z., & Jahan, A. (2015). RIGHT TO PRIVACY: IS IT A FUNDAMENTAL RIGHT IN BANGLADESH CONSTITUTION?. *Journal of Asian and African Social Science and Humanities*, *1*(1), 1-7.

Islam, M. Z., Anzum, R., Norullah, M., & Jahan, A. (2020). CORONAVIRUS DISEASE (COVID-19) AND UNEXPECTED WORLD HEALTH CRISIS. *Journal of Asian and African Social Science and Humanities*, *6*(2), 43-49.

Islam, Z., & Rahman, M. (2015). Corporal punishment: the case of a child abuse by a Malaysian couple in Sweden. *Advances in Environmental Biology*, *9*(17 S3), 9-12.

Jewkes, R., Levin, J. & Penn-Kekana, L. (2002). Risk Factors for Domestic Violence: Findings from A South African Cross-Sectional Study. *Social science & medicine,* 55. 1603-17.

Kabonga, I. (2018). Principles and Practice of Monitoring and Evaluation: A Paraphernalia

Kisling, L. A., & Das, J. M. (2022). *Prevention strategies.* StatPearls Publishing.

Lilleston P.S., Goldmann L., Verma R.K., & McCleary-Sills J. (2017). Understanding social norms and violence in childhood: theoretical underpinnings and strategies for intervention. Psychology, Health and Medicine. Mar;22 (sup1):122-134.

Masilo, D. T. (2018). Prevention of Child Sexual Abuse within the Family System: Guidelines for an Educational Social Group Work Program. Journal of Child Sexual Abuse, 27(4), 335–346.

Mathews, B., & Collin-Vézina, D. (2019). Child sexual abuse: Toward a conceptual model and definition. *Trauma, Violence, & Abuse,* 20(2), 131–141.

Muridzo, N. G., & Malianga, E. (2015). Child sexual abuse in Zimbabwe: Prevention strategies for social workers. *African Journal of Social Work*, 5(2), 41-64.

Noar, S. M., & Zimmerman, R. S. (2005). Health Behaviour Theory and cumulative knowledge regarding health behaviours: are we moving in the right direction? *Health education research,* 20(3), 275-290.

Pereda N, Guilera G, Forns M, Gómez-Benito J., (2009). The prevalence of child sexual abuse in community and student samples: a meta-analysis. *Clinical Psychology Review*, 29(4):328-38.

Porter, C. M. (2016). Revisiting Precede–Proceed: A leading model for ecological and ethical health promotion. *Health Education Journal,* 75(6), 753-760.

Reynaert, M. (2015). Sexual abuse of children as a form of power abuse and abuse of the body. *Acta Theologica*, 35(1), 189-200.

Rudolph, J., Zimmer-Gembeck, M. J., Shanley, D. C., & Hawkins, R. (2018). Child Sexual Abuse Prevention Opportunities: Parenting, Programs, and the Reduction of Risk. *Child Maltreatment,* 23(1), 96–106.

Schumm, JA, Briggs-Phillips M, Hobfoll SE. (2006). Cumulative interpersonal traumas and social support as risk and resiliency factors in predicting PTSD and depression among inner-city women. *Journal of Trauma and Stress*, 19(6), 825-36.

Selengia, V., Thuy, H. N. T., & Mushi, D. (2020). Prevalence and Patterns of Child Sexual Abuse in Selected Countries of Asia and Africa: A Review of Literature. *Open Journal of Social Sciences*, 8, 146-160.

Sillitoe P. Rist & Dahdouh-Guebas, (2006). Indigenous Knowledge in development: Anthropology in Action. *Anthropology in Action*, *13*, 1-12.

Smedley, B. D., & Syme, S. L. (2000). *Public health and safety in context: Lessons from community-level theory on social capital. In Promoting health: Intervention strategies from social and behavioural research.* National Academies Press.

Teddlie, C. & Tashakkori, A. (2015). *Foundations of Mixed Methods Research: Integrating Quantitative and Qualitative Approaches in the Social and Behavioural Sciences*. Sage

UNICEF C4D Technical Team (2021). The Minimum Quality Standards and Indicators for Community Engagement were developed through a consultative inter-agency process. www.unicef.org

Wallerstein, N. (2006). *What Is the Evidence on the Effectiveness of Empowerment to Improve*

Wallerstein, N., & Bernstein, E. (1994). Introduction to community empowerment, participatory education, and health. Health Education Quarterly, 21(2), 141–148.

Wallerstein, N., Minkler, M., Carter-Edwards, L., Avila, M., & Sánchez, V. (2015). Improving health through community engagement, community organization, and community building. In K. Glanz, B. K. Rimer, & K.V. Viswanath (Eds.), *Health behaviour: Theory, research, and practice* (5th ed., pp. 277–300).