Breaking the Silence: Stigma, Community Norms, and Social Welfare Responses to Child Sexual Abuse in Zanzibar

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Abstract

Child sexual abuse (CSA) remains a critical social welfare concern in Zanzibar, where disclosure and help seeking are shaped by community norms, stigma, and institutional trust. This study synthesizes secondary sources through qualitative thematic document analysis of peer reviewed literature and policy or organizational reports (2020 to 2025) identified via a structured search and screened for relevance to sociocultural and institutional determinants of reporting and response. The analysis highlights five recurring patterns: (1) disclosure is constrained by collectivist norms that prioritize family reputation and social harmony; (2) victim blaming and gendered expectations intensify stigma and silence; (3) cultural authority and household hierarchies discourage reporting when perpetrators hold status; (4) institutional barriers, including staffing shortages, fragmented referrals, and procedural delays, reduce confidence in formal pathways; and (5) community engagement and integrated service initiatives, including One Stop Centers, show promise but remain unevenly implemented. Using ecological systems thinking and labeling processes, the study argues that silence is reproduced through interactions across community norms, family decision making, and service systems. The paper concludes by recommending culturally grounded, multi-level interventions that strengthen trusted reporting pathways while reducing stigma through community leadership engagement.

Keywords: *Child Sexual Abuse, Stigma, Community Attitudes, Social Welfare Response, Zanzibar*

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A. Introduction

Child sexual abuse (CSA), an internationally recognized egregious violation of the child population's rights, is a significant issue in the realm of social welfare, with significant physical, psychological, and emotional effects on the child victims of such abuse (Ali et al. 2024). Although globally, international regulations and national laws have begun to recognize the gravity of CSA, the child protection, prevention, and reporting mechanisms against such abuse are largely conditioned and influenced by social and cultural circumstances. In

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collectivist societies, it is not only an offense against the child but is also socially restricted, thus impeding discourse and intervention through stigma, social shame, and morality based taboos, as is evident in Zanzibar where social norms and social frameworks are largely collectivist (Mensah, Abdullah, and Cudjoe 2024).

This can be supported by literature current within the global scene, which affirms that stigma activates one of the powerful mechanisms that serves as a barrier for disclosure and justice for CSA. There are fears of social boycott, loss of reputation, and re-victimization experienced by survivors and their families, prompting reporting to be extremely low and instead seeking solutions within informal settlements rather than taking individual initiatives that are formal within any legal and welfare framework (Chibango and Chibango 2022). Kennedy (2024) argues that these gaps are not merely individual failures but socially constructed outcomes shaped by cultural understandings that prioritize harmony, honor, and conformity over individual safety and accountability (Gomez 2022). The bottom line, therefore, is that perpetrators remain unpunished, and survivors lack psychosocial support and institutional protection and support. Research undertaken within this field has shifted from an understanding of CSA as an issue related to legal failure to its socially constructed and sustained nature grounded within social norms and power dynamics.

In sub-Saharan Africa, including the United Republic of Tanzania and the Zanzibar context, studies highlight how patriarchal ideology, religious interpretations, and community power hierarchies shape attitudes toward child sexual abuse and influence disclosure and reporting decisions (Mihret et al. 2025). For example, girls are often blamed, while boys are often expected to be strong and remain silent. In some communities, there is a level of trivialization of child sex abuse as a crime within a community or a family, instead viewing the matter as an internal domestic issue in need of internal resolution, such as compensation, forgiveness, or forced apology (Shwetha and Nidugonda 2023). This promotes social order while undermining child rights, impunity, and hindered access to justice and therapeutic services.

Although research on child sexual abuse in Sub-Saharan Africa has expanded significantly in recent years, the social and institutional dynamics shaping disclosure and reporting in Zanzibar remain insufficiently examined. Existing studies in Tanzania have largely concentrated on prevalence rates, legal frameworks, and medical consequences of abuse. Consequently, less attention has been given to the interaction between community stigma, household decision-making, and the functioning of social welfare institutions. Understanding these social dynamics is crucial because child protection

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mechanisms depend not only on legal provisions but also on public trust, community participation, and culturally mediated responses to abuse.

