ASSESSING THE IMPACT OF DELAYED REPORTING OF CHILD SEXUAL VIOLENCE CASES AT ONE STOP CENTER: A CASE OF KAHAMA DISTRICT COUNCIL, TANZANIA

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A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK (MSW)

DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

OF THE OPEN UNIVERSITY OF TANZANIA

2025

CERTIFICATION

The undersigned certifies that he has read and recommends for acceptance by the Open University of Tanzania a Research Report entitled "Assessing the Impact of Delayed Reporting of Child Sexual Violence Cases at One Stop Center. A Case of Kahama District Council - Tanzania" in partial fulfilment of the requirements of the master's degree in social work (MSW).

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Date

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DECLARATION

I, **Deogratias Nyanja Minangi,** declare that the work presented in this dissertation is original. It has never been presented to any other university or institution. Where other people's works have been used, and references have been provided. It is in this regard that I declare this work as originally mine. It is hereby presented in partial fulfilment of the requirements for the degree of Master of Social Work (MSW).

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Signature

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Date

DEDICATION

This work is dedicated to my father, Anthony Minangi, my mother, Anastazia Bugingo and my beloved brothers and sisters Cosmas Minangi, Aloys Mtigandi, Yusuph Kinambike and Suzana Minangi for giving me the best upbringing, laying the foundation of education and continuing to encourage me to study for my master's degree. Also, to my beloved wife, Jacline Tibishubwam and our daughter Anastazia Minangi, for their prayers, love, encouragement, tolerance, care, and support during my studies.

ACKNOWLEDGEMENT

ABSTRACT

The study titled "Assessing the Impact of Delayed Reporting of Child Sexual Violence Cases at One Stop Centre: A Case of Kahama District Council, Tanzania" aimed to examine children's awareness of the effects of delayed reporting, explore parents' perceptions of delayed reporting, and identify challenges children face when accessing reporting services at the One Stop Centre. The study adopted a pragmatic philosophy, descriptive design, and mixed-methods approach. Data were collected from 135 respondents using interviews and unstructured questionnaires. Purposive and systematic sampling techniques were applied, and Yamane's formula was used to determine the sample size. Quantitative data were analyzed using SPSS version 23, while quotations were used to present qualitative findings. The results revealed that 95% of respondents were aware of the negative consequences of delayed reporting of child sexual violence (CSV). Reported effects included increased health risks (19%), delayed medical treatment (17%), loss of legal evidence (16%), emotional distress (15%), family conflicts (12%), risk of re-victimization (11%), and social stigma (10%). The study also found that parents' perceptions play a crucial role in determining timely reporting, influenced by cultural beliefs, fear of societal judgment, mistrust in law enforcement, and level of awareness. The study concludes that improving child protection requires strengthening policies that promote early reporting, enhancing accessibility of One Stop Centres, and ensuring safe spaces for survivors. Increased awareness, supportive community environments, and stronger institutional response systems are essential for effective management and prevention of child sexual violence.

Keywords: *One-Stop Centre, Child Sexual Violence, Delayed Repor, Child.*

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
APA	American Psychological Association
ASA	Audit Sampling
CPC	Child Protection Committees
CRC	Convention on the Rights of the Child
CSV	Child Sexual Violence
DHIS2	District Health Information System 2
DMO	District Medical Officer
DNA	Deoxyribose Nucleic Acid
FGP	Focus Group Discussion
GBV	Gender Based Violence
HIV	Human Immune Virus
LHRC	Legal and Human Rights Centre
MSW	Master's Degree of Social Work
NCA	National Children Alliance
NCRBR	National Crimes Records Bureau Report
NPA	National Plan of Action
OCGS	Office of the Chief Government Statistical
OSC	One Stop Centre
OUT	Open University of Tanzania
PEP	Post Exposure Prophylaxis
PTSD	Post Traumatic Stress Disorder
RHMT	Reginal Health Management Team

RRH   Regional Referral Hospital

SADC   Southern African Development Community

SDGS   Sustainable Development Goals

SPSS   Statistical Package for Social Sciences

STDS   Sexual Transmitted Diseases

STI   Sexual Transmitted Infection

SVAC   Sexual Violence against Children

UNFPA   United Nations Population Fund

UNICEF   United Nations International Children Emergence Fund

UNODC   United Nations on Drugs and Crime

UNWOMEN   United Nations Women

URT   United Republic of Tanzania

VACS   Violence against Children at School

VAWS   Violence against Women and Children

WHO   World Health Organisation

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Chapter Overview

The study entitled "Assessing the impact of delayed reporting of child sexual violence (CSV) cases at one-stop center" aims to examine the awareness of parents and children on the negative consequences of delayed CSV cases to children in Kahama- Tanzania. Further, the study analyses children's challenges when accessing services at a one-stop center. The chapter presents on the background of the study section, a statement of the problem, and specific objectives, research question, Significant of the Study. And scope of the study.

1.2 Background to the Study

The world promised to end all kinds of violence against children by 2030, including Child Sexual Violence (CSV), when the Sustainable Development Goals (SDGs) were released in 2015. That is why the SDGs include specific goals to check on success. Within Goal 16's focus on promoting a fair, peaceful, and welcoming society, there are two specific violence-related targets: 16.1 "End all kinds of violence and abuse against children, including trafficking, exploitation, and abuse." However, including these goals brings much-needed attention to how important it is to stop and deal with abuse against children. Concerning children, however, Agenda on Africa We Want the goal set out in Agenda 2063 Aspiration 7 says, "Every child should be protected against violence, exploitation, neglect, and abuse."

According to UNICEF, (2020) Delayed reporting (delayed disclosure") refers to the phenomenon where children and adolescents who have experienced sexual abuse do

not tell a trusted adult or report to formal services until weeks, months, or years after the abuse (and many never disclose). Delays are common and well documented: systematic reviews and major guidance documents note that a large share of victims delay disclosure beyond the crucial forensic/medical window (72 hours), which reduces opportunities for timely HIV prophylaxis, emergency contraception, collection of forensic evidence, and early psychosocial support thereby worsening medical, legal and mental-health outcomes.

Abuse and mistreatment of children sexually come in many forms, do not always involve touching, and can happen anywhere which delaying in reporting in some community. About 120 million women younger than 20 years old around the world have been sexually abused in some way. One in eight children around the world has been sexually abused or exploited at some point in their lives. This includes being sexually abused at home by a parent or guardian; being raped or sexually molested on the way to or from school by an adult, a gang, or a peer from the neighborhood; being groomed online by an older man and tricked into sex acts, exhibitionism, or making inappropriate images; being forced into sexual slavery by organized groups of child sex offenders; or being raped by a combatant during a war (UNICEF, 2020).

Empirical studies in United State (USA) highlight that procedural barriers, fear of not being believed, family pressure, and institutional shortcomings contribute to delayed reporting with direct consequences for forensic collection and prosecutorial outcomes. U.S. advocacy organisations also argue that legal and service reforms (e.g., better multidisciplinary teams and mandatory reporting reforms) are needed to reduce harmful delays (Child USA., 2023). As of 2023, the World Health

Organization (WHO) said that Child Sexual Violence is a big problem in Latin America, with rates running from 3% to 31% for girls and 2% to 16% for boys. In reaction to CSV, several countries in the region have set up OSCs, which are also called child advocacy centers or children's centers. Despite this rate of violence most of cases are delayed and most are not disclosed leaving child in hazardous condition.

About one in five children in Europe have been sexually abused in some way, and seventy to eighty-five percent of those children know the person who abused them. Three out of ten kids who are abused never tell anyone about it. Fear of not being believed, not knowing who to tell, or not being able to spot the abuse are some of the reasons (UNICEF, 2020). Drawing attention from England and Wales, police also found 103,055 cases of sexual abuse of children this year, which is 15% more than in 2021. According to the National Children's Alliance (NCA), 381,364 children between the ages of 0 and 13 were sexually abused in the United States, with 34.9% being male and 64.1% not telling anyone. Despite this number of cases reported, UK literature and inquiries repeatedly document delayed reporting and its harms.

Research shows many children delay disclosure for months or years; the Independent Inquiry into Child Sexual Abuse and related reporting debates highlights systemic failures that can prolong silence and weaken protection and justice responses. UK charities and research centres emphasize that delays reduce the chance of timely medical care and forensic evidence and call for improved mandatory reporting, multi-agency coordination and child-sensitive reporting routes. Nevertheless, other report shows that over 70% of victims do not reveal within five years of their

experience of abuse. Among 10–17-year-olds, 66% of CSV is not reported to parents or adults (Ortiz,2023). Moreover, by providing the services under one roof, OSCs help ensure that victims receive the necessary support in a timely and coordinated manner (European Commission, 2023).

Caribbean reviews and policy documents (regionally-oriented court/policy presentations and ISPCAN/CCJ (2018) show similar dynamics: cultural stigma, family and community pressures, and weak child-protection referral pathways frequently delay reporting. Regional analyses stress that delayed disclosure impairs the ability of systems to collect evidence and provide early psychosocial care and recommend community education, school-based reporting mechanisms, and strengthened multi-sectoral OSC-type responses.

 In Australia, 28.5% have been sexually abused as children, and almost 1 in 4 have been abused in some other way. Almost 1 in 5 have been sexually abused as children without touching them, and 8.7% have been raped as children. Still, in Australia, CSV rarely only happens once. According to a study, 78% of children who had CSV had it happen more than once, 42% had it happen more than six times, and 11% had it happen more than 50 times (Mathews, 2023). At the same time, a lot more than 90% of sexual assaults are not reported to the cops. Where it is recorded, most cases do not go through the criminal justice system to a conviction. It can also take a long time for victims of sexual violence to get help from the police. Sexual violence against all types of victims has gone up, according to the report. In 2021, 45% of those who reported sexual violence were children or young people under the age of 18, and another 15% were past childhood victims who were under 18 at the time of

the assault but were 18 or older when they reported it (New Zealand Government, 2023).

About 4.4 million children in 129 countries in South, East, and Central Asia have been victims of violence. Of these, 2.3 million are girls, making up 53%. This is 80% more than in 2017 (UNICEF, 2021). From 2016 to 2022, the number of child rape and penetrative assault cases in India rose by 96%. There were 38,911 cases of child rape and penetrative assaults reported, which is a big jump from the 36,381 cases that were reported in 2021. Only 26,934 of the criminals were known to the victims. Of these, 2,556 were family members, and 11,272 were family friends, according to the National Crimes Records Bureau Report (NCRBR, 2022).

However, in Singapore, there were 11,868 cases of sexual assault from January 2018 to November 2022. These included rape, sexual assault by penetration, the outrage of modesty, and sexual crimes involving children and neighbors. Sexual assaults on people younger than 16 were reported in 4577 cases, and 932 cases were said to have been committed by family members or close cousins. Due to sociocultural factors, most incidences were not reported, and the victims could access response services at a one-stop center (Shanmugam, 2022). Despite number of incidence report only few cases has been report in the refgion.

One Stop Centres (OSCs) are significant for stopping and dealing with Child Sexual Violence in Asia. As a crucial point of intervention for Child Sexual Violence victims, OSCs offer a safe and caring space where they can get instant help and support (Oslon et al., 2020). Child Sexual Violence is still a big problem in many

Asian countries, but people tend to keep quiet about it. According to Talwar et al. (2024), OSCs provide a secure area where abused people can report the abuse, get medical care, have forensic exams, and use counseling services. By putting these services in one place, OSCs make the process easier for clients and lessen the stress of going to multiple agencies for help (WHO, 2022). Even with these problems, OSCs have made a big difference in lowering the rate of sexual abuse of children in Asia. As Huinder (2024) says, OSCs help make people more aware of Child Sexual Violence and encourage an attitude of reporting and taking responsibility.

In 20 sub-Saharan African countries, 28.8% of girls aged 15–19 say they have been physically or sexually abused. In the six countries that make up the average, 17% of girls say they have been sexually abused at least once in 2022. Ten percent of people who say they have been sexually abused say it happened at school. That number was only two percent in Zimbabwe, but it was eighteen percent in Kenya. In Anambra state, which is in the southeast of Nigeria, out of 820 children who took part in the study, 81 (9.8%) were found to have been sexually abused. There were 69 women (85.3%) and 12 men (14.8%), for several five women to men.

The rate of abuse went up with the subjects' ages, with the highest rate (34.6%) occurring in those 11 to 15 years old. Also, 69 (85.2%) were abused only once, while 12 (14.8%) were abused more than once. Because of this, Child Sexual Violence is still a significant public health problem in Nigeria, and many cases are not reported. In the SADC area, 17% of girls will have been forced to have sex at some point in their lives (UNICEF, 2022).

There were 1,814 reports of child abuse in Zambia, which is 22.9% of all cases of violence against children. Girls were more likely than boys to be abused: 1,3422 girls (74%) were abused, while only 472 boys (26%) were abused. Many children in East African countries, like Uganda, have also been sexually abused as children. About 35% of girls and 17% of boys have been sexually abused as children. Child marriage, teen pregnancy, and female genital surgery are most likely to happen to girls. At least one in four young girls will be pregnant or already have a child in 2020. There is evidence that the lockdown time made kids and families more emotionally and socially upset and raised protection risks, especially for girls and kids from cities. The reveal that most of cases where late reported to the authority due community perception and other are locally intervened due to lack of awareness and social stigma and distant in place for support (UNICEF, 2020).

Tanzania, in 2021 recorded a total of 5,899 girls raped, which is an average of 491 rapes per month. This information was released in September 2022. Also, 1,114 children were sodomized, or about 93 per month on average. In December 2022, it was also said that from January to September 2022, there were almost 5,000 reports of child rape in Tanzania. It was also stated that over 1,000 cases of child sodomy happened during that time, with boys making up 84% of the victims.

In 2022, police and government data also showed that VAC incidents, especially sexual VAC, were on the rise in many areas, as was made public in December 2022. For example, from January to October 2022, there were 182 reports of sexual violence against children (VAC) in Iringa. Most of the victims were children. However, rape and sodomy were found to be the most common types of sexual VAC.

Tanzania has national policies and increasing investments (including OSCs and multi-partner program to respond to sexual and gender-based violence, but program documentation and evaluations show that late presentation remains a significant problem. National and regional strategic plans cite low awareness of services, stigma, transport and costs, and informal resolution practices as common drivers of delay.

Despite the government's efforts in responding to many challenges facing children in the United Republic of Tanzania, mainly related to CSV, it is worth noting the ratification of the Convention on the Rights of the Child (CRC) of 1989 and the African Charter on the Rights and Welfare of the Child of 1990 in responding to CSV (UNICEF, 2023). Others include holding National Summits for children, introducing the Child Development Policy (1996), the Law of the Child Act, Cap 21 of 2009, establishing police deck and children councils, and establishing Ministries or departments responsible for children like the Social Welfare Department and the Ministry for Gender, Women and Children.

