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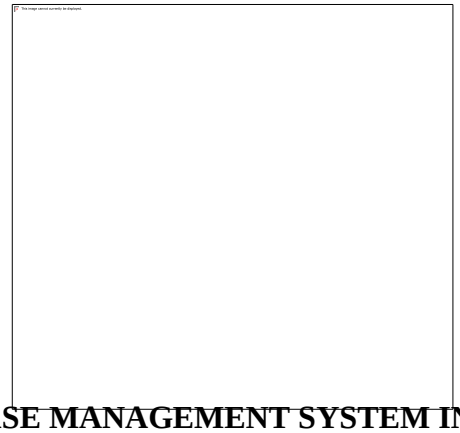

THE IMPACT OF CASE MANAGEMENT SYSTEM IN CHILDREN EXPOSED TO SEXUAL ABUSE: A PHENOMENOLOGICAL STUDY

A RESEARCH

BY

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A DISSERTATION SUBMITTED TO THE DEAPARTMENT OF SUSTAINABLE DEVELOPMENT, FACULTY OF SCIENCE AND ENGINEERING AT BINDURA UNIVERSITY OF SCIENCE EDUCATION IN PARTIAL FULFILMENT OF THE REQUIREMENTS OF THE BACHELOR OF SCIENCE HONOURS DEGREE IN DEVELOPMENT STUDIES

SUPERVISOR DR BOWORA

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APPROVAL FORM

The undersigned confirm that they have read and recommended the project titled: **The Impact of case management system on children exposed to sexual abuse:** A phenomenological study. This is a partial fulfilment of the Bachelor of Science Honours Degree in Development Studies at Bindura University of Science Education. The project was submitted by **Verenga Siphathisiwe Charlene L,** student number **B210384B.**

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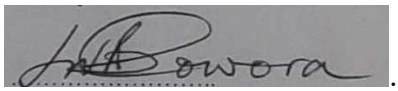
Dr. J. Bowora (Supervisor) Signature Date

 …… 13.. /06…/2025.

Chairman's Signature Date

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External Examiner's Signature Date

DECLARATION

I, Verenga Siphathisiwe, registration number B210384B, do hereby declare the originality of this piece of work.

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Student Signature Date

DEDICATION

I dedicate this piece of work to my ever supportive and ever-loving husband Mr Shereni and my mother M's Bowora who has been working so tirelessly for me to attain this undergraduate degree. I would also like to dedicate this to my friends and siblings who have been a pivotal source of motivation and inspiration through it all.

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Furthermore, I am grateful to my family especially my mother M's Bowora and my husband Mr Shereni they are the reasons I made it through this far all these years and also my friends for their unwavering support, patience and understanding during this challenging process. Their love and encouragement have been my pillar of strength.

Lastly, I acknowledge the participants, respondents and institutions that contributed to this research without whom this study would not have been possible.

ABSTRACT

This paper examines the critical role of case management systems in safeguarding children exposed to sexual abuse. Childhood sexual abuse is a pervasive and deeply traumatizing issue with profound and lasting negative impacts on victims' physical, psychological, and social well-being. Effective intervention is paramount to mitigate these harms and promote healing. While various components of child protection exist, there remains a significant research gap in comprehensively understanding the integrated effectiveness and specific challenges of holistic case management systems in supporting these vulnerable children within the Zimbabwean context. This study aims to bridge this gap by analyzing the types of case management components crucial for children exposed to sexual abuse, including the child protection system, therapeutic support system, multidisciplinary teams, and family support systems. Furthermore, it seeks to evaluate the effectiveness of these combined approaches and identify the key challenges encountered in their implementation. This research will employ a qualitative methodology, utilizing semi-structured interviews with social workers, child protection officers, therapists, and legal professionals directly involved in child sexual abuse cases, complemented by a review of relevant policy documents and case records (with appropriate ethical considerations for confidentiality). Preliminary findings suggest that while individual components offer valuable support, a lack of seamless coordination, resource constraints, and societal stigma significantly impede the overall effectiveness of the current case management framework. Key challenges include lack of funding, inadequate training for staff, communication barriers, insufficient resources and bureaucratic delays. The implications of this research highlight the urgent need for a more integrated, child-centric, and well-resourced case management system. Recommendations include increase funding, increasing investment in specialized trauma-informed therapeutic services, enhance communication system, reduce bureaucratic delays, strengthening community-based support networks, and implementing continuous professional development for all stakeholders involved in child protection. These measures are crucial for ensuring that children exposed to sexual abuse receive the comprehensive and sustained support necessary for their recovery and well-being.

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CHAPTER 1:

INTRODUCTION AND BACKGROUND

1.0 Introduction

Case management is essential for helping survivors of sexual abuse regain control over their lives and access the resources they need for healing. Moxley (1997), defined case management as a social work approach to enable access to services in a coordinated, systematic and efficient manner. It also involves activities such as assessment, case planning, reviews, advocacy, referrals and psychosocial support. Hutt et al (2004). This study examines efficacy of case management system in dealing with children exposed to sexual abuse in Chegutu District Zimbabwe. An international NGO observes that most Sub

Saharan African countries are piloting and implementing various case management models The chapter discussed the background of the study, problem statement, aim of the study, research objectives, research questions, significance of the study, delimitations of the study, limitations, and definition of key terms, study arrangement and chapter summary.

1.1 Background of the study

Children are particularly vulnerable to sexual abuse and the consequences can be devastating, affecting millions globally their physical emotional and psychological well-being. Moxley (1997) argues that a well-functioning case management requires qualified and motivated case workers. Due to shortage of funds in Zimbabwe, CCWs operate as volunteers, and are not pain stipends or allowances, yet they are the key workforce in implementing the model (Word Education, 2012). Isibindi a community-based model which utilizes community participants and structures in support and linking children to service provisions. Case management model has two major objectives. The first objective is to systematically identify the needs then the second objective is to facilitate access to services for the children at community level in a holistic manner. The anticipated outcomes of the programme include strengthened community based responses and improved well-being of children in domains such as protection, psychosocial and health wellbeing, education and nutrition (World Education 2012).

The development and implementation of the National Case Management Model in Zimbabwe emanated from the understanding that many orphans were not accessing basic social care services. Jimmat (2010), observed that children who are sexually abused are hard to reach and have multiple

needs which are often unmet. Therefore, Zimbabwe current socio-economic crisis is affecting government income and expenditure on social interventions (Fowler, & Schoeny, 2017). Considering the situation described; this study evaluated the efficacy of the Case Management system in dealing with children exposed to sexual abuse cases in Chegutu District. The National Case Management Model in Zimbabwe is a response to these wide ranges of challenges faced by children who are sexually abused. This background reflects the nature and extent to which the abuse has affected children. To meet the needs of these children it calls for the social work profession to implement structural solutions that addresses the root causes of the social problems. Weinberg (2008).

In Zimbabwe, the National Case Management System plays a crucial role in addressing the needs of children exposed to sexual abuse. This system is designed to provide a coordinated and multi-sectoral approach to the welfare and protection of children, ensuring that they receive comprehensive support and services. The system uses an approach known as child-centered approach. This prioritizes the best interest of the child, ensuring that their voices are heard and their needs are met throughout the case management process. This child-centered approach is crucial for building trust and encouraging children to seek help. In Zimbabwe, case management operates within legal frameworks and a policies guided by both domestic and international legal instruments namely the Children's Act Chapter 5:06, United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC).

Moreover, children who have been exposed to sexual abuse are at high risk of victimization and may struggle with managing their trauma and seeking help Regehr (2004). Goldbeck, (2017) argues that although progress may have been made in Zimbabwe, the position of children remains tenuous. There are various challenges and barriers in implementing an effective case management system for this population. These include limited resources, lack of coordination among agencies and the complexity of the child's needs. These challenges can hinder the delivery of timely and appropriate services to children and may impact their recovery process. Furthermore, the impact of child sexual abuse is not limited to the individual child but also affects their families and communities. Therefore, it is crucial to consider the perspectives of all stakeholders involved in the case management process, including the child, their family, service providers and

policymakers. This study, therefore, will provide a holistic understanding for the effectiveness of case management in Chegutu District in Zimbabwe and identify potential areas for improvement.

1.2 Statement of problem

Child sexual abuse is a pervasive and traumatic issue affecting approximately 1 in 10 children worldwide. Sub-Saharan Africa has the highest number of victims with 79 million which is about 22 percent girls and women being abused. Despite efforts to prevent and respond to child sexual abuse, existing case management systems often fail to provide timely, effective and coordinated support for victims and many cases go unreported. Fragmented reporting mechanisms, inadequate data sharing and insufficient training for professionals hinder effective investigations and interventions. Traditional methods of case management often lead to fragmented services, resulting in inadequate support for victims and their families. This study aims to investigate the impact of case management systems on child sexual abuse outcomes, identifying best practises and areas for improvement to enhance the response to child sexual abuse and improve the lives of affected children. By identifying the strengths and weakness of current case management system implementation, this research seeks to inform practice and policy, ensuring that child victims receive the comprehensive support they need to heal and thrive.

1.3 Aim of the study

This study aimed to investigate the effectiveness of case management system in responding to child sexual abuse, and identify areas for improvement to enhance victim outcomes in Chegutu District Zimbabwe. When children have been sexually abused, they are the victim of a crime and as a result may become involved in a legal process. This often coincides with the fact that, as a result of abuse, they suffer from a mental disorder. The overall purpose of this thesis is to study the situation for children in the legal process with a particular focus on their status as children. The specific aims are as follows: Through the use of in-depth interviews, to identify and describe how sexually abused children experience the legal process, which includes being interviewed by police, meeting lawyers and prosecutors in the courtroom and meeting other significant authorities. To study how the parents of children who have been the victims of sexual assault experience the legal process, seen from the child´s as well as the parents' perspective. To study prosecutors´ experiences of working with children who have been sexually abused. To identify and describe the obstacles that can hinder children from talking about sexual abuse in a police interview.

1.3.1 Study objective guiding the study

i. To analyze some types of management system in children exposed to sexual abuse in Chegutu District Zimbabwe.

ii. To evaluate the effectiveness of some types of management system used to assist children exposed to sexual abuse in Chegutu District Zimbabwe.

iii. To examine the challenges faced in the implementation of effective case management system for children exposed to sexual abuse in Chegutu District Zimbabwe.

iv. To recommend effective case management system for children exposed to sexual abuse in Zimbabwe.

1.3.2 Research questions of the study

i. What are the challenges of and barriers of effective case management system for sexually abused children in Chegutu District Zimbabwe.

ii. What ae key components of an effective case management system for child survivors

iii. How do different case management models impact the recovery, wellbeing, safety and justice of children exposed to sexual abuse.

iv. What is the effectiveness of case management in improving outcomes for children exposed to sexual abuse.

1.4 Assumption of the study

The study assumes that children exposed to sexual abuse have diverse experience and backgrounds, which can influence their responses to case management interventions. Factors like age, gender and the nature of the abuse can significantly affect outcomes. It is assumed that effective case management must include a comprehensive support system that addresses not only the immediate psychological needs of the child but also their social, educational, and familial contexts. It also assumes that the involvement of caregivers and family members is vital in the case management process. Support from family can enhance the effectiveness of interventions and contribute to better outcomes for the child.

1.5 Justification of the study

This study is beneficial to children who are exposed to sexual abuse as case management plays a crucial role in providing tailored support to children who have experienced sexual abuse. By coordinating services such as therapy, medical care and educational support case management can

significantly improve mental health outcome, reducing symptoms of trauma and promoting recovery. Case management plays a crucial role in identifying and addressing the specific needs of children who have been exposed to sexual abuse. These needs may be physical, emotional or social in nature and they require a coordinated and comprehensive approach to support the child's healing and recovery Muchacha (2015). By understanding these needs, case managers can develop individualized plans that can take into account the child's unique circumstances and help connect them to the appropriate services and resources. The study provided the strategies that can be used to deal with the challenges of effective case management hence it ensures an effective case management system in Chegutu district Zimbabwe. This means children exposed to abuse cases will decrease and they will be more aware of their rights and have the confidence to open on child abuse issues. It also benefits the University as this study can be used by students and staff members for further research purposes. This study is vital to the Department of Social Welfare and the National Case Management department and other stakeholders including Non-Governmental organizations (NGOs) are operating in child protection in Zimbabwe. Having an effective case management benefits because patient satisfaction increases, unnecessary utilization of resources are reduced. The case management process follows and individual child or family along a chain of referrals and interventions, often across sectors, ensuring their follow through until the health and well-being of that child and family are restored and protected.

