

BINDURA UNIVERSITY OF SCIENCE EDUCATION
FACULTY OF SOCIAL SCIENCES AND HUMANITIES
DEPARTMENT OF SOCIAL WORK



**EXPERIENCES OF CHILDREN WHO WERE PLACED IN RESIDENTIAL CARE
FACILITIES AFTER EXPERIENCING ABUSE AND NEGLECT IN CHIREDDZI,
ZIMBABWE: A CASE OF CHIREDDZI CHRISTIAN CHILDREN'S VILLAGE.**

BY

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***A DISSERTATION SUBMITTED TO BINDURA UNIVERSITY OF SCIENCE
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OF SOCIAL WORK IN PARTIAL FULFILLMENT OF THE BACHELOR OF SCIENCE
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I, Ndaneta Patience, declare that this dissertation is my original work. All secondary sources used were referenced according to the university academic requirements. I am aware about the university policy about plagiarism and implications that come if one fails to adhere.

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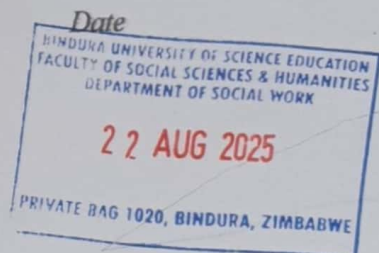
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I owe all the praise and thanks to God, who gave me courage and grace that never wavered and helped me through every step of this scholastic path.

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Dedication

I dedicate this research project to my family, all the children in the Chiredzi residential care facility, and God for bringing me this far. I appreciate your constant love for me. I would also like to thank my supervisor, Mr. L. T. Shoniwa, who helped me through, and Mr. Matara, one of the other social workers, for the help you gave me with this research.

Marking guide

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MARKING GUIDE: UNDERGRADUATE RESEARCH PROJECT

Chapter 1 INTRODUCTION	Possible Mark	Actual Mark
Abstract	10	
Background to the study- what is it that has made you choose this particular topic? Include objectives or purpose of the study	20	
Statement of the problem	10	
Research questions	15	
Assumptions	5	
Significance of the study	15	
Limitations of the study	5	
Delimitations of the study	5	
Definition of terms	10	
Summary	5	
Total	100	
Weighted Mark	15	

Comments.....
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Chapter 2 LITERATURE REVIEW

Introduction- what do you want to write about in this chapter?	5	
Conceptual or theoretical framework	10	
Identification, interpretations and evaluation of relevant literature and citations	40	
Contextualisation of the literature to the problem	10	
Establishing gaps in knowledge and how the research will try to bridge these gaps	10	
Structuring and logical sequencing of ideas	10	
Discursive skills	10	
Summary	5	
Total	100	
Weighted Mark	20	

Comments.....

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Chapter 3 RESEARCH METHODOLOGY

Introduction	5	
Research design	10	
What instruments are you using to collect data?	30	
Population, sample and sampling techniques to be used in the study	25	
Procedures for collecting data	15	
Data presentation and analysis procedures	10	
Summary	5	
Total	100	
Weighted Mark	25	

Comments.....

Chapter 4 DATA PRESENTATION, ANALYSIS AND DISCUSSION

Introduction	5	
Data presentation	50	
Is there any attempt to link literature review with new findings	10	
How is the new knowledge trying to fill the gaps identified earlier	10	
Discursive and analytical skills	20	
Summary	5	
Total	100	
Weighted Mark	30	

Comments

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Chapter 5 SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction- focus of the chapter	5	
Summary of the whole project including constraints	25	
Conclusions- have you come up with answers to the problem under study	30	
Recommendations(should be based on findings) Be precise	30	

References	5	
Appendices i.e. copies of instruments used and any other relevant material	5	
Total	100	
Weighted mark	10	

Comments
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SUMMARY:

	Actual	Total
<u>Chapter 1</u>		
<u>Chapter 2</u>		
<u>Chapter 3</u>		
<u>Chapter 4</u>		
<u>Chapter 5</u>		
Total	_____	_____

ABSTRACT

The aim of the study was to investigate the experience of children in residential care facilities after experiencing abuse and neglect in Chiredzi, Zimbabwe. The objectives of the study included exploring the forms of abuse and neglect and consequences experienced by children who experienced abuse or neglect leading to their placement in residential care facilities in Chiredzi as well as the coping strategies adopted by children in residential care facilities. The research was qualitative in nature as it utilized phenomenological research design and therefore in-depth interviews for participants and key informants were used to gather information which was analyzed using thematic analysis. The psychoanalytic theory was used to explain the phenomena. The literature review focused on the relevant literature to determine what was researched before and the gaps that were left in previous research. The research findings found that children placed in residential care had undergone many forms of abuse and neglect, including physical, emotional, sexual abuse, and abandonment. These forms of maltreatment often happen within family or community settings before placement. It also demonstrated that child abuse and neglect led to major emotional and psychological repercussions, such as anxiety, despair, low self-esteem, withdrawal, and difficulties trusting people. These consequences greatly impacted children's behavior, relationships, and overall well-being. The research findings found that children used several coping techniques to deal with abuse and neglect, including prayer, peer support, engaging in creative or recreational activities, and, in some cases, emotional withdrawal. These tactics helped them manage discomfort and establish a sense of safety and control in their lives. Recommendations were suggested and this includes the government, social workers, and communities in collaboration to put initiatives to deal with challenges faced by children who experience abuse and neglect.

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CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 INTRODUCTION

This section presents an overview of the study's topic story. The study's primary issues covered in this section include background of the study, statement of the problem, aim of the study, objectives, and research questions. In addition, this chapter presents the study's justification, description of key words, and dissertation outline.

1.2. BACKGROUND OF THE STUDY

The dreadful and catastrophic experiences of child abuse and neglect have a lifetime impact on children. World Health Organization (2020) states that internationally roughly 1 in 4 children face physical abuse, while 1 in 5 girls and 1 in 13 males experience sexual abuse before reaching adulthood. In the United States alone, over 600,00 children suffered from abuse and neglect in 2021, with neglect being the most common form. The high rate of child abuses affects both countries with high, low and middle income. The Zimbabwe Statistics Agency [ZIMSTAT] (2019) found that 27% of children aged 1-14 in the country had suffered some type of physical punishment and 12% have faced severe physical punishment. Furthermore, Child line Zimbabwe (2020) suggests about 30% of calls received in 2020 were connected to abuse, neglect, or exploitation of children. The above-mentioned data show that the problems of child abuse and neglect are extremely high in many contexts, and they need to be addressed.

The causes of this huge prevalence of child abuse and neglect throughout the world include parental issues, mental health concerns, economic struggles and social isolation. Economic constraints play a key role in causing child maltreatment and abandonment. Poverty reduces a family's finances, making it impossible to meet children's core necessities and leading to emotional and physical and neglect. According to Fluke et al., (2020) households living below the level of poverty are more than 2.5 times as likely to experience child abuse. Financial

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troubles can drive parents to get increasingly worried and upset, which elevates the risk of child maltreatment. Children may be accidentally neglected when families find it difficult to pay basic requirements such food, shelter, healthcare, and education. This might result in hunger, poor cleanliness, insufficient medical attention, and lack of monitoring. Children may feel abandoned and unsupported if their parents are emotionally distant due to their preoccupation with financial survival.

Parental concerns such as substance addiction, domestic violence, and mental health disorder create circumstances where child abuse and neglect are more likely to occur. Parents who are under the influence of drugs or alcohol may have poor judgment and decision-making skills, substance usage further elevates the chance of child abuse. This might progress to abuse because substance use can induce aggressive or violent behavior towards children, or neglect because they might not offer them the adequate care (Kelley et al., 2024). Similarly, domestic violence in the home makes the atmosphere unpleasant and unsafe, and children may endure direct maltreatment or emotional trauma from seeing their parents fight (Fantuzzo & Fusco, 2023). Because caregivers may focus their anger and aggressiveness at them, children who observe marital abuse are more likely to face physical abuse and psychological impairment.

Child abuse and neglect have far-reaching implications, both in terms of direct harm to children and the overall expenses they impose. Worldwide, it is projected that one in every four 2-4-year-old children are prone to physical or psychological violence by parents, posing a serious public health risk (World Health Organization [WHO],2020). The high numbers of children exposed to abuse and neglect are a public health problem as these survivors will need physical and mental health treatment. The global economic cost of child abuse is estimated at \$124 billion per year, which includes healthcare expenditures, lost productivity, and criminal justice system costs (National Child Abuse Coalition, 2012). Furthermore, children who have been abused are nine times more likely to participate in criminal conduct and have a higher likelihood of acquiring mental health concerns such as despair, anxiety, and PTSD. According

to Finkelhor and Jones, (2021), modern patterns in child maltreatment are related with greater rates of criminal conduct among afflicted youth, as well as serious mental health difficulties.

The effects of child abuse and neglect in the globe demand child protection and welfare programs. The purpose of the child welfare procedure is to shield the child from maltreatment and neglect while also making sure they are secure and healthy. Within Zimbabwe's Ministry of Public Service, Labour, and Social Welfare, the Department of Social Development (DSD) handles all concerns relating to child abuse and neglect (Ministry of Public Service, Labour, and Social Welfare, 2018). In addition, UNICEF (2021) stresses the main services offered by the DSD which range from home safety techniques to extreme instances taking the kid away from the family and placing them in foster care or residential facilities. This study focuses on the institutionalization option which entails placement of survivors of child abuse and neglect in residential facilities. Institutionalization of children can result from abuse and neglect, especially when family-based solutions are not viable or are deemed to be inappropriate. In support, Article 20 of the United Nations Convention on the Rights of the Child (CRC), to which Zimbabwe is a signatory, specifies that a child who is temporary or permanent moved from their home place is entitled to a particular government protection and assistance. (United Nations, 1989).