At the district level, published program documents and NGO project briefs that cover Kahama describe active GBV/child protection programming (e.g., DREAMS-related projects, local NGO work) and region-level strategic plans that recognize delayed reporting as a barrier. While there is little peer-reviewed epidemiology published specifically for Kahama's One-Stop Centre, regional strategic documents (Shinyanga RSP-VAWC) and NGO reports from Kahama wards document high vulnerability, ongoing GBV programming, and the need for improved OSC linkages and community-level demand generation supporting the rationale for a focused local study on reporting delays and their impacts (Shinyanga Regional Secretariat. (2021) .

1.3 Statement of the Problem

Children worldwide are protected and have access to fundamental human rights daily. Parental figures, society, different groups with a stake in the issue, and the government are all responsible for ensuring children's rights are protected and upheld in areas connected to CSV. The government has signed several declarations, such as the Convention on the Rights of the Child, making the Child Law Cap 21 of 2009 official, and setting up a Ministry in charge of all child problems to protect the child's rights.

In an effective child protection system, cases of child sexual violence (CSV) should be reported immediately, ideally within 72 hours of the incident. Early reporting enables survivors to receive medical interventions such as post-exposure prophylaxis (PEP) for HIV, emergency contraception, treatment of injuries, and psychosocial support. It also allows timely collection of forensic evidence, which strengthens prosecution and conviction rates (WHO., 2017). Tanzania's National Guidelines for the Establishment and Management of One Stop Centres emphasize that integrated, survivor-centred services are designed to achieve these outcomes by ensuring quick and coordinated health, psychosocial, and legal responses (URT, 2016).

Despite of theis ideal, delayed reporting of Child Sexual Violence is widespread globally and nationally. Empirical shows that many survivors disclose abuse only after months or years, mainly due to fear, stigma, and lack of trust in institutions (Child USA, 2023; Independent Inquiry into Child Sexual Abuse [IICSA], 2022). In different region cultural taboos, family pressure, and weak referral pathways often delay disclosure, undermining access to justice and health services (Jewkes, &

Abrahams, 2022). Evidence from East Africa and Egypt highlights similar challenges, with survivors frequently reaching forensic and medical services too late for effective intervention (UNICEF, 2020; Elghany et al., 2012).

Delayed reporting undermines the purpose of One Stop Centres to provide timely, holistic, and effective responses to survivors of child sexual violence. Without clear evidence from Kahama District, service providers and policymakers lack the information needed to improve early reporting, strengthen OSC systems, and address barriers within the community. This study focused on generating locally relevant evidence on the magnitude, causes, and consequences of delayed reporting of child sexual violence in Kahama. The findings provides guide on improvements in service delivery, inform community sensitization strategies, and shape policy reforms to ensure that children in Kahama and Tanzania at whole.

1.4 Research Objective

This study is guided by both general and specific objective.

1.4.1 General Objective

The general objective of this study is to investigate on the impact of delayed reporting of Child Sexual Violence Cases at One Stop Centre. A Case of Kahama District Council – Tanzania.

1.4.2 Specific Objectives

i. To assess the Awareness of children on the impact of delayed reporting of CSV at One Stop Centre

ii. To explore the Perception of parents on the impact of delayed reporting of CSV

at one stop centre

iii. To examine the challenges faced by children when accessing reporting service at one stop centre

1.5. Research Questions

i. To what extent are children awareness of the impact of delayed reporting of CSV at One Stop Centre?

i. What is the Perception of parents on the impact of delayed reporting of CSV at one stop centre?

ii. What are the challenges faced by children when accessing service at one stop centre?

1.6 Significance of the Study

This study can help with making policy in several ways. For instance, they can provide evidence-based information on the prevalence and characteristics of Child Sexual Violence, helping policymakers understand the scale and nature of the problem (UNFPA, 2023). The National Research Council and Institute of Medicine (2023) say that studies can also find effective ways to stop and intervene in cases of Child Sexual Violence. These can then be used in policies and programs to better protect children. Because of this, research on sexual abuse of children is necessary to help make decisions about policy at the local, national, and foreign levels. They give useful information about how common the problem is and what makes it unique. They also help find effective ways to treat and stop it, and they shape public opinion and understanding. Policymakers should make sure they can access high-quality studies so they can make decisions that put children's safety and well-being first.

Academics and experts can help in many ways because they can add to what is known, shape policy and practice, spread information, give survivors more power, and stop abuse from happening again. Scholars help make the world a safer place for children by doing in-depth study on this important issue (WHO, 2022). It adds to what is known in many fields, like sociology, crime, public health, social work, and psychology. The results of study are also often shared with policymakers, people who work with children, and the public by academics and researchers working with advocacy groups. This job as an advocate was necessary to bring about social change, dispel myths about Child Sexual Violence, and create a culture that puts child safety first (UNICEF, 2020). Also, academics and researchers give survivors of Child Sexual Violence power by giving them a voice, validating their experiences, and fighting for their rights through their study. At the same time, the study helps the researcher meet some of the standards for a master's degree in social work at the Open University of Tanzania.

This study is important to the community because it makes people more aware of how common CSV is, gives ideas on how to stop it, helps make policy choices, and pushes for better support services for survivors. Communities can use this research to push for changes in the law that put kid protection first, and they can use different research to push for more resources and money for programs that help victims. Additionally, the community can learn what abuse is, which will help them spot warning signs and act to safeguard children. Communities can take action to protect children and make places safer by sharing information about effective ways to stop problems before they happen.

1.7 Scope of the Study

This study was undertaken at Kahama Municipal hospital, as there is a one stop centre. Children who have gone through CSV and their parents were the only ones who were interviewed to inform this study. The focused on investigating on the impact of delayed reporting of Child Sexual Violence Cases at One Stop Centre. A Case of Kahama District Council - Tanzania., with the following objective,To assess the Awareness of children on the impact of delayed reporting of CSV at One Stop Centre, To explore the Perception of parents on the impact of delayed reporting of CSV at one stop centre and To examine the challenges faced by children when accessing reporting service at one stop centre, this employed a s mixed research approach with a sample size of 135 respondent.

CHAPTER TWO

LITERATURE REVIEW

2.1 Chapter Overview

This study's subject is examined in this chapter, and several pieces of writing are interrogated accordingly. The review of the literature review is used to define some key terms, lay the theoretical groundwork, look at the existing empirical literature, find gaps, and come up with a conceptual framework to help the researcher figure out what OSC can do to better stop Child Sexual Violence in Kahama Municipality.

2.2 Conceptualization of Key Terms

For the study to be understood, the following terms such as One Stop Centre (OSC), Child Sexual Violence (CSV), and delayed reporting of CSV are defined.

2.2.1 One-Stop Centre

As Mulamba et al. (2023) say, this was a set spot for putting together units under one roof that offered coordinated services to CSV survivors. Medical exams and care, emotional support, legal help, two-way referrals, and connections to different services based on the client's needs are available (MHSW & MHA, 2022). Care (2024) and Keesbury et al. (2024) say that OSC can happen in a hospital or alone. That is, an OSC can be placed in a separate building within a health center or given to a building outside of the hospital. MHSW (2022) says that an OSC based in a health facility is better for Tanzania because it is cheaper and easy to run. It was also the usual way to do OSC in Africa (Keesbury et al., 2024). There are many types of professionals in that area, such as doctors, police, lawyers, social workers, and councilors (WHO, 2022). In the context of this study, One-stop centers are places

that provide physiological and psychological care and support, police investigation, and legal services to children and women who are survivors of violence and abuse. In simple words, it refers to services provided to help women and girls who had been abused to get help and coordinate their care in both development and relief settings.

2.2.2 Child Sexual Violence

Child Sexual Violence, according to UNICEF (2020), is any sexual activity with a kid that is forced or without their permission. It can be physical or non-physical. Sexual assault, rape, molestation, exploitation, and exposure to inappropriate information are some of the things that fall under this category. Sexual abuse of a kid can have nasty effects on that child's physical, emotional, and mental health that last a long time. The UNFPA put in place the United Nations Protocol on Assistance to Victims of Sexual Exploitation and Abuse in 2020. Its goal was to make it easier for agencies to work together to help victims of CSV while putting their rights and respect first. Child Sexual Violence in this study means any sexual violence against a kid that does not involve the child being up.

2.2.3 Delayed Report

Schaeffer, Leventhal, and Asnes (2011) noted that Child Sexual Violence that is not reported right away can happen if there is a delay between the abuse happening. The victim is telling someone, like a trusted adult, another adult, or the court system. This delay can last from days to years and is affected by many psychological, social, and environmental factors. In the context of this study, the delayed report is used interchangeably with disclosure of CSV among children, where the child cannot open to a trusted person to share the CSV encounters with them.

2.3 Theoretical Review

This section present on the guiding theory on this study. A theory is a collection of hypotheses, ideas, variables, and constructs that try to explain certain events based on predictions and data (Buhari (2021). This study is guided by structural functionalism theory.

2.3.1 Structural Functionalism Theory

Structural functionalism is a classical sociological theory that originated in the works of Émile Durkheim (1858–1917). Durkheim emphasized that society is held together by shared norms, values, and institutions, which function collectively to maintain order and stability. The theory was later developed further by Talcott Parsons (1902–1979), who argued that society operates like a living organism, where different parts (such as family, education, health, and legal systems) perform specialized functions that contribute to the stability of the whole (Parsons, 1951). When one part fails, dysfunction occurs, threatening the balance of the system.

The key argument of structural functionalism is that institutions and social structures exist because they perform necessary functions for society. The family socializes children and provides emotional protection, education transmits knowledge and skills, religion strengthens moral values, while the health and legal systems protect wellbeing and regulate conduct (Durkheim, 1082). However, when these institutions fail to fulfill their roles effectively, social problems arise. This perspective helps to explain how child sexual violence and delayed reporting represent dysfunctions within families, communities, and institutions.

The theory sees each community member as an equal player to ensure that each subsystem undertakes its duties satisfactorily. Each subsystem contributes equally while acknowledging the role played by the other subsystem. For instance, the theory cherishes the role of society, family, court, and the implementation of government departments to support the realization of the community aspiration (Paige & Frederick, 2024).

2.3.1.1 Relevancy of Structural Functionalism Theory

From a structural functionalist perspective, children's awareness of the impact of delayed reporting reflects the effectiveness of the socialization role of families, schools, and health systems. When institutions function well, children are equipped with knowledge about their rights, the importance of early disclosure, and available services. However, dysfunctions in these structures such as silence around sexual violence, cultural stigma, or weak child protection education limit children's awareness, thereby prolonging reporting delays. Assessing children's awareness therefore helps identify how effectively institutions fulfill their protective and educational roles. This is consistent with UNICEF (2020), which emphasizes that low awareness among children in Tanzania significantly hinders timely disclosure and access to medical and legal services.

Structural functionalism views the family as a primary unit responsible for child protection, guidance, and moral development. Parents' perceptions of delayed reporting are crucial because they determine whether families act as protective structures or dysfunctional ones. If parents perceive reporting as harmful to family reputation, they may discourage disclosure, undermining the protective function of

the family. Conversely, positive parental perceptions can enhance early reporting and reinforce system stability by linking the child with One Stop Centre services. Exploring parental perceptions therefore reveals whether the family system contributes to stability or dysfunction in child protection. This aligns with recent findings in East Africa, where family attitudes toward sexual violence reporting were identified as major determinants of whether children accessed formal services (UNICEF, 2022).

Structural functionalism also emphasizes the interdependence of social institutions, including health, justice, and welfare systems. When these institutions fail to function cohesively, children encounter barriers such as stigma, lack of confidentiality, transport difficulties, or uncoordinated referral systems, which delay disclosure and access to services. These challenges represent systemic dysfunctions that weaken the protective role of the One Stop Centre. Examining the challenges children face therefore highlights institutional breakdowns that undermine stability and protection within society. Current evidence from Tanzania shows that gaps in coordination, long distances to facilities, and limited child-friendly services continue to hinder timely reporting at One Stop Centres (UNFPA, 2021).

2.4 Empirical Literature Studies

According to Edwards et al. (2024), the empirical literature is an area of study that looks at texts' psychology, sociology, and philosophy, the history of reading literacy texts, and the study of literature in its social context. Several empirical kinds of literature related and relevant to the study were revised, guided by the three specific objectives such as the Awareness of the impact of delayed reporting of CSV, the

Perception of parents on the impact of delayed reporting, and the challenges faced by children when accessing reporting services at one-stop centers in the study area.

2.4.1 The Awareness of the Impact of Delayed Reporting of CSV at OSC

To understand the effects of children not reporting CSV right away, you need to know what they know, how they see things, and how ready they are to act in cases of abuse. This means being aware of how delays in filing can affect mental, legal, and physical health. For children, this kind of knowledge is usually formed by school programs, parental guidance, and how society views sexual abuse. Mathews and Collin-Vezina's (2019) study, "Child Sexual Violence: Raising awareness and improving responses," shows how important it is to teach kids how to report sexual abuse right away to avoid health and legal problems. The study stressed how important it is to report crimes quickly so that people can get medical care, keep physical evidence safe, and start legal action. A lot of the time, awareness programs stress how important it is to report right away to stop more harm and make sure justice is done.

Responding to Children and Adolescents Who Have Been Sexually Abused is the title of another study that WHO did in 2017. The guide emphasizes the need for child-focused education on how to receive OSC services. Also, waiting too long to report can leave physical injuries untreated, sexually transmitted infections untreated, and mental health problems like PTSD and stress untreated. Children's Awareness is often low because there are not enough direct educational programs geared toward their level of understanding.

Cementing on the presented observation, Lalor & McElvaney (2010), in their study entitled "Child Sexual Violence, links to later sexual exploitation/high-risk sexual Behavior, and prevention/treatment programs," the study focused on how knowledge about support services can empower children to report Child Sexual Violence. Further, children may be unaware of the availability of OSCs and their role in addressing CSV. Awareness programs at schools or community centers can help inform children about the services available at OSCs, such as counseling, medical care, and legal assistance. Medical care and legal assistance.

In another study conducted by London., Bruck., Ceci., & Shuman (2005) entitled "Disclosure of Child Sexual Violence: What does the research tell us about the ways that children tell?" the study highlighted factors influencing children's disclosure and the role of Awareness. The study further identified Cultural taboos, fear of stigma, and a lack of comprehensive child-focused education contribute to children's limited Awareness of the impact of delayed reporting. This is compounded by societal attitudes that may discourage open discussions about sexual abuse.

The review used statistics from different regions to give a more complete picture of the frequency, nature, and trends of Child Sexual Violence and exploitation around the world. It shows that Child Sexual Violence affects millions of children every year, and both boys and girls are victims. It is clear from the numbers that girls are more likely to be affected than boys, and this is true all over the world. However, the numbers show that many cases of Child Sexual Violence are not reported. This could be because of fear, shame, guilt, or not knowing where to get help. Overall, the data show that local, national, and foreign governments need to work together right away

to stop Child Sexual Violence, help victims and survivors, hold abusers responsible, and make sure that all children live in a safe and supportive environment (Collin-Vézina, 2019).