1.6 Location of the study

The study was undertaken in Chegutu District, a high density area in Norton, Zimbabwe. It is a residential suburb located 44.5 kilometres west of Harare. The town has a rich history that reflects the broader socio-economic changes in the region. Originally established as a railway town in the early 20th century Msindo (2013). Norton grew in significance due to its strategic location along the railway line connecting Harare to other parts of the country. Children in Norton, like many other regions face sexual abuse. The prevalence of adverse childhood experience such as exposure to violence and abuse has been documented in various studies highlighting the need for effective intervention strategies. In Norton, implementing a case management framework could help identify at risk children, provide immediate support and ensure ongoing care.

1.7 Delimitation of the study

As defined by Theofanidis & Fountouki, (2018) delimitation refers to the process of defining the boundaries or limits of a study or project. The study targets to investigate on the effective of case

management system to children exposed to sexual abuse. The study will be conducted specifically in Norton Zimbabwe and the targeted population will focus on children aged 0-18 years identified as victims of sexual abuse. The study did not directly involve the sexually abused children because of the sensitivity and ethical issues associated with reminding them of their past experiences.

1.8 Limitation of the study

This study used a qualitative approach which uses a small sample as it is concerned about quality data and not quantity. As a result, the conclusions of this study may not be generalized to the whole of Zimbabwe. However, the results can still relate to other situations across the country.

1.9 Key word of the study

Case management is a collaborative and dynamic process designed to assist individuals in navigating complex systems of care, particularly in healthcare and social services Marshall (2017). It involves several components including assessment, planning, implementation, monitoring and evaluation. In this study case management refers to a method of enabling access to services through systematic identification of needs and coordination of services.

Lead Child Case Worker is the person responsible for supervising CCWs at community level. They report to social workers from the District Department of Child Welfare and Probation Services Mukaro (2013).

Child Case Worker a volunteer selected at community level, trained by the DCWPS and supervised by the Lead Child Case Worker and social workers, to assist orphaned children and facilitate access to service provision (Muchacha, 2015).

Child Sexual Abuse is a form of child abuse that involves any sexual activity with a minor. It is characterized by the exploitation of a child for sexual stimulation or gratification (Faller, 2020). Importantly a child cannot consent to any form of sexual activity making such interaction inherently abusive. Forms of child sexual abuse include engaging in sexual activities, indecent exposure, non-contact abuse.

1.10 Chapter Layout

The first chapter introduced the study and provided its context and background. The overall purpose, objectives, research question, assumptions, Justification of the study and study organization. **Chapter 2** discussed the theoretical framework and literature review. The researcher explored relevant literature on what has been researched on the problem under investigation.

Chapter 3 presented the research methodology used. A qualitative approach was explored. **Chapter 4** is devoted to data presentation, analysis, and interpretation. Results are then presented using quantitative methods. **Chapter 5** it comprises of conclusion and recommendations.

CHAPTER 2:

THEORETICAL FAMEWORK AND LITRATURE REVIEW

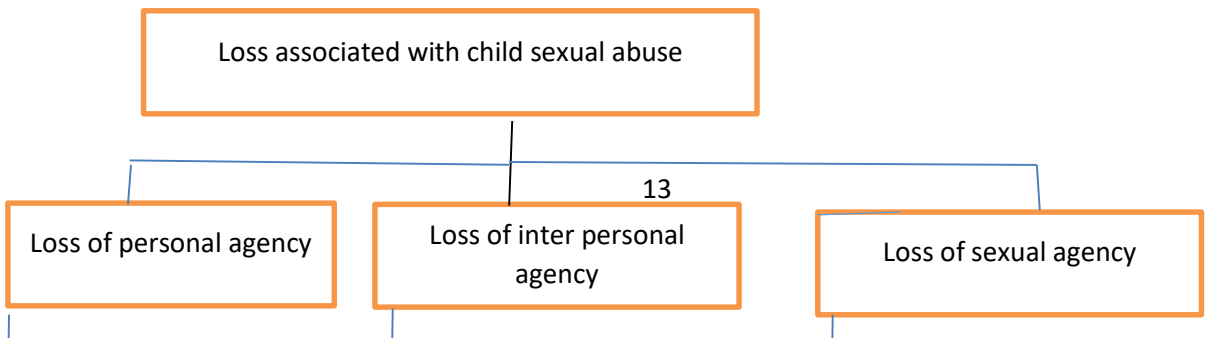
2.0 Introduction

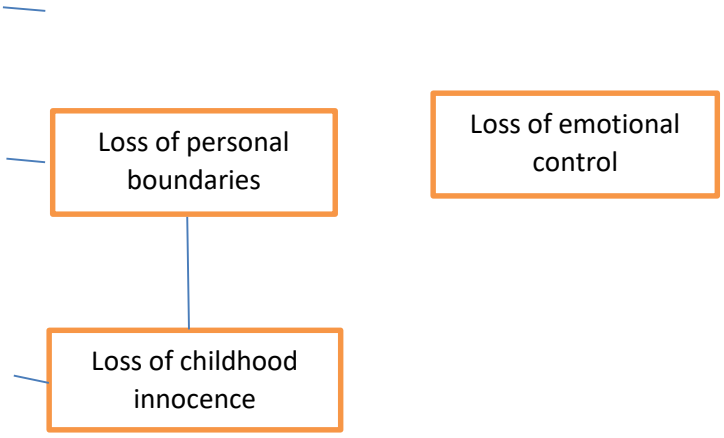
The implementation of case management for children exposed to sexual abuse is grounded in several theoretical frameworks that address trauma, resilience and the complexities of child welfare. The chapter discussed issues related to the impact of case management on children exposed to sexual abuse in Chegutu District. The literature was discussed under the following themes Zimbabwe National Case Management System; the service needs of sexually abused children; the use of Case Management System with sexually abuse children; challenges and limitations in the use of the Case Management System for children exposed to sexual abuse and strategies to enhance effective Case management in children exposed to sexual abuse case.

2.1 Theoretical framework

The research adopted the developmental theory which was proposed by Bessel, (2000) with significant contribution. He emphasized the profound impact of early trauma on a child's development and mental health, advocating for a comprehensive understanding of how such experiences can lead to long term psychological issues. This research is pivotal in shaping the discourse around trauma and its effects of development. A case management system should utilize tools that assess the child's psychological and emotional development. By identifying areas of difficulty and potential resilience, case managers can tailor interventions that support the child's developmental needs and promote healthy coping mechanisms. A case management system designed for children exposed to sexual abuse must integrate insights from this developmental theory to be truly effective. It should prioritize building trust, coordinating multidisplinary support, employing trauma-informed practices, assessing developmental needs, and fostering positive learning experiences. By doing so, the system can significantly contribute to the healing and development of affected children, paving the way for healthier futures.

2.2 Conceptual framework diagram





2.3 Objective one: Types of management system in children exposed to sexual abuse globally

Global context

Child sexual abuse is a critical global issue, with devastating consequences for the physical, emotional, and psychological wellbeing of victims. Organisations and governments worldwide are increasingly recognizing the need for effective response systems that can provide appropriate support to these vulnerable children. According to the World Health Organisation (WHO), millions of children are subjected to sexual abuse each year, affecting their physical health, mental stability, and overall development. The stigma associated with abuse, combined with societal pressures, often prevents children from speaking out, which can lead to underreporting. Many

countries have established legal frameworks that mandate reporting of suspected child abuse. These laws often require professionals who work with children such as teachers, healthcare providers, and social workers to report any suspicions of abuse to authorities. For example, United States of America the Child Abuse Prevention and Treatment Act (CAPTA) provides federal funding to states for child protection services and establishes guidelines for reporting suspected abuse. Also, Australia each state has its own legislation requiring mandatory reporting by certain professionals. For instance, in New South Wales, the Children and Young Persons (Care and Protection) Act mandates reporting if there is a suspicion of risk of harm.

Over Child protection services (CPS) are dedicated agencies responsible for investigating reports of child abuse and providing support services to affected children and families. For example, in United Kingdom the local authorities have child protection teams that investigate allegations of abuse and provide necessary interventions. Also in Canada each province has its own child welfare agency; for example, Ontario's Children's Aid Society investigates reports of child abuse and neglect. Understanding and addressing the needs of these children require comprehensive system that can effectively manage each case's unique circumstances. Different countries and regions have developed varying models of case management system in response to child sexual abuse, each shaped by their cultural context, available resources, and societal attitudes toward abuse. Cross-cultural evaluations can identify best practises and areas for improvement, leading to enhanced strategies that are adaptable globally. A global commitment to refining these frameworks is essential in the fight against child sexual abuse, ensuring that every child receives the support they need to heal and thrive.

African Context

Many African countries, including Zimbabwe, Kenya and Mozambique have adopted integrated case management systems that involve multiple sectors such as health, education and social services. This integration ensures that all aspects of a child's wellbeing are addressed comprehensively. Community involvement is crucial in the African context. Local leaders, community health workers and social workers often play a significant role in identifying and supporting victims. This community based approach helps in building trust and ensuring that support is culturally appropriate. They also practise capacity building training, monitoring and evaluation. Regular monitoring and evaluation of case management systems help in identifying

gaps and areas for improvement. Also in Africa strong policy and legal framework provide necessary guidelines and protocols for handling cases to support case management system and ensure that there is accountability at all levels. In some regions technology is being leveraged to improve case management. Many African countries have established legal frameworks that specifically address child protection and sexual abuse. These laws are designed to create a safe environment for children and ensure that perpetrators are held accountable. For example, South Africa the Children's Act (Act No. 38 of 2005) provides comprehensive measures for the protection of children, including provisions against sexual abuse. Also in Kenya the Sexual Offences Act (2006) criminalizes various forms of sexual violence against children and establishes mechanisms for reporting and prosecuting offenders.

As for child protection services these are essential components of management systems aimed at safeguarding children from abuse. These services often include social workers, counselling, and rehabilitation programs. For example, Uganda the Ministry of Gender, Labour and Social Development operates child protection units that work with local authorities to identify and assist abused children. Then Tanzania has the National Plan of Action for the Prevention and Response to Violence Against Women and Children includes initiatives focused on providing support services for child victims of sexual abuse. Digital case management systems and mobile applications are used to track cases, facilitate communication, and ensure timely interventions. By focusing on these African countries can enhance the effectiveness of their case management systems, ultimately improving the satisfaction and wellbeing of children who have experienced sexual abuse.

Zimbabwean context

In Zimbabwe, various management systems are implemented to address the needs of children exposed to sexual abuse. These systems involve a combination of legal frameworks, social services, educational programs, and community-based initiatives aimed at protecting and supporting affected children. The National case management system in Zimbabwe has shown resilience despite political and economic challenges, continuing to meet the needs of thousands of children each year. Turner, E. (2022) Implemented that the National case management for child protection in Zimbabwe aims to provide a structured approach to support children in need. Zimbabwe has established victim friendly systems that are designed to create a supportive

environment for children reporting abuse. The system aims to reduce trauma associated with the reporting process and ensure that children are treated with dignity and respect. Social services play a crucial role in managing cases of child sexual abuse. Organizations such as the Department of Social Welfare provide support services including counselling, rehabilitation, and reintegration programs for affected children. For example, the Child Protection Units within the Zimbabwe Republic Police (ZRP) focus on investigating child abuse cases and providing immediate support to victims. Especially Harare has seen significant efforts in establishing management systems for children exposed to sexual abuse. Various NGOs and government agencies collaborate to provide comprehensive support services.

According to Ndhlovu, G. N. (2022), As for the Educational Programs, educational initiatives are vital in raising awareness about sexual abuse and prevention strategies among children, parents, and educators. Programs often include workshops and training sessions aimed at empowering communities with knowledge about children's rights and how to report abuse. For instance, Bulawayo is another key area where management systems are being implemented effectively. Similar to Harare, Bulawayo has a network of organizations that focus on child protection and support for survivors of sexual abuse. The Bulawayo Child Welfare Society plays a crucial role in providing advocacy, legal aid, and psychosocial support services to children affected by sexual violence. NGOs like Save the Children implement school-based programs that educate children about personal safety and recognizing inappropriate behaviour.

Zimbabwe also invent the holistic approach were by coordinating service across different sectors, the system ensures that children receive comprehensive support, including medical care, psychological counselling and legal assistance. This holistic approach is crucial in mitigating the long term effects of abuse on children’s mental and physical health. Continued investment in training, resources and community awareness is essential for strengthening the protection of children against sexual abuse in Zimbabwe.