These recent reports by social welfare authorities, civil society organizations, and child rights groups operating in Zanzibar indicated that the incidence rate of CSA has been increasing in various contexts such as family settings, schools, religious environments, and among family groups (Priyadarshini 2025). However, these reported instances are just a small percentage of the total incidents because many such incidents have been kept silent. This suggests that there exists a gap between the protection accorded by child protection legislation and the social practices (Okah 2025). This would imply that, despite advanced child protection measures, there is a culture of silence at work undermining the protective measures.

This study addresses the social welfare dimension of CSA in Zanzibar by examining how stigma, community attitudes, and institutional arrangements shape disclosure, reporting, and service response. The paper contributes by consolidating recent evidence (2020 to 2025) and by mapping how community norms, household decision making, and service system capacity interact to reproduce silence and informal settlement practices. Analytically, the study draws on ecological systems thinking to interpret multi level influences and on labeling processes to explain how anticipated stigma discourages help seeking and formal reporting.

B. Methods

This study employed a qualitative thematic document analysis based on secondary sources to examine how stigma and community attitudes shape CSA reporting and social welfare responses in Zanzibar. Secondary analysis was selected because CSA is a sensitive topic where primary data collection may pose ethical and safety risks for survivors. Data were drawn from peer reviewed journal articles, government or legislative policy reports, and reports by international and national child focused organizations published between 2020 and 2025. The search covered Scopus and the institutional websites of UNICEF, WHO, UNFPA, Save the Children, and the African Child Policy Forum. Search terms combined "child sexual abuse", "stigma", "community attitudes", "reporting", "social welfare response", "informal settlement", and "Zanzibar" or "Tanzania". In total, 87 records were identified and 42 were retained after screening.

Screening followed two stages: title and abstract screening, then full text screening. Inclusion criteria were sources that discussed sociocultural determinants of disclosure, community attitudes toward reporting, informal settlement practices, institutional response pathways, or service coordination in Zanzibar or closely related Tanzanian contexts relevant to Zanzibar's service

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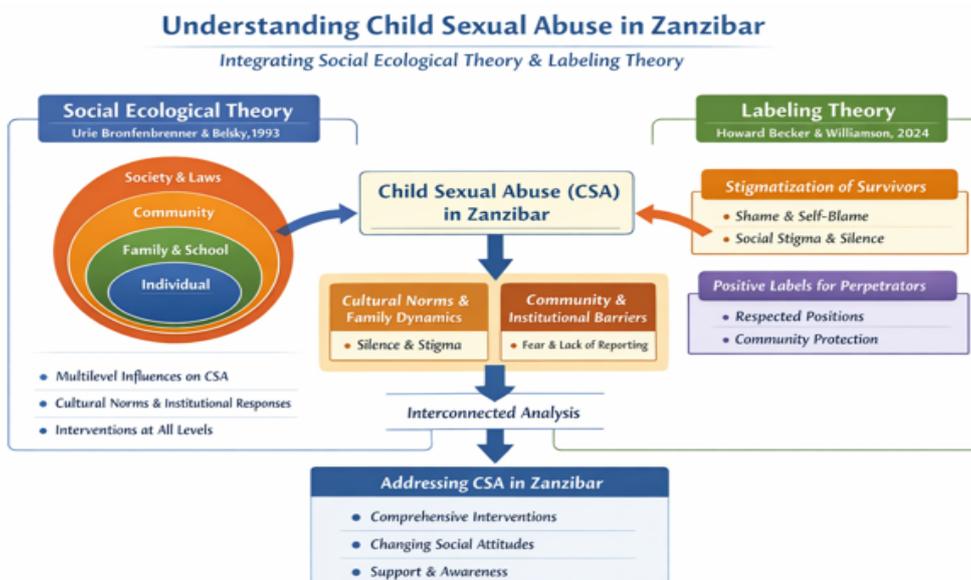
ecology. Exclusion criteria were studies focusing solely on clinical or biomedical outcomes without discussion of sociocultural or institutional dynamics, opinion pieces without identifiable documentary or empirical basis, and sources outside the 2020 to 2025 window. Analysis followed iterative coding (open, axial, and selective) to develop themes related to stigma, silence, informal justice mechanisms, institutional mistrust, and service constraints. Rigor was supported by documentation of coding decisions and continuous comparison between themes, source evidence, and theoretical interpretation. As a document based synthesis, this study depends on the scope and quality of available sources and may underrepresent informal community mechanisms not captured in published documents. The absence of primary fieldwork limits verification of local implementation details; therefore, findings are presented as analytical patterns rather than population estimates.