Children in residential care facilities who have undergone abuse and neglect deserve urgent attention from researchers, policymakers, and practitioners. Comprehending the frequency and implications of these events is vital for designing efficient interventions and support networks. Therefore, this research tries to explore difficulties experienced by children at Chiredzi Christian Children's Village who have experience abuse and neglect, stressing the significant emotional, psychological, and social implication of such traumatic events. Alongside the inquiry on the problems, this research explores the coping techniques employed by children who experienced abuse and neglect at Chiredzi Christian Children's Village distinguishing between adaptive approaches that encourage resilience and maladaptive ones that may compound their issues. By understanding these processes, research seeks to provide

information that leads to effective, supportive interventions that help children overcome their obstacles.

1.3 STATEMENT OF THE PROBLEM

In Zimbabwe as well as throughout the world, abuse and neglect of children continue to be severe concerns. Nearly 300 million children of the ages between two and four, consistently subjected to physical or psychological abuse by caretakers (World Health Organization, 2022). According to ZIMSTAT (2019) in Zimbabwe, 1 in 10 boys and 1 in 3 girls between the ages of 8 and 15 had been sexually molested before they were 18 in 2018 and 76% of children between the ages of 2 and 14 suffered harsh disciplinary tactics, such as physical and psychological maltreatment in 2019. These numbers illustrate how urgently robust legislation and child safety measures are needed. Children who have been mistreated or neglected are commonly institutionalized and many wind up in foster or residential care. Due to poor treatment and unresolved trauma, children in residential care frequently continue to suffer despite government initiatives. Children in residential care facilities in Zimbabwe face more and different challenges rather than to children living in a nuclear family (Malatji and Nkosiya 2007; Powel et al., 2004). Unfortunately, there is a knowledge gap on the lived experiences and psychosocial challenges of children who are institutionalized in the global south (Delap and Melville, 2019). The current research focuses on investigating the experience of children in residential care facilities after experiencing abuse and neglect in Chiredzi, Zimbabwe.

1.4 AIM OF THE STUDY

To investigate the experience of children in residential care facilities after experiencing abuse and neglect in Chiredzi, Zimbabwe.

1.5 OBJECTIVES

The objectives of this research are:

- i. To explore the forms of abuse and neglect experienced by children in Chiredzi leading to their placement in residential care facilities.
- ii. To explore the coping strategies adopted by children in residential care facilities after experiencing abuse and neglect in Chiredzi.
- iii. To identify the effects of abuse or neglect on children in residential care facilities after experiencing abuse and neglect in Chiredzi.

1.6 RESEARCH QUESTIONS

- i. What are the forms of abuse and neglect experienced by children in Chiredzi leading to their placement in residential care facilities?
- ii. What are the coping strategies adopted by children in residential care facilities after experiencing abuse and neglect in Chiredzi?
- iii. What are the effects of abuse or neglect on children in residential care facilities after experiencing abuse and neglect in Chiredzi?

1.7 SIGNIFICANCE OF THE STUDY

1.7.1 To the Broader Society

The value of researching children's experiences in the residential care institutions, particularly at Chiredzi Christian Children's Village, arises from the chance to shine light on the catastrophic impacts of abuse and neglect on these vulnerable individuals. Such study contributes to the psychological, emotional, and social effects of trauma, which is crucial for creating effective support networks and solutions.

1.7.2 To Policymakers

The study's emphasis on the children's voices and coping techniques can help inform better care practices and policy development, ensuring their rights are protected and caregivers are

trained to recognize and respond to indicators of trauma thus enhancing better care procedures and surroundings in residential care settings, guaranteeing that these children get the assistance and safety required.

1.7.3 To the Profession

Furthermore, raising public awareness about these difficulties might help to gather community support and fight for essential improvements in residential care systems. In addition, training future professionals in social work, psychiatry, education, and child welfare requires a deeper understanding of trauma and its long-term repercussions, which educators might gain by looking at these experiences. By incorporating trauma-informed practices into university courses, this understanding helps to guarantee that students are appropriately trained to fulfill the needs of vulnerable populations. Through real-world case studies, the study's findings can also assist shape the construction of courses on social justice, mental health, and child welfare, boosting the relevance and utility of theoretical material.

1.7.4 To Residential Care Facilities

Finally, the study wants to contribute to a more compassionate and effective child welfare system, consequently benefiting the lives of those who have suffered significant hardship. Residential care facilities should pay great attention to this study since it clarifies the kinds of abuse and neglect children underwent before to placement. Knowing this, caregivers can apply trauma-informed techniques to offer more suitable emotional and psychological support. The results also enable better staff training and care procedures, thereby enabling a safer and more encouraging atmosphere that advances healing and long-term well-being for the children.

1.8 DEFINITION OF KEY TERMS

The following terms were utilized, and their meaning are shown below:

(i) Residential Care

UNICEF (2021) defines, residential care as a sort of care offered in a residential setting for children who cannot live with their families, ensuring that their emotional, physical, and educational needs are satisfied in a safe environment.

(ii) Neglect

UNICEF, (2021), describe neglect as the inability to cater for a children's fundamental, physical and emotional needs, which can result in substantial harm to their health, development, and general well-being.

(iii) Child abuse

According to World Health Organisation, (2020) child abuse means any kinds of mental and physical abuse, emotional ill-treatment, sexual assault, neglect, and exploitation that resulted in actual or prospective injury to the child's health, survival, growth, or dignity.

1.9. DISSERTATION OUTLINE

Chapter 1: presents a comprehensive review of the experiences of children who were placed in residential care institutions after enduring abuse and neglect, adeptly shifting material from a global to a national context. To provide the reader with a firm foundation, the statement of the problem, purpose of the study, aim, and objective of the research are described. This chapter also delineates the scope of the study.

Chapter 2: presents the objectives of the research and includes a detailed evaluation of the current literature on the local, regional, and worldwide experiences of children who were placed in residential care facilities after experiencing abuse and neglect. Furthermore, this section delineates the theoretical underpinning that underpins the inquiry. This part also contains the legislative frameworks controlling the operating of residential institutions.

Chapter 3: displays the applied research approach and elucidates its apparent requirement. It also assesses the research approach, design, sampling procedure, sample size, and research paradigm. Furthermore, it contains specifics on methods, instruments, and strategies for data collecting and analysis. Finally, it emphasizes trustworthiness and ethical concerns

Chapter 4: reveals the study's findings. This chapter reviews and recounts the experiences of children who were placed in residential care facilities after enduring abuse and neglect.

Chapter 5: presents a short review of the research according to its stated purpose. Observations and recommendations are made in this chapter once more.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

The primary goal of this section is to evaluate body of research on lived experiences of children placed in residential care following abuse and neglect. The literature is based on global, regional, and national logical points of view. Psychoanalytic theory, which underpins the research, is also covered in this chapter. The main guiding ideas used to evaluate the literature are the research objectives which include investigating the forms of abuse and neglect suffered by children, coping strategies and the consequences of abuse and neglect. Furthermore, this chapter includes a dedicated section on knowledge gap, which underlines the little research specifically focusing on children's first-hand recollections of their experiences in institutional care setting in Zimbabwe. It brings out the paucity of localized, qualitative data that capture children's voices, emotional responses, and resilience mechanisms thereby explaining the need for the present study.

2.1 THEORETICAL FRAMEWORK

According to Ary, Jacobs, and Razavieh (2023), a theoretical framework is a set of concepts, ideas, and propositions that provides a logical framework for understanding a phenomenon and acts as a road map for a research effort. Likewise, as De Jong and Berg (2022) point out, the theoretical framework provides the researcher with a clear structure and sense of direction and guarantees the accuracy and focus of the questions of the research without compromising appropriateness of the methods used for gathering data

2.1.1 Psychoanalytic Theory

Sigmund Freud's psychoanalytic theory provides a core understanding of how early life experiences, particularly traumatic ones, impact an individual's psychological development.

The theory proposes that the human mind is divided into three structures: the id (instinctual desires), the ego (the reasoning self that mediates between desire and reality), and the superego (the internalized moral conscience) (Freud, 1923). Freud argued that unresolved conflicts and traumatic events from infancy are often pushed into the unconscious mind, where they continue to impact ideas, feelings, and actions throughout life (Freud, 1917). This repression, while a protective strategy, might result in psychological disorders such as anxiety, anger, disengagement, or poor self-image.

Psychoanalytic theory provides a powerful lens to examine how early experiences of abuse and neglect influence the psychological reality of children placed in residential care. Traumatic incidents in childhood, especially those involving chronic abuse or deprivation, can leave unresolved emotional wounds that are buried in the unconscious. These disagreements may not be remembered vividly by the child, yet they continue to impact ideas, emotions, and behaviors in complex and sometimes destructive ways. Children may demonstrate symptoms such as emotional numbness, heightened anxiety, anger, or withdrawal manifestations of suppressed memories and unprocessed trauma. In striving to manage this inner distress, many children develop unconscious coping techniques like suppression, denial, or displacement, which protect them from immediate emotional injury but may impair their long-term healing and emotional progress. Over time, these unresolved concerns might damage their self-concept, trust in others, and ability to build stable connections (Elliott, 2012). From this perspective, children's responses in care are not exclusively molded by their current surroundings but are greatly influenced by past trauma stored in the unconscious. This understanding underlines the necessity for trauma-sensitive support systems that address both the outward behaviors and the hidden psychological challenges of children in residential settings.