2.4 Objective 2: Effects of types of management system used to assist children exposed to sexual abuse Globally

Global context

Various countries have different structures in place for case management, leading to discrepancies in effectiveness. For example, the integration of multidisplinary teams is often more prevalent in

European countries compared to some regions in North America, which may favour more specialised models. Multidisplinary teams comprised of professionals from various disciplines working collaboratively to address complex needs. Stokes et al (2015). This approach emphasizes holistic care, collaboration and shared decision whilst specialised units focus on specific types of conditions or populations that is mental health, substance abuse, geriatric care often with more intensive resources and tailored interventions. Sweden has a robust legal framework with mandatory reporting laws, integrated healthcare services, comprehensive psychological support, and proactive educational programs on consent and personal safety.

India's legal framework includes the POCSO Act but faces enforcement challenges; access to healthcare services is limited, especially in rural areas, and psychological support is often inadequate due to resource constraints. Educational initiatives in both countries aim to raise awareness about child rights and safety; however, Sweden's approach is more proactive compared to India's cultural barriers that hinder effective communication on sensitive topics. As these models are continually evaluated, best practices can be identified and shared globally, ultimately enhancing the quality of care provided to diverse populations.

African context

South Africa has a robust legal framework for protecting children from sexual abuse, including the Children's Act and Sexual Offences Act, supported by NGOs like Child line South Africa that provide counselling and educational resources. Positive outcomes in South Africa include increased reporting rates and improved access to psychological support; however, stigma and resource limitations in rural areas pose significant challenges. Nigeria faces cultural and economic barriers to child protection despite having the Child Rights Act aimed at safeguarding children, with inconsistent implementation across states. NGOs such as the Nigerian Society for the Prevention of Cruelty to Children (NSPCC) work on advocacy and support services, but cultural beliefs often inhibit reporting of abuse. Singh, N. S. (2021), argues that, both countries demonstrate progress in child protection systems but face unique barriers that require comprehensive approaches combining legal reform, community engagement, and resource allocation. UNICEF has been instrumental in promoting case management as part of care reform. This includes developing guidelines and principles for effective case management, which are crucial for protecting vulnerable children. In Africa the effectiveness of case management depends on various factors, including the integration

of services, community involvement and the ability to adapt to local context. Continuous evaluation and adaptation are essential to ensure these models meet the needs of the populations they serve.

Zimbabwean context

In the context of Zimbabwe, the effectiveness of different case management models, such as multidisplinay teams and specialised units can be evaluated through various lenses, including health, social services and criminal justice sectors. This is a critical area of focus, these teams work collaboratively to provide comprehensive care and support to victims. Mugabe, M. (2021) argues that, multidisplinary approach is effective because it improves case management of child sexual abuse cases by ensuring that all aspects of a victim's needs are addressed in a coordinated manner. Also as for the presence of specialized units within these teams can lead to better support systems for victims. These units are designed to provide tailored services that meet the unique needs of sexual abuse survivors, which is particularly important in a context where stigma and trauma can hinder recovery.

In Zimbabwe, laws like the Sexual Offences Act (2001) aim to protect minors but face enforcement challenges due to stigma and underreporting. Organizations such as Child line Zimbabwe and Musasa Project provide critical support services, including counselling, legal aid, and community education on child rights. For example, Harare utilizes coordinated responses from the Ministry of Health and NGOs for immediate support, while Bulawayo focuses on expediting legal processes and engaging community leaders in prevention efforts. Despite existing frameworks and support systems, significant challenges remain, including societal stigma surrounding abuse reporting and limited resources for comprehensive care.

2.4 Objective 3: Challenges and barriers in the implementation of effective case management system for children exposed to sexual abuse globally

Global context

Many counties face significant resources constraints, including shortages of trained professionals, financial limitation and inadequate infrastructure. This can hinder the effective implementation of case management. According to Bhaskarana (2016), effective case management often requires coordination among various professionals, such as social workers, medical personal, law enforcement and legal representative. Challenges in communication and collaboration among these stakeholders can create barriers to providing comprehensive support. Cultural attitudes and societal

norms can impact the reporting and handling of child sexual abuse cases. In some regions, stigma and fear of retribution may prevent victims and their families from seeking help. Making it difficult to implement effective case management systems.

One of the primary challenges is the failure to identify victims of child sexual abuse. Many children do not receive the necessary clinical assessment and therapy services due to systematic issues. Including a lack of awareness among caregivers. Also, lack of standardized protocols, insufficient funding, and fragmented services hinder effective case management for children exposed to sexual abuse globally. Another challenge is Organizational Barriers many organizations face issues related to inadequate training for staff and poor data management, which affect the quality of care provided. Also stigma surrounding sexual abuse and the need for trauma-informed care are significant barriers that prevent victims from seeking help and receiving appropriate support. For example, United States inconsistent state laws and high turnover rates among social workers contribute to disparities in handling cases of child sexual abuse, despite initiatives like the National Child Traumatic Stress Network aiming to improve care. According to Slemaker, A. (2021), Implementing effective case management systems for children exposed to sexual abuse globally is hindered by systemic inconsistencies, organizational limitations regarding training and resources, as well as individual cultural barriers that affect reporting and access to care.

African context

There are gaps and limitations in the practice of case management models in Africa (Roelen et al, 2011). For example, case management is an intervention imported from the West hence, cannot fully address the challenges that are peculiar to Africa. One of the challenges is that professionals working with children exposed to sexual abuse often lack adequate training in trauma-informed care and case management practices. This deficiency can result in inadequate responses to disclosures of abuse, further traumatizing the child and potentially leading to underreporting. Also, cultural stigma surrounding sexual abuse often leads to silence within communities. Victims may fear social ostracism or retaliation from their families or communities if they disclose their experiences. This cultural barrier significantly hampers the effectiveness of case management systems as it discourages reporting and seeking help. In some cultures, traditional beliefs about gender roles and sexuality can complicate responses to sexual abuse. For instance, some communities may view victims as responsible for the abuse due to prevailing notions about

modesty or behaviour. Such beliefs can hinder effective intervention and support for affected children. For example, Thuthuzela Care Centres were established in South Africa as a response to high rates of sexual violence against women and children. These centres provide a one-stop service model that integrates medical care, legal assistance, and psychosocial support under one roof. Despite their success in improving access to services for survivors, TCCs face challenges such as limited resources and varying levels of community awareness about available services.

Additionally, cultural stigma around sexual violence continues to affect reporting rates negatively. Also, Kenya has made strides toward establishing a national child protection system aimed at addressing issues related to child abuse including sexual violence. However, significant barriers remain such as inadequate training for law enforcement on handling sensitive cases involving minors and insufficient funding for child protection units within police departments. Furthermore, societal attitudes towards gender-based violence continue to impede progress; many cases go unreported due to fear of stigma or lack of trust in authorities. Implementing effective case management systems for children exposed to sexual abuse in Africa is hindered by systemic fragmentation, cultural stigma, resource limitations, and weak legal frameworks. Addressing these challenges requires coordinated efforts among governments, NGOs, communities, and international organizations. As Silvawe (1995) argues, "African society is characterized by the prevalence of the idea of communalism or community. The individual recedes before the group. The whole of existence from birth to death is organically embodied in a series of associations, and life appears to have its full value only in these close ties.

Zimbabwe context

In Zimbabwe, the efficacy of case management is closely knit to the availability of resource systems. These resources broadly include funding for operational costs, qualified human resources, and social safety nets (Mushongera, 2015). Case management is a system that coordinates and links clients to services (Druetz, Siekmans, Goossens, Ridde, & Haddad, 2015). Zimbabwe socio-economic crisis is affecting government income and expenditure on social interventions. According to Musiwa, (2018) Deep-rooted cultural beliefs often lead to victim-blaming and stigmatization of survivors, which discourages reporting of abuse. This cultural context complicates the establishment of a supportive environment for victims. For example, in 2022, a case was reported involving a 12-year-old girl from Mutare who was sexually abused by a family

member. Despite clear evidence and community support, the case faced delays due to inadequate police response and lack of follow-up by social services. The girl's family struggled to navigate the legal system, highlighting how resource limitations and societal stigma can obstruct justice for young victims. Masvingo also presents significant barriers to effective case management systems. There is often a lack of collaboration between law enforcement, health services, and social welfare agencies in Masvingo.

According to Jera, N. T. (2019), This disjointed approach results in fragmented care for victims, making it difficult to provide comprehensive support. For instance, In 2023, a notable incident involved an 11-year-old boy from Chivi who was sexually assaulted by an acquaintance. When his family sought help, they encountered multiple barriers: local authorities were unresponsive due to bureaucratic inefficiencies, and healthcare providers were ill-equipped to offer psychological support. The boy's experience illustrates how inadequate training among professionals can lead to missed opportunities for intervention and healing. Despite significant progress in establishing a national case management system, the child protection sector remains fragmented, with shortages in the social service workforce minimal investment in child sensitive justice and social welfare systems, and limited implementation of policies and legislation. Again, these gaps are exacerbated during emergencies. While Zimbabwe ratified the convention on the rights of the child implementation of related laws and policies remains a challenge.

Despite increasing awareness of child sexual abuse and the effectiveness of case management systems, there remains a significant gap in research specifically focused on the experiences and outcomes of children exposed to sexual abuse in Chegutu. Most existing studies have concentrated on broader regional or national frameworks, often overlooking localized insights that could inform culturally relevant interventions. Furthermore, the literature tends to describe various case management systems or assess their effectiveness without exploring the unique interplay of local cultural practices, available resources, and systemic challenges in Chegutu. This oversight limits our understanding of the specific barriers such as limited funding, inadequate training, and communication breakdowns that impact service delivery and effectiveness in this context. Additionally, while the benefits of collaborative approaches like Multidisciplinary Teams are recognized, empirical evidence detailing their operationalization in Chegutu's socio-cultural environment is insufficient. This research aims to fill these gaps by examining the case

management systems in place, assessing their effectiveness, and highlighting distinct challenges within the Chegutu context, thereby contributing valuable insights to enhance case management strategies tailored to the needs of affected children and their families.

2.5 Chapter summary

This chapter discussed the Effectiveness Evaluation Model (EEM) used as the theoretical framework; conceptualisation of case management; Zimbabwe National Case Management System; the effective of each objective as per Global, African and Zimbabwean Context challenges and limitations in the implementation of the Case Management System for sexually abused children and strategies to enhance effective Case management in child sexual abuse cases. The next chapter discussed the research methodology used for the study.

CHAPTER 3:

RESEARCH METHODOLOGY

3.0 Introduction

Research methodology is the empirical procedure of solving a problem (Rajasekar et al, 2013). It is the procedure undertaken by researchers to unpack, describe, explain and predict a phenomenon (Creswell, 2009). It can also be viewed as a procedure to which knowledge is acquired. The section outlines and justifies qualitative research approach and design, the population of the study; data generation methods and instruments; sample and sampling procedures; ensuring trustworthiness; data analysis procedures; ethical considerations which used for the study. It is suited to collecting information pertaining to values, opinions, behaviors and social contexts of particular populations (Creswell, 2009). It is imperative to highlight that qualitative research is best positioned in interpreting intangible issues such as attitudes, social norms and people's personal experiences.

3.1 Research philosophy

The philosophy on the impact of case management system in children exposed to sexual abuse is rooted in the belief that it is a crucial and effective tool in addressing the complex and sensitive needs of these vulnerable individuals. On this issue the interpretivism research philosophy was used because this philosophy focuses on understanding human experience, social contexts, and subjective meanings. The goal maybe to understand how stakeholders (social workers, caregivers, children and children care workers) experience or interact with the case management system. The use of a case management system can greatly improve the overall well-being and recovery of

children who have been sexually abused. This system allows for a coordinated and holistic approach to addressing the physical, emotional and psychological needs of these children. My philosophy is grounded in the belief that the case management system has a significant impact on the long term outcomes of children who have experienced sexual abuse. By providing ongoing support and monitoring, the system can help identify and address any potential challenges or barriers to the child's recovery. This can ultimately lead to improved outcomes in areas such as mental health, academic achievement, and overall life satisfaction.