C. Results and Discussion
1. Results

The thematic document analysis identified five recurring patterns that explain how stigma, community norms, and service system constraints shape CSA disclosure and social welfare responses in Zanzibar. Findings are presented thematically to align with the study objectives and to clarify how community attitudes interact with institutional pathways.

Figure 1.
Integrated Theoretical Framework for Analyzing Child Sexual Abuse in Zanzibar

Source: Authors' synthesis based on reviewed documents (2020 to 2025)

1) Socio-Cultural Determinants of Disclosure and Silence

The reviewed documents consistently indicate that socio-cultural norms play a decisive role in shaping disclosure decisions in Zanzibar. Across policy reports and practitioner accounts, child sexual abuse is rarely discussed openly in families or community forums because disclosure is perceived to threaten family reputation, provoke social conflict, and potentially reduce future marriage prospects, particularly for girls. These concerns contribute to a pattern in which silence becomes a socially acceptable response to abuse. Some documents have shown patterns in addressing allegations of CSA cases, which have been consistently diverted from legal means towards internal family reconciliation and negotiation strategies. In these cases, mediation within the communities, often brokered by elderly individuals or spiritual leaders, often precedes reporting CSA cases to law enforcement authorities or accessing other relevant social services (Amo-Adjei et al. 2023). In some cases, documented, families have been reported to have withdrawn cases from the respective departments, even where services have already been initiated, based on such mediation strategies aimed at resolving such cases within the affected families (Warrington et al. 2023). Therefore, the literature indicates that children are often encouraged to keep quiet to avoid escalation of conflicts.

The practitioners' reports mention several situations in which the caregivers either restricted children from talking with the investigators or discouraged multiple narrations of their experiences to avoid public attention. Unity within the household and avoidance of public exposure were often key desired results (Vaughan-Eden, LeBlanc, and Dzumaga 2022). These documented practices represent informal mechanisms that are, in fact, widely used pathways for reacting to CSA. While the structures for reporting exist at a formal level, there is considerable evidence to support the notion that families often first seek solutions that will preserve relationships and minimize social visibility (Letson and Crichton 2023). This was a consistently emerging pattern across governmental reviews, NGO documentation, and practitioner accounts.

2) Stigma, Gender Norms, and Victim Labeling

The reviewed literature consistently identifies stigma as a central mechanism shaping responses to child sexual abuse. Government reports, NGO assessments, and practitioner documentation indicate that disclosure often triggers gossip, social distancing, and reputational damage for both the survivor and the family. These anticipated social consequences discourage families from pursuing formal reporting pathways and instead reinforce patterns of silence within the community. Some reports indicated that disclosure had led to changes in associations within peers for the child, such as withdrawal from social interactions or differential handling in sociological environments such as schools (Ramakrishna et al. 2025). Therefore, Some reports indicate that survivors fear

that disclosure may permanently damage their social reputation and future marital prospects within the community (Gemara and Katz 2023).

Gender differences were also documented. The association between female survivors and community discussions on modesty, sexual respectability, and perceived behavior was noted. Some publications listed symptoms like dress, movement, and/or adult interaction as appearing during informal disputes. On the other hand, male survivors were noted fewer times in official statistics. Reasons cited were that boys were expected to demonstrate resiliency and emotional control. There is literature on the appearance of secondary stigma on families. Caretakers perceived fear that they might be perceived as neglectful and morally irresponsible was noted in most cases (Viliardos, McAndrew, and Murphy 2023). They avoided further interactions with law enforcement and social services following the initial contact due to this. These documented experiences put together suggest that stigma operates at both the level of the individual child and in wider family and community relationships that pattern visibility and withdrawal from formal systems.

3) Cultural Authority and Power Relations

The other recurrent theme in the reviewed materials revolves around how children handle the role of authority in situations where they have been abused. Several documents suggest that in cases where the suspected offender has a certain position or status in society, such as the elders in the child's life and other relatives of higher status and authority than the child, making a report becomes an uphill task (Orchowski et al. 2022). Several case examples from reports submitted by social organizations highlighted situations where the abused child was reluctant to go against the word of the abuser, since they were viewed in esteem. For example, in some of the case examples documented in the reports, the child retracted some of the statements they had given in the process of making the report after others in higher positions in the child's life got involved (Petherick 2020). Therefore, age and status of the offenders or the abusers were cited in some of the reports as an element of consideration in the process of making decisions.

The literature has also referenced cases of family-based interventions which are geared towards managing the situation at the family level, such as asking the family to keep the case a family secret, discouraging the family from coming into contact with the police, and even liaising with a powerful person in the community to help manage the situation. In some cases, the families have even taken control of managing the outcomes of the negotiations so as to prevent exposure to public knowledge (Albornoz and Latorre 2025). Additionally, reports from the professionals in the front line have indicated instances where the power relationship may have had an impact on levels of cooperation with the investigations. In these reports from the service providers, some challenges in

making further inquiries were indicated in instances where the families seemed reluctant in making further complaints about those, they perceived to have some social status in the respective communities (Birdsall, Kirby, and Phythian 2022). Withdrawal from the processes was evident in the summaries. These trends across the specified time frame tend to demonstrate the ways in which pre-existing hierarchies in households or at the community level play a role in disclosure patterns. The presence of authority figures tended to correlate with negotiation within personal spaces and hinder progression towards accountability.

4) Institutional Barriers and Structural Constraints

The reviewed documents identified several hurdles in the provision of social welfare interventions for cases of CSA in Zanzibar. While there is child protection legislation and procedural guidelines in place, several assessments of child protection issues in Zanzibar cited challenges in implementing these frameworks in all cases of child protection. For example, there is a challenge of staffing in many of these cases, as reports from various government and partner assessments detailed cases of districts being handled by fewer social welfare officers. For example, there were reports of lack of time in cases of child protection, as social welfare officers were sometimes constrained in the number of follow-ups visits, they could conduct (Blessing Osaiyuwu 2024). Other issues included unequal distribution of services. For example, there were findings of shortages of psychosocial services, as well as facilities for temporary shelters and rehabilitation centers for child victims of abuse. Families had sometimes had to travel long distances before accessing such facilities.

Coordination between different agencies also came out as a repeated issue. Evaluation of the pathways followed by the victims revealed that there were gaps in the referrals received by the police, hospitals, schools, and court authorities. In a few cases, victims were asked to give their statements to different officers stationed in different offices. Professionals felt that such procedures might cause a prolonging of time and a subsequent problem with the evidence collected (Block et al. 2024). Delays in the investigations and judicial processes have also been cited in the reports by the government as well as civil society bodies. Lack of adequate facilities, as well as constraints in scheduling, had prolonged the period, and a few cases had shown the withdrawal of complaints by victims (Wallis and Woodworth 2020). Studies on the role of teachers as a primary contact group to address issues like children-at-risk have shown schools as a possibly effective area, with responses being largely based upon individual teacher experience.

5) Emerging Community and Institutional Responses

Despite the recognition of obstacles in disclosure and access to services, recent literature after 2020 reveals a notable trend at the developmental level in tightening the prevention, reporting, and supporting mechanisms for victims. One notable trend, suggested by several reports, is the widening involvement of civil society organizations. Reports by different actors, both local and international, have pointed out improvements in partnerships with key actors in civil society, such as religious leaders, women, and youth, in championing awareness about children's rights as well as the avenues through which CSA reporting can be made. Evidently, there have been more CSA discussions compared to the former periods where the issue was not being tackled in any forum (Madray and Tinnie 2025).

Some sources also point to some districts where coordination in referral interactions was introduced or enhanced. Multi-sector meetings among social departments, gender desks in the police, health organizations, and non-governmental actors have been organized to disambiguate roles and procedures among them. In some pilot districts, written referral structures and contact lists have also been developed to minimize confusion about institutional roles in response to disclosure. A noteworthy development, common in most of the literature examined, is the gradual development and rollout of Integrated Service Models, with One Stop Centers (OSCs) being at the core of these structures (Hendricks, Schippers, and Moolman 2025). Sources such as policy briefs and implementation reviews point to these structures as platforms where medical examination, psychosocial support, and reporting to police and legal authorities can be initiated in one package. Interviewed practitioners in various evaluation studies point to the minimization of cascading or multiple traversals to service points and retelling of incidents due to these structures.

Some of the major observations based on the OSCs during their early stages of operation are noteworthy for successes and challenges observed. Among the success stories are improvements in the timeliness of medical services received, the level of collaboration between various professions, and documentation procedures. However, among the challenges faced are issues like geographical coverage and staffing, as well as dependence on outside funding partners (Muridzo and Chikadzi 2020). The model was observed and interpreted as moving towards a more effectively coordinated practice. There were a recognition and discussion based on school-based initiatives as emerging opportunities for intervention. Some training sessions for teachers and guidance staff, although not sampled on a widespread scale, were observed in different districts. From education sector documents and records, the level of awareness was reported as having been raised, though still subject to availability of resources.

Media monitoring reports also highlight an increase in the publicity of communication around sexual violence against children. This contrasts with previous years, where there was less frequent publicity of court hearings related to cases of CSA, prevention efforts, as well as care for the survivors. This publicity appears to have been part of a growing awareness of the issue being one of public concern. As an entirety, all the sources discussed appear to highlight a landscape in transition (Yu 2021). Although issues of norms and capacity constraints remain important concerns, it is also true that there are multiple actors on both sides of the spectrum that appear to be trying new things as a way of addressing aspects of comprehensive care. All of this appears to be repeatedly highlighted as efforts towards institutional learning.

Table 1
Summary of Emerging Responses

Actor / Institution	Type of Initiative	Where implemented	Intended Function	Reported Contribution
Ministry responsible for Social Welfare	Strengthening referral pathways; multi-sector coordination meetings	Selected districts; pilot areas around urban centers	Clarify mandates between police, health, and welfare after disclosure	Improved communication among agencies; reduction of procedural confusion
Police Gender & Children Desks	Specialized intake procedures for child survivors	Police stations in major towns	Provide safer entry point for reporting	Increased visibility of formal reporting channels, though workload remains high
Health Facilities & Partner NGOs	Medical and psychosocial first response integration	Facilities linked to One Stop Center model	Reduce movement between institutions; early documentation	Faster access to treatment; fewer repeated narratives
One Stop Centers (OSC)	Co-location of legal, medical, and counseling services	Limited but expanding coverage	Survivor-centered, coordinated case handling	Better timeliness; still constrained by staffing and funding gaps
Local NGOs & CBOs	Community awareness campaigns; dialogues with parents and leaders	Rural and urban communities	Increase knowledge of rights and reporting options	Greater public conversation compared to pre-2020 silence

Religious & Community Leaders (through partnerships)	Sermons, forums, child protection messaging	Mosques, community gatherings	Legitimize discussion within moral frameworks	Gradual normalization of acknowledging CSA as social issue
Schools / Education authorities	Teacher orientation on recognizing and referring abuse	Participating schools	Early identification and safe referral	Awareness raised; implementation uneven
Media & Advocacy Groups	Radio programs; coverage of cases and services	National & local audiences	Break taboo; inform about help pathways	Expanded public visibility of CSA debates

Source: Authors' synthesis based on reviewed documents (2020 to 2025)

2. Discussion

This study contributes to the literature on CSA in Zanzibar by showing that disclosure and social welfare response are shaped not only by the existence of legal frameworks but also by the interaction between community norms and the functionality of service systems (Chibango and Chibango 2022). This section interprets the thematic findings using ecological systems thinking and labeling processes to explain how silence and informal settlement practices persist.

Ecological systems theory provides a useful framework for understanding how silence surrounding CSA emerges through interactions between macro-level cultural norms and micro-level family decision-making processes. At the macro level, collectivist values emphasizing family honor, modesty, and community harmony shape social expectations regarding public discussion of sensitive issues. These cultural norms influence household responses to abuse, often encouraging families to prioritize internal resolution rather than engagement with formal legal or welfare institutions. In many communities, religious and cultural discourses emphasize moral order and social harmony. While these values contribute to community cohesion, they may also unintentionally discourage open discussion of abuse when disclosure is perceived to threaten family reputation or community stability. These macro-level cultural norms interact with family-level decision-making processes, leading some households to perceive silence as a socially responsible response when disclosure is believed to threaten moral reputation or social stability.

The dialogue also explains the reason behind the lack of practical impact in progressive legislative measures for child safety. The legal system is evidently located at the exosystemic or macrosystem level, however, family decisions implicate this issue at the family level, which are strongly influenced by cultural norms and standards (McGill and McElvaney 2023). There exists an inherent

costly nature when reporting CSA cases; this is not because family units are cognizant of legal aspects but due to the cultural context in which legal system utilization would be very costly in terms of disruption potential. Ecological systems thinking helps explain how cultural norms at the macro level influence family and community decisions at the micro level. When reporting is perceived as threatening family honor or community harmony, households may prioritize silence or informal settlement even when legal mechanisms exist (McGill and McElvaney, 2023).