2.2 LEGAL FRAMEWORK OF RESIDENTIAL CARE FACILITIES

Residential care institutions follow a defined legal framework that protects and promotes children's rights. Globally, the United Nations Convention on the Rights of the Child (UNCRC, 1989) affirms that children deprived of a family environment have the right to particular

protection and alternative care and sets fundamental principles including the right to protection, development, and participation. Complementing the UNCRC at the regional level, the African Charter on the Rights and Welfare of the Child (ACRWC, 1990) addresses issues unique to Africa including detrimental cultural practices and the value of family and community-based care. Zimbabwe's Children's Act [Chapter 5:06] mandates state supervision and the protection of children placed in care, therefore providing the statutory framework for the control of residential care facilities at the national level (Government of Zimbabwe, 2001). These systems taken together help residential care facilities run and guarantee that child's liberties are maintained and also protected at every level.)

2.2.1 INTERNATIONAL LEGAL FRAMEWORK

According to McGoldrick, (2019), International Law Structure refers to full body of treaties, conventions, and customary law that govern the interaction between governments and other international stakeholders. The United Nations Convention on the Rights of the Child (UNCRC), and United Nations Guidelines for Alternative Care for Children (UNGACC), are some of the law frameworks that commit member countries on law of care homes.

2.2.1.1 United Nations Convention on the Rights of the Child.

The United Nations General Assembly accepted the United Nations Convention on the Rights of the Child (UNCRC) in 1989. In 1990, Zimbabwe ratified the UNCRC, agreeing to uphold the rights and protections contained in the Convention. According to McCarthy (2022), the main objectives of the UNCRC are guaranteeing the protection and well-being of children, recognizing their obligation to live, development, safeguarding from harm and engagement in choices that influence their life. In the article by Barker (2022), the author notes that Article 1 of the UNCRC describes children as any anyone under the age of eighteen, which is vital for setting the framework for child rights protection. Article 20 provides that a child who cannot be protected for by their parents have permission to special support and alternative care, which includes foster placement, adoption, or institutional (residential) care, ensuring that such care is suitable to the child's requirements and best interests. This covers choices including foster

care, adoption, or placement in residential care facilities, provided these environments guarantee safety, stability, and emotional support and so honor the best interests of the child. Article 19 also requires states to act all the necessary to shield children from all kinds of violence, abuse, and neglect including that which occurs inside of caring facilities. This legal responsibility to establish a safe, non-threatening environment that fosters the emotional, psychological, and physical growth of the child binds residential care facilities. These rights have to be respected independent of a child's institutional care situation. Four fundamental values define the Convention include fair treatment, the best interests of the child, the sanctity of life, existence and growth, respect of the opinions children. These ideas demand that children in residential care should be treated with dignity, given chances to participate in decisions influencing them, and receive the required treatment encouraging their full growth and future reintegration into society.

2.2.1.2 United Nations Guidelines for the Alternative Care of Children

A comprehensive framework for care and support for children who are unable to live with their biological families due of abuse, neglect, or other problems is the purpose of the United Nations Guidelines for the Alternative Care of Children, which were adopted in 2009. These guidelines' principal purpose is to guarantee that every child in alternative care settings receives the greatest possible care that puts their safety, wellbeing, and best interests first. The guidelines' core ideas are the necessity of involving children in decisions that touch their lives, the value of providing high-quality care that encourages their growth, and the emphasis on sustaining families whenever practical. Additionally, the guidelines foster culturally relevant actions that recognize the child's community background.

Furthermore, Freeman (2021) argues that this framework serves as a key framework for preserving the rights and well-being of children who cannot remain with their biological families. Freeman (2021) also notes that the recommendations did not only focus the ideal concern of children but also argue for family preservation and the provision of high-quality care that supports children's emotional and developmental needs. Similarly, Lansdown (2020)

says that these principles are crucial in tackling the special issues encountered by children who have experienced abuse and neglect, since they support a rights-based approach that ensures children's voices are heard in decisions affecting their lives. Both authors underline the need of culturally sensitive techniques and community involvement in alternative care, underscoring the premise that every children deserves a safe, caring environment that respects their specific circumstances and rights.

2.3 REGIONAL LEGAL FRAMEWORKS

Agreements or treaties formed by nations in a particular region to advance and safeguard the rights of people, including children, that are fitted to local challenges and cultural situations are known as regional legal frameworks. Enhancing member state collaboration to tackle issues including child maltreatment, abandonment, trafficking, and manipulations their key purpose.

2.3.1 African Charter on the Rights and Welfare of Children

The Organization of African Unity (now the African Union) adopted the African Charter on the Rights and Welfare of the Child (ACRWC) in 1990, and became effective in 1999. The Charter was established to represent Africa's unique cultural, economic, and social conditions, aiming to support and preserve the rights of children across the continent. It promotes the full growth of the child—physically, cognitively, morally, spiritually, and socially within a caring and protecting environment. A fundamental section, Article 16, says that each child has the right to preserve against all kinds of child abuse, torture, cruel treatment, and neglect. It stipulates that state parties develop legal, operational, societal, and academic measures to secure child's protection, especially those put in substitute care plans such as institutional facilities. As Mweemba (2020) emphasizes, this article is vital in facing modern-day child protection concerns like trafficking, exploitation, and institutional neglect. Chirwa (2018) further highlights that for these rights to be effective, implementation must extend beyond legal compliance to incorporate community-sensitive ways that integrate traditional values and modern legal institutions.

In the context of children placed in residential care institutions after enduring abuse and neglect, the ACRWC's relevance becomes particularly clear. The Charter not only calls for protection but also emphasizes the right of children to specific support and rehabilitation when they have undergone trauma or abuse. This coincides with the study's focus on the lived experiences and coping techniques of children in institutional care, as the Charter promotes their right to healing, reintegration, and participation in choices affecting their welfare. Moreover, the ACRWC stands out among international instruments by expressly articulating the obligations of the child in Article 31. It asserts that children must respect their parents, elders, superiors, and preserve African traditional values in a spirit of tolerance, dialogue, and mutual respect. While this may appear adult-centric, it becomes relevant in institutional care settings as children are encouraged not only to recuperate but also to grow with a sense of identity, responsibility, and social integration. This reinforces the premise that rehabilitation in care settings should entail not only protection but also empowerment. Therefore, the Charter provides both a protective and developmental framework, stressing the need for institutional care that is child-sensitive, culturally acceptable, and linked with children's long-term well-being and rights.

2.4 NATIONAL LEGAL FRAMEWORKS

Laws that manage a nation's population are known as national legal frameworks, and they are usually legislative policies. These frameworks play a critical role in implementing international and regional child protection requirements within the country context. In Zimbabwe, government legislation such as the Children's Act [Chapter 5:06] and the Constitution of Zimbabwe (2013) provide the legal foundation for safeguarding children from maltreatment, ignored, and manipulated. These laws establish rights of children and create obligations for families, institutions, and the state to assure child's best interests are respected, particularly those placed in residential care facilities.

2.4.1 Children's Act (Chapter 5:06)

Children's Act (Chapter 5:06), enacted during 1989. Zimbabwe's Children's Act (Chapter 5:06), offers a critical regulatory foundation for the care and support of children. Section 4

concentrates on protecting children from mistreatment and neglect by establishing the state's duty to intervene in circumstances where a child's welfare is at risk. This portion is very pertinent to this study, as it establishes the legal framework for removing children from dangerous circumstances and placing them in alternative care, such as residential facilities. Section 14 of the Act extends this protection by setting up processes for the timely reporting of abuse situations, compelling professionals and community members to act in the child's best interests by reporting suspected harm. This is critical for the children in this study, as early reporting often influences the pace and effectiveness of state involvement, leading to their final placement in care institutions. The Act also provides consequences for offenders of abuse, including imprisonment and fines, which operate as both punishment and deterrent. Chikwanje (2021) underlines that community knowledge and engagement are vital for the Act's successful implementation, particularly in rural settings like Chiredzi where societal norms may silence abuse. Moreover, Moyo (2019) analyzes the Act's weaknesses, saying that while it provides a robust legislative foundation, its enforcement is impeded by insufficient training and funding for child protection professionals. Overall, the Children's Act (Chapter 5:06), which is committed in protecting children from abuse and neglect while enhancing their overall wellness, remains to be a crucial tool in Zimbabwe's legal system.

2.4.2 The Constitution of Zimbabwe Amendment (No20) Act, 2013

This framework was adopted in 2013 and creates the framework for the safety and well-being of all citizens, especially the most vulnerable, such children. Its tenets prioritize equality, justice, and respect for human rights, guaranteeing that everyone including children is treated equally and with dignity. Kondo (2017) emphasizes the relevance of the Constitution in establishing a legal framework for the enforcement of socio-economic rights, which are important for children's well-being. Children's rights notably mentioned in Chapter 4, where Section 81 maintains that all children have the right to a name and nationality, proper care and protection, and freedom from abuse and neglect. Children's rights are notably mentioned in Chapter 4, where Section 81 maintains that all children are entitled to have a name, nationality, proper care and protection, and freedom from abuse and neglect. This clause is crucial because it

acknowledges children's inherent rights and imposes a legal duty on the government, parents, and guardians to defend those rights and provide a nurturing environment. Mweemba (2020) highlights that while the Constitution establishes a strong platform for child protection, effective implementation and community awareness are vital for achieving these rights in practice. Section 82 also underlines children's right to be shielded from abuse, neglect, mistreatment, and degrading treatment. This section stresses the state's commitment to ensure a secure environment for children, which makes it vital for authorities to handle abuse situations efficiently. Chirwa (2018), adds that the constitutional provisions for children's rights are crucial in fostering accountability and ensuring that the state performs its responsibility to safeguard vulnerable children. Various laws that are in keeping with the Constitution detail the punishments for individuals who harm children. These rules enable for criminal charges that might result in jail time, fines, or both, which deters future abusers. All things considered, the Zimbabwean Constitution is a critical weapon for preserving children's rights and welfare and making sure they are shielded from maltreatment and neglect.