3.2 Philosophy assumption

The philosophy assumption on the impact of case management system in children exposed to sexual abuse is based on the belief that every child has the right to live a safe and healthy life, free from any form of abuse or harm. It is also founded on the principle that children who have been exposed to sexual abuse require specialized care and support to help them heal and recover from the trauma they have experienced. The philosophy assumption recognizes that each child is unique and has their own set of needs and challenges. Therefore, the case management system aims to provide personalized and individualized support to each child, taking into account their specific circumstances and experiences. More over the philosophy assumption acknowledges that the impact of sexual abuse on a child can be long lasting and can affect their development and future well-being. As such, the case management system aims to not only address the immediate needs of the child but also to provide long term support and resources to help them heal and thrive. Overall, the philosophy assumption on the impact of case management system in children exposed to sexual abuse is rooted in the belief that with proper and timely intervention, every child has the potential to overcome the trauma of sexual abuse and lead a healthy and fulfilling life.

3.3 Research design

According to Johnson and Christensen (2010), a research design is the structure and frame of a research (Mack, Woodsong, MacQueen, Creg, and Namey, 2005). Creswell (2009) asserts that a research design is a structure, strategy and plan of a research. This study followed a qualitative programmer evaluation research design (Creswell, 2009). Kumar (2018) posits that research design is a plan, structure and "a strategy of investigation so conceived so as to obtaining answers to research problems". In that vein, Schoch (2020) views a case study as a detailed and intensive analysis of a particular event, situation, organization, or social unity. The study is a case study because it focuses on the Chegutu district as a case study. This research design was deemed

relevant to this study in light of its capacity and role in supplying qualitative valid and reliable evidence regarding the operation of social programmers. The justification of programme evaluation design includes the following: to determine if a program is achieving its goals, improve programmer delivery, accountability to programme funders, the community, or the programme clients, inform policy and contribute to the base of knowledge (Weiss, 1998). Patton (2002) similarly notes that the role of programme evaluation is to establish the extent to which a social intervention is meeting its desired goals, to ascertain the worth of programme, improve programme and generate knowledge. The main advantage of the case study design is that a phenomenon is studied in-depth for a prolonged period (Baxter & Jack, 2008). The researcher visited the Chegutu district to have physical interaction with participants to establish trust and rapport with them.

3.4 Methods of data collection

3.4.1 Focus group discussions.

Denscombe, (2014), defines a focus group as an interview with a small group of people which is discursive in nature well planned and aimed to raise critical answers to the research questions A focus group discussion (FGD) utilizing a FGD guide was used to collect data from 10 caregivers whose children under their care were reached with the National Case Management Model The FGD with caregivers was conducted in the vernacular language of Shona. The tape recorded information and written transcripts were later translated into English. This data collection method was utilized because it allows data to be collected at the same time from various people. This meant that the researcher could collect from this target group within one day. Furthermore, the other advantage of FGD is that they allow stimulation of ideas among the respondents (Mark et al, 2005). These data collection methods have also its challenges. The major challenge identified by is that there could be some members in the group who may not be comfortable discussing personal matters among many people (Nauman,2000). Furthermore, it limits data that can be acquired at individual level and further probing may be challenging due to the need for avoiding exposing personal information (Boyce and Neale ,2006). Equally important there could be other members in the group who 40 dominates the discussion then limiting the representativeness of the data (Mark et al, 2005). This method FGDs with the caregivers were conducted at Norton Local Board community hall.

3.4.2 Semi-structured in-depth interviews.

Semi structured in-depth interviews were utilized to collect data from the five social workers, five CCWs and two key informants using an interview schedules. The interview schedules questions were aligned closely aligned to the objectives of the study. Neuman (2000) asserts that the advantage of face to face interviews is high response rate and advantageous length of the interview. Interviews are also flexible, and the interviewer can control the sequence of questions as well as introduce probing questions (Boyce and Neale ,2006). Furthermore, interviews enable one to observe non-verbal cues (Mark et al, 2005). This method however has also its disadvantages such as it has high costs such as of travelling and setting up the meeting (Boyce and Neale ,2006). Mark et al (2005) highlights that the other major disadvantage of interviews is that they have so much flexibility leading to inconsistences and the interviewer to be asking different questions to the same target group. Moreover, as Neuman (2000) points out interviews take a lot of time to organize, prepare and arrange. The semi-structured interviews for the CCWs were conducted in the vernacular language of Shona while those for the social workers and key informants were conducted in English. The interviews with CCWs were held at Norton Community Hall. Social workers and key informants were interviewed at their offices.

3.5 Population included in the study

The term "population" in social research refers to the entire set of entities to which the study's conclusions are applied (Creswell & Creswell, 2018). The study's target audience consists of community care workers, social workers, and other professionals who manage cases, as well as the parents of children who have benefited from case management services provided by the case workers. Five CCWs with nearly identical demographic characteristics participated in the study. Every contestant was a woman. This illustrates how many women work in the care industry. In terms of education, two CCWs had completed secondary school at the average level. The education of the other three CCWs was limited to primary school.

Three CCWs were in the 40–45 age range, whereas only one CCW was in the 35–40 age range. This would suggest that older women like providing care. Each of the two NGO social workers and the three government social workers who responded held an honors bachelor's degree in social work. This can be due to the fact that practicing social work without social work training is prohibited in Zimbabwe. Compared to government social workers, NGO social workers have more experience. All of the NGO social workers had been doing social work for more than two years. Only one of the government social workers had worked there for more than two years; the others were fresh hires. This could be because NGOs might bring back government employees since they provide greater pay and a better work environment. After obtaining experience and hands-on training, the majority of government social workers transition to the non-governmental organization sector.

3.5.1 Target population

The target population was 80 caregivers of children exposed to sexual abuse, who were currently on the Chegutu District Case Management Register. The other target population was the 15 CCWs implementing the National Case Management Model in Chegutu District. Also included in the target population were the 10 social workers (5 working for the Department of Child Welfare and Probation Services and 5 working for a certain local NGO B). The target population for the key informants was one DCWPS senior official and one NGO A Coordinator. These two officials were selected, as they are the leadership responsible for the overall strategic management of the National Case Management Model. This places them at a unique position to provide valuable insights in the implementation of the National Case Management Model. These two NGOs A and B were targeted because they are supporting the government to implement the National Case Management Model. NGO A is the funding agency while NGO B is a local organization that also receives funding from NGO A support government social workers to implement the National Case Management Model.

3.6 Sample and sampling procedures

To create a representative sample of managers from a population of 80, simple random sampling has been employed. Two social workers, three case managers, two community care workers, and eight guardians of children who had received case management services from the case workers comprised the study's sample. There were fifteen contestants in all. Seven study participants were chosen using a purposive sample technique. The guardians were specifically chosen from the case managers' given registers. Purposeful sampling, according to Gentles, Charles, Ploeg, and

McKibbon (2015), Participants are chosen specifically for their unique experience and skill because purposeful sampling is a sample selection technique predicated on the idea that the researcher wishes to find, comprehend, and acquire insight and must thus choose a sample from which the most can be learned. As a result, professional case managers were specifically chosen due to their unique case management implementation experiences. Snowballing, in which the interviewees recommended another pertinent individual they knew, helped with this intentional sampling.

3.7 Sample size requirements

When conducting research on the impact of case management systems on children exposed to sexual abuse, the size of the sample is an important consideration. The sample should be representative of the population being studied. In the case of children exposed to sexual abuse. The sample should include a diverse, ages, and types of abuse. Also attrition refers to the loss of participants during the course of the study, it is important to consider the potential attrition rate when determining the sample size. If the study is expected to have a high attrition rate, a larger sample size may be needed to compensate for potential dropouts.

3.7.1 Sample Size and Sampling Techniques

- Sample size determination using Yamane formula
- The target population was established as 80 (N)
- A margin of error of 0.05(5%) was chosen for this study, which is common threshold in social research to ensure a reasonable level of precision.
- The formula used for calculating the sample size is:

  $n=\frac{N}{1+N(e^2)}$

- n=sample size
- N=population size (80)
- e=margin of error (0.05)
- $n=\frac{80}{1+80(0.05^2)}=\frac{80}{1+0.05}=\frac{80}{1.05}=66.66$

Sample size =67

3.8 Research instruments

Respondents received different sets of questions

Types of Questions

Willis (2008) ascertains that there are two types of questions namely open ended questions and closed ended questions

Open Ended Questions.

A combination of open (where respondents use their own words) and closed questions was used. Willis (2008) points out that open ended questions are questions whereby the respondent is free to answer in his own words and to freely express his thoughts on the way he understands a certain topic. Kumar (2011) pointed out that open ended questions do not restrict the responded when answering questions According to Hofstee (2016) open questions allow the collection of information as much as possible in respondent's words which gives a better insight into the research topic. Creswell (2012) states that open ended questions promote self-expression and creativity and respondents thinking capacity is revealed. Thompson (2014) ascertain that open ended questions enables respondents to give adequate responses on complex issues.

However, the disadvantage is that there is no room for clarification when need arises hence data presentation and final analysis is made difficult. According to Hofstee (2016) closed questions offer respondents the same options or possible alternative answers.

Closed Ended Questions

According to Jackson (2009) closed ended questions are questions in which the respondent is given answers to choose from on a questionnaire. Powell (1998) suggests that closed ended questions are limited and do not give the respondent the opportunity to think freely and use her own words in answering the questions given.

Closed questions are beneficial as they enable easy comparison of results and analysis and also less time consuming as compared to open questions. With closed questions, responses are standardized which can assist in interpreting in large numbers of respondents.

They are simple to answer although they provide pre-determined answers rather than the respondent's own words. Kumar (2011) affirms that even illiterate respondents are able to answer closed ended questions because they are easier to understand. Powell (1998) suggests that closed ended questions enable respondents to answer even sensitive topics, he went on to say that in

closed ended questions there are less irrelevant or confusing answers to questions. To take advantage of the closed questions mentioned above the questioner was comprised of 85% closed questions and 15 % open questions.

To add on questioners gives the respondent time to carefully decide on what and how to respond without being interrupted by the interviewer. Questioners can address a large number of issues and question of concern in a relatively efficient way with the possibility of high response rate. Furthermore, questioners allow anonymity. It is generally argued that anonymity improves honesty in the rate of response and allows genuine opinion direct from the respondents. However, they have a number of shortcomings.

They are usually characterized by delays in responses and submission of incomplete questioners by the respondents. In addition, questioners have to be designed in a simple way that improves the response rate. The other problem is that it assumes that all respondents are literate. After the preparation of questions and editing to avoid ambiguity and clutter the validity of the questioner was ensured.

3.8.1 Validity and Reliability of collection

Triangulation increased the study's trustworthiness. Triangulation serves the function of comparing data generated by using several approaches to support or contradict other findings (Flick, 2007). According to Vos (2005), triangulation in qualitative research refers to the use of several viewpoints, data sources, and perspectives. Triangulation of approaches aids in the gathering of reliable, high-quality data. Data from case managers and service recipients were triangulated by the researcher. Through sustained involvement, the researcher increased the study's credibility. In order to build rapport and trust with the research participants and get them to supply in-depth information on the topic of the study, the researcher conducted further visits. Additionally, mechanical data recording improved credibility. Using technology to record data is known as mechanical data recording (Connelly, 2016). With the participants' permission, all of the interviews were recorded using a cell phone. Since research participants could confirm the accuracy of the findings, member checks were employed.

3.9 Data analysis and presentation

The data was subjected to thematic analysis. Bruan and Clark introduced the thematic analysis technique in 2006. Thematic analysis is a technique for finding, examining, and summarizing patterns and themes in data, according to Braun and Clarke (2006). Before creating the final report,

it entails understanding the data, creating exit codes, looking for subjects beneath the codes, evaluating topics, and defining and labeling themes (Braun & Clark 2006). The ability to pattern qualitative data and uncover its implicit and explicit meaning is the main advantage of theme analysis (Guest et al, 2012). Thematic content analysis's main drawback, however, is that it frequently results in the paraphrase and generalization of study findings, and its use frequently lacks a strong theoretical foundation (Braun and Clarke, 2006).

Thematic analysis, as suggested by Kondracki and Wellman (2002), was used in this study. This method is applicable and frequently used in studies to analyze and derive meaning from people's experiences. In order to achieve this, the study employed thematic analysis to comprehend and examine the experiences of CCWs, social workers, caregivers, and key informants in the model's implementation in Zimbabwe. Convectional data analysis was started after data collection by going over the raw data several times. The six steps of thematic analysis are familiarization, coding, theme production, theme review, theme definition and naming, and writing up, according to Braun and Clarke (2006). Below is a summary of these.