Labeling theory further explains how stigma functions as a mechanism of social control within this context. Survivors may anticipate being labeled as morally compromised, while families may fear social blame for failing to protect their children. These anticipated labels can discourage disclosure and redirect cases toward informal settlement practices that prioritize the preservation of family reputation. At the same time, perpetrators who hold respected social positions may be shielded by positive community perceptions, which weakens accountability and reinforces silence (Harper, Perkins, and Johnson 2020). The asymmetry perpetuates silence by shifting moral scrutiny away from offenders and onto victims, and the resultant practices reinforce non-disclosure and informal resolution.

The study also provides supporting points for a broader understanding of structural violence. The structural violence experienced in Zanzibar is not only experienced in terms of inadequate resources and poor institutional ability, but also in relation to cultural practices that result in denial from access to justice and care (Ohayi, Mba, and Ezeme 2022). Informal settlement, which can take the form of either compensation or reconciliation, acts as a socially legitimate practice that hides these acts while at the same time maintaining a sense of order in society. On the other hand, the development of One Stop Centers signifies a partial undermining of this structural violence phenomenon. These centers are seen to illustrate the potential efficacy of an integral approach to reacting to survivors of violence by eliminating fragmentation and re-traumatization. Yet, the potential of these efforts is marred by the low level of trust and the continuing presence of informal settlements. Indeed, the presence of two competing systems underscores the tension between positive innovation, as supplied by institutional efforts, and cultural context, which continues to emphasize the value of silence and negotiation (Seto et al. 2024).

This suggests that in order to move forward regarding issues of CSA in Zanzibar, there needs to be a focus on interventions that have the ability to work at all levels at the same time. This is because, without a change in the macrosystem, well-designed institutional interventions will be seen as having less utility. This study, therefore, expands upon Labeling Theory and Social

Ecological Theory in a non-Western, collectivist culture, looking at how issues of stigma, culture, and structure, all play a role in issues of CSA.

D. Conclusion

This study has shown that CSA in Zanzibar is embedded in a complex network of stigma, community pressure, and institutional constraints. This study demonstrates that responses to CSA in Zanzibar are shaped by the interaction between community stigma, cultural norms, and institutional capacity. These dynamics explain why formal protection mechanisms remain underutilized despite the existence of legal frameworks. The persistence of silence surrounding CSA in Zanzibar reflects the interaction between cultural norms, community expectations, and institutional capacity. Addressing this challenge requires interventions that simultaneously strengthen formal service systems and engage community actors in reshaping social attitudes toward disclosure and child protection. Community-based intervention with consideration of the culture of the community has to be subverted within the existing structures of power rather than in contradiction with them. Religious leaders, shehas (Local government chairman officer), teachers, women's groups, and youth groups have everyday legitimacy in articulating moral codes and behavioral standards. However, engaging with these structures in the prevention of child sexual abuse can eventually change the dominant understanding of disclosure from shame to a sense of community obligation. When public figures seek to portray disclosure as protection rather than shame, the moral implications of silence begin to dismantle.

With regard to institutions, the need for reform entails ensuring that institutions are visible, trusted, and survivor-centered. The development and expansion of One Stop Centers are a positive development, as their effectiveness depends on enhanced referrals from communities, easy processes for individuals, and follow-up procedures from social welfare officials. The practical ways to do this involve ensuring that officials have the relevant competencies to handle trauma-inflicted victims, utilizing schools in early identification efforts, and ensuring that individuals are guided throughout the legal and psychosocial process. Ensuring that institutions address individuals in timely, efficient, and not repetitive ways also promotes trust for future reports.

Symbolically too, transformation in CSA response requires a parallel shift in public narrative. Community dialogues, use of mosques as conduits for information dissemination, and getting involved with the media can evolve a notion of honor for protection instead of protection of CSA offenders. Through a process like this, tolerance for abusers and opposition to CSA will eventually wane. Safety and protection for children in Zanzibar will thus turn out to be an issue that combines cultural legitimacy and institutional reliability. Laws alone

might not help break the chains of silence; however, when law and order reflect cultural values and conviction that they can work for all people without a sense of intimidation or cultural opaqueness, it will be easier for people to break the silence and come out for assistance and support.

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