2.4.3 National Orphan Care Policy (1999)

In 1999, this policy was formed as a vital reaction to the increasing number of vulnerable and orphaned children, especially as an outcome of the HIV/AIDS epidemic and socioeconomic hardships. Its tenets include a child-centered approach, sustaining family bonds, allowing children to actively engage in decisions that influence them, and creating cooperation between communities, non-governmental organizations, and the government in order to support orphans. By demanding that all types of maltreatment be reported and dealt with straight once, the policy offers a framework for accountability and support for children who are at threat of abuse and neglect. Mutasa (2022) underlines the need for stronger collaboration between governmental and non-governmental institutions to boost the implementation of child safety measures. Despite the fact that the policy does not detail particular consequences for child abuse, it is consistent with Zimbabwe's current legal structure, which levies criminal charges that include jail time or fines as a deterrence. Makoni (2020) examines the obstacles faced in the execution of these rules, underlining the significance of training and resources for caretakers. Importantly,

this policy established a six-tier care structure, which prioritizes care within the extended family, community-based and foster care choices. The sixth tier is residential or institutional care, intended as a last alternative for children who cannot be put in safer, more family-like surroundings. This element is especially pertinent to the current study, which focuses on children who have been placed in residential care after experiencing abuse and neglect. These children generally fall into the category for whom no safe familial or community-based care options were available, making institutional care a required intervention. Overall, the National Orphan Care Policy (1999) acts as a key instrument in Zimbabwe's efforts to protect the rights and welfare of orphans and vulnerable children, ensuring they are safeguarded from abuse and neglect.

2.5 FORMS OF CHILD ABUSE LEADING TO PLACEMENT IN RESIDENTIAL CARE FACILITIES

Children are often put in governmental care institutions because of facing various sorts of abuse and neglect within their families or communities. Such abuse not only threatens their safety and well-being but also violates their fundamental rights, demanding state involvement. This section discusses the common forms of child abuse which are physical, emotional, sexual, and neglect that contribute to the relocation of children from their home environments and the subsequent placement into residential care settings.

2.5.1 Physical Abuse

Intentional use of power on a child which leads to hurt, wound, or damage is called physical abuse. Biting, burning, shaking, beating, and other bodily injury are manifestations of this. The objective of abusive behavior is typically to control, punish, or threaten the children. Physical abuse is typically a continuation of mistreatment from earlier settings when it comes to children in residential care facilities, especially in families with a history of substance addiction or domestic violence. Children in residential care who had undergone physical abuse were more likely to act violently or hurt themselves as a result of their past experiences (Miller et al.,

2021). When children are placed in care, physical violence may result in apparent injuries like burns, fractures, or bruises, but many of these children also suffer from mental trauma, making it hard to establish the whole extent of the abuse.

Additionally, children who have experienced physical abuse are usually at a higher danger of enduring additional abuse from family members as well as from other children in institutional care. Children in residential care who have been physically abused may find it difficult to trust caregivers and authority people, which makes it more difficult for them to form meaningful relationships at the institution (Johnson & McCormick, 2020). Furthermore, it is necessary to analyze the complete spectrum of requirements and potential hazards for children in care because physical abuse commonly coexists with other types of maltreatment, such as emotional or sexual abuse. Physical abuse in residential care settings should be thoroughly examined, according to Adams et al. (2019), since staff members must be properly trained to recognize abuse symptoms and respond effectively to preserve the children's safety and wellbeing.

2.5.2 Emotional Abuse

When a child's emotional and psychological needs are overlooked or purposely destroyed, it is known as emotional abuse or psychological maltreatment. This covers activities like verbal abuse, humiliation, intimidation, belittling, or continuous criticism. In addition to enduring emotional abuse, children may also be denied love, affection, or support, which can negatively damage their emotional maturation and sense of self. According to research by Evans et al. (2020), emotional abuse frequently arises when parents or guardians don't give their children enough love, support, or protection. For instance, children in residential care institutions might have been the victims of emotional neglect at home, where parents or other adults were either unwilling or unable to cater for their emotional needs. This may show itself as emotional disengagement, verbal abuse, or the imposition of excessive expectations that are beyond the child's capacity. In institutional settings, emotional abuse is frequently invisible and may go unreported unless staff members are appropriately trained to recognize children's emotional distress and maladaptive coping methods, according to Bates & Green (2019). Because it

undermines a child's capacity to build healthy attachments, emotional abuse can be especially destructive. The long-term ramifications of emotional abuse, according to O'Connor et al. (2018), are widely felt in adulthood, with many people enduring problems with trust, anxiety, depression, and the capacity to create sustainable relationships. Emotional abuse can cause children in residential care to feel more alone and abandoned, which usually leads to emotional dysregulation and behavioral difficulties.

2.5.3 Sexual Abuse

Any sexual contact or behavior with a child, such as rape, molestation, sexual exploitation, or exposure to sexually explicit content, is termed sexual abuse. Children in residential care institutions who have been sexually assaulted before to placement are particularly at danger since they might still be sexually abused or exploited by their peers or even caregivers while they are in the facility. According to Rogers & Lee (2020), children who are placed in residential care following sexual assault usually suffer with intimacy, trust, and sexual health, which puts them at risk of being victims again. Children in residential care may find it more difficult to recuperate from sexual abuse since it typically leads in considerable psychological distress. Children who have suffered sexual abuse in the past may fail to grasp healthy boundaries, have a warped sense of self-worth, and be confused about their bodies, according to Williams & Carter (2020). Children in residential care may also find it difficult to tell about their abuse because they feel humiliated or fearful of being disbelieved. Sexual abuse may occasionally persist in residential care organizations if appropriate reporting mechanisms and protections are not in place. It is vital for residential care institutions to have effective procedures to prevent, detect, and manage sexual abuse in their environments because staff-to-child ratios are a major element in preventing sexual abuse in institutional settings. Children may be more vulnerable to abuse if they do not have proper opportunities to disclose occurrences privately or if staff members do not respond effectively to symptoms of abuse (Adams & Wilson, 2020).

2.6 FORMS OF CHILD NEGLECT LEADING TO PLACEMENT IN RESIDENTIAL CARE FACILITIES

Child abandonment is one of the main frequent causes for child's removal from their homes and their placement into residential care institutions. Unlike abuse, which involves damaging behaviors, neglect refers to the inability to supply for a children's essential physical, emotional, academic, and medical requirements. This section explains the numerous forms of neglect that contribute to the breakdown of family care, ultimately leading to state involvement and alternative care placement.

2.6.1 Physical Neglect

The inability to deliver the required care to guarantee a child's physical safety and wellness is known as physical neglect. This includes failing to provide enough food, hygienic clothing, secure housing, or enough personal hygiene. Children that undergo physical neglect may be left without food, without shelter, or with clothing that is not suited for their settings. Children reared in neglectful parents may suffer from hunger, have poor health results, and regularly be exposed to hazardous living settings (Smith, Williams, & Carter, 2020). These children are susceptible to long-term health concerns, such as delayed development and restricted growth. Feelings of doubt, low self-esteem, and a general unwillingness to trust caregivers or authorities are some of the emotional effects of physical neglect (Sharma et al., 2021).

2.6.2 Educational Neglect

When parents or other caregivers overlook their child's educational needs for example, by not assuring constant attendance at school, refusing to address learning impairments, or failing to offer the resources essential for academic success it is known as educational neglect. O'Connor, Smith, and Johnson (2018) state that educational neglect can drastically hinder a child's social and cognitive development opportunities, resulting in a lack of fundamental literacy and numeracy ability that subsequently damages the child's prospects for the future. Lack of education increases a child's likelihood of social isolation, low self-esteem, and vulnerability

to abuse or exploitation in the future. Neglecting education frequently results in a cycle of poverty, as children lack the education and opportunities necessary to leave their condition.

2.6.3 Emotional Neglect

A child is said to be emotionally neglected if they are not given the emotional care and caring they require for optimal emotional development. When emotional needs of a child such as love, affection, and encouragement are not satisfied, it is considered neglect. According to Evans, Bryant, and Cole (2020), children who endure emotional neglect may grow up to have low self-esteem, unhappiness, anxiety, and attachment difficulties. Children who are emotionally neglected may find it tough to articulate their feelings and to form meaningful relationships with others. Emotional neglect can have major long-term implications since it can cause children to internalize feelings of inadequacy and struggle with emotional regulation well into adulthood

2.7 CONSEQUENCES OF CHILD ABUSE AND NEGLECT ON SURVIVORS

Child abuse and neglect can have long-lasting and severe repercussions on survivors, altering their physical, emotional, psychological, and social development. These implications often endure throughout adolescence and adulthood, altering behavior, relationships, and overall well-being. This section addresses the many short- and long-term repercussions suffered by children who have survived abuse and neglect, particularly those placed in residential care institutions.