The Tanzania Development Vision 2025 recognized child protection as indicated in Subsection 1.2.1 on high-quality livelihood. Through the Vision, the Government developed a National Plan of Action in collaboration with the other development partners. It consolidated eight government action plans addressing violence against women and children into one single comprehensive plan to eradicate such violence and ensure a proper coordination mechanism for preventing violence against children, with accountability at the most senior level in the Office of the Prime Minister to ensure responsive collaboration across ministries. However, the Permanent Secretary to the Minister of Health, Community Development, Gender, Elderly and Children is the appointed focal point to end violence against children in mainland Tanzania.

Tanzania has worked to create a National Strategy to reduce Sexual Violence Against Children (SVAC). For example, as part of the National Plan of Action to End Violence against Women and Children (NPA VAWC 2017/2018-2021/2022), the Government has set up community-based child protection mechanisms and committees to stop and deal with SVAC nationwide. Child Protection Committees (CPCs) have used various methods, including door-to-door campaigns, raising Awareness, giving advice, and making a map of service providers. They have also set up juvenile courts at the district and primary magistrate levels to hear and handle all cases involving people under the ages of 12 and 16. The Government of Tanzania

has also set aside money to open new One Stop Centres in 9 Regional Referral Hospitals in the country. These include Kahama RRH, Shinyanga RRH, Manyara RRH, Njombe RRH, Geita RRH, Katavi RRH, Musoma RRH, Sumbawanga RRH, Simiyu RRH, and Mbeya RRH.

2.4.2 The Perception of Parents on the Impact of Delayed Reporting of CSV at OSC

Parents are very important when it comes to finding and reporting Child Sexual Violence (CSV). How they think delayed reporting affects them is affected by cultural, social, and economic factors and how well they know the services at One Stop Centres (OSC). These ideas can significantly impact how quickly the report is made and, in turn, what happens to the child. One Stop Centres (OSCs) are significant for stopping and dealing with Child Sexual Violence in Asia. As a crucial point of intervention for Child Sexual Violence victims, OSCs offer a safe and caring space where they can get instant help and support (Oslon et al., 2020). Child Sexual Violence is still a big problem in many Asian countries, but people tend to keep quiet about it.

According to Talwar et al. (2024), OSCs provide a secure area where abused people can report the abuse, get medical care, have forensic exams, and use counseling services. By putting these services in one place, OSCs make the process easier for clients and lessen the stress of going to multiple agencies for help (WHO, 2022). Even with these problems, OSCs have made a big difference in lowering the rate of sexual abuse of children in Asia. As Huinder (2024) says, OSCs help make people

more aware of Child Sexual Violence and encourage an attitude of reporting and taking responsibility.

According to Chikoko (2024), the One Stop Centres' ability to help reduce Child Sexual Violence is very important in many countries in Sub-Saharan Africa. To help sufferers of child abuse and adult intimate partner violence get medical, legal, and social services, the Republic of Ghana was building a network of 28 One-Stop Centres across the country. These centers are called "Chikwanekwanes," which means "everything under one roof." According to Klinger et al. (2023), OSCs can also help improve how police and courts handle cases of CSV. A Save the Children International study talks about how well OSCs have done in Kenya. The report says that since OSCs were set up in Kenya, there have been more reports of CSV and better responses from the police to these reports (Nyoni et al., 2022).

Finding out how well One Stop Centres (OSCs) help deal with Child Sexual Violence in Southern African Development Community (SADC) countries is a significant problem that needs in-depth research (Olson, 2020). In Zimbabwe, for example, the Adult Rape Clinic at Parirenyatwa Hospital is an OSC that offers specialized care for child victims of sexual abuse, making sure that they get all the help they need in one place. We think that the One-Stop approach is a good way to give survivors of Child Sexual Violence high-quality care (Mulambia, 2021). Programs that keep improving people's skills help keep care and service standards high. Botswana and Namibia (Tagwireyi et al., 2023) say they regularly teach their OSC staff how to deal with CSV.

Collin-Vézina, Daigneault, and Hébert (2013) did a study called "Lessons Learned from Child Sexual Violence Research: Prevalence, outcomes, and preventive strategies." It was like what my parents thought. This study stresses how important it is for parents to know about health problems and quickly report them. It showed that many parents know that waiting too long to report can have serious health effects on their child, such as physical injuries that are not handled, STDs, and long-lasting mental trauma. However, people often do not tell because they fear social judgment or cultural stigma.

Also, Easton and Kong (2020) did a study called "Child Sexual Violence and Barriers to Disclosure: Exploring the mediating roles of trust and stigma." The results show that parents are worried about how the justice system works and how inefficient it is. Also, parents often think waiting too long to report is a barrier to justice because proof can be lost, and the case cannot be proven. However, people may not report crimes on time because they fear punishment, do not trust the court system, or do not know what OSCs do. For more information on cultural and social factors that affect disclosures of Child Sexual Violence, see Fontes & Plummer's (2010) study, "Cultural issues in disclosures of Child Sexual Violence." The study looked at how cultural norms affect how parents make decisions. It said that parents may not report CSV right away because they think it is taboo in their culture and do not want to be shamed by society. Because of these ideas, OSCs are less able to step in successfully.

Based on what people know and believe about OSC Services, Lalor and McElvaney (2010) did a study called "Child Sexual Violence, links to later sexual

exploitation/high-risk sexual behavior, and prevention/treatment programs." The study discusses how parents' understanding of OSC services affects their children's reporting habits. The study found that parents who have a reasonable opinion of OSC services are more likely to report abuse right away. People who do not know about these services or do not trust them may wait because they think that complaining will not lead to any changes. Furthermore, Alaggia (2004) did a study on emotional barriers called "Many Ways of Telling: Expanding Conceptualizations of Child Sexual Violence Disclosure." The study looked at how parenting feelings affect what kids say and do. The study found that depression, shame, or denial can make parents' views cloudy, which can cause them to wait to report. They feel bad that they did not do enough to protect their child, so they do not want to talk to OSCs.

May (2024) cherishes the Government's efforts to respond. More human and financial resources should be invested in existing measures that protect children from violence and continue to take serious and immediate action to bring offenders to justice across the country if an incident does occur. The Government must also improve systems for protecting children. For example, the Government should ensure that the social welfare department has enough resources and tools to do its job (Fontes, 2005).

2.4.3   The Challenges Faced by Children When Accessing Services at OSC

In the study by Mntambo and Bwikizo (2024), the authors looked at how female sufferers of Gender-Based Violence (GBV) in Shinyanga, Tanzania, thought One Stop Centres (OSCs) helped with GBV. The results showed that female survivors

said they had trouble using OSCs because they were not aware of them, they were afraid or ashamed of them, they did not feel safe around their abusers, and they did not have enough privacy. OSCs faced big problems like not having enough people, not having enough money, and not having good transport. To strengthen these centers and ensure they can handle the complicated and sensitive nature of GBV, the Government needs to give more money to OSCs, and parties need to work together.

One Stop Centres (OSCs) try to make it easier for sufferers of gender-based violence to get help. GBV survivors feel less stressed when they can go to a one-stop center that makes the process easier and gives them instant access to a wide range of support services. This simplified process makes things easier for survivors by making it faster and easier for them to get the help they need. This shortens the time they have to go through difficult things and makes it easier for them to get better. Because OSCs are important, some countries, like Tanzania, have built them so that victims of gender-based violence can get complete help and care.

These places provide many services, such as helping people find homes and other resources and giving them counseling, medical care, and legal help. For victims of gender-based violence to get the help they need to leave dangerous situations, OSCs are meant to be safe and supportive places. OSCs make it easier for victims of GBV to get the help they need to heal from the trauma of the crime by putting many services under one roof. OSCs try to break the cycle of abuse by responding to GBV in an organized and thorough way, which helps victims heal and get back on their feet (World Health Organisation, 2017; Olson et al., 2020; Munisi et al., 2021).

For example, gender norms, a history of trauma or abuse, and how someone feels about violence are the main things that shape behavior at the individual level (Bronfenbrenner, 1979). At the interpersonal level, intervention focuses on power dynamics, speaking styles, and ways to settle disagreements. Intervention at the community level looks at more significant social and cultural norms, like gender roles, how people think about crime, and how easy it is to get an education and a job. It is also important to examine society's more significant systems and processes that create the social and economic conditions that lead to violence.

Still, there are not many cases of GBV in Tanzania who go to the hospital. For example, the Ministry of Health, Community Development, Gender, Elderly, and Children et al. (2016) found that less than 1.1% of women aged 15 to 49 who had been sexually or physically abused went to GBV healthcare services. On the other hand, women who had been abused asked a family member, a friend, a neighbor, or a partner's family for help. Some of the reasons why GBV cases in health care services are not recorded more often are shame, stigma, and lack of money (Mtaita et al., 2021).

The services at the OSC and the OSC usually must deal with budget problems. For example, when a victim comes in with a hungry child or needs medicine, the center cannot afford to give it to them. To deal with this problem, Columbini et al. (2012) say that long-term funding is needed to buy testing tools, pay for transportation, follow up on legal cases, and spread the word about OSC services. This finding is similar to the URT in 2020: OSCs cannot handle GBV cases successfully because of limited funds.

UNFPA (2021) noted that the existing one-stop center is confronted with numerous challenges, such as few qualified staff to undertake specialized investigations and inventions to the clients' access services at the center. Further, Mntambo and Bwikizo (2024) noted that transport is another stressful experience among the clients accessing services at the center. This is because the centers do not have their transport; most of the centers depend on requesting cars from the police or nearby government entities.

Many children are the survivors of Child Sexual Violence and would like to use OSCs' services, but there are often too many people and too long wait times. This can make families not want to get help (Save the Children, 2019 and Save the Children, 2021). Also, some staff members do not have the training they need to handle cases of child abuse in a careful way, which makes the process of intervening even more upsetting for the children (UNFPA, 2019). On the same note, Mntambo and Bwikizo (2024) said that many OSCs are in towns. This makes it hard for kids living in rural or remote areas to get these services because they must pay for petrol and drive a long way. Many kids and families do not know about OSCs or the services they provide, so they do not use them.

2.5 Research Gap

Most existing studies focus on the prevalence and consequences of child sexual violence, including health, psychosocial, and legal outcomes, but few specifically examine the impact of delayed reporting on these outcomes. Global and regional studies highlight the negative consequences of child sexual abuse and late disclosure, yet they rarely analyze how timeliness of reporting interacts with institutional

responses at One Stop Centres ignoring on assess on community awareness, perception and influencing factor on the disclose of cases (UNICEF, 2020; UNFPA, 2021). There is also limited research on how delayed reporting affects the effectiveness of interventions such as PEP, emergency contraception, psychosocial counselling, and legal prosecution in Tanzania. This study was focused on assessing on the delay of reporting of child sexual violence in kahama.

While studies exist on child sexual violence in Tanzania and East Africa, there is insufficient understanding of children's awareness of the consequences of delayed reporting and parental perceptions regarding reporting. Most research addresses general risk factors and prevalence rather than exploring the cognitive, social, and cultural factors that influence timely disclosure (UNICEF, ECPAT, & INTERPOL, 2022). This leaves a knowledge gap regarding how individual, family, and community-level dynamics affect reporting behavior in rural districts. More research has been conducted in urban or regional centers, leaving rural areas like Kahama District underrepresented (UNICEF, 2020; UNFPA, 2021). The unique socio-cultural and logistical context of rural districts including lower awareness of services, longer distances to One Stop Centres, and traditional community dispute resolution practices is often not captured. Therefore, findings from urban or regional studies cannot be directly generalized to Kahama, highlighting the need for context-specific research.

Previous studies often rely on quantitative surveys or prevalence studies, which do not provide in-depth insights into perceptions, experiences, and institutional challenges associated with delayed reporting. Few studies use mixed-methods

approaches that combine record reviews, interviews with children and caregivers, and key informant interviews with service providers to comprehensively examine both the scale and context of delayed reporting Consequently, there is a methodological gap in capturing the nuanced interaction between awareness, perception, and service accessibility in rural One Stop Centres.. This employed mixed approaches to capture both quantitate and qualitative information regarding the problem under the study.

2.6 Conceptual Framework

The conceptual framework is the main structure that shows how the factors in a research study are likely to be related (Cresswell, 2022). It allows you to determine how different things affect a specific event or result. Johnson et al. (2020) talk about how important a conceptual structure is for clarifying the theoretical basis of a study. They also say that researchers can better understand the complicated relationships between factors and make smart choices about data collection and analysis if they make a clear framework.

The conceptual framework presented in Figure 2.1 was governed by the theory of Structural Functionalism, which is based on independent variables such as Awareness of the impact of delayed reporting, Perception of parents on the impact, and Challenges children face when accessing reporting services at one-stop centers. The moderating variables include Community awareness of the Importance of reporting CSV and Government Policy to Report CSV. The independent variables interact with moderating variables as indicated, leading to increased or decreased reporting of CSV incidences at OSC.

| Independent variables | Moderating variables | Dependent variables |

Awareness on the impact of delayed reporting of CSV at One Stop Centre

Government Policy to Report CSV

Increasing or Decreasing Child Sexual Violence

Perception of parents on the impact of delayed reporting of CSV at one stop centre

Challenges faced by children when accessing reporting services at one stop centre

Community awareness on the Importance of reporting CSV

Figure 2.1: The Conceptual Flame Work

Source: Researcher 2025

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Chapter Overview

Research methodology (Richa et al., 2024) describes the methods and steps used to find and evaluate information about a particular research subject. It was the process experts used to plan their study and ensure it met their goals with the tools they chose. According to Kothari (2004), research methodology includes the research design, how data was collected and analyzed, and the general framework for the research. This section covers the following sections: the research paradigm, research design, research method, study area, study population, sample and sample size, data collection tools, data analysis, validity and Reliability, qualitative data rigor, and research ethics.

3.2 Research Paradigm/Philosophy

According to Klakegg et al. (2024), a research paradigm is the philosophical framework that supports a research project. It describes beliefs and understandings on which the theories and practices are based. Different study paradigms, such as positivism, constructivism, and pragmatism, should be used to understand how variables in any research work unfold (Beitner, 2024). It is possible to use both positivist and constructivist ideas in the same research using qualitative and quantitative methods (Klakegg et al., 2024), which is most common in social science research. For its specific objectives, this study used a pragmatism paradigm. Pragmatic philosophy allows the researcher to deal with quantitative and qualitative realities while learning from each other, taking the two complement each other.

3.2.1 Research Design

Shona et al. (2023) noted that research design must keep the research study together. While in agreement, Husziker et al. (2024) revealed that research design is a detailed plan that shows the steps a researcher must take to reach their research goals. Research design is like a recipe, giving the researcher the ingredients and the steps to carry out the study correctly and produce the expected results (McKenney & Reeves, 2021). Drugova et al. (2024) say three types of study designs exist. These are descriptive, exploratory, and explanatory. Considering the advantages of descriptive design, it can deal well with the issues affecting children's access to services as OSC. Derek (2023) noted that the design can deal with the challenges children and parents face when dealing with CSV reporting.

3.2.2 Research Approaches

Sharma (2024) pointed out that the research approach is the primary plan that guides the research study. Further, Creswell and Clark (2024) noted that it is a sure way for researchers to collect information on a specific topic or question during the investigation. The research approaches can be quantitative, qualitative, or mixed (Creswell, 2022). A mixed-method approach was used in this study, which meant that both quantitative and qualitative research methods could be used (Dawadi et al., 2021). Pointing to the advantages of a mixed approach, Teddlie and Tashakkori (2009) note that the approaches complement each other. Hence, the research questions for this study can be dealt with well using the mixed approaches.