3.9.1 Step 1: Familiarisation

According to Braun and Clarke, (20o6) familiarising with the data is the first step in data analysis which requires the researcher to thoroughly read the information to become familiar with its contents preparing for the next step of coding. Following this instruction, the researcher immersed himself with research topic, objectives, and instruments and read the information related to the research. This helped the researcher to do coding which is the next stage of thematic technique.

Step 2: Coding,

As propounded by Braun and Clark (2006), the researcher moves to the coding stage and apply codes to different pieces of data which was needed in responding to the research question. This paved the pathway for theme generation.

Step 3: Generation of themes

In this third stage, the researcher generated themes based on the related codes and patterns of data. Following Braun and Clarke, (2019) themes were merged based on data codes, related data was put under the same theme.

Step 4: Review of identified themes

According to Braun and Clarke, (2019) identified themes must be refined and assessed. In this vein, the researcher reviewed and refined the themes identified making sure that these themes are convincing answers to the research questions based data.

Step 5: Naming final themes.

When themes are reviewed, they need to be renamed for the final presentation (Braun and Clarke, 2006). Thus, the researcher named the final themes that were used on the presentation and analysis of data.

Step 6. Writing up the results

In this stage, the researcher analysed the themes and presented the data thematically. This includes the correlation of the results and the 'weaving together' of the different themes with an analytical narrative ready for presentation.

3.10 Ethical considerations

During the research process, approval to conduct research, informed consent, confidentiality, privacy, anonymity, and avoidance of harm are the main ethics that were observed in this study.

3.11 Chapter Summary

This chapter dealt with research design, population, sampling and sample size, types of data, research instrument, and types of questions, data validity, ethical consideration, data presentation, data analysis and summary. Chapter 4 is on data presentation and analysis.

CHAPTER 4:

PRESENTATION OF FINDINGS AND ANALYSIS

4.0 Introduction

The methods used to gather data were covered by the researcher in the previous chapter. The gathered data will be presented, examined, and discussed in this chapter. This study looked at the Chegutu district of Zimbabwe's evidence regarding the case management system for children who had been abused. Analyze the difficulties and constraints encountered when putting the Case Management System for children who have been sexually abused in Chegutu District, Zimbabwe, into practice. Then, offer solutions to improve the efficiency of case management in these circumstances. In light of the study's goals, the theoretical framework, and the evaluated literature, the chapter aims to provide an interpretation, analysis, and discussion of the research findings. The themes that surfaced during the study were used to present the data. The major voices of the participants were presented in italics followed by the analysis and discussion. Numbers were used in place of participant's names to preserve their anonymity.

4.1 Response Data

Item	Percentage
Population Size	80
Sample size	67(84% of the population size)
Questionnaire sent out	67
Received Questionnaire	59
Useful Questionnaire	55
Non usable questionnaire	4
Response rate	82%

Fig 4.1.1 Source: field work

4.2 Demographic Information

The participants' demographic information is covered in this section. For the goal of generalization, this information is essential in assessing whether study participants belong to the intended population. Five social workers who serve as case managers, three community child care providers, and eight guardians of children who have received case management services from the case workers comprised the study sample in order to assess the effectiveness of the case

management system on sexually abused children in Zimbabwe's Chegutu District. Five important informants were also included in the study: one doctor, one social worker, two counselors, and one VFU police officer. There were 20 people in the sample overall.

Data was gathered through in-depth interviews with three community care workers and five social workers who serve as case managers. Data was also gathered from five important informants, including one doctor, one social worker, two counselors, and one VFU police officer. Data from a total of eight participant's guardians of the children who received services under the case management system was gathered through focus group talks.

The majority of the guardians of the children who had been sexually molested were female, and the majority of the social workers who participated were also female. There was an equal distribution of men and women among the key informants. The fact that women made up the majority of the guardians of the children who experienced sexual abuse suggests that children of single mothers are more likely to experience sexual abuse than children of two parents.

The study's participants ranged in age from 30 to 40. It suggests that the information was gathered from adults. The majority of these participants had worked for more than twenty years. This suggests that the information gathered came from the experienced individuals responding to the research topic. The research's findings are pertinent in this instance. The majority of study participants were also educated at the tertiary level. While some who did not complete higher education were among the guardians who had attained secondary level as their greatest level, they held master's degrees and honors degrees in their respective fields.

4.3 Representation of respondents by department/sector

Target group	Sample size	Percentage
Children	17	25%
Social worker	20	13%
Caregiver	10	15%
Child care worker	20	13%

Fig 4.3.1 source: field work

Represent percentage of the respondents by department/sector

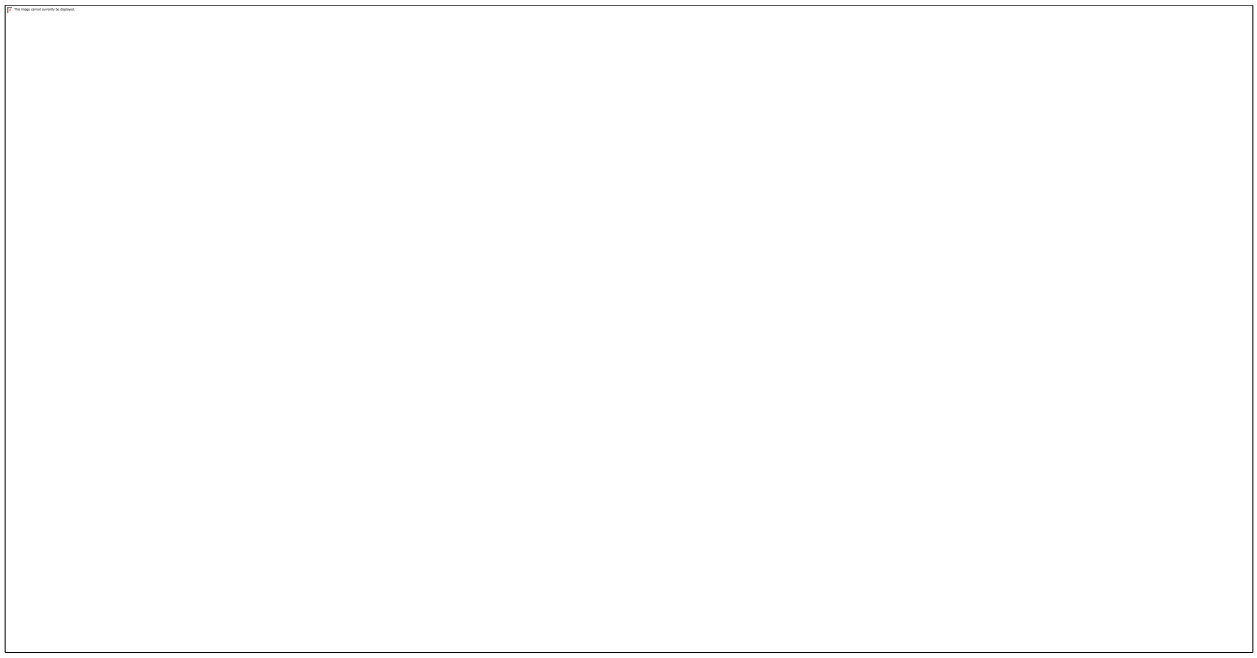


Fig 4.3.2 Source: field work

Social workers and child care workers are equally represented by 30% each indicating that a strong presence of professionals directly involved in child welfare. Caregivers comprise a small portion of 15% potentially representing family members of guardians. Children themselves makeup 25% of respondents, highlighting the importance of considering their perspectives. This distribution can inform understanding of the issue, service delivery, and policy development related to children exposed to sexual abuse.

4.4 Respondents working experience

Years	Frequency	Percentage
0-5	10	15%
5-10	15	22%
10-15	12	18%
More than 20 years	20	30%

Fig 4.1 Source: field work

Interpretation

The majority of respondents (30%) are more than 20 years of experience. The majority (30%) have extensive experience (>20 years), indicating a strong presence of seasoned professionals. The combined percentage of mid-level and senior professionals (40%) suggests a solid foundation of experienced staff. Entry-level professionals (15%) may require training and development to grow within the organization. Therefore, data presented below is relevant to the research question as it was collected to the literate people who had knowledge of the problem.

4.5 Respondents level of education

Education Level	Frequency	Percentage
Primary Education	12	18%
Secondary Education	44	66%
Tertiary Education	25	37%

Fig 4.5.1 Source: Field work

Interpretation

The data indicates that the majority of respondents 66% in this study had completed secondary education. This suggests that a significant portion of the participants possess a foundational level of education. Furthermore, a substantial percentage 37%had pursued tertiary education, implying a considerable number of respondents with specialized knowledge or higher academic qualifications. The smallest group 18% had only completed primary education.

4.6. Presentation and analysis by objective

Objective 1: Analysis of some types of management system

To answer these objective information was collected and quantitative was used to present the data

Table 1 shows types of management system in children (n=67)

Types of management system	Frequency	Percentage
Child protection system	20	30%
Therapeutic support system	15	22%
Multidisciplinary team system	20	30%
Family support system	12	18%

Fig 4.6.1 source: field work

Child Protection System

The most significant percentage, 30% represents Child protection services, highlighting their central role in managing cases of children exposed to sexual abuse. These services typically involve the assessment, intervention and support involve for children in distress emphasizing safety and immediate care. This high frequency suggests that stakeholders view these services as primary responders in crises, essential for ensuring the well-being and protection of children.

Qualitative was also used and most people expressed their views. One responded said that:

"Child Protection Services are often the first line of defense. They not only respond but also ensure ongoing support and safety for the children." (Social worker, February 2025).

Another social worker says:

"The child protection system is our mandate to intervene. It gives us the legal authority to investigate reports, assess the child's safety, and if necessary, remove them from harm. Without it, we wouldn't have the teeth to protect vulnerable children. As one police officer told me, it's about ensuring accountability and preventing further harm." (Social worker, February 2025).

"When someone listens to me, I feel safe and understood. Talking to someone who cares makes a difference in how I feel about what happened" (Child, February 2025).

"When I finally had the courage to report, I called the child protection hotline. They sent someone to my home and started the investigation. It was scary, but I knew my child needed protection, and this was the system that could provide it". (Caregiver, February 2025)

The findings indicate a diverse range of management systems that cater to various aspects of recovery and support for children exposed to sexual abuse. The predominance of child protection services illustrates a critical area of focus within these systems.

Therapeutic Support System

Closely following, 22% of respondents recognized the importance of therapeutic support programs. These programs provide psychological support, counselling, and therapeutic interventions tailored to the unique needs of abused children. This acknowledgment underscores the necessity of mental health support in recovery process, indicating that stakeholders are aware of the mental health repercussions of abuse and the need for structured healing pathways.

*"Therapy is essential. Children need someone to help them talk about their feelings and experience, it's a vital step in their healing" (*Caregiver, February 2025).

Another caregiver says:

"The therapy has been life changing for my child. She was withdrawn and having nightmare, but after a few months of sessions, she's starting to smile again and talk about her feelings. The therapist taught us both how to cope". (Caregiver, February 2025).

"The integration of therapy in case management significantly aids recovery for these children. Collaboration between different agencies is crucial for providing comprehensive support" (Social worker, February 2025).

"We see the direct impact of therapy on children here. A child who was constantly having meltdowns might start using the coping strategies they learned in therapy. It's a long road, but the therapeutic support is absolutely essential for their long term recovery" (Child care worker, February 2025).

Multidisplinary Support System

Multidisplinary team systems also at 30% indicate a recognition of the collaborative approach necessary to effectively manage cases involving children exposed to sexual abuse. These teams, composed of professionals from various fields such as social work, psychology, law enforcement, and education, work together to address the complex and multifaceted needs of affected children. Their integration fosters a holistic support environment, ensuring that all aspects of a child's situation are addressed comprehensively.

"When a child comes from a coordinated multidisplinary process, we get much clearer picture of their history, medical needs, and therapeutic goals. This allows us to provide more tailored and consistent care from the outset." (Child care worker, February 2025).

"When different professionals come together, the child gets a comprehensive support system. It's about working together for the best outcomes. (Social Worker, February 2025).

Another social worker says:

"The multidisplinary is crucial because instead of different agencies doing their own thing in isolation, we sit down, share information, and strategies together. It means the child only tells their story once during forensic interview, which is immensely trauma reducing. As one police officer told me, it's about minimizing the number of times the child has to tell their story, sand making sure everyone is on the same page" (Social worker, February 2025).

"It was good to know that the police officer and the social worker were talking to each other. I didn't have to repeat everything to everyone. It made me feel like they were a strong team working for my child". (Caregiver, February 2025).