2.7.1 Emotional Challenges

Numerous emotional and psychological disorders are typical among children who have been mistreated or neglected. Post-Traumatic Stress Disorder (PTSD), fear, and sadness are within the trauma-related problems that children who have experienced abuse or neglect typically endure (Smith et al., 2020). Low self-esteem, emotional dysregulation, and a lack of trust are some of the psychological wounds induced by abuse. Children who are placed in residential care, where they could feel rejected or abandoned by their families, face far more emotional

challenges. Previous emotional trauma can impede children from building solid relationships with new caregivers, which is crucial for emotional rehabilitation, according to Evans, Bryant, and Cole (2020). Managing emotions and behaviors might become tough since they arise from emotional and psychological impacts of abuse and neglect. They may employ violent, withdrawn, or other unpleasant behaviors, for instance, as a coping technique for the trauma they have undergone (Sharma, Patel, & Kumar, 2021). Children's emotional baggage frequently makes it challenging for them to adapt to the new setting in residential care, making their integration into the system more difficult.

2.7.2 Behavioral Issues and Difficult with Trust

Abused or neglected children usually learn unhealthy coping techniques that show up as behavioral disorders. Among these behaviors are resistance, wrath, withdrawal, and occasionally violence toward other children and caregivers (O'Connor, Smith, & Johnson, 2018). These actions can be made worse by emotions of betrayal and mistrust, and they are frequently a direct reaction to the abuse and neglect they have undergone. Children may therefore struggle to follow rules or honor authorities, which could cause problems in residential care environments. These children might also find it difficult to establish reliable bonds with other children or caregivers housed there. Research by Evans et al. (2020) indicates that past experiences of emotional abandonment or betrayal may make it challenging for abused or neglected youngsters to build solid relationships. This lack of trust could hinder the growth of meaningful relationships—which are essential for the process of emotional healing. Children who lack strong attachments are more prone to experience loneliness and isolation, which exacerbates their emotional challenges.

2.7.3 Physical Health and Developmental Delays

Children who have been neglected usually struggle with their physical health in addition to emotional and psychological concerns. Neglect can result in developmental delays, chronic diseases, and malnutrition (Smith et al., 2020). Children who have suffered malnutrition, poor health care, and poor cleanliness may have developmental issues that damage their physical

and mental capacities. In residential care settings, where children may need extra medical care to meet their neglected physical requirements, these health problems usually persist. Children who have endured physical abuse may also have injuries that require treatment in residential care institutions. Children who have been neglected frequently suffer with their physical health in addition to emotional and psychological difficulties. Neglect can result in developmental delays, chronic diseases, and hunger (Smith et al., 2020). Children who have undergone starvation, inadequate health care, and poor cleanliness may have developmental difficulties that harm their physical and mental capacities. In residential care settings, where children may need special medical care to meet their neglected physical requirements, these health problems frequently persist.

Children who have undergone physical abuse may also have injuries that require treatment in residential care institutions.

2.8 COPING STRATEGIES ADOPTED BY CHILDREN WHO EXPERIENCE ABUSE AND NEGLECT.

Children who experience abuse and neglect frequently develop numerous coping methods to manage the trauma and mental discomfort produced by their experiences. These methods can be both positive—such as seeking assistance or engaging in creative expression—or bad, such as withdrawal or avoidance. This section covers the numerous ways children in residential care adapt to their surroundings in an effort to survive, heal, and regain a sense of control in their life.

2.8.1 Emotional Regulation and Self-soothing

Children who have been subjected to abuse and neglect usually employ emotional regulation as a coping technique. When a child is able to control and regulate their emotions in the face of stress and painful situations, this is known as emotional regulation. Children who have suffered trauma usually resort to self-soothing behaviors, such as withdrawing from emotionally uncomfortable situations, repeating repeated chores, or finding refuge in familiar

things (Masten, 2020). These acts assist children in handling powerful emotions like fear, fury, or sorrow. According to Hensley et al. (2021), self-soothing activities could occasionally be an indication of emotional avoidance, which can delay emotional recovery and prolong the processing of trauma. Therapeutic therapies like mindfulness exercises or trauma-focused therapy can develop emotional regulation abilities in residential care settings. Children who have experienced abuse and neglect can benefit from increased emotional regulation and the development of healthy coping mechanisms if they are nurtured in a safe, supportive environment that fosters emotional expression, as Masten (2020) points out. This underscores how vital a solid attachment is in residential care settings, where kids can build relationships based on trust that help them express their thoughts and obtain aid from caregivers.

2.8.2 Avoidance and Withdrawal

Children who have been mistreated or neglected also regularly adopt avoidance and withdrawal as coping methods. Children who demonstrate emotional detachment, or avoidance behavior, may withdraw inward or refuse to connect with others in order to avoid being reminded of painful situations. Slep et al. (2021) suggest that children who have experienced abuse or neglect may retreat from others as a coping method to deal with the hurt of their past. To emotionally separate themselves from their trauma, these children can steer clear of circumstances, persons, or activities that bring back recollections of the abuse. Avoidance can worsen emotional and social difficulties over time, even though it could offer short-term comfort. Children in residential care who demonstrate these withdrawal symptoms could find it challenging to fit in with group activities or form relationships with caregivers and peers. Intervention strategies including guided social contacts, peer support programs, and group therapy can aid children overcoming their avoidance habits and reestablishing trust with people in these settings (Slep et al., 2021).

2.9 RESEARCH GAP

Using largely quantitative data, most current research on children placed in residential care following abuse and neglect center on long-term effects like mental health or education. They

can overlook the emotional, daily experiences the children go through in care and their own voices. According to Rouski et al., (2021), quantitative research overlooks the complexities of children's emotional experiences in care, resulting in underrepresentation of their subjective feelings and daily obstacles in the study. Little is known about how young children personally experience residential living, connections with staff and peers, and their coping mechanisms or support system. Using qualitative techniques, this study was investigating children's own viewpoints, therefore providing a voice to let them express their emotions, difficulties, and coping strategies while in residential care. Qualitative research approaches have been commended for enabling children to articulate their personal narratives, so providing significant insights into their emotional well-being and resilience that quantitative data cannot supply. (Rutter-Eley et al., 2021) It let one grasp their daily reality and emotional trips on a closer level. According to Rutter-Eley et al., 2021, qualitative studies, utilizing in-depth interviews and narrative inquiry, offer a more profound comprehension of children's daily experiences and emotional trajectories within care environments.

2.10 CHAPTER SUMMARY

The experiences of children placed into residential care following abuse and neglect were investigated in this chapter. It started with outlining attachment theory as a prism through which one may view the emotional effects of early trauma. It then explained the legislative structures that govern child protection and placement decisions. Form of abuse (physical, sexual and emotional). and child neglect (physical, emotional, and education) which led to residential placement were discussed. The chapter also addressed the repercussions of abuse and neglect on children's emotional, social, and psychological development. Coping mechanisms employed by survivors, including as emotional regulation and self-soothing, avoidance and withdrawal were reviewed. Previous studies sometimes neglect children's living experiences in care. This project bridges the gap by using qualitative approaches to analyze children's own voices, challenges, and coping skills in residential settings. The following section offers the entire research methodology.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The study's methodology used to encompass the lived experiences of children who were placed in residential care institutions after experiencing abuse and neglect to be explored in this section. The primary focus of the segment was study philosophy, research methodology, study design, study domain, and target population, tools for data collection, sampling methodologies, data examination, and moral issues.

3.2 RESEARCH APPROACH

A research approach is a systematic plan and methodology comprising the phases of wide assumptions to thorough methods collecting data, analysis, and interpretation (Creswell & Creswell, 2018.) This study employed a qualitative technique to investigate the experiences of children put in institutional care facilities in Chiredzi after experiencing abuse and neglect. The qualitative approach prioritizes comprehending individuals' subjective experiences and perspectives, enabling researchers to get deep insights into the emotional and psychological effects of their situations. The qualitative method stresses on the subjective experiences and points of view of people, thereby enabling researchers to get great awareness of the psychological and emotional effects of their situation. Huggett et al. (2018) claim that since it emphasizes the psychological and emotional toll stigma and society attitudes take on their welfare, qualitative research is absolutely essential to understanding the subjective experiences of people with mental health difficulties. This enables the capture of rich, nuanced stories reflecting the complexity of children's lives that quantitative techniques could overlook. Nonetheless, gathering data via a qualitative research methodology comes under criticism since its sample size is usually small and the results could not be applicable to a larger population.

According to Vasileiou et al. (2018), many qualitative studies admit their small sample size as a constraint, particularly with relation to the generalization of their findings.

3.3 RESEARCH DESIGN

Creswell (2018) defines it as a strategy or proposal to do research covering participant selection, data collecting techniques, and analysis approaches. Examining neglected and mistreated children in residential care facilities calls for a suitable qualitative research method, which is phenomenology and so applied in this study. This method focuses on understanding and articulating the lived experiences of individuals, trying to discover the essence of a phenomenon as viewed by participants, free from preconceived assumptions (Smith et al., 2019). The phenomenology was chosen because it enables the researcher to comprehend how people view, understand, and interpret their experiences. It allows researchers the ability to delve deeply into the feeling, experiences, and opinions of abused children who are currently in residential care all in their own words.