3.3 Study Area

Yang (2024) and Kothari (2004) say that an area of study is the broad field that a

researcher wants to investigate. Chen et al. (2024) stress the importance of choosing a clear and well-defined area of study that fits the researcher's interests, skills, and research goals. There are many helpful methods in the study area to stop and deal with Child Sexual Violence, such as the One Stop Centre, community awareness campaigns, the media, and a child helpline. However, there is still a big problem with cases not being reported.

In Tanzania, Kahama is the only district that is also a municipality. It was updated from a town council to a municipal council in 2016 to reflect its growing population and economic importance. The area's agriculture and mining industries significantly impact its economy. It is an urban hub that is growing and combining traditional culture with new building methods. The town has problems, especially with protecting children and not having enough workers to care for their well-being (URT, 2020).

3.4 Population of the Study

The American Psychological Association (APA) noted that a study population is all the people or groups that meet the requirements for a particular research study (APA, 2023). It does not mean that every person or thing must be a part of that big group. According to WHO (2023), it includes carefully choosing the most essential parts for answering the research questions while ensuring that the results are representative and can be used in other situations. From this viewpoint, the study used the collected data of children and parents who accessed the OSC of Kahama Municipality services from 2022 to 2023. The reports show that in 2022, 34 children and 72 parents visited the OSC. In 2023, 30 children and 68 parents visited the OSC (Municipal Social

Welfare Reports, 2022 and 2023). Hence, the total population under study in 2022 is 106, and in 2023, it is 98. which totals it to 204.

3.5   Sampling Procedures

This is the process of picking a group from a larger population to study or analyze (Khaled, 2024), which is called sampling. According to ASA (2024), this lets the researcher come to correct conclusions and make broad statements based on the sample results. There are two types of sampling: probability sampling and non-probability sampling(Kothari (2004). the se employed purposive and systematic sampling procedure to obtain the sample size from the target population under study .

3.6 Sample Size

As Rahman et al. (2023) state, sample size is the number of records or data points used in a study. This size affects the accuracy and reliability of the research results. Pirani et al. (2024) also discuss the importance of sample size. A correctly estimated sample size ensures that the results represent the whole population, minimizing bias while maximizing accuracy. Kothari (2004) noted that in any population, its quarter can be used as the sample size; hence, in the current study with 204,   The study employed Yamen formula to calculate sample size

Formula: $n = N / 1 + Ne^2$, Where target population (204) , margin error (e) 0.05 ,

 From this formula the study employed a sample size of 135 respondents.

3.6.1 Sample Size Distribution

Table 3.1: Sample Size Distribution

Respondent categories	Sampling techniques	Sample size
Parent and Children	Systematic sampling	60
Social welfare officer and health care provider	Purposively sampling	30
Community member and leader	Purposive sampling	**45**

3.7 Criteria for Inclusion and Exclusion of the Research Subject

The following were the set inclusion and exclusion for children and parents to participate in this study, 1st, Children who have access to services at One Stop Centre Services: The decision to include children who have access to services from OSC was given priority, as the specific objective of the study indicates.

2nd, Parents of children accessing services at OSC: All the parents with children who access services from OSC were also given priority.

3rd, Time frame: The study focused only on clients, who in this context are children. Hence, the 2022 and 2023 years, respectively, were considered.

4th, Conditional: The children who were included in the study are only those who had not defaulted from accessing their services at OSC

3.8 Secondary Data Sources/Documentary Reviews

Unlike the user's current study question, secondary data is information someone else gathers. The information was already out there and could be found in many books, databases, and other studies. The secondary source entails either qualitative or quantitative information. It relies on the researcher's decision and the focus of the study. Since the data has already been gathered, it saves time and money. Secondary data was used in this study because information from research subjects helps show how well OSC worked in reacting to CSV in a study area.

3.9 Primary Data Sources

Prentice et al. (2004) revealed that primary data is information collected directly from the source by the researcher for a specific research purpose. Primary data was used in this study because it was thought to be more accurate and dependable, giving specific information and insights that might not be available from secondary sources (Suleiman, 2021).

3.9.1 Data Collection Tools

Sheikh-Mohammad-Zadeh et al. l. (2024) pointed out that data collection tools are necessary to get, organize, and analyze data from different sources quickly and easily. As Walid et al. (2024) view, they make it easier to collect data, make sure the data is accurate, and make research more manageable, even on social media. Questionnaires, interview guides, and observation are just a few ways research gathers information (Buhori, 2021).

3.9.1.1 Unstructured Questionnaire

The questionnaire is a study tool that uses questions or prompts to get information from people being studied (Bwikizo, 2021). These days, it can be sent online, over the phone, through the Kobo tool, or in the mail. It can be used to gather both qualitative and quantitative data. There are two kinds of questionnaires: those that are structured and those that are semi-structured. The children who have been victims of CSV will be used as a unit of analysis. An open questionnaire is used in this study because it lets researchers get more detailed information. The poll was made in English and Swahili and was used for the three objectives.

3.9.1.2 Interview

Structured interview is held for two or more participants. According to Tahir et al. al. (2024), during the interview, one person (the interviewer) asks questions, while the participant (the interviewee) responds to each question. Key informants, such as children and their parents, were interviewed to get information related to the impact of the relayed reporting of CSV. The interviews lasted 20 to 30 minutes with each key interviewee.

3.10 Validity and Reliability

This section outlines the importance of validity and Reliability in a quantitative study.

3.10.1 Validity

Khaldi (2020) opined that validity is how well the ideas support the empirical measures and give meaning to the topic of debate. In other words, validity meant that the ready-measuring tools could do what they were supposed to. Triangulation, which means using more than one way to collect data, improved the quality of this study. In line with this study, all three specific objectives were exposure to validity and reliability.

3.10.2 Reliability

Deitz (2020) said that Reliability measures how well study tools or instruments still give the same results after being used more than once. With this knowledge, instruments should have a more significant variance when results have minor or no errors, which was used to show the mistakes (Liang, 2021). In the context of this study, after preparing all the data collection tools, the pilot

3.11 Qualitative Data Rigor

This section details information related to qualitative data rigors,

3.11.1 Trustworthiness of the Study

According to Kombo et al. (2006), you can show that you can be trusted by telling the truth about the results and using direct quotes from the people who took part in the study. There are three types of trustworthiness: dependability, conformability, and transferability. Trustworthiness was more critical for qualitative research. Dependability and conformability were used in this work.

3.11.2 Dependability

Dependability means the study would create the same results if done again with the same method, participants, and setting (Kombo et al., 2006). However, because of differences in the circumstances, two studies on similar topics may have different outcomes, even though they still show similar social phenomena (Aro, 2006). To ensure it can be relied on, this study describes real-life situations where most CSV victims must deal with service delivery problems that are the same for all.

3.11.3 Conformability

Conformability is how much others could agree with or back up the study results (Arias et al., 1996). The information, answers, or opinions of people who participated in the study collected from the study area are correct. The check trial, peer review, triangulation, and reflexivity are all tools that conformability researchers use. So, to ensure the results were consistent, different tools were used to collect data for this study, such as interviews and surveys.

3.12 Data Analysis and Presentation

When you do good research, Wilson and Wang (2024) noted that you should show and analyze evidence. The steps to get valuable insights, understand the results, and effectively share the study findings (Kumar, 2024) are to process, interpret, and present the data. At each step, checks ensure the data is analyzed, understood, and presented correctly.

3.12.1 Data Analysis

Kumar (2024) says that data analysis is a primary task that includes looking at, cleaning, changing, and modeling data to obtain valuable details to help you decide what to do. The study described things that were dealt with before being examined. Quantitative data collected through structured questionnaires and One Stop Centre records will first be cleaned and coded for analysis. Descriptive statistics such as frequencies, percentages, means, and standard deviations will be computed to summarize demographic characteristics, levels of awareness among children, parental perceptions, and reporting timelines with the Statistical Package for the Social Sciences (SPSS) employed to process this data.

Qualitative data from key informant interviews, and open-ended survey questions will be transcribed verbatim and analyzed thematically. Thematic analysis will involve coding the data to identify recurrent patterns, concepts, and categories related to children's experiences, parental perceptions, and challenges in accessing reporting services. Emerging themes, such as stigma, family pressure, institutional barriers, and awareness gaps, will be organized into thematic matrices. Selected direct quotes from participants will be used to illustrate these themes and provide a

rich, contextual understanding of the quantitative findings.

3.12.2 Data Presentation

Chan et al. (2024)) Revealed that data presentation is the art of turning raw data into a visual form that is easy to understand and use. Since the study employed mixed approach with   both qualitative and quantitative data display. Quantitative data from the study finding presented using table, percentage, pie charts, bar graphs, and histograms to allow clear visualization of patterns and trends. while qualitative data organized into thematic matrices. Selected direct quotes from participants will be used to illustrate these themes and provide a rich, contextual understanding of the quantitative findings.

3.13 Ethical Considerations

Ethical concerns include the balance of power and the possibility of change in research subjects' professional actions and choices after the interview. They also raise questions about genuinely informed consent (Husband, 2020). It is easier to make mistakes with ethics in qualitative research than in quantitative research (Drolet et al., 2022). Husband (2020) noted that no study was genuinely free of value or free of consequences. Any scientific research is based on ethics. In this light, Sobocan et al. (2020) said that ethics is a set of moral rules that a person or a group follows. The ethical principles used in this study are privacy, anonymity, consent, assent, the "no harm" concept, and voluntarily chosen participation.

3.13.1 Confidentiality

Feixa-Pampols et al. (2024) opined that confidentiality in research means keeping research subjects' identities and personal details safe. It ensures that only authorized

people, like the experts working on the study, can see the identifiable information gathered from those who participated. Confidentiality is essential for keeping the trust of study subjects because it lets people know that their information will not be shared without their permission (Kang et al., 202^). This study protected privacy by safely keeping data, encoding sensitive information, ensuring that only people who needed to see it could see identifiable data, and ensuring that data was properly disposed of when it was no longer needed. To protect the privacy of research subjects while they are giving information, researchers must not let anyone else know who the subjects are or what they say.

3.13.2 Anonymity

King et al. (2023) talk about anonymity as a situation in which the researchers did not know the participants' identities in the study. The privacy and anonymity of the participants are protected by anonymous research (Wang et al., 2024) because not even the experts can find out who the participants are. People who participated in this study stayed anonymous by not giving out their names, addresses, email addresses, phone numbers, social security numbers, or any other information that could be used to connect their answers to a specific person. Also, the anonymity principle was used to ensure that people who took part in the study did not have to give their names to give detailed information. This is especially important for people who use questionnaires.

3.13.3 Consent

For research subjects to consent, they must be entirely told about the study's purpose, procedures, risks, and benefits (Iseselo et al., 2024) and then volunteer to participate.

Informed consent was an essential ethical condition for studies with people as subjects. It ensures that people asked to participate in the survey know what it involves and voluntarily agree. Also, permission from study subjects, especially adults, will be asked for before data is collected to protect their privacy during data collection (Kang et al., 2023-22). Usually, this information was given as a written consent document that records the talk between the researcher and the people being studied. For consent to be legal, it must be given freely, without being forced or influenced unfairly.

3.13.4 Assent

According to Casati (2024), assent is an affirmative agreement made by people who cannot legally give informed consent but understand the main points of the research. This usually includes children who cannot fully consent because they do not have the mental ability to do so. Ensure that these people understand what the study is about, the possible risks and benefits, and what their participation would entail (Kang et al., 2023) before they give their assent. Assent was necessary to include these people in the decision-making process, but it was not the same as informed agreement. This study used permission for kids younger than 18 to get their information.

3.13.4 Do Not Harm Principle

People who take part in research studies have an ethical duty to put their health and rights first (Chen et al., 2024), which led to this principle. Researchers should ensure that their research events have as few risks or adverse effects as possible. The "no harm" concept is essential for this study because it ensures that research activities do

not hurt the studied people, communities, or society (Beckett et al., 2024).

3.13.5 Voluntary participation

As an ethical concept, Atef (2024) noted that everyone involved in a research study has the right to choose to take part without being forced, under pressure, or fear of bad things happening. According to Iseselo et al. (2023), people who want to participate in a study should do so voluntarily and without feeling forced to do so. They should also be able to quit at any time. For this study, it was essential to make sure that the people who would be part of the study knew everything about it, including its goal, procedures, risks, benefits, and any payment that would be given. People in a study know they can quit anytime without giving a reason or dealing with the results

CHAPTER FOUR

PRESENTATION OF FINDINGS, ANALYSIS AND DISCUSSION

4.1 Chapter Overview

This is entitled "Assessing the Impact of Delayed Reporting of Child Sexual Violence Cases at One Stop Center. A Case of Kahama District Council – Tanzania" recognizes the significance of demographic information, as pointed out by the World Health Organization (WHO, 2017) by emphasizing that socioeconomic and demographic factors are very important in studying the effects of late reporting of Child Sexual Violence, especially at One Stop Centers.

Factors like age, gender, income level, education levels, residential location, and marital status among parents are important for understanding how delays in reporting child sexual violence cases at a Stop Centre affect the welfare of children. It is from this understanding that this study begins by providing demographic information. With the guidance of the three specific objectives, namely, to assess the Awareness of children on the impact of delayed reporting of CSV at One Stop Centre, to explore the Perception of parents on the impact of delayed reporting of CSV at one-stop center, and to examine the challenges faced by children when accessing reporting service at one-stop center. More details as presented,

4.2 Demographic Characteristics of the Respondents

This section on the demographic characteristics of the student respondents is guided by two subsections, namely the respondents' rate and the cross-tabulation on Knowledge of the impact of the delayed report against demographic information such as age, education level, gender, and awareness of services provided at one-stop

centers.

4.2.1 Respondents Rate

The study involved 135 respondents, including children who had experienced CSV, their parents, and key personnel at the One Stop Centre. Descriptive analysis showed that 60% of child respondents were female, while 40% were male. The age distribution indicated that most children (55%) were aged 10–14 years, and the remaining 45% were 15–17 years. Parents/guardians interviewed were predominantly female (65%), with the majority (70%) having primary or secondary education. Among One Stop Centre staff, 80% had professional training in gender-based violence management, while 20% were administrative personnel. These demographics provide context for understanding awareness levels, perceptions, and challenges in reporting CSV cases.

4.2.2 The Cross-Tabulation on the Knowledge of the Impact of Delayed Reports of Child Sexual Violence against Demographic Information

The demographic features presented in Table 4.1 were informed by sex, education level, age groups, marital status among parents, income levels, and residential location among the study respondents. Table 4.1: The Cross-Tabulation on the Knowledge of the Impact of Delayed Reports of Child Sexual Violence against Demographic Information: The presentation from Table 4.1 is guided by five main themes, as shown,

4.2.2.1 Cross Tabulation of Knowledge of the Impact of Delayed Reporting of Child Sexual Violence against Sex

The total number of forty-eight (48) respondents, which is equal to 100%, responded to this question; for instance, among males, 91% against 9%, while 98% against 2%

of females indicated to be knowledgeable of the impact of delayed reporting of child sexual violence. The findings show that females have a better understanding than their counterparts' males around the impact of delayed reporting of child sexual violence.