Multidisplinary Team System emphasize a collaborative approach to case management. It brings together professionals from various disciplines. Its aim is to provide a coordinated, child centered response that minimizes re-traumatization.

Family Support System

While represented at a lower rate of 18%, emphasize the importance of involving the child's family in the recovery process. Such systems focus on providing resources, counselling, and education to families affected by trauma. This low percentage may indicate a gap in utilizing familial networks, highlighting the need for strengthening family involvement in the case management processes to promote sustained healing and support.

"Family need support just as much as children do. Helping parents navigate this journey can significantly impact a child's recovery. We always say the family is the child's first and most enduring protection. If the non-offending caregivers are empowered and supported, the child's recovery is much more sustainable. Investing in family support is investing in the child's long term well-being." (Social Worker, February 2025)

"The social worker didn't just focus on my child, they also gave me advice on how to talk to her how to handle her fears and even liked me in to a support group for parents. Knowing I wasn't alone and that I had guidance made a huge difference" (Caregiver, February 2025)

Family support system highlight the importance of family involvement though represented at a lower rate of 18%. And all in all, these four system, when effectively integrated and resource, form a comprehensive case management approach that addresses the multifaceted needs of children exposed to sexual abuse, guiding them towards safety, healing and justice.

4.6.2 Discussion for Objective 1: Analysis of some types of case management systems in children exposed to sexual abuse

In analyzing the various types of care management systems, the study identified Child Protection Services, Therapeutic Support Programs, Multidisciplinary Team Systems, and Family Support Systems as central components in addressing the needs of children exposed to sexual abuse. Child Protection Services are often considered the first line of defense against child abuse and neglect. This finding aligns with the literature, emphasizing the crucial role these services play in ensuring a child's safety and well-being immediately following reports of abuse. Both the study and the literature underscore the importance of timely intervention and the protective role that these services provide. Therapeutic Support Programs were also recognized for their significant role in the recovery process. These programs focus on mental health support, which is vital for children coping with the aftermath of abuse. The recognition of these programs reflects findings in the literature that advocate for trauma-informed care as an essential element in recovery processes. Multidisciplinary Team Systems were noted for their collaborative approach to managing cases, effectively combining expertise from various fields. Literature supports this finding, highlighting that collaboration enhances the effectiveness of interventions by ensuring comprehensive support for the child, which can lead to better outcomes. Family Support Systems were also identified but

received a more mixed assessment in terms of effectiveness. While the literature indicates that involving families in the recovery process can be beneficial, the study findings may reflect variability in the availability and accessibility of resources for families. These differences may be influenced by cultural factors that affect how families engage with support systems. Overall, the findings from this study regarding the types of care management systems are consistent with the literature but also reveal nuances in their application and effectiveness.

4.7 Objective 2: Effectiveness of some types of management systems used to assist children exposed to sexual abuse

Types of management	**Effectiveness rate**
Child protection service	80%
Therapeutic support program	70%
Multidisplinary Team System	90%
Family Support System	45%

Fig 4.6.2 source: field work

Effectiveness of Child protection system

Service received an effective rating of 80%, indicating strong support from stakeholders regarding their role in protection and assisting children after abuse. Child protection services are essential for safeguarding children by providing immediate interventions once abuse is reported. Their comprehensive approach includes assessments, safety planning and ongoing monitoring

"Our child protection system, though sometimes stretched, is the backbone. It provides the legal framework for intervention and ensures accountability. We've seen improvements in how quickly cases are responded to, thanks to better training for community-based volunteers and police officers" (Social Worker, February 2025).

"Their prompt intervention can often prevent further harm, making a significant difference in a child's safety", (Social Worker, February 2025)

"We are often the front line. When we see signs of abuse or neglect, we know the protocols to follow, who to report to, and how to ensure the child's immediate safety. The system is only as strong as its weakest link, so ongoing training and resources are vital for us to effectively do our job" (Child care worker, February 2025*).*

This rating indicates that a majority of respondents believe these services effectively safeguarding children, although some challenges remain regarding bureaucratic delays and resource limitations.

Effectiveness of Therapeutic Support Programs

Therapeutic support with an effectiveness rating of 70% these programs are viewed as highly impactful. These programs are designed to provide psychological counselling and therapeutic support tailored to the needs of children who have suffered trauma. Given the high rating, stakeholders feel that therapy is crucial to helping children navigate their feelings and begin the healing process

"Our role is to facilitate access to appropriate therapeutic interventions. We work with the therapists to ensure the child's progress is monitored and that the therapy aligns with the overall case plan. A child may be safe, but without therapeutic support, the emotional scars can persist for lifetime" (Social worker, February 2025).

"My play sessions help me. Sometimes I draw what happened, and it feels a little lighter after. My therapist understands me, when I don't use words" (Child via interview with therapist, February 2025).

"These programs facilitate healing and coping strategies that are essential for recovery", (Caregiver, February 2025)

Another care giver implied that:

"The therapist has been a lifeline for my child. They've taught her ways to manage her fears and sadness. I've also learned strategies from them to support her at home. It's a long journey, but the therapy is clearly making a difference" (Caregiver, February 2025).

"We see children daily, and we notice changes in their behavior. When they start engaging in therapy, you often see a gradual shift. They might become less withdrawn, more expressive, or simply seem lighter. It's a testament to the power of healing through professional support." (Child care worker, February 2025).

The effectiveness of a case management system for children exposed to sexual abuse hinges on the seamless integration and robust functioning of these four critical support systems. Each contributes uniquely, and their collective strength amplifies the positive impact on the child's journey towards healing and recovery. The strong effectiveness rating reflects the critical role these programs play in helping children process their experiences and develop resilience.

Effectiveness of multidisplinary team system

The multidisplinay system involves collaboration among professional from various fields (social work, healthcare, law enforcement, etc. to address a child's needs comprehensively. This rating reflects a strong belief in the effectiveness of holistic intervention strategies.

Binging together expertise from different fields ensures that all aspects of a child's recovery are addressed because will not be working in silos. I can pick up the phone and speak directly to the police investigator, the doctor, or the therapist. (Social Worker, February 2025)

Another responded implied that:

"Multidisplinary streamlines the process and ensures that all aspects of the child's well-being are considered and it's about minimizing the number of times the child hs to tell their story, and making sure everyone is on the same page"

"It was overwhelming at first, all these different people. But then I realized they were all talking to each other. The social worker explained what the police were doing, and the doctor explained the medical checks. It made me feel like my child was truly being protected by a whole team, not just one person" (Caregiver, February 2025).

"When a new child comes in, the reports we get from the police and social workers are crucial. The more detailed and coordinated the information, the better we can understand the child's needs and provide appropriate care from day one. It's a true team effort" (Child Care Worker, February 2025).

This high rating underscores the importance of teamwork and coordinated services delivery to provide comprehensive support tailored to the unique circumstances of each child.

Effectiveness of Family support system

It focuses on equipping families with the resources, education and guidance needed to support a child's recovery. The primary goal of case management is to ensure the child's safety. A strong family support system, including immediate safety planning and removal of the perpetrator if

necessary. Sexual abuse often occurs within complex family dynamics. Case management, supported by the family, can address these underlying issues, including parental capacity, substance abuse, mental health concerns, and domestic violence, to create a safer environment for the child.

"It's important for families to be involved they also need support to help their children heal" (Social worker, February 2025)

*"Without the care givers buy in and active participation, case management becomes incredibly difficult. They are the constant in the child's life, and their support can either accelerate or hinder the entire process. I've seen cases where family's disbelief or fear of stigma completely shut down the child's progress" (*Social Worker, February 2025*).*

"A child might draw pictures of a secure home, indicating a sense of safety fostered by family. Or, a play scenario might involve a doll representing a parent, showing the child's reliance on parental presence for comfort" (Through drawing/play observations February 2025).

The 75% rating indicates a recognition of the significant impact that family involvement has on recovery processes, while also suggesting that further resources and training for families could enhance effectiveness.

4.7.1 Discussion for Objective 2: Effectiveness of Some Types of Management Systems Used to Assist Children Exposed to Sexual Abuse

The evaluation of the effectiveness of various management systems revealed that Therapeutic Support Programs and Multidisciplinary Team Systems were viewed as the most effective for assisting children exposed to sexual abuse. This aligns with the literature, which highlights the importance of collaborative and trauma-informed approaches in care management. Stakeholders expressed confidence in the ability of Therapeutic Support Programs to foster healing and

resilience in children, echoing previous research that asserts the necessity of psychological support in the recovery process. The high effectiveness rating attributed to Multidisciplinary Team Systems further supports the literature's advocacy for integrated care, ensuring that all aspects of a child's needs emotional, legal, and social are addressed.

In contrast, the effectiveness of Child Protection Services and Family Support Systems received more mixed responses. While Child Protection Services are essential for immediate intervention and safety, some stakeholders reported challenges in their long-term effectiveness, particularly regarding follow-up support and mental health resources. This inconsistency might be connected to the administrative and resource challenges highlighted in the literature, where similar concerns have been documented regarding the limitations of traditional child welfare services. Family Support Systems also reflected variability in effectiveness. Although the literature supports the value of involving families in a child's recovery, differences in accessibility to resources and the level of engagement can significantly impact their success. Cultural attitudes toward family involvement in services can also play a role in how these systems are utilized, indicating that effectiveness can vary based on the context in which these programs are implemented. An examination of these results suggests that while certain management systems are widely recognized for their effectiveness, the variability observed reinforces the need for further research and adaptation of practices to meet the diverse needs of children and families affected by sexual abuse.

4.8 Objective 3: Challenges faced in the implementation of effective case management system

Challenges faced in the implementation of effective case management system	**Percentage**

Lack of funding	30%
Inadequate training for staff	25%
Communication Barriers	15%
Insufficient Resources	20%
Bureaucratic delays	10%

Lack of funding

Funding is a critical component of any service delivery system, particularly for those providing support to vulnerable populations such as children exposed to abuse. Limited financial resources can result in reduced staff numbers, inadequate training, and insuffient program offerings. Many organizations may struggle to maintain essential services or develop new initiatives aimed at prevention and recovery.

"We desperately need more funding for qualified staff, for transport, for specialized training. We also need more safe places for children. The system is chronically under resourced, which impacts every aspect of our work." (Social Worker, February 2025)

Without sufficient funding, we struggle to offer the comprehensive services children need. (Social Worker, February 2025).

"Taking my child to court, to therapy, to medical examinations takes time off work, and money for transport. Sometimes I have to choose between putting food on the table and making sure my child gets help. The system doesn't always consider these daily struggles". (Caregiver, February 2025)

This indicates that the sustainability of programs is often at risk, thereby compromising the quality of assistance provided to children and their families.

Limited specialized training

The need for adequately trained staff is essential in effectively managing and responding to cases of child abuse. Training should encompass trauma informed care, cultural competency, and specific intervention strategies for working with children who have experienced trauma. When staff members are not properly trained, it can lead to miscommunication, feelings of unpreparedness, and ultimately ineffective responses to the children's needs. Inadequate training also affects staff confidence, which can hinder the rapport built which children and families.

"Dealing with child sexual abuse cases requires very specific skills and a deep understanding of trauma. Many social workers, especially in rural areas, don't receive adequate training in these complex areas, which can affect the quality of our interventions" (Social worker, February 2025).

"New staff often lack the specialized training needed to handle sensitive cases appropriately". (Caregiver, February 2025)

This gap can lead to inconsistencies in service delivery, creating additional challenges for children seeking help.

Communication Barriers

Effective communication is vital in child welfare system. Communication barriers may include misunderstanding between professionals, language differences between staff and families, and lasses in information sharing across agencies. These barriers can lead to fragmented services, where children do not receive comprehensive support they need. For instance, delays in information transfer about a child's case can result in missed opportunities for timely intervention, leaving children vulnerable to further abuse or neglect.

"Sometimes, the left hand doesn't know what the right hand is doing and this can frustrate efforts to help children" (Children Care Worker, February 2025).

Another Child Care Worker also suggested that:

"Sometimes, children arrive at our center with very little background information about their abuse or their case plan. We have to piece things together, which delays our ability to provide targeted support." (Child Care Worker February, 2025).

The need for clear, open lines of communication across all stakeholders including children and their families is paramount for effective case management.

Insuffient resources

It encompasses both financial limitations and shortages of critical services such as mental health support, counselling, and educational programs. Resources also include materials and tools that can aid in recovery, such as therapeutic activities or training materials for caregivers. When resources are scarce, organizations may need to prioritize which services to offer, potentially leaving out vital components like mental health support, which is crucial fo children recovering from trauma. Additionally, lack of resources can lead to increased workload for staff, contributing to burnout and turnover.