3.4 STUDY SETTING

Chiredzi District is located in the Province of Masvingo, founded in 1961. Zimbabwe National Statistics Agency (ZIMSTAT) (2023) states that the expected total population of Chiredzi District is roughly 443,861. This population contains an estimated 213,872 males (about 49% of the total population) and 229,989 females (about 51%). Most inhabitants in Chiredzi live in rural regions and depend on agriculture, sugarcane production, and cattle ranching for a living. The region has a high proportion of poverty, poor infrastructure, and children who are particularly vulnerable due to things like children marriages, HIV/AIDS, and labor exploitation. Given how commonly these socioeconomic concerns contribute to abuse, neglect, and family disintegration, the district is a vital setting for this kind of research. This is because the above-mentioned causes encourage the abuse and neglect of children resulting in placement in the district's various registered residential care institutions.

3.5 TARGET POPULATION

The whole group of persons or objects that a researcher is interested in analyzing and from which a sample may be taken is referred to as the target population. Creswell and Path (2018) remark that the study group is vital for influencing the sample selection methods and ensuring that the findings may be extrapolated to the broader population of interest. The target audience consist of children aged 8 to 18 years currently residing at CCCV, as they are immediately affected by experiences of neglect and abuse and may provide unique insights into their lived experiences. The researcher's key informants will consist matron, chaplain, social worker, superintendent and two probation officers from Chiredzi D.S.D.

The one in charge of children's welfare as the primary caregiver and is well-versed in their physical and emotional requirements is a matron. Their viewpoints are vital to appreciate the day-to-day difficulties that children who have endured abuse encounter. The chaplain offers mental and spiritual backing, particularly to those who are struggling with trauma. Their viewpoint is crucial to seeing how the institution manages emotional well-being and how youngsters employ faith to recuperate. The social worker is responsible of identifying the children's needs and making sure they are safe. They are knowledgeable with the children's experiences of abuse, their background, and the interventions that are being employed to care for them. The superintendent is in control facility operations, making sure children are safe and healthy. Their viewpoint will offer useful viewpoints on institutional practices, rules, and challenges relevant to safeguarding children. Probation officers interact closely with the legal and child welfare systems to manage cases of abuse and neglect. To appreciate how institutionalization fits with in the bigger framework for child protection, they must be educated about the legal and protective procedures.

3.6 SAMPLING

Sampling is a research methodological strategy in which a subset of individuals from a wider population are chosen in order to obtain insights that may be comprehended or extrapolated within the study's context. Because it enables the deliberate selection of participants to the

research issue, purposeful sampling will be very valuable for this study. This sampling strategy allows the researcher to identify participants who satisfy specified criteria, ensuring a rich and targeted comprehension of their experiences (Palinkas et al., 2015).

3.6.1 Purposive Sampling

This type of sampling is based on the researcher's opinion (Sharma 2017). Researcher picked important informants that encounter the goal of research using purposive sampling. The investigator was allowed to choose a probation officer from the Social Development department with a professional history of more than 5 years in similar District of Chiredzi. Additionally, to clarify extra data, the researcher was able to engage social worker from chosen residential care institutions, as well as a chaplain, matron, and superintendent working within the same facilities. The identified key informants were most suited for this study due to their direct engagement in support and protection of children put in residential facilities following abuse and neglect. The probation officer, with over five years of experience in the Chiredzi District, provided excellent insights into the legal and welfare processes involved in child placement and protection. The social worker shared professional insights on the psychosocial support and rehabilitative services provided to the children. The matron and superintendent, as administrators inside the residential care institutions, supplied practical information on the day-to-day management of the facilities, including the children's living conditions and behavioral growth. Lastly, the chaplain contributed a spiritual and emotional care layer, discussing how faith-based guidance is used to help healing and coping among the children. Their combined knowledge supplemented the study with a holistic grasp of the institutional response to abused and neglected children.

3.6.2. Convenience Sampling

Convenience sampling can be regarded as picking a sample depending on who is available and willing to participate in the study according to Newman and Patel (2023.39). Convenience sampling is a non-probability sampling strategy where a selection of units is made

randomly, respondents are selected because of their convenient accessibility and closeness to the researcher. Convenience sampling was utilized to identify key participant's children put in residential care facilities based on their availability, willingness to share their experiences, and approval from the institution. This method allowed the researcher to easily access participants within a controlled environment, where ethical considerations and institutional consent were already established, ensuring smooth data collection while prioritizing the children's safety and comfort.

3.6.3 Sample Size

Eight children from CCCV will be purposively selected to participate in this study. Eight primary participants were chosen taking into consideration of data saturation. Gaussona et al. (2018) underline that data saturation is a significant marker in qualitative research sampling, marking the moment at which no new themes, insights, or information emerge from data collecting. They claim that attaining saturation ensures the depth and comprehensiveness of the investigation, and that continuing to sample beyond the point often provides redundant data. According to Gaussona et al., researchers must engage in continual data analysis during the data collecting process to detect when saturation is being approached, which aids in making educated judgements about when to halt sampling. Six key informants including of the matron, chaplain, social worker, superintendent and two probation officers were also being purposively picked. The researcher will take into cognizance the utilization of data saturation as the criteria that are the point where the researcher will approach decreasing return.

3.7 DATA COLLECTION TECHNIQUES

Data gathering is a systematic method of acquiring facts from multiple sources to answer research questions, test hypotheses, or evaluate outcomes (Creswell and Poth, 2018).) The researcher employed in-depth interviews with key informants and primary participants. Data was collected for 5days from 15 May to 20 May 2015. Lathan and Braun (2023) highlighted that semi-structured interviews allow for more natural and real conversation between

researcher and participant which makes it more efficient than other data gathering approaches such as completely structured interviews. The interview is the most popular data collection strategy in qualitative research according to Barrett and Twycross (2018). When sensitive information is being sought, face to face interview will be important. The researcher was also able to build a relationship of trust with the respondents and be better able to solicit their responds to queries which the researcher was otherwise unwilling to.

3.8 RESEARCH PROCEDURE

The research was performed using methodical and ethical processes to assure the safety of participants, dependability of the data, and academic rigor, in keeping with accepted qualitative research criteria (Creswell, 2014; Liamputtong, 2007).

3.8.1 Seeking Ethical Approval and Institutional Permission

Formal ethical approval from the university's Research Ethics Committee was acquired earlier than data collecting started. This was essential to guarantee that the research followed both institutional policies and more general ethical norms for working with vulnerable groups, especially children who have been abused and neglected. Following the British Psychological Society's (2021) values of respect, non-maleficence, informed consent, and confidentiality, the study followed Apart from the clearance at the university level, to guarantee openness and institutional cooperation, these stakeholders were notified in writing about the goal and scope of the research, the researcher's role, possible hazards, and the support systems accessible for participants was obtained from the administrative authorities of the chosen residential care homes.

3.8.2 Participant Recruitment and Gaining Consent

Children targeted between the ages of 10 and 18 years who had lived in residential care owing to verified incidences of abuse or neglect, participants were gathered via purposive sampling. Given the qualitative and exploratory character of the research, this approach fit since it let people with first-hand knowledge of the topic under study to be included (Etikan, 2018).

Although the participants were minors, official informed agreement was acquired from institutional caregivers or legal counsel, child agreement was also obtained. Age-appropriate information sheets and spoken explanations were used in the assent procedure to guarantee understanding. Children were informed that they could resign at any stage without facing punishment and that participation was entirely optional. This dual consent/assent approach adheres to the ethical criteria for child-involved research set by the NSPCC (2023).

3.8.3 Building Rapport with Participant

To enhance the comfort of participants and lessen any fear or mistrust, the researcher committed time to building rapport prior to conducting formal interviews. This featured informal encounters with children through regular activities inside the care environment, such as group talks or games, which helped lessen the power disparity among the matured researcher and the child participants. Establishing trust in this manner was critical for creating a secure emotional space where children could communicate their experiences more honestly and authentically (Shaw et al., 2021). By creating a foundation of trust, the quality and depth of the data obtained were greatly boosted.

3.8.4 Data Collection: Semi-Structured Interviews

There was utilization of in-depth, semi-structured interviews in obtaining data, which allowed participants to recount their lived experiences while permitting the researcher to lead the discourse toward salient topics. This method is particularly beneficial for research addressing sensitive themes, as it offers a balance between structure and flexibility (Webber-Ritchey et al., 2021). The interviews were done in quiet, secluded areas within the residential facility, ensuring both privacy and familiarity. Each interview lasted 30-60 minutes depending on how comfortable the child was. The conversations were audio-recorded with prior consent, and thorough field notes were also made to capture non-verbal cues and the entire context of each session. To protect the safety and mental well-being of participants, a certified psychologist was present on-site during the data gathering process.

3.8.5 Managing Participant Distress and Safeguarding

Given the painful nature of the individuals' experiences, stringent mechanisms were put in place to handle any emotional distress that might emerge during interviews. Children were informed beforehand that they might halt or terminate the interview at any time. In cases where indicators of emotional distress were observed, the interview was either briefly paused or discontinued entirely, depending on the child's needs. Support was instantly accessible from the psychologist, and any disclosures of continued abuse triggered the mandatory safeguarding protocol. Such disclosures were reported to the appropriate child protection authorities in compliance with both institutional rules and national child safeguarding laws (Munro, 2019). These methods ensured that the ethical tenet of non-maleficence was respected throughout.

3.9 TRUSTWORTHINESS OF THE STUDY

Ensuring the trustworthiness of this study was vital to maintaining scientific rigor and ethical integrity, particularly considering the vulnerable character of the group engaged. In qualitative research, trustworthiness replaces the standard conceptions of validity and reliability associated with quantitative methodologies. This study followed the well-established paradigm of Lincoln and Guba, which establishes four basic criteria: credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985; Nowell, Norris, White, & Moules, 2017). Each of these elements was addressed to ensure that the conclusions were both anchored in the data and understandable within their broader context.