4.2.2.2 Cross Tabulation of Knowledge of the Impact of Delayed Reporting of Child Sexual Violence against Education Level

In the breakdown of five education levels, such as primary, Secondary, certificate, diploma, and bachelor levels of achievement, it was observed from Table 4.1 that at the primary level, 89% against 11% were knowledgeable of the impact of the delayed report of CSV.

Table 4.1: Cross Tabulation of Knowledge of the Impact of Delayed Reporting of Child Sexual Violence

Demographic Information	Knowledge of the Impact of Delayed Reporting of Child Sexual Violence		
	Yes (%)	No (%)	Total (%)
Sex			
Male	91	9	100
Female	98	2	100
Education Level			
Primary School	89	11	100
Secondary School	99	1	100
Certificate Holder	96	4	100
Diploma Holder	99	1	100
Bachelor Holder	100	0	100
Age Group			
10 - 13	75	25	100
14- 17	98	2	100
18 - 30	97	3	100
31- 40	99	1	100
41 +	100	0	100
Marital Status among Parents			
Single	99	1	100
Married	98	2	100
Divorced	99	1	100
Income Level among Parents			
100,000 – 200,000	91	9	100
201,000 – 300,000	98	2	100
301,000 – 400,000	99	1	100
401,000 – 800,000	100	0	100
Residential Location			
Rural	79	11	100
Urban	95	5	100

Source: Researcher, 2025.

Further, 99% against 1% among secondary school level indicated to be knowledgeable, 96% against 4% among certificate holders recorded to be knowledgeable, and 99% against 1% among diploma holders were knowledgeable. It was important to note that all bachelor's holders were knowledgeable of the impact of delayed reporting of child sexual violence.

4.2.2.3 Cross Tabulation of Knowledge of the Impact of Delayed Reporting of Child Sexual Violence against Age group among Parents and children

The findings presented from the table 1.4 shows five age categories shows the result as follows from 10-13 shows 75% were knowledgeable on the impact of delayed reporting against 25% also 14-17 shows 98% against 2% were knowledgeable, 18-30 shows 97% against 3% indicated to be knowledgeable, 31-40 shows 99% against 1% and also the age of 41 and above shows that all are knowledgeable on understanding the impacts of delayed reporting of CSV at one stop center.

4.2.2.4 Cross Tabulation of Knowledge of the Impact of Delayed Reporting of Child Sexual Violence against Marital Status among Parents

Table 4.1 noted three variables that were used to inform parents' marital status: single, married, and divorced. The table noted 99% against 1% to be knowledgeable; among married couples, 98% against 2% were knowledgeable; and 99% against 1% was recorded among divorced respondents to know the impact of delayed reporting of child sexual violence. The findings show that the singles and divorced had better knowledge of the impact of delayed reporting of child sexual violence than the married couples.

4.2.2.5 Cross Tabulation of Knowledge of the Impact of Delayed Reporting of Child Sexual Violence against Income Level among Parents

The income level among parents was presented with four scales, where 91% against 9% who had an income of 100,000 to 200,000 indicated the Impact of Delayed Reporting of Child Sexual Violence. Further, 98% against 2% were with knowledge of the impact of delayed reporting of child sexual violence recorded at the income level of 201,000 – 300,000 per month. Further, 99% against 1% was recorded at 301,000 to 400,000 income level, and 401 000 to 800,000 noted 100% to be knowledgeable of the impact of delayed reporting of child sexual violence. The findings as presented reveal that the higher the income one has, the more the possibility to be knowledgeable of the impact of delayed reporting of child sexual violence.

4.2.2.6 Cross Tabulation of Knowledge of the Impact of Delayed Reporting of Child Sexual Violence against Residential Location

The findings from Table 4.1 on the residential location, which was guided with two aspects such as rural and urban, noted that 89% against 11% of respondents from rural and 95% against 5% of respondents from urban were knowledgeable of the impact of delayed reporting of child sexual violence. The findings noted desperation among urban and rural respondents, where residents from urban have better knowledge of the impact of delayed reporting of child sexual violence.

4.2.2.7 The Discussion on the Knowledge of the Impact of Delayed Reports of Child Sexual Violence against Demographic Information

The discussion on the knowledge of the impact of delayed reporting of child sexual

violence at One Stop Center is guided by Sex, age group, education levels, residential location, income level, and marital status among parents. Different demographic groups are at different levels of risk for sexual violence. There is more knowledge about what makes people vulnerable. Many experts have noted that younger children often have difficulty describing situations because their thinking and talking skills are still developing (Finkelhor, 2009). Children from low-income families may not have access to support available in their community or residential areas, such as rural ones, which can make them less likely to report child sexual violence on time (Mathews et al., 2013).

Demographic factors affect the reasons for delays in reporting Child Sexual Violence. Research shows that views about culture, social judgment, and insufficient education can stop families from getting help quickly (Alaggia, 2004). Boys may experience more shame and fear of being blamed for problems than girls. Adding on, delayed reports can affect children's physical and mental health differently depending on their backgrounds. Studies show that older kids and teenagers are more likely to develop PTSD if they experience upsetting events for a long time without getting help early on (McElvaney, 2015). Children in rural places may have poorer health results because they do not have easy access to healthcare services (Kaufman & Erooga, 2016).

Knowing about different groups of people helps One Stop Centres adjust their services to meet their needs better. For example, city centers need to work quickly to handle cases. At the same time, those in rural areas might focus on outreach programs to teach families the importance of reporting issues quickly (WHO, 2017).

Policymakers can use information about different groups of people to create reporting systems for children that help overcome challenges based on their age and financial situation.

4.3 Awareness of Children on the Impact of Delayed Reporting of CSV at One Stop Centre

This question was handled using three variables: awareness of the impact and the impact of later reporting of CSV. More details as presented.

4.3.1 Awareness of the Impact of Delayed Reporting of CSV at One Stop Centre

Figure 4.1 noted that many respondents of this study were aware of the impact of delayed reporting of CSV at One Stop Centre with a 95% score; only 5% of the respondents noted that they were unaware of the impact.
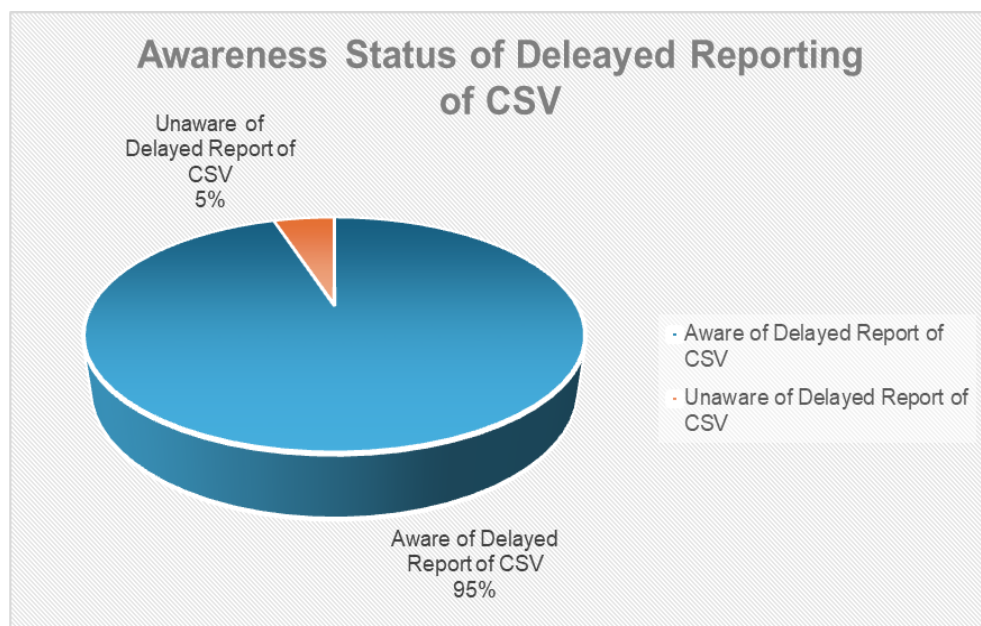
Figure 4.1: Awareness of the Impact of Delayed Reporting of CSV at One Stop Centre

4.3.2 Awareness of the Impact of Later Report of CSV at One Stop Centre

Seven variables were used to gauge the impact of later reporting of CSV at One stop centre, namely, delayed medical treatment, increased health risks, social stigma, increase family conflict, loss of legal evidence, re-victimisation, and distress. More details as per figure 4.2
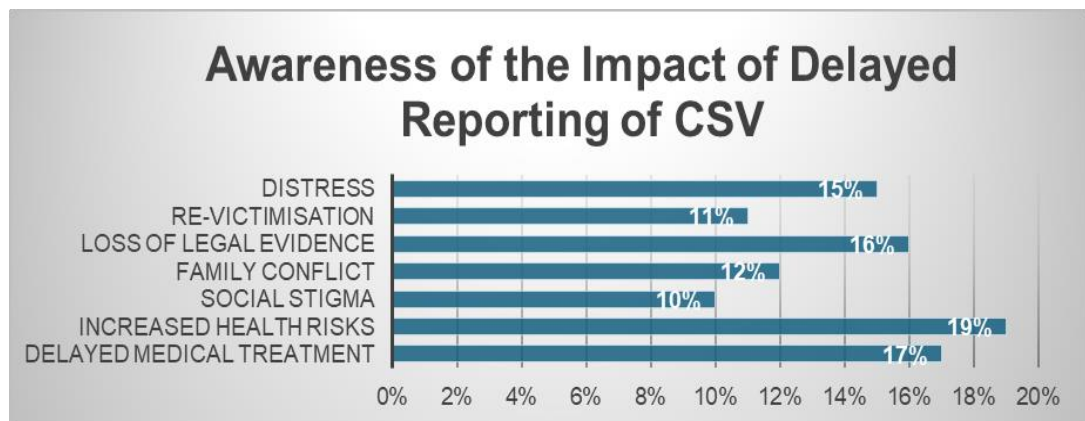
Figure 4.2: Awareness of the Impact of the Delayed Report of CSV

Figure 4.2 noted that 19% recorded increased health risks, 17% recorded delayed medical treatment, and 16% recorded a loss of legal evidence. Further, the figure shows that 15% observed distress, 12% noted increased family conflicts, 11% recorded the possibility of re-victimization, and 10% observed social stigma. The findings revealed that respondents knew that delayed reporting would lead to increased health risks and delayed medical attention.

4.3.3 Discussion on the Awareness of Reporting and the Impact of Later Report of CSV

Quantitative data indicated that a significant proportion of children lacked adequate awareness of the consequences of delayed reporting. For instance, 62% of children were unaware of the 72-hour critical window for medical interventions and forensic

evidence collection. Descriptive statistics showed that children with higher levels of parental engagement and school-based education were more likely to demonstrate awareness ($p<0.05$, Chi-square test). The presented findings on the awareness of the delayed report and its impact on children agreed with the report of the World Health Organisation (2017) by Mathews et al. (2016). McElvaney (2015), Finkelhor (2009), and Alaggia (2004) as the discussion unfolds,

Due to the nature of child sexual violence, where the perpetrator uses force, physical injuries are unavoidable, which exposes the child to sexually transmitted infections, including HIV/AIDS (WHO, 2017). When the child fails to access timely health care services, such as post-exposure prophylaxis (PEP), it leads to an increased possibility of HIV infection (Mathews et al., 2016). Further, Bruck et al. (2006) noted that for the court to establish its rule during its session for decision, physical evidence such as DNA and physical injuries such as wounds should be collected within the short time of the incident to provide evidence of the violence (London et al., 2005). Failing to do that would lead to evidence loss, allowing the perpetrator to walk free from the court despite committing the crime against humanity.

It is important to note that delayed reports of CSV would lead to psychological trauma and emotional distress among the victims of CSV. It is, therefore, as noted by McElvaney (2015), to report the violence timely so that further consequences can be handled. It is through counseling, as noted by Finkelhor (2009) that the feeling of shame and guilt can be dealt with accordingly, helping a child to recover emotionally. Further, it is important to note that when the violence is not timely reported or delayed, the perpetrator may carry on with his/her acts of sexually violating the child

and sometimes doing the same to other children (WHO, 2017). As Alaggia (2004) noted, when children are not timely supported, they may end up trapped in the boundaries of the abuser, which increases the consequences of the problem.

4.**3.4 Factors Contributing to Delay Reporting of Child Sexual Violence**
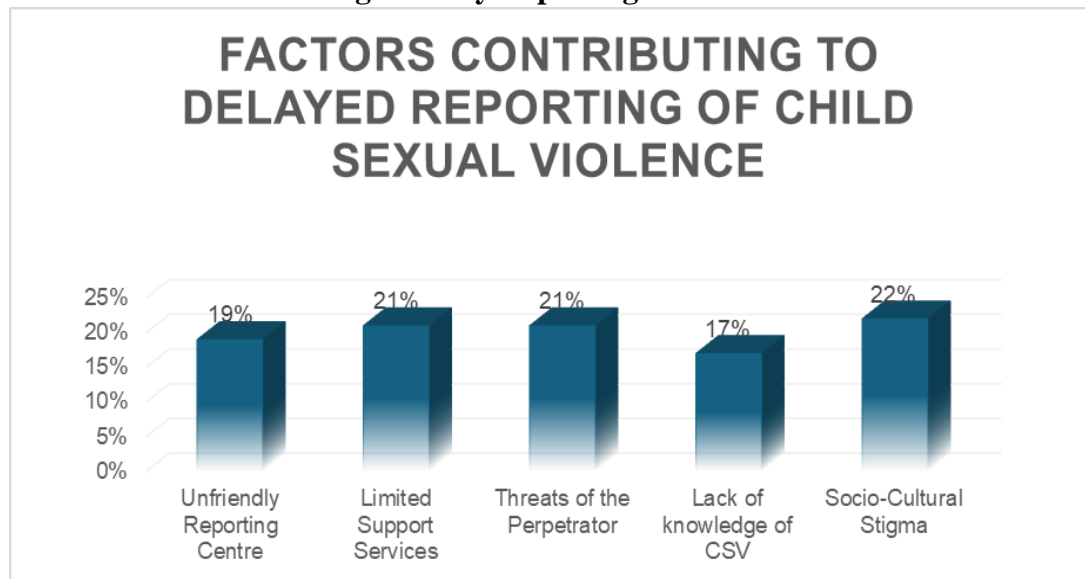
Figure 4.3: Factors Contributing to Delay Reporting of Child Sexual Violence

Figure 4.3 on the factors contributing to delay reporting of child sexual violence was informed by five variables, namely, unfriendly reporting centers, threats of the perpetrators, lack of knowledge, and socio-cultural stigma. As per table 4.2, the findings noted that the scores ranged from 17% (lack of knowledge of CSV) to the highest among others, 22% (socio-cultural stigma). Other factors, such as unfriendly reporting centers recorded 19%; limited supported services; and threats of the perpetrator, both recorded 21% each.

The findings reveal that despite the slight difference among these factors, socio-cultural stigma, limited support services, and threat of the perpetrator are the leading

factors, among others.

4.3.4.1 Qualitative Findings on the Factors Contributing to Delayed Reporting of CSV

During the key informants' interviews with children and parents on their perception of the factors contributing to delayed reporting of child sexual violence, the following was revealed,

> *"We had had from other parents whose children were victims of CSV when they reported the matter to police officers, there was nothing which was done; the accused person is still walking freely in the community despite having other allegations related to the violence,"* One of the parents who was the key informant.

A situation like this, where parents and community members feel strongly that even when they report the CSV, nothing will be done, increases mistrust, and the children's rights and welfare cannot be restored. Adding on, due to financial powers differences at family and community levels, some families whose child is a victim of CSV may opt not to report; one parent revealed this,

> *"In families where the bread winer is a perpetrator it not easy to report the matters doing that may end up not only tarnishing the name of the perpetrator but also the family in totality,"* One of the parents during the key informant interview.

The findings surface many cases related to CSV that have not been reported due to power imbalances related to the financial position and the status of the perpetrator and the family. Further, the CSV is directly related to emotional and psychological challenges, especially among children, where they find it very difficult to disclose the matter. A child narrated this during a key informant interview, who noted that,

"When the CSV happens at the family level, any child may find it very challenging to

open up due to the fear of its outcome, such as not one will believe me, or this may cause further family conflict." One child during a key informant's interview.

Due to traumatic experiences that come as a result of CSV, some children may choose not to open up as they fear the outcome of the report and the retaliation of the perpetrator. Interview conducted with many children reporting that they did not know where to report or feared discussing the abuse with adults. One participant noted: "*I did not tell anyone because I was afraid I would get in trouble or the family would be angry.*

4.3.4.2 Discussion on the Factors Contributing to Delay Reporting of Child Sexual Violence

The findings, as revealed in 4.3.1 and 4.3.2, were echoed by the work of UNICEF (2021); WHO (2017); Kaufman & Erooga (2016; McElvaney (2015); Easton, Saltzman, & Willis (2014); Mathews et al., (2013); Finkelhor (2009); Alaggia (2004); Kitzinger (2004); Tang (2002); and Jewkes & Abrahams (2002). The discussion presented has taken care of the factors identified from the quantitative and qualitative interviews,

It is a common practice among CSV's perpetrators to threaten victims, in this case, children, who would harm them wherever they disclose the abuse or violence to anybody. The threats force the victims to remain silent without knowing what to do (McElvaney, 2015). Further, due to fear of the perpetrator's status, the child may feel that the report would be perceived as disrespectful or exposing the family and the perpetrator to shame, forcing the child to lose the support he was receiving from the

perpetrator (Alaggia, 2004).

Pointing to the knowledge of the impact of CSV, Finkelhor (2009) noted that many adolescents or young children, due to a limited understanding of sexual abuse, may not report the abuse or violence. Due to limited information related to legal procedures, parents may also report the CSV to the responsible authority for further support (Mathews et al., 2013). Further, due to socio-cultural factors, where issues of sexuality are still taboo, Tang (2002) notes that it significantly contributes to limited knowledge of what constitutes sexual violence among children.

Moreover, due to increased socio-cultural stigma, the CSV victim and the family tend to fear the community's attitude and perception towards the incidence, where it is a common practice for the victim to be blamed (Jewkes & Abrahams, 2002). Further, due to gender practices and norms, as revealed by Easton, Saltzman, & Willis (2014) and Kitzinger (2004), boys find it difficult to report CSV due to society's expectations, leading to silence around the whole abuse or violence.

Considering the desperate need for available services and support related to CSV, rural communities are confronted with limited knowledge of CSV and limited facilities to support and provide quality care (Kaufman & Erooga, 2016). Due to geographic constraints and limited transport challenges, rural victims of CSV cannot access services at one-stop centers in urban areas. On the same note, the available services are not child-centered, and a poor mechanism exists to accelerate the CSV report (UNICEF, 2021). These factors are further perpetuated by a lack of trained personnel such as child psychologists, social workers, advocates, and medical

personnel to fast-track the matter (WHO, 2017).

4.4 Parents' Perception of the Impact of Delayed Reporting of Child Sexual Violence (CSV) at One Stop Centre

Data from parent respondents revealed mixed perceptions. Quantitative analysis showed that 55% of parents believed that reporting CSV immediately could bring social stigma to the family, while 30% perceived delayed reporting as protective, allowing the family to handle the matter internally. Only 15% of parents recognized the potential health and legal consequences of late reporting.

4.4.1 Parents' Perception of the Delayed Reporting of CSV at One Stop Centre

The way parents perceive reporting is significant for quickly reporting cases of Child Sexual Violence (CSV) to One Stop Centres (OSCs). Their opinions are shaped by cultural beliefs, fear of judgment, mistrust in the law enforcers, and understanding of the importance of reporting violence early; during the key informants' interview with parents, they narrated the following, Pointing to the setback related to delayed reporting, one parent noted,

> *"Depending on the perpetrator of violence against the child, but just reporting it may lead to the shame to the child and the family at large, in some events, the child who is sexually violated can be socially isolated with peers."*

Cementing on the aspect of fear of stigma and its consequences, another parent noted

> *"In some ethnic groups where virginity is still honored and brings respect and value to the family, not only may it force the family to remain silent about the incident, but also, it may lead to conflict and blame among the family members, for not protecting the child"* One of the parents during key informant interview.

The qualitative findings on social stigma and its consequences can be linked to a lack of awareness of the impact of the delayed CSV reporting to the one-stop center. The identified factors cannot withstand the value of the child's life. Additionally, during the interview with the parent, one of them pointed out the medical and legal benefits of reporting early CSV; when narrated,

> *"Some parents are still unaware of the benefits of seeking medical attention early from a one-stop center, especially when no physical injuries are seen; they think that there is no harm to the child,"*

The narration presented shows a lack of knowledge and awareness of medical attention among parents, which can be used to reduce the impact of violence, especially the infection of HIV/AIDS, which is helpful within 72 hours of the incidence or violence The findings have revealed the social stigma, which comes along as the result of CSV, lack of awareness and understanding of the importance of early reporting of CSV, which would help to prevent infection of STI and HIV/AIDS.

4.4.1.1 Discussion on the Parents' Perception of the Delayed Reporting of CSV at One Stop Centre

Parental perceptions significantly influenced reporting behavior. Quantitative analysis showed that 55% of parents perceived early reporting as potentially harmful to family reputation, while only 15% recognized its health and legal importance. Qualitative data revealed that cultural norms, fear of community judgment, and preference for informal dispute resolution contributed to delayed reporting. These findings are consistent with regional studies in SADC countries, where family and community norms were found to discourage timely disclosure of CSV (Jewkes & Abrahams, 2002; ISPCAN & Caribbean Court of Justice, 2021). From a structural

functionalist viewpoint, the family, as a primary social institution, failed to fulfill its protective function, creating dysfunction that contributes to delayed reporting.

The findings show that there is a social stigma associated with CSV. There is also a lack of awareness and understanding about how important it is to report CSV early. Early reporting can help avoid infections like STIs and HIV/AIDS. These observations were highlighted by McElvaney (2015), Lalor & McElvaney (2010), Lalor (2004), Jewkes & Abrahams (2002), (London et al., 2005) agreed with this study's findings, more details discussion as presented,

Many parents worry that reporting Child Sexual Violence will shame their family and cause them to be isolated from others. In societies that place great importance on virginity and family honor, parents might decide not to speak up to protect their children from being blamed or mistreated. In some African and Asian countries, parents think that reporting something could hurt their child's chances of getting married in the future (Lalor, 2004). Some parents worry about neighborhood gossip and victim-blaming (Jewkes & Abrahams, 2002). Delayed reporting lets the person who hurt the child keep causing harm to them and others.

Moreover, some parents do not realize the medical and legal problems that can arise from not reporting issues right away. They might think the abuse will not have lasting effects if the child has no visible injuries (McElvaney, 2015). Parents who know little about forensic medical evidence often wait too long to report cases, missing the important 72-hour window. This makes it harder to prosecute these cases successfully (London et al., 2005). Some parents think mending through prayers or

traditional ways is better than going to the doctor (Lalor & McElvaney, 2010). This means there are missed chances to receive emergency medical care, like preventing HIV, treating STIs, and preventing pregnancy.

4.4.2 Perceived Impact of CSV on the Child

Child Sexual Violence (CSV) has profound and lasting effects on survivors, affecting their physical health, mental health, social life, and educational achievement. The way children respond to childhood sexual violence depends on the severity of the violence and the way the medical personnel deals with CSV. The family members point out the perceived impact of the delayed report of CSV; one of the parents noted,

> *"A child who is a victim of child sexual violence normally suffers from emotional instability, self-isolation, the feeling of rejection and periodic distress," One of the parents during a key informant interview.*

This impact can only be observed with parents who are informed of the impact of CSV and who can take time to look at the child's physical health and assertiveness,

> *"It is common to find and see the physical injuries such as wounds and bruises or internal damage for children who are the victim of CSV. In the case of my children, it was through the medical diagnosis that the severity was identified." One of the parents during the key informant interview"*

The presented narration shows the impact of CSV on the physical well-being of the child; on the same note, another parent noted the impact on academic performance among victims of CSV as follows,

> *"Just look at the children who access services at the One Stop Centre; they are always struggling with concentration in class and have feeble memory. Due to these elements, they have poor academic performance."*

Some parents admitted that cultural beliefs and fear of community judgment discouraged timely reporting. One parent stated: "*In our community, if a child reports sexual abuse, it brings shame to the family, so many parents prefer to settle it quietly.*"

These findings demonstrate that family systems, when dysfunctional, contribute to delayed reporting, which aligns with structural functionalist explanations of social institutions failing to perform protective roles.

4.4.2.1 Discussion on the Perceived Impact of CSV on the Child

The victims of CSV have trouble focusing on their studies, which affects their academic success. They also feel emotionally upset. Many of them end up having troubled learning. These findings were supported by Putnam (2003), Maniglio (2009), World Health Organisation (2021), Kellogg (2013), Paolucci et al. (2001), and Trickett et al. (2011); the details are provided in support of the discussion in relationship to the presented qualitative findings from parents. Children who go through sexual abuse often face serious emotional problems, depression, and PTSD (Putnam, 2003). Survivors are more likely to experience worry, nightmares, and thoughts of suicide (Maniglio, 2009). Some children feel shame and guilt, thinking that the abuse happened because of them. If not addressed, these emotional effects can cause long-term mental health problems in adults.

Sexual violence can harm children in the short term and for years to come. This includes physical injuries, sexually transmitted diseases (STIs), and issues related to reproductive health (World Health Organisation, 2021). Injuries like genital injuries,

bruises, and internal damage are frequent (Kellogg, 2013). Survivors are at greater risk for HIV, unplanned births, and long-lasting pelvic pain (WHO, 2021). Some survivors may suffer from long-term health issues, sexual problems, and drug abuse. Child Sexual Violence (CSV) dramatically impacts a child's focus, memory, and school success (Paolucci et al., 2001). Many people struggle with school, often doing poorly, dropping out, or having trouble learning because of stress from trauma (Trickett et al., 2011). Some kids may act shy or misbehave in class, which can result in them getting kicked out or punished instead of getting help. This means that the CSV survivors might have low levels of education and fewer job prospects.

4.4.3 Parents' Knowledge and Awareness of Delayed Reporting of CSV at One Stop Centre

Parents are important for quickly reporting Child Sexual Violence (CSV). The knowledge and awareness among parents of CSV's impact significantly affects the urgent treatment of the case. The qualitative information to support the three elements, such as the awareness of the consequences of delayed reporting, knowledge of available services at one-stop centers, and cultural and social challenges to timely reporting, were collected from parents who were the key informants during this study, One of the parents narrated that the reason for not reporting on time was due to limited understanding and awareness of the consequences of delayed reports. Without the awareness of the legal, medical, and psychological impact, we cannot report,

> *"The limited knowledge on timely report continues to deny many children who victims of CSV available services such as legal, medical and counseling, as many parents are not aware of the availability and accessibility of these services."*

From this narration, it can be deduced that parents must be aware of the benefits of immediate medical examination and collection of scene evidence for the child, which comes with psychosocial support to the child and the family. Furthermore, the report of CSV is informed with prior knowledge of the available services and the facilities or centers where the services can be accessed. Many parents and children lack this knowledge, and in case of violence, they do not know where to seek support and services. This was revealed by one of the parents, who narrated,

> *"There are many campaigns in the community creating awareness of the violence against children, CSV in particular; however, the centers or places where a victim can access the services in case of violence, they are not talked about. It is, therefore, difficulty to find information on the services provided by one-stop center." One of the parents during the key informant interview.*

To increase awareness among the community members, particularly parents, and children, there should be a campaign from the grassroots, which is the family, in the report centers or facilities where services and support are provided. Still, in some communities, especially in remote areas where the law enforcers (Police Officers) are unavailable, or the community leaders are weak, the family members may fail or fear reporting the CSV as the perpetrator would retaliate against the family. This was narrated by one of the parents,

> *"Some parents are aware of the impact of CSV on the child's wellbeing; however, in a community where the leaders are weak or no law enforcers, the family member may not report due to fear of retaliation," One of the parents during a key informant interview.*

The study finding identified shortfall around the handling of CSV that usually forces parents to accept informal settlement and financial compensation despite allowing the girls to be married while the boy is left to suffer the consequences.

4.4.3.1 Discussion on Parents' Knowledge and Awareness of Delayed Reporting of CSV at One Stop Centre

Parental perceptions significantly influenced reporting behavior. Quantitative analysis showed that 55% of parents perceived early reporting as potentially harmful to family reputation, while only 15% recognized its health and legal importance. Qualitative data revealed that cultural norms, fear of community judgment, and preference for informal dispute resolution contributed to delayed reporting. These findings are consistent with regional studies in SADC countries, where family and community norms were found to discourage timely disclosure of CSV (Jewkes & Abrahams, 2002. From a structural functionalist viewpoint, the family, as a primary social institution, failed to fulfill its protective function, creating dysfunction that contributes to delay reporting.

This study's qualitative findings have pointed out the consequences of delayed reports among parents. These factors perpetuate the reporting of CSV and indicate the proposition to overcome the delayed report, as many parents are unaware of the reporting points and the services provided. These findings were supported by WHO (202), Kellogg (2013), London et al. (2005), Goodman-Brown et al. (2003), Mathews et al. (2016), Lalor (2024), Lalor & McElvaney (2010) as detailed below, Revealing the awareness and understanding of the consequences of delayed reporting of CSV, WHO (2021) noted that many parents, especially those in rural areas, are not aware of the legal, medical, and psychological support and care that can be provided to the CSV victims; as the results do not timely report the incidence. This is to say, delay report exposes the child to STIs and HIV/AIDS infection, especially post-exposure

prophylaxis (PEP), which is very effective within 72 hours (Kellogg, 2013). On the same note, London et al. (2005) pointed out that delayed reporting negatively affects the collection of scene evidence, negatively impacting the court proceedings, which, as noted by Goodman-Brown et al. (2003), leads to case dismissals.

Parents and community members need a community outreach campaign/program to understand the importance of CSV reporting earlier. Moreover, in some circumstances, parents do not report the CSV due to limited knowledge of the report points and the available services (Mathews et al., 2016). It is important for parents to be aware of the report points other than police stations and health facilities (WHO, 2021).

Pointing to the shame to the family brought along with CSV, Lalor (2024) revealed that in some cultures, parents may not disclose the CSV to protect the family and the child against social impact, which would lead to the child being stigmatized or isolated. Due to the stigma, some family members may decide to accept a formal settlement of the matter by accepting financial compensation; in the case where a victim is a girl, they may accept early marriage (Lalor & McElvaney, 2010). Parents' understanding of CSV reporting delays depends on knowing the results of these delays, being aware of the services offered at OSCs, and breaking through societal barriers. Community education, government actions, and advocacy are essential for prompt reporting and improved child protection.

4.5 The Challenges Faced by Children When Accessing Reporting Service at One Stop Centre

One Stop Centres (OSCs) are meant to provide combined services for survivors of

abuse, violence, and exploitation. However, children have a hard time getting the services and support they need to report violence. This specific objective is interrogated using the awareness of the challenges among study respondents and the identified challenges, more details on the findings as detailed;

4.5.1 Awareness of the Challenges facing Children when Accessing Reporting Service at One Stop Centre
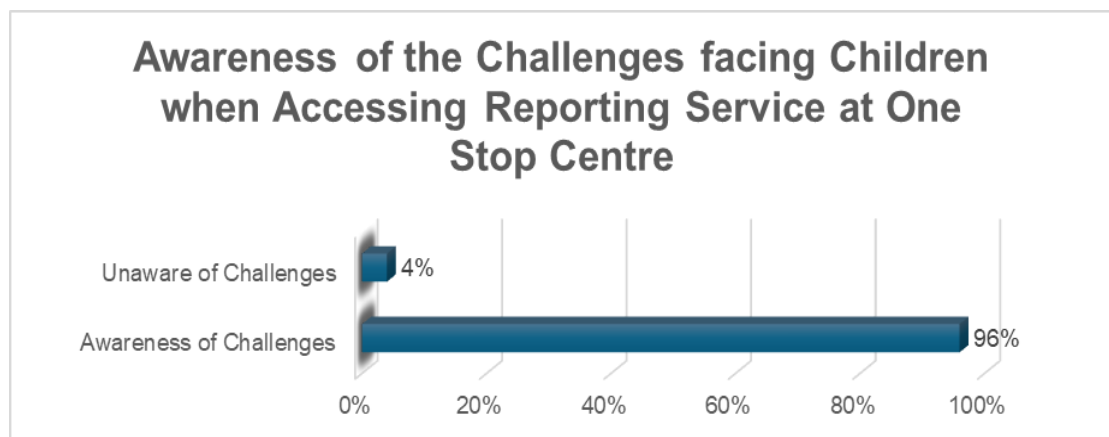
Figure 4.4: Awareness of the Challenges facing Children when Accessing Reporting Service at One Stop Centre

The findings as shown from figure 4.4 indicates that majority of both parents and children who were the respondents of this study (96%) were informed of the challenges confronting one stop centre in the study area. It was only 4% of the respondents who were not informed of the challenges related to one stop centre.

4.5.2 Identified Challenges Faced by Children when Accessing Reporting Service at One Stop Centre

Children and OSC staff reported multiple barriers to timely reporting. Quantitative

results indicated that 45% of children cited long distances to the One Stop Centre, 23% reported fear of stigma, and 19% noted long waiting times or lack of child-friendly services as major obstacles. These findings indicate that institutional and community dysfunctions contribute to delayed reporting, confirming the relevance of structural functionalist theory, which posits that failure of interconnected social systems undermines societal stability and protection of vulnerable members.
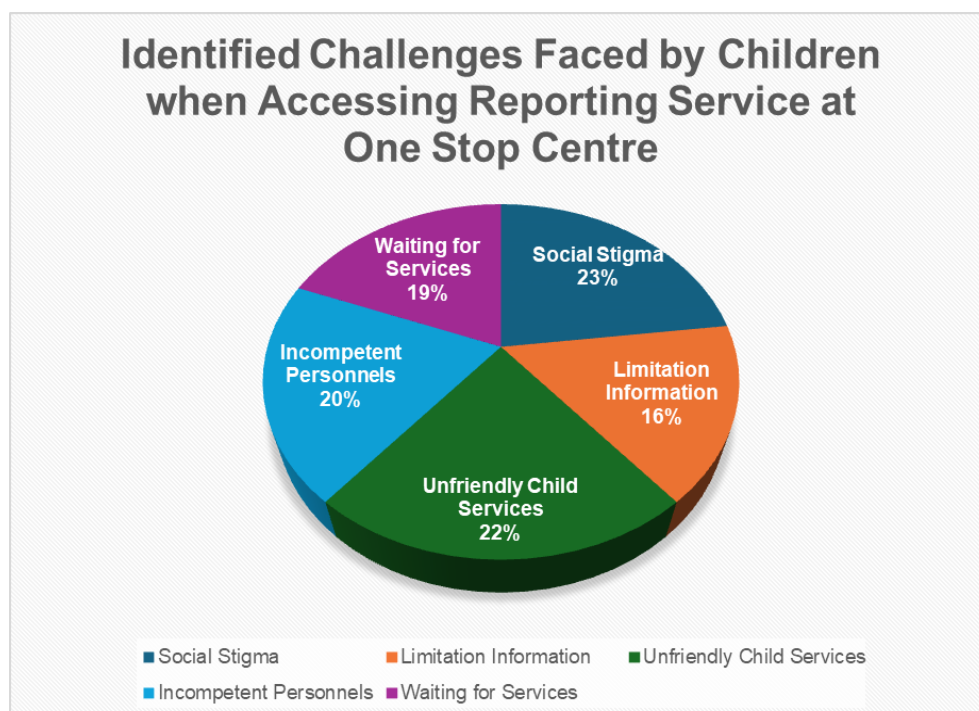
Figure 4.5: Identified Challenges Faced by Children when Accessing Reporting Service at One Stop Centre

Figure 4.5 shows that out of five identified challenges, 23% were observed from social stigma (the highest among others), 22% were recorded from unfriendly child services, and 20% were noted from incompetent personnel working at One Stop Centre. Further, 19% were recorded from waiting for services for a long time, and 16% were observed from limited information related to services and support accessible at One Stop Centre.

The findings portray that the key challenges facing children who were victims of CSV were social stigma, unfriendly child service and support, and incompetent personnel working at the One Stop Centre. Other challenges are equally important but were not among the leading three.

4.5.2.1 The Discussion on the Identified Challenges Faced by Children when Accessing Reporting Service at One Stop Centre

The results showed that the significant challenge facing children who were victims of CSV had been social stigma, unfriendly child services and support, and staff at the One-Stop Centre who were not very good at their jobs. Other problems were also significant but were not in the top three. The findings from UNICEF (2015), Save the Children (2018), World Health Organization (2019), UNODC (2020), and Plan International (2017) cement the presented findings as follows,

Due to social stigma related to CSV, children, especially boys, may find it challenging to disclose the violence due to stigma and sometimes not being sure of the outcome after reporting. The thinking deters reports and may lead to further victimization and isolation of the child. Children, especially those residing in rural areas, may not know where to report due to limited information about their community or family levels. The existence of One Stop Centre for children in Urban settings is not enough to tell them of the services and support that can be accessed from these centers; it is not until when they are told in schools, at religious institutions, or home by the family members (Save the Children, 2018).

The one-stop center is expected to have all services and support related to emergencies; however, due to limited support, some personnel may not be found at

the center, which deters the availability of child-friendly services. Services designed for adults may not fit the unique needs of children (World Health Organization, 2019). The One-Stop Centers, therefore, should have services intended for children and accessible wherever the need arises.

Due to limited resources, some personnel working at One Stop Centre may not have the necessary skills and competency to work with children; hence, they have no child-sensitive communication and minimal case management skills when dealing with children. The lack of these primary skills may victimize the children, and some of them may end up increasing their vulnerability to isolation and distress (UNODC, 2020). Further, Plan International (2017) noted that limited resources, such as diagnosis tools and other facilities required for examination, may force children to remain in the quell, waiting for services and support. The time spent waiting for services and support may discourage other children and parents from accessing services and support from One Stop Centre.

CHAPTER FIVE

SUMMARY, CONCLUSION, AND RECOMMENDATION

5.1 Chapter Overview

This chapter provides a comprehensive summary of the study's findings, draws conclusions based on the results and discussion, and offers recommendations for policy, practice, and future research. The study focused on assessing the impact of delayed reporting of child sexual violence (CSV) at the One Stop Centre in Kahama District, Tanzania. It specifically examined children's awareness of the impact of delayed reporting, parental perceptions, and the challenges children face in accessing reporting services. The findings are based on a mixed-methods approach combining quantitative surveys and qualitative interviews.

5.2 Summary

This study entitled "Assessing the Impact of Delayed Reporting of Child Sexual Violence Cases at One Stop Center. A Case of Kahama District Council – Tanzania" is guided by three specific objectives, namely, to assess the Awareness of children on the impact of delayed reporting of CSV at One Stop Centre**,** to explore the Perception of parents on the effects of delayed reporting of CSV at one-stop center**,** and to examine the challenges faced by children when accessing reporting service at one-stop center.

Moreover, the study had to consider three specific objectives when choosing a relevant theory. Hence, the Structural Functionalism theory was employed to inform the assessment of the impact of delayed reporting of child sexual violence—a case of the One Stop Center at Kahama District Council. The identified objectives guided the literature review while referencing other regions, such as the United States of

America and Canada, the Caribbean, Europe, and Australia. Further, other locations such as Asia, Sub-Saharan Africa, the Southern African Development Community, and the East Africa Community regions were interrogated about different areas.

In the context of the current study, the variables such as the cross-tabulation on the knowledge of the impact of delayed report of child sexual violence against demographic information awareness of the impact of delayed reporting of csv at one stop centre, factors contributing to delayed reporting of child sexual violence, qualitative findings on the factors contributing to delayed reporting of csv, parents' perception of the delayed reporting of csv at one stop centre, perceived impact of csv on the child, parents' knowledge and awareness of delayed reporting of csv at one stop centre, the challenges faced by children when accessing reporting service at one stop centre, understanding of the challenges facing children when accessing reporting service at one stop centre, identified challenges faced by children when accessing reporting service at one stop centre, all were directed to One Stop Centre at Kahama – Tanzania.

Significantly, this study was guided by a pragmatic philosophy compatible with descriptive design. Mixed approaches were used to complement the data collected from 48 respondents (28 parents and 20 children) using questionnaires and an interview guide. Data were collected from children and parents who had access to services from the One Stop Centre at Kahama District Council.

5.2.1 The Awareness of Children on the Impact of Delayed Reporting of CSV at One Stop Centre

The findings from parents and children noted that 95% of all respondents were aware

of the impact of delayed reporting of CSV at One Stop Centre with a 95% score; only 5% of the respondents noted that they were unaware of the effect. Moreover, pointing to specific outcomes of delayed reporting, 19% recorded increased health risks, 17% noted delayed medical treatment, and 16% recorded a loss of legal evidence. Further, 15% observed distress, 12% reported increased family conflicts, 11% recorded the possibility of re-victimization, and 10% observed social stigma.

5.2.2 The Perception of Parents on the Impact of Delayed Reporting of CSV at the One-Stop Center

The way parents perceive reporting is significant for quickly reporting cases of Child Sexual Violence (CSV) to One Stop Centres (OSCs). Their opinions were shaped by cultural beliefs, fear of judgment, mistrust in law enforcers, and early understanding of the importance of reporting violence.

5.2.3 The Challenges Faced by Children When Accessing Reporting Service at a One-Stop Center

Most parents and children who were the respondents of this study (96%) were informed of the challenges confronting one-stop centers in the study area. Only 4% of the respondents were unaware of the one-stop center challenges. Further, out of five identified challenges, 23% were observed from social stigma (the highest among others), 22% were recorded from unfriendly child services, and 20% were noted from incompetent personnel working at One Stop Centre. Further, 19% was recorded from waiting for services for a long time, and 16% was observed from limited information related to services and support accessible at One Stop Centre.

5.3 Conclusion

Based on the study findings, delayed reporting of CSV in Kahama District is a multi-dimensional problem. Many children lack sufficient knowledge about the importance of timely reporting, which increases their vulnerability to health, psychosocial, and legal risks. Parental attitudes and cultural norms significantly influence reporting behavior, with concerns about family reputation and community stigma discouraging early disclosure. Additionally, systemic challenges within the One Stop Centre, such as distance, uncoordinated services, and limited child-friendly facilities, hinder children from accessing reporting services promptly. The problem is therefore not only individual but also structural, reflecting the interdependence of children, families, communities, and institutions.

The results of this study show how bad it is when cases of child sexual violence at One Stop Centers are not reported right away. Reporting late not only makes it harder to get medical help, counseling, and legal action when it is needed, but it also raises the risk of another victimization and messes up the justice system. The study shows that more needs to be done to raise awareness, make reporting easier for kids, and help service workers get better at what they do so that cases are handled quickly and with care.

To lessen the effects of late reporting, healthcare providers, police, social workers, and community partners need to work together. Child protection systems can work much better if policies that encourage early exposure are strengthened, One Stop Centres are made easier to get to, and survivors are given a safe place to stay.

5.4 Recommendation

Based on what this study found, the government and One Stop Centres (OSCs) should do the following to lessen the effects of cases of child sexual abuse not being reported on time:

5.4.1 To the Government

Strengthen child protection policies and laws by making it easier for people to report cases of child sexual violence right away and making it clear what will happen if people do not report within a fair amount of time. The government should also give OSCs more money to make them easier to get to, hire more staff, and make sure they have good services for kids. They should also ensure OSCs have enough forensic, medical, and psychological support facilities. The government should also make OSCs available in places that do not have enough of them, especially in rural and remote areas. This should go hand in hand with helping victims and their caretakers get to services quickly. Also, nationwide programs should be started to teach people about the risks of waiting too long to report something and push for child-friendly ways to report things like toll-free helplines and mobile apps.

5.4.2 To One-Stop Centers (OSCs)

Improve Child-Friendly Reporting Systems by naming child protection officers trained in trauma-informed care and using appropriate interview methods for the child's age to ensure they feel safe and at ease when they report a case. Moreover, OSC staff should be trained to communicate sensitively with children, collect physical evidence, and give psychological first aid. They should also be able to take part in ongoing professional development programs to help them do their jobs better.