"We need more therapists and educational resources to truly support these children" (Social Worker, March 2025).

"We desperately need more funding for qualified staff, for transport, for specialized training. We also need more safe places for children. The system is chronically under resource, which impacts every aspect of our work" (Social Worker, March 2025)

This illustrates the cascading effect of insufficient resources on both service delivery and staff morale.

Bureaucratic delays

This refer to the time consuming processes involved in case management and service provision. These may include lengthy approval processes for funding, delayed responses to referrals, and slow administrative procedures. These delays can prevent timely interventions for children in need, affecting their recovery and overall wellbeing. For example, long waiting periods for accessing counseling or legal services may exacerbate the psychological impact of abuse on children, leading to further trauma.

"Every time I call, I get a different person, and they say they're reviewing the file. It's been months, and we're just stuck in limbo. My child asks me every day when this nightmare will be over, and I have no answers because of all the waiting." (Care giver, March 2025).

'The processes can be so slow that by the time a child gets help, they might have already faced trauma" (Caregiver, March 2025)

"When cases drag on due to bureaucratic inefficiencies, it means my caseload remains high. I can't close old cases, which limits my capacity to take on new, urgent ones. This creates a backlog that puts more children at risk." (Social Worker, March 2025).

"They kept asking me the same questions, over and over and then nothing happened for a long time. It made me feel like nobody cared, or that they didn't believe me. I just want it to be over. I want it to go back to be normal, but it feels like it will never end because of all the waiting for the court" (Child, March 2025).

This sentiment underscores the urgency of streamlining bureaucratic processes to ensure that children receive prompt care and support.

4.8.1 Discussion for Objective 3: Challenges Faced in the Implementation of Effective Care Management Systems for Children Exposed to Sexual Abuse

The examination of challenges faced in implementing effective care management systems revealed significant barriers, including lack of funding, inadequate training for staff, communication issues, and bureaucratic delays. These challenges resonate with findings from the literature review, confirming that resource constraints remain a critical concern impacting the effectiveness of care management systems.

The issue of funding emerged as the most significant barrier, consistent with the literature that highlights how financial limitations hinder the provision of adequate services and support. Many organizations reported difficulties in maintaining staff and programming due to insufficient funds, leading to compromised care quality. This reflects broader systemic issues where inadequate resource allocation remains a pervasive challenge in child welfare systems.

Inadequate training for staff was also a prominent challenge identified in this study. The literature supports this finding, illustrating that trained staff are paramount for delivering effective interventions. Insufficient training can lead to inconsistencies in care and a lack of trauma-informed practices, ultimately affecting the outcomes for children and families. Communication barriers among various stakeholders represent another significant challenge. The literature has consistently pointed out that effective communication is essential for successful case management, and this study's findings reaffirm the necessity of strengthening information sharing among professionals, families, and agencies. When communication falters, it can lead to fragmented care that ultimately places children at greater risk. Finally, bureaucratic delays were identified as an impediment to timely interventions. These delays have been documented in the literature as

barriers to effective service delivery, emphasizing the need for systemic reforms to streamline processes and enhance responsiveness to children's needs.

4.9 Chapter Summary

This chapter presented, interpreted, analyzed, and discussed the results of the study which examined the efficacy of case management system on children exposed to sexual abuse. The case management system is used to facilitate holistic intervention creating safe environment providing legal and right based support to children. The next chapter provides the summary, conclusion and recommendations of the study.

CHAPTER 5:

SUMMARY OF RESEARCH FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter aims to summarize the key findings of the study, draw overall conclusions based on these findings, and provide actionable recommendations for improving case management systems for children exposed to sexual abuse. By reflecting on the objectives of the study, this chapter synthesizes the research outcomes and offers insights for stakeholders involved in child protection and support services.

5.2 Response Rate.

The research managed to have a favorable response rate. Out of eighty respondents that the research had targeted, a total of sixty-seven respondents were reached. This represented: 67÷80×100=84%. Henceforth the research had response rate of 84%.

5.2.1 Summary of Findings:

Objective 1

The study answers Objective One, which looked at the types of care management systems utilized for children exposed to sexual abuse. The findings show that Child Protection Services, Therapeutic Support Programs, Multidisciplinary Team Systems, and Family Support Systems are pivotal in addressing the various needs of affected children. Each system plays a distinct role, with Therapeutic Support Programs receiving particularly high regard for their focus on mental health and recovery.

5.2.2 Summary of Findings: Objective 2

The second objective was to evaluate the effectiveness of different management systems in assisting children exposed to sexual abuse. The findings show that Therapeutic Support Programs

and Multidisciplinary Team Systems are perceived as the most effective due to their collaborative approaches and emphasis on trauma-informed care. However, Child Protection Services and Family Support Systems received mixed effectiveness ratings, indicating areas where improvement is necessary.

5.2.3 Summary of Findings: Objective 3

The third objective was to examine the challenges faced in implementing effective case management systems. The findings reveal significant barriers such as lack of funding, inadequate staff training, communication issues, and bureaucratic delays that hinder the delivery of services. These challenges highlight the systemic issues present in service delivery and the need for reform to enhance effectiveness.

5.3 Conclusions

5.3.1 Conclusion for Objective 1

The objective was to analyze the types of care management systems in place for children exposed to sexual abuse. This study concluded that a diverse array of systems exists, each contributing uniquely to the support and protection of affected children, with a particular emphasis on the importance of Therapeutic Support Programs.

5.3.2 Conclusion for Objective 2

The second objective was to evaluate the effectiveness of these management systems. It was concluded that while Therapeutic Support Programs and Multidisciplinary Teams are highly effective, Child Protection Services and Family Support Systems require improvements to maximize their impact on child welfare.

5.3.3 Conclusion for Objective 3

The objective was to identify challenges in the implementation of effective care management systems. It was concluded that systemic barriers, including funding shortages, insufficient training, communication breakdowns, and bureaucratic inefficiencies, significantly impede service delivery and require urgent attention.

5.4 Recommendations

Based on the study's conclusions, the following actionable recommendations are proposed:

- Increase Funding: Advocate for increased financial resources for child welfare organizations to enhance service delivery and support structures.
- Improve Staff Training Implement ongoing, comprehensive training programs focused on trauma-informed practices for all staff working with children exposed to abuse.
- Enhance Communication Systems: Develop streamlined communication protocols among agencies and organizations to ensure effective information sharing and coordination of care.
- Reduce Bureaucratic Delays: Simplify administrative processes to expedite service provision, enabling timely interventions for affected children.
- Promote Collaborative Models: Encourage the establishment of Multidisciplinary Teams to integrate various expertise and create a more holistic approach to child welfare.
- Engage Families: Foster family involvement in care management planning to ensure that support systems are tailored to the unique needs of each child and family.
- Conduct Continuous Evaluation: Establish a framework for the ongoing assessment of care management systems' effectiveness, allowing for regular updates and improvements based on emerging needs and challenges.

5.5 Chapter summary

This chapter provide the study's main conclusion which was extracted from the study findings and also indicated the suggested and possible solutions or recommendations to the challenges being faced in order to have effective case management system in children exposed to sexual abuse.

REFERENCE

Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. The qualitative report, 13(4), 544-559.

Bhaskaran, S. & Seshadri, T.S. 2016. Child sexual abuse: Critical challenges and recommendations. Journal of Indian Association for Child and Adolescents Mental health, 12(2):143-162.

Boyce, C. and Neale, P. (2006) Conducting In-Depth Interviews: A Guide for Designing and conducting In-Depth Interviews for Evaluation Input. New York: Pathfinder International.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative research in psychology, 3(2), 77-101.

Creswell, J.W. (2009) Qualitative, Quantitative and Mixed Methods Approaches, New York: Third Edition. Sage Publications.

Druetz, T., Siekmans, K., Goossens, S., Ridde, V., & Haddad, S. (2015). The community case management of pneumonia in Africa: a review of the evidence. Health policy and planning, 30(2), 253-266.

Fowler, P. J., &Schoeny, M. (2017). Permanent housing for child welfare-involved families: Impact on child maltreatment overview. American journal of community psychology, 60(1-2), 91-102.

Gentles, S. J., Charles, C., Ploeg, J., &McKibbon, K. A. (2015). Sampling in qualitative research: Insights from an overview of the methods literature. The qualitative report, 20(11), 1772-1789.

Goldberg, E., Rachel, E., and E. Short. (2012) "The Luggage that isn't theirs is Too Heavy": Understandings of Orphan Disadvantage in Lesotho. Population Research and Policy Review, 31(1) 67.

Hutt, R., Rosen, R., and McCauley, J. (2004) Case-managing Long-term Conditions: What impact does it have in the treatment of older people? London: The King's Fund.

Jera, N. T. (2019). A study of the prevention of child sexual exploitation and the exploration of social workers' perception of child sexual exploitation: a case study of Harare (Zimbabwe) and London (UK).

Jimmat. (2010) Programme of Support for the National Action Plan for Orphans and Vulnerable Children Outcome Assessment, Final Report, Harare, Zimbabwe.

Johnson, B. and Christensen, L. (2010) Educational research: quantitative, qualitative and mixed approach, London: SAGE.

Kenya Law Reports. (2006). Sexual Offences Act No. 3 of 2006.

Mack, N., Woodsong, C., MacQueen, K.M., Creg, G. and Namey, E. (2005) Qualitative Research Methods: A Data Collector's Field Guide, New York: Family Health International.

Ministry of Gender Labour & Social Development - Uganda.

Moxley, D. (1997) Case Management by Design: Reflections on Principal and Practices, New York: Brooks Cole.

Msindo, P, Gutsa, Choguya, N. (2013) Epworth settlements. Journal of Settlements and Spatial Planning ,4 (2) 171-182

Muchacha, M. (2015). An evaluation of the implementation of the national case management model for children orphaned as result of HIV and AIDS in Zimbabwe (Doctoral dissertation).

Mugabe, M. (2021). Psychosocial effects of child sexual abuse on the holistic development of the girl child in Zimbabwe (Doctoral dissertation, University of the Free State).

Mushongera, G. R. (2015). Hearing the voice of the child": Participatory practice in statutory child protection in Zimbabwe. International Journal of Humanities and Social Sciences, 5(8), 56-64.

Musiwa, A. S. (2018). How has the presence of Zimbabwe's victim-friendly court and relevant child protection policy and legal frameworks affected the management of interfamilial child sexual abuse in Zimbabwe? The case of Marondera district. Journal of interpersonal violence, 33(11), 1748-1777.

National Plan of Action for the Prevention & Response to Violence Against Women & Children - Tanzania.

NDHLOVU, G. N., & MFOAFO-M'CARTHY, M. (2022). Exploring the culture of silence on child sexual abuse within the family in Zimbabwe: A review of the literature. African Journal of Social Work, 12(5), 239-248.

Neuman, W.L. (2000) Social research methods – qualitative and quantitative approaches. Boston: Allyn and Bacon.

Nigerian Society for the Prevention of Cruelty to Children (NSPCC). (n.d.). Our mission. Retrieved from nspcc.org.ng

Patton, M. Q. (2002) Qualitative research and evaluation methods. Thousand Oaks, CA: Sage.

Rajaseker, S., Philominathan, P and Chinnathambi, V. (2013) Research methodology. Tamil Nadu: University of Tiruchirapalli.

Singh, N. S., Ataullahjan, A., Ndiaye, K., Das, J. K., Wise, P. H., Altare, C., ... & Wise, P. (2021). Delivering health interventions to women, children, and adolescents in conflict settings: what have we learned from ten country case studies? The Lancet, 397(10273), 533-542.

Slemaker, A., Mundey, P., Taylor, E. K., Beasley, L. O., & Silovsky, J. F. (2021). Barriers to accessing treatment services: child victims of youths with problematic sexual behavior. International journal of environmental research and public health, 18(10), 5302.

South African Government. (2005). Children's Act No. 38 of 2005.

Stokes J, Panagioti M, Alarm R. (2015) effectiveness of case management for at risk patients in primary care: a systematic review and meta-analysis.