3.9.1 Credibility

Credibility was achieved by prolonged interaction with the research setting and the creation of trust between the researcher and participants. Spending time within the residential care facilities before data collection allowed the researcher to create rapport and gain a deeper contextual understanding, which is crucial when working with children who have experienced trauma (Shaw, Brady, & Davey, 2021). The use of semi-structured interviews permitted participants to convey their experiences in their own terms while still meeting the study's aims. Member reflections before and after interviews helped guarantee that the participants' intended meanings were accurately captured (Birt et al., 2016). Peer debriefing with academic

supervisors and colleagues was employed to further increase the credibility of data interpretation by exposing emerging themes to critical discussion.

3.9.2 Transferability

Transferability was encouraged through the presentation of deep, comprehensive descriptions of the research context, participants' backgrounds, and the socio-emotional experiences shared. Although qualitative findings are not statistically generalizable, the rich contextualization allows readers to assess the relevance of the findings to similar situations or populations (Korstjens & Moser, 2018). In addition, by framing the findings within well-established theoretical constructs such as Bowlby's (1969) attachment theory and modern trauma-informed care frameworks the study provides transferable insights that could improve practice in other residential care or child welfare contexts.

3.9.3 Dependability

Dependability was addressed by rigorous documenting of the study process. A thorough audit trail was kept, including decisions on participant recruitment, interview protocols, ethical issues, and analytical processes. This clear record enables other researchers to follow the methodological path chosen, boosting the dependability and repeatability of the research (Maher et al., 2018). Regular supervisory discussions and technique verification through thematic analysis further reinforced the internal consistency of the research design and implementation.

3.9.4 Confirmability

Confirmability was guaranteed by retaining reflexivity and anchoring all interpretations in the participants' narratives. The researcher kept a reflexive notebook throughout the investigation to evaluate personal biases, emotional responses, and shifting assumptions. This technique enables the researcher to remain critically self-aware and to avoid the potential of imposing subjective interpretations onto participants' lived experiences (Berger, 2019). Moreover, the use of direct quotations from interviews and the systematic coding process maintain a clear

relationship between the raw data and thematic conclusions, boosting transparency and impartiality.

3.10 DATA ANALYSIS

Creswell (2022:171) suggested that data analysis refers to the process of methodically applying methods and strategies for documenting, organizing, analyzing, and interpreting data to draw conclusions and make decisions. It also requires categorizing, arranging, altering, and summarizing the facts and describing them in relevant terms as proposed by Brink (1996:178). In simple terms, it can be regarded as the process wherein data is processed into meaningful information that can be used.

Thematic analysis was employed. Thematic analyses can provide new information and insights Loo et al (2021:592). Clark and Brawn (2020:3) states that it as the process for detecting, evaluating, and analyzing trends of the definition of topics in qualitative data. Six steps were explored utilizing theme analysis as recommended by Brown and Clark (2021:695).

3.10.1 Familiarizing with data

Before properly classifying the roughly examined information, firstly, researcher becomes acquainted with the data and translates audio recordings into text so she can read and grasp the facts.

3.10.2 Initial Coding

After the initial codes are generated, intriguing components in the data are coded, and codes are methodically applied throughout the data set, acquiring essential data for each code.

3.10.3 Searching for themes

In the third stage, data was organized into possible topics in order to uncover themes. Every piece of information essential to each theme was collected. According to Clark (2006), the researcher started by creating a comprehensive list of codes that were discovered throughout the dataset. The goal was to uncover trends and correlations throughout the complete set of

data (Chamberlain 2015). To put it another way, this stage's main purpose was to evaluate things at a higher level than codes.

3.10.4 Reviewing the themes

Subsequently, the researcher analyzed themes, validated that the themes applied to the developed portions and the whole evidence collected, and developed a thematic map.

3.10.5 Defining and naming themes

The fifth step of the thematic analysis technique, as stated by Brown and Clark (2021), entailed defining and naming themes. ongoing evaluation to improve the details for each theme's production of distinct names. According to Brown (2006), themes shouldn't be extremely intricate and varied. As a consequence, the researcher assessed which components of the data each theme concentrated on and what its primary points were. Finally, the chance for final analysis, the selection of significant excerpts, the discussion of analysis and its relevance to study or literature, and the development of a report were all taken advantage of. According to Clark (2018), a theme analysis report needs to persuade the reader of the analyses' importance and validity

3.11 ETHICAL CONSIDERATIONS OF THE STUDY

The research will make great advantage of the acquired data. To avoid plagiarism, scholarly work references were included into the data collecting procedure. Many moral issues were considered into account during the research project. Ethical standards also dictate that researchers should not put volunteers in circumstances whereby their involvement might endanger them. According to the Cambridge Dictionary of Philosophy (2023.202), ethics is the philosophical study of moral conceptions and judgments, particularly those guiding people's behavior toward others.

All researchers have to grasp the ethical issues of study. Two sets of persons are engaged in ethics, the researchers themselves should be aware of their commitments and responsibilities; the study participants have fundamental rights that should be safeguarding. Thus, the

investigation ought to be conducted honestly and justly by eliminating all feasible dangers. One has to grasp the participants' rights. A study might pose ethical problems including informed consent, right to anonymity and confidentiality, right to privacy, justice, beneficence, and respect for persons (Brink & Wood, 1998:200-209). According to Petousis-Harris and Gillon (2023), among other things, respect for autonomy, justice, confidentiality, and privacy are crucial concerns in a study.

3.11.1 Informed Consent

Participants must readily consent to research after being fully informed of its objective, technique, risks, and rewards, according to Manti & Licari (2021). I thoroughly explain the goals, methodology, and rights of the study to participant on an information sheet and consent form. Before participation commences, written consent will be acquired. Obtaining informed consent is vital; researchers must ensure that children, as well as their guardians, completely understand the study's objective, procedures, and potential dangers, in line with the ethical criteria provided by the American Psychological Association (2020).

3.11.2 Confidentiality and Anonymity

The study foster secrecy and anonymity, maintaining participants' identities and sensitive information while underlining the significance of protecting the privacy of abused children. While confidentiality implies that personal data is maintained and only available to authorized staff, anonymity refers to keeping participant names disguised (Assarroudi et al., 2021). I will preserve data in password-protected files, utilize numerical codes or pseudonyms for participants, and present findings in a way that makes identification impossible.

3.11.3 Freedom to Withdraw

The capacity to withdraw guarantees that participation is voluntary and lets participants to stop engaging at any moment free from experiencing any impact (Khan et al., 2021). During the consent procedure, participants will be made aware that they can withdraw at any moment and without explanation, and that their data will be erased upon request.

3.12 LIMITATIONS OF THE STUDY

There are several limits to study on the experience of abused and neglected children in residential care institutions, particularly at CCCV. Trauma could make it difficult for youngsters to communicate their experiences, hence biasing self-reported findings. According to Schetter et al (2021), suggests that children who have undergone trauma may suffer with memory recall, as stressful events lead to fragmented or altered memories. Retrospective accounts could also be unreliable since memory distortions can arise when recalling prior tragedies. Trauma can modify how memories are preserved and recalled, resulting in gaps or inconsistencies in recollection. Cultural considerations complicate the research because children's backgrounds can influence their responses and coping techniques. For instance, some cultures may encourage stoicism and prohibit free emotional expression, causing children internalize their sadness rather than communicate it (Sue et al 2012). Temporal variables are also important: children's emotional state during data collecting may differ from experience with abuse and neglect. Ethical considerations are critical when working with vulnerable persons, which may limit the tactics employed. According to Fisher, 2019, researchers must prioritize reducing harm, ensuring that study method does not compound the trauma that participants have already undergone.

3.13. DELIMITATIONS OF THE STUDY

A number of particular criteria describe the research that looks at the experiences of children who have been abused and neglected while living outside in the residential care facilities. First, it only looks at children between the ages of 8 and 18years, highlighting the relevance of age in trauma rehabilitation. It also covers only children who are presently residing in residential care facilities, as well as key informants directly involved in their care, including social workers, a probation officer, a chaplain, a matron, and a superintendent. this will eliminate past residents and provide a current opinion on their problems and experiences. It was also limited to studying the lived experiences, forms of abuse and neglect, and coping methods of these children, rather than judging the efficiency of child protection programs or institutional performance. This

method accords with the findings of Johnson et al., (2020), who emphasize the necessity of documenting the current emotional states of children in care. The Chiredzi District in southeast Zimbabwe is the geographic focus of this study, which focuses on children housed in residential care facilities in this area. A pertinent location for learning the lived experiences and coping methods of afflicted children, Chiredzi has a variety of institutional care facilities and documented incidents of child abuse and neglect

3.14 CHAPTER SUMMARY

The study adopted a phenomenological research design and qualitative research methodology. Semi- structured interviews with both participants were conducted to acquire data. Thematic analysis is a strategy used for data analysis and findings presentation. The above-mentioned guidelines were met to shield participants from injury. Concerning trustworthiness, aspects such as credibility, dependability, and transferability were considered. The display, analysis, and discussion of the gathered information are addressed in the ensuing chapter.

CHAPTER FOUR

PRESENTATION, INTERPRETATION AND DISCUSSION OF FINDINGS

4.0 INTRODUCTION

In this section, the study results of the topic “The experiences of who were placed in residential care facilities after experiencing abuse and neglect in Chiredzi District will be shown here. Data relevant to the demographics of participants are also supplied in tabular form complied with explanations. All the reports in this chapter are grounded on the targets of the research which include to explore the forms of abuse and neglect experienced by children in Chiredzi leading to their placement in residential care facilities, to explore the coping strategies adopted by children in residential care facilities after experiencing abuse and neglect in Chiredzi and to identify the effects of abuse or neglect on children in residential care facilities after experiencing abuse and neglect in Chiredzi.