Cut down on the time it takes to handle cases by streamlining reporting and case handling so that people can immediately get medical and legal help. Also, make sure that cases of child sexual violence move quickly through the justice system so that there are no delays. Also, Improve Coordination with Law Enforcement and the Judiciary by working together more closely with police and courts to speed up investigations and trials of crimes and set up a legal aid desk at OSCs to help survivors and their families with legal matters.

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APPENDICES

Appendix 01: Consent/Assent

I, Deogratias Minangi, am a Master's student at The Open University of Tanzania Faculty of Arts and Social Sciences and Department of Sociology and Social Work Kahama Centre. As part of my studies program, I am conducting a research study and inviting your child to participate. Please read the information below on behalf of your child about my study and provide your consent if you are willing for your child to become a participant.

Title of Research Study: Assessing the Impact of Delayed Reporting of Child Sexual Violence Cases at One Stop Center. A Case of Kahama District Council - Tanzania.

The purpose of the research study is to investigate the impact of delayed reporting of child sexual violence cases at One Stop Centre: A Case of Kahama District Council, Tanzania.

Data Collection:

I will be collecting data from your child through interviews, and this data will help to understand the impact of delayed reporting of Child Sexual Violence Cases at One Stop Centre—a Case of Kahama District Council - Tanzania.

Participation:

Your child's participation is voluntary. If they do choose to participate but prefer not to answer specific questions or want to withdraw from the study, they are free to do so at any time and for any reason. There is no penalty if they refuse to participate, withdraw, or answer any question.

Confidentiality and Anonymity:

The informed consent forms will be kept confidential, and other information collected will be kept anonymous. Audio recordings of discussions will be stored on a USB memory drive, which will be kept in a locked, secure site for at least one year. Only the Principal Investigator (Deogratias Minangi) and Thesis Supervisor (Dr Johnas Buhori) will have access.

To ensure the child's anonymity, no personal identifiers will be recorded on any questionnaires on which your responses will appear. Their name, date of birth, telephone, email address, or other personal identifying information will not appear on child response sheets or audio tape. However, child responses may be shared with the research community. After one year, the research data will only be destroyed by the Principal Investigator.

Risks and Benefits of Participation in the Study:

No risk or discomfort is anticipated if your child participates in this study. Also, there is no proposed or foreseeable direct benefit to your child for participating in the study.

Conflict of interest disclosure:

The principal investigator and study members have no financial conflicts of interest to report.

Contact Information:

If you have any questions or concerns about this study, please contact: -

Deogratias Mining

Email: deogratiasminangi@gmail.com

Phone number: +255-756517222

I, the undersigned, have read and understood the information provided above. I

consent to my child's participation in this research study.

Child's Name……………………………………….

Parent/Guardian Name…………………………………

Signature of Parent/Guardian………………………….

Date………………………………

Appendix 02: Kuomba Ruhusa kwa wazazi na Watoto kwa ajiri ya kukusanya taarifa.

Mimi, Deogratias Minangi, Mwanafunzi wa Shahada ya Uzamili katika Chuo Kikuu Huria cha Tanzania Kitivo cha Sanaa na Sayansi ya Jamii, Idara ya Sosholojia na kazi za Jamii, kituo cha Kahama. Kama sehemu ya mpango wa masomo, ninafanya utafiti na ninaomba mtoto wako kushiriki katika utafiti huo. Tafadhali soma maelezo hapa chini kwa niaba ya mtoto wako kuhusu utafiti wangu na utoe kibali chako ikiwa upo tayari mtoto wako kuwa mshiriki.

Kichwa cha habari cha Tafiti: Athari za kuchelewa kuripoti kesi za unyanyasaji wa kijinsia kwa Watoto katika kituo jumuishi, Halmashauri ya Wilaya ya Kahama – Tanzania.

Madhumuni ya utafiti: Utafiti huu utachunguza athari za kuchelewa kuripoti kesi za unyanyasaji wa kijinsia kwa Watoto katika kituo jumuishi, Halmashauri ya Wilaya ya Kahama – Tanzania.

Ukusanyaji wa taarifa: Nitakuwa nikikusanya taarifa kutoka kwa mtoto wako kwa njia ya mahojiano na taarifa hizo zitanisaidia kuelewa kwa kina athari za kuchelewa kuripoti kesi za unyanyasaji wa kijinsia kwa Watoto katika kituo jumuishi, Halmashauri ya Wilaya ya Kahama – Tanzania.

Ushiriki: Ushiriki kwa mtoto wako ni wa hiari. Ikiwa atachagua kushiriki katika utafiti huu, na kwamba hatapendelea kujibu maswali Fulani au kutaka kujiondoa kwenye utafiti, mtoto wako atakuwa huru hufanya hivyo wakati wowote na bila kutoa sababu. Hakuna adhabu ikiwa atakataa kushiriki, kujiondoa au kukataa kujibu swali lolote.

Usiri na kutojulikana:

Fomu ya idhini iliyojazwa itakuwa siri. Taarifa nyingine zitakazokusanywa hazitajulikana. Majadiliano yaliyorekodiwa kwa njia ya sauti yatahifadhiwa kwenye hifadhi ya kumbukumbu kwa kutumia USB ambayo itatunzwa sehemu salama kwa

mwaka mmoja. Mtafiti (Deogratias Minangi) na msimamizi wa utafiti huu (Dr Johnas Buhori) ndio watu pekee watawaza kuzipata taarifa hizi za utafiti na kuzitumia kwa lengo la maudhui ya kitaaluma.

Ili kuhakikisha kutojulikana kwa mtoto wako, hakuna utambulisho binafsi ambao utarekodiwa katika dodoso lolote ambalo majibu yake yatakuwepo. Jina lake, tarehe ya kuzaliwa, anwani, namba ya simu, barua pepe au taarifa nyingine binafsi ya utambulisho wa mwanao, havitaonekana kwenye karatasi zozote za majibu yam toto au kanda sauti. Hata hivyo, majibu ya Watoto yanaweza kushirikiwa na jumuiya ya watafiti, baada ya mwaka mmoja, kanzu data ya utafiti itaharibiwa na mtafiti mkuu pekee.

Hatari na faida za kushiriki katika utafiti:

Hakuna hatari au usumbufu unaotarajiwa ikiwa mtoto wako atachagua kushiriki katika utafiti huu. Pia hakuna manufaa ya moja kwa mojayaliyopendekezwa kwa mtoto wako kwa kushiriki katika utafiti.

Mgongano wa maslahi:

Mtafiti na wote wenye kuhusika katika utafiti huu, hawana migongano ya maslahi katika utafiti huu.

Mawasiliano:

Ikiwa una maswali au ushauri wowote kuhusu utafiti huu, tafadhali wasiliana na: -

    Deogratias Minangi

    Barua pepe: deogratiasminangi@gmail.com

    Namba ya simu: +255-756517222

Taarifa ya idhini:

Mimi niliyetia Saini, nimesoma na kuelewa maelezo yaliyotolewa hapo juu. Ninakubali ushiriki wa mtoto wangu katika utafiti huu.

Jina la mtoto;…………………………….

Jina la mzazi/mlezi:…………………………

Saini ya mzazi/mlezi……………………..

Tarehe :………………………………..

Appendix 03: Unstructured Questionnaire on Assessing the One Stop Centre in handling reported CSV Cases in Kahama.

1. Your Gender/Sex

    i.   Male

    ii.   Female

2. Marital Status (among parents)

    i.   Married

    ii.   Single

    iii. Divorced

3. Education Level

    i.   Primary level

    ii.   Secondary level

    iii. Certificate holder

    iv.   Diploma holder

    v.   Bachelor holder

4. Age group

    i.   10 – 13

    ii.   14- 17

    iii. 18- 30

    iv.   31- 40

    v.   41+

5. Income level

    i.   100,000 – 200,000

    ii.   201,000 – 300,000

    iii. 301,000 – 400,000

    iv.   401,000- 800,000

6. Residential Location

    i.   Rural

    ii.   Urban

7. Awareness of the Impact of Delayed Reporting of Child Sexual Violence

    i.   Yes

    ii.   No

8. Out of the following Challenges Faced by Children when Accessing Reporting Service at One Stop Centre, which one do you consider to be leading?
    i. Social Stigma
    ii. Limitation Information
    iii. Unfriendly Child Services
    iv. Incompetent Personnels
    v. Waiting for Services

9. Do you understand the Impact of Delayed Reporting of CSV at One Stop Centre?
    i. Yes
    ii. No

10. What do you consider to be the Impact of Later Report of CSV at One Stop Centre?
    i. Delayed medical treatment,
    ii. Increased health risks,
    iii. Social stigma,
    iv. Increase family conflict,
    v. Loss of legal evidence,
    vi. Re-victimisation, and distress.

11. What are the factors contributing to delayed reporting of child sexual violence?
    i. Unfriendly reporting centres,
    ii. Threats of the perpetrators,
    iii. Lack of knowledge
    iv. Socio-cultural stigma.
    v. Limited supported services,
    vi. Threats of the perpetrator

12. In your view, would you please tell me the factors which contribute to delayed reporting of child sexual violence

13. As a parent, would you please share with me your perception of the Delayed Reporting of CSV at One Stop Centre (Probe more for Perceived Impact of

CSV on the Child, Parents' Knowledge and Awareness of Delayed Reporting of CSV at One Stop Centre,

14. Are you aware of the Challenges Faced by Children when Accessing Reporting Service at One Stop Centre?

    i.   Yes

    ii.   No

15. What are the major challenges faced by children when accessing report services at One Stop Centre?

    i.   social stigma

    ii.   unfriendly child services,

    iii.   incompetent personnels

    iv.   waiting for services for a long time,

    v.   limited information

Appendix 04: Dodoso la Kiswahili

Hojaji isiyo na muundo kuhusu kutathmini kituo jumuishi katika kushughulikia kuripotiwa kwa kesi za ukatili wa kijinsia dhidi ya Watoto Halmashuri ya Wilaya Kahama.

1. Jinsia / Jinsi yako

    i.   Mwanaume

    ii.   Mwanamke

2. Hali ya ndoa (Kati ya wazazi)

    i.   Ndoa

    ii.   Mtu mmoja

    iii. Walioachika

3. Ngazi ya Elimu

    i.   Ngazi ya Msingi

    ii.   Kiwango cha sekondari

    iii.   Mwenye cheti

    iv.   Mwenye Diploma

    v.   Mwenye Shahada

4. Kikundi cha umri

    i.   10 – 13

    ii.   14- 17

    iii.   18- 30

    iv.   31- 40

    v.   41+

5. Kiwango cha kipato kwa fedha za kitanzania

    i.   100,000 – 200,000

    ii.   201,000 – 300,000

    iii.   301,000 – 400,000

    iv.   401,000- 800,000

6. Eneo la Makazi

    i.   Vijijini

    ii.   Mjini

7. Ufahamu wa Athari za kuchelewa Kuripoti kwa matukio ya ukatili wa

kijinsia kwa watoto

    i.   Ndiyo

    ii.   Hapana

8. Kati ya changamoto zifuatazo wanazokabiliana nazo watoto wanapopata huduma ya kutoa taarifa katika kituo jumuishi cha utoaji taarifa, unadhani ni kipi kinaongoza?

    i.   Unyanyasaji wa kijamii

    ii.   Taarifa za kikomo

    iii.   Huduma za watoto zisizo rafiki

    iv.   Watumishi wasio na uwezo

    v.   Unasubiri huduma

9. Je, unaelewa Athari za kuchelewa kutoa taarifa kwa matukio ya ukatili wa kijinsia kwa watoto kwenye kituo jumuishi cha utoaji taarifa?

    i.   Ndiyo

    ii.   Hapana

10. Je, unaona kuwa athari za kutoa taarifa za matukio ya ukatili wa kijinsia kwa watoto baadae kwenye kituo jumuishi cha utoaji taarifa?

    i.   Kuchelewa kwa matibabu

    ii.   Kuongezeka kwa hatari za kiafya

    iii.   Unyanyapaa wa kijamii

    iv.   Kuongeza migogoro ya kifamilia

    v.   Kupoteza Ushahidi wa kisheria

    vi.   Rejesha dhuruma na dhiki

11. Je, ni sababu zipi zinazochangia kuchelewa kuripotiwa kwa matukio ya ukatili wa kijinsia kwa watoto

    i.   Vituo vya kurepoti visivyo rafiki

    ii.   Vitisho vya wahalifu

    iii.   Ukosefu wa maarifa

    iv.   Unyanyapaa wa kijanii na kitamaduni

    v.   Huduma chache zinazoungwa mkono

    vi.   Vitisho vya mhusika

12. Kwa maoni yako, tafadhali unaweza kuniambia sababu zinazochangia

kucheleweshwa kwa taarifa za ukatili wa kijinsia kwa watoto?

13. Kama mzazi, tafadhali unaweza kushiriki nami mtazamo wako wa kuchelewa kuripoti kwa matukio ya ukatili ya kijinsia dhidi ya watoto katika kituo jumuishi (Chunguza Zaidi madhara yanayotambulika ya ukatili wa kijinsia kwa mtoto)

14. Je, unafahamu changamoto wanazokabiliana nazo watoto wakati wa kupata huduma katika kituo jumuishi cha utoaji taarifa?

     i.   Ndiyo

    ii.   Hapana

15. Je, ni changamoto zipi kuu zinazowakabili watoto wanapopata huduma za kurepoti kwenye kituo jumuishi cha utoaji taarifa?

   i.   Unyanyapaa wa kijamii

  ii.   Huduma zisizo rafiki kwa watoto

 iii.   Wafanyakazi wasio na uwezo

 iv.   Kusubiri huduma kwa muda mrefu

  v.   Taarifa kidogo zisijitoshereza

Appendix v: Clearance Letters

JAMHURI YA MUUNGANO WA TANZANIA

OFISI YA RAIS, TAWALA ZA MIKOA NA SERIKALI ZA MITAA

HALMASHAURI YA MANISPAA YA KAHAMA

Unapojibutafadhalitaja:

Kumb. Na. KMC/P.20/2/VOL IV/120   **03 Machi, 2025.**

Mkuu wa Idara,
Idara ya Maendeleo ya Jamii,
S. L. P 472
KAHAMA.

Yah: **KIBALI CHA KUFANYA UTAFITI BW. DEOGRATIAS NYANJA MINANGI**

    Tafadhali husika na mada tajwa hapo juu.

2.   Namleta kwako Ndugu Deogratias Nyanja Minangi ambaye ni Mwanafunzi wa Chuo cha Open University of Tanzania amekuja kufanya Utafiti katika Idara ya Maendeleo ya Jamii Halmashauri ya Manispaa ya Kahama. Aidha utafiti huo ni kuhusu "**Assessing the Impact of Delayed Reporting of Child Sexual Violence**".

3.   Ofisi ya Mkurugenzi wa Halmashauri ya Manispaa ya Kahama imekubali maombi yake na kumleta kwako ili uweze kumpatia Ushirikiano.

4.   Nakutakia kazi njema.

F. K. Sangiwa
KAIMU MKURUGENZI
HALMASHAURI YA MANISPAA
KAHAMA

MUNICIPAL DIRE
KAHAMA MUNICIPAL COUNCIL
P.O. Box 472
KAHAMA

Nakala: Deogratias Nyanja Minangi