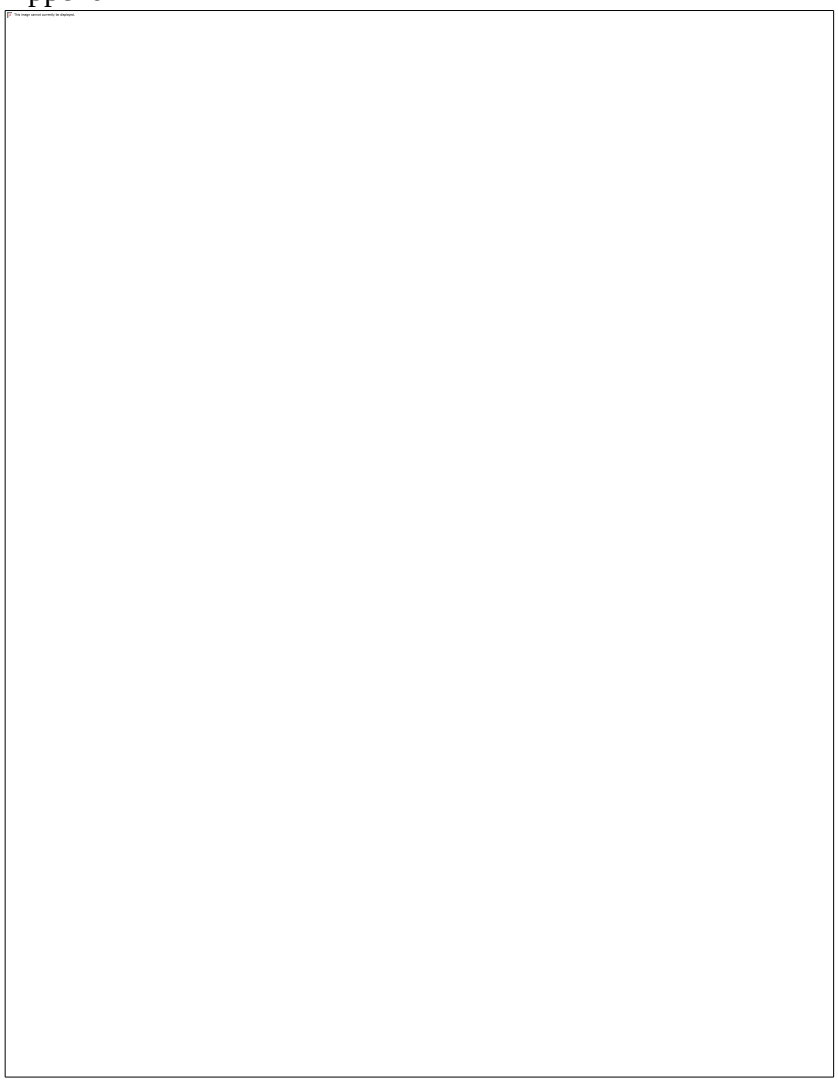
Turner, E., Cerna-Turoff, I., Nyakuwa, R., Nhenga-Chakarisa, T., Nherera, C. M., Parkes, J., ... & Devries, K. (2022). Referral of sexual violence against children: How do children and caregivers use a formal child protection mechanism in Harare, Zimbabwe? SSM-Qualitative Research in Health, 2, 100184.

Theofanidis, D.&Fountouki, A. (2018). Limitations and delimitations in the research process. Perioperative Nursing-Quarterly scientific, online official journal of GORNA, 7(3 September-December 2018), 155-163.

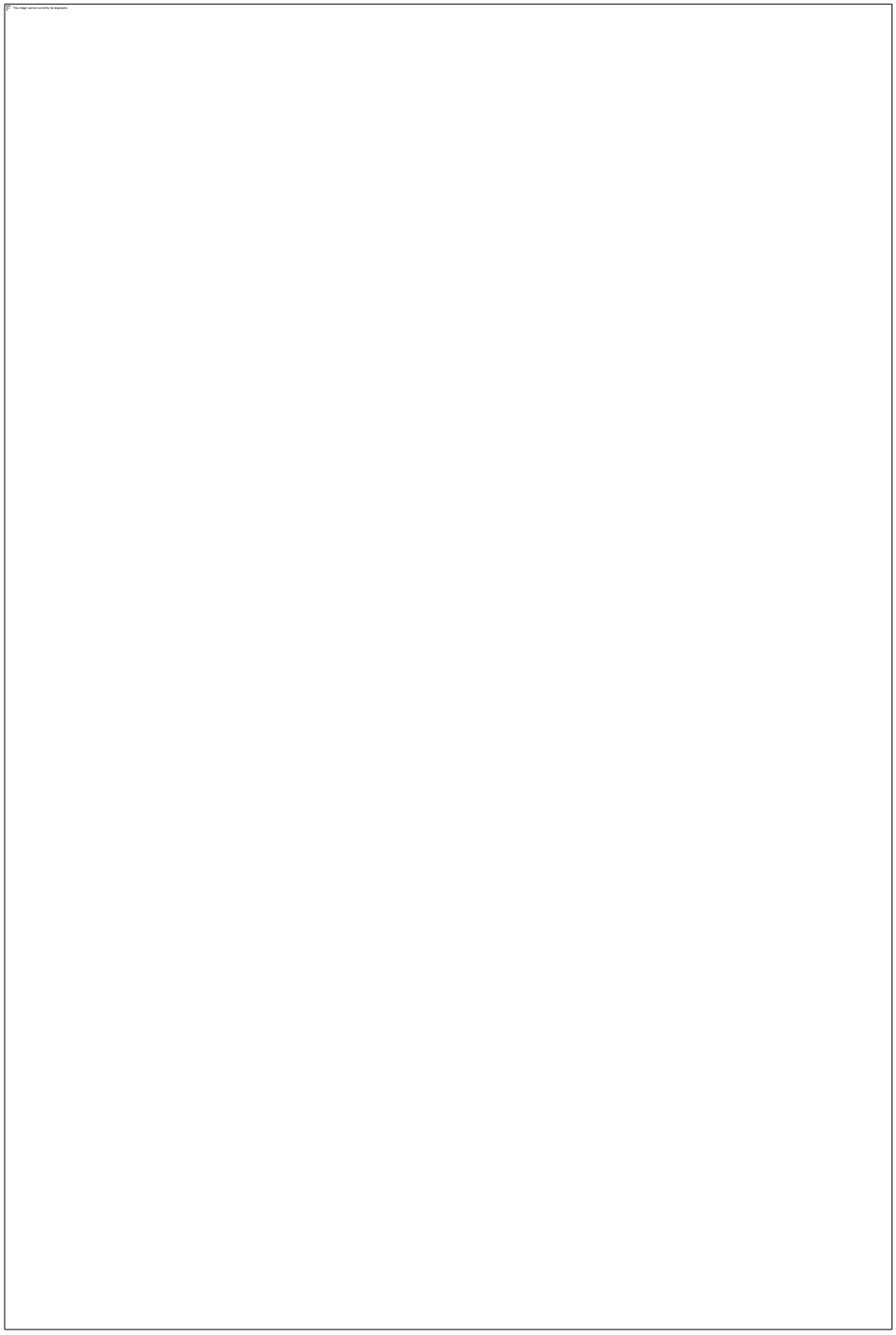
Weinberg, M. (2008) Structural Social Work: A Moral Compass for Ethics in Practice, Critical Social Work. Available from http://www1.uwindsor.ca/criticalsocialwork/structural-social-work-a-moral-compassfor-ethics-in-

Weiss, C. (1998) Evaluation: Methods for studying programs and policies (2nd ed.). Saddle River, NJ: Prentice Hall.

Appendix 1



Appendix 2



Appendix 3

Questionnaires for children

Section 1: Safety and Support tick where appropriate

1. Do you feel safe at home?

Yes	NO

2. Who do you talk to when you have problems or feel scared?

PARENT/GUARDIAN	TEACHER	FRIEND	CHILD CARE WORKER(CCW)

3. Have you ever told anyone about something that made you feel uncomfortable or scared?

YES	NO

Section 2: Experiences of Sexual Abuse

1. Has anyone ever touched you in a way that made you feel uncomfortable or scared?

YES	NO

2. Has anyone ever shown you pictures or videos that made you feel uncomfortable or scared?

YES	NO

3. Has anyone ever asked you to do something that made you feel uncomfortable or scared?

YES	NO

Section 4: Emotional and Behavioral Reactions

1. Do you ever feel sad, angry, or scared for no reason?

YES	NO	SOMETIMES

2. Do you have trouble sleeping or concentrating?

YES	NO	SOMETIMES

3. Do you ever feel like you're all alone or that no one understands you?

YES	NO	SOMETIMES

Section 5: Disclosure and Help-Seeking

1. Have you ever told anyone about something that happened to you that made you feel uncomfortable or scared?

YES	NO

2. Who did you tell?

PARENT/GUARDIAN	TEACHER	FRIEND	CCW

3. What happened after you told?

Section 6: Additional Support and Resources

1. Do you need someone to talk to about what happened?

YES	NO

2. Would you like to know more about resources and support services available to you?

YES	NO

3. Is there anything else you'd like to tell me or ask for help with?

YES

What is it

_____

NO

Appendix 4

Interviews for Caregivers

Section 1: General Information

1. Can you tell me a little bit about your relationship with the child?
2. How long have you known the child?
3. What is your role in the child's life (e.g. parent, guardian, teacher)?

Section 2: Child's Behavior and Emotional Well-being

1. Have you noticed any changes in the child's behavior or mood recently?
2. Does the child seem anxious, depressed, or withdrawn?
3. Have you noticed any changes in the child's appetite, sleep patterns, or physical health?

Section 3: Safety and Protection

1. What steps do you take to ensure the child's safety and protection?
2. Are you aware of any potential risks or dangers that the child may face?
3. How do you handle situations where the child may be at risk of harm?

Section 4: Child Sexual Abuse Awareness and Prevention

1. Are you aware of the signs and symptoms of child sexual abuse?
2. Do you know how to prevent child sexual abuse?
3. Have you talked to the child about body safety and boundaries?

Section 5: Disclosure and Reporting

1. If the child disclosed sexual abuse to you, what would you do?
2. Do you know how to report suspected child sexual abuse?
3. Have you ever reported suspected child sexual abuse?

Section 6: Support and Resources

1. Do you know where to seek help and support if the child has been sexually abused?
2. Are you aware of any resources or services available to support the child and family?
3. How would you support the child and family if they were affected by sexual abuse?

Appendix 5

Interviews for social workers

Section 1: Safety and Protection

1. What steps do you take to ensure the child's safety and protection?

2. Are you aware of any potential risks or dangers that the child may face?

3. How do you handle situations where the child may be at risk of harm?

Section 2: Child Sexual Abuse Awareness and Prevention

1. Are you aware of the signs and symptoms of child sexual abuse?

2. Do you know how to prevent child sexual abuse?

3. Have you talked to the child about body safety and boundaries?

Section 3: Disclosure and Reporting

1. If the child disclosed sexual abuse to you, what would you do?

2. Do you know how to report suspected child sexual abuse?

3. Have you ever reported suspected child sexual abuse?

Section 4: Support and Resources

1. Do you know where to seek help and support if the child has been sexually abused?

2. Are you aware of any resources or services available to support the child and family?

3. How would you support the child and family if they were affected by sexual abuse?

Section 5: Collaboration and Communication

1. How do you collaborate with other professionals, such as law enforcement or medical providers, in cases of child sexual abuse?

2. What strategies do you use to communicate effectively with children, caregivers, and other professionals?

Appendix 6

Interviews for CCW

1. What steps do you take to assess a child's risk of sexual abuse?

2. How do you identify signs and symptoms of child sexual abuse?

3. What factors do you consider when determining whether a child is at risk of sexual abuse?

Section 2: Intervention and Support

1. What interventions do you use to support children who have been sexually abused?

2. How do you work with caregivers and families to ensure the child's safety and well-being?

3. What community resources do you connect families with to support their needs?

Section 3: Reporting and Documentation

1. What is your process for reporting suspected child sexual abuse?

2. How do you document concerns or disclosures of child sexual abuse?

3. What information do you share with other professionals, and how do you ensure confidentiality?

4. How do you ensure that children and families receive consistent and clear information throughout the process?

Section 5: Self-Care and Secondary Trauma

1. How do you prioritize self-care and manage secondary trauma when working with children who have been sexually abused?

2. What strategies do you use to maintain a healthy work-life balance?

3. How do you seek support from colleagues, supervisors, or mental health professionals when needed?

Section 6: Policy and Procedure

1. Are you familiar with local and national policies and procedures related to child sexual abuse?

2. How do you ensure that your practice is compliant with these policies and procedures?

3. What role do you think social workers play in advocating for policy changes or improvements related to child sexual abuse?

Appendix 7