4.1 Participants demographic information

Participants’ demographic data are shown in tables while descriptions shall follow.

4.1.1 Primary participants’ demographic information

Biographic information of primary respondents such as their age logged into care and age now, sex, level of education is presented here.

Pseudonym	Sex	Age entered Into care	Age now	Level of education
Participant 1	Female	9	15	Grade 7
Participant 2	Female	10	16	Form 2
Participant 3	Male	8 months	14	Form 1
Participant 4	Female	9	14	Grade 6
Participant 5	Male	3	16	Form 1
Participant 6	Female	2	16	Form 2
Participant 7	Female	6	17	Form 2
Participant 8	Female	11	18	Form 3

Most participants were girls than boys being interviewed, this reflects that most girls are the most vulnerable to abuse and neglect as compared to boys because they are seen as subordinates to men, and damaging gender stereotypes that sexualize or degrade them. The table also depicts differences in education. Furthermore, some are still at primary level at the age of 15 and the reason might be traced back to family history for instance some enter into the institution while they spend years not going to schools in the places they inhabit. Factors like orphan hood, child abuse, neglect are the major causes why children entered institutional care which may be proven in the age of entry into care.

4.1.2 Key informants' demographic information

Information concerning key informants particularly the position held, work experience and organizations they work for are presented below:

Pseudonym	Position held	Organization	Years of experience in the field
Key Informant 1	Probation Officer 1	Department of Social Development	13years
Key Informant 2	Probation 2	Department of Social Development	7years
Key Informant 3	Social Worker	Chiredzi Christian Children's Village	7years
Key Informant 4	Superintendent	Chiredzi Christian Children's Village	15years
Key Informant 5	Chaplain	Chiredzi Christian Children's Village	11years
Key Informant 6	Matron	Chiredzi Christian Children's Village	14years

Key informants includes 2 probation officers, social worker, a matron, chaplain and superintendent. The one in charge of children's welfare as the primary caregiver and is well-versed in their physical and emotional requirements is a matron from the children's village with 14 years' working experience. Their viewpoints are vital to appreciate the day-to-day difficulties that children who have endured abuse encounter. The chaplain from children's village offers psychological and support spiritually, especially to children who are strife with trauma with 11years of working experience. Their viewpoint is crucial to getting how the institution manages emotional well-being and how children employ faith to recuperate. The social worker from a children's village with working experience of 7 years is in responsible of identifying the children's needs and making sure they are safe. They are knowledgeable with the children's experiences of abuse, their background, and the interventions that are being

employed to care for them. The superintendent is in control facility operations, making sure children are safe and healthy at children's home. Their viewpoint will offer useful viewpoints on institutional practices, rules, and challenges relevant to safeguarding children. Probation officers from the Department of Social Development with 13 and 7 years of work experience interact closely with the legal and child welfare systems to manage cases of abuse and neglect. To appreciate how institutionalization fits with in the bigger framework for child safeguard, they need be educated about the legal and protective procedures.

4.2 THE EMPIRICAL FINDINGS

The section presents themes and sub-themes derived from the research results gathered from above mentioned topic among the participants.

THEMES	SUB-THEMES
1 Forms of child abuse leading to placement in residential care facilities	1.1 Physical Abuse 1.2 Emotional Abuse 1.3 Sexual Abuse
2 Forms of child neglect leading to placement in residential care facilities.	2.1 Physical Neglect 2.2 Educational Neglect 2.3 Emotional Neglect
3 Effects of child abuse and neglect on survivors.	3.1 Emotional Challenges 3.2 Behavioural Issues and Difficulties with Trust 3.3 Physical health and Developmental Delays
4 Coping strategies adopted by children who experienced abuse and neglect.	4.1 Emotional Regulation and Self-soothing 4.2 Avoidance and Withdrawal

4.3 THEME 1: FORMS OF CHILD ABUSE LEADING TO THE PLACEMENT IN RESIDENTIAL CARE FACILITIES

Child abuse is still a big problem that pits children's safety and growth at risk all across the world. It includes several types, including as physical, sexual and emotional, all of which can have terrible effects. These abusive events happen a lot at home, where children should feel the safest. When the abuse gets bad enough or goes for a long time, the authorities may step in and put the child in residential care facility to protect them and help them get better. This theme looks at the different kinds of abuse that led to children's placement in care, showing how these kind of mistreatment affect their early lives and made it necessary for someone else to step in.

4.3.1 Physical Abuse

According to the study results, physical abuse often caused by parents or guardians wielding deadly objects was one of the most common and severe forms of maltreatment children underwent prior to their placement in residential care, usually resulting in trauma and occasionally hospitalization.

Participant 1 related a moving story of growing up in a violent household:

"I grew up in a little village near Chiredzi with my mother and two younger siblings. Life got tough once my father died. When my mother was drunk or furious, she used to hit me with a mesh, occasionally she would use an electric cord or a stick. Most of the time, I didn't know why; even in cases when I had not broken any rules. After school, I used to get terrified going home.

Third participant also said:

"I was brought here after my stepfather beat me terribly. It wasn't the first time, but I ended up in the hospital that particular time. The neighbors contacted the police because they heard me

shouting. After that, the social workers told I couldn't go back home. My mother did not protect me. She just watched."

As mentioned by Probation Officer 1: *"Most of the children we place here have been through terrible abuse and neglect. The most typical occurrences include physical abuse children being beaten severely, sometimes with deadly items like sticks, belts, or electric cables. In many circumstances, it's the parents or guardians who are liable."*

This research demonstrates a worrying tendency of systemic physical abuse where children were repeatedly assaulted by trusted caretakers, often without provocation or explanation. The tactics used sticks, electric cables, and belts indicate not simply discipline but intentional infliction of pain, frequently fueled by anger, alcohol use, or inadequate parenting. The researcher discovered these findings as indicators of unsafe and hostile household circumstances where children lived in terror and lacked protection from secondary caregivers. The inability of other family members (such as Participant 3's mother) to intervene indicates a culture of silence and powerlessness within some households. These stories demonstrate how physical violence not only creates outward injury but also significant psychological harm. Chapter 5:06 of Zimbabwe's Children's Act clearly forbids any child's abuse, neglect, or ill-treatment by someone in charge of their care. It states that children have to be shielded from physical injury as well as from emotional suffering caused by too harsh punishment. In connection to theory and literature, these findings confirm Bronfenbrenner's ecological systems theory, particularly the microsystem level, where immediate relationships such as those with parents or step-parents can deeply effect a child's well-being. Furthermore, studies like those by Meinck et al. (2017) and UNICEF (2020) demonstrate that physical abuse is a pervasive issue in Southern Africa, often underreported until catastrophic results occur.

4.3.2 Emotional Abuse

According to the statistics, emotional abuse was a major kind of mistreatment children went through before they were taken to residential care. Participants' emotional health suffered greatly when caretakers made them feel devalued, belittled, and frequently insulted.

Participant 2 said, *"My father constantly yelled at and called me useless at home. He would say, I was a curse to the family and should not have been born. He never said anything nice, even when I tried my best in the classroom or pitched in with housework. I began to think whether I was unworthy of life.* The child withdrew emotionally from this ongoing verbal assault, finally drawing the notice of a worried teacher who reported the matter.

Similarly, Participant 4 narrated, *"My aunt used to make me feel worthless. Sometimes, when visitors visited, she would say horrible things about me in front of them, like that I was stupid or a burden. She often compared me negatively to other children, making me feel like I would never succeed. This made me feel really lonely and alone.* "Such episodes were not unique but indicated a pattern of psychological mistreatment that left enduring wounds.

A social worker who works closely with these children remarked, *"Children who have faced emotional abuse often show withdrawal and low self-esteem. They might be very silent, avoid eye contact, or look overly afraid among grownups. Some feel highly worried or depressed and have problems trusting people. Others might behave out angrily, but that's usually a means of expressing their pain."*

From these narratives, it may be determined that emotional abuse deeply damages children's sense of self-worth and belonging. Repeated exposure to unpleasant verbal encounters leads to internalized emotions of inadequacy, self-doubt, and, in severe cases, suicide ideation. In all situations, the violence was normalized within the household, and only outside intervention brought the abuse to light. As indicated by participant 2 and 4, the researcher observed that emotional abuse often goes unrecognized because it leaves no physical signs, although its psychological effects are long-lasting. The children internalized the verbal assaults, resulting in emotional numbness, anxiety, or depressed symptoms. As participants depicted, emotional abuse was subtle but persistent, leading to the children to feel unwanted, unloved, and burdened. International frameworks such as the UN Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) consider emotional abuse as a major breach of child's rights. Article 19 of UNCRC and Article 16 of the ACRWC

mandate protection from all forms of mental violence and underline the child's right to dignity. These findings demonstrate a gap between these international norms and the lived experiences of participants, where emotional injury happened within the home and went unrecognized until external intervention. These findings are consistent with current evidence, which identifies emotional abuse as a widespread but sometimes hidden form of maltreatment (Meinck et al., 2017). According to Bronfenbrenner's ecological systems theory (1979), children's immediate settings (microsystems) such as family play a significant role in determining their emotional development. In cases where caregivers are the abusers, children are deprived of important emotional nurture, damaging their psychosocial development. Furthermore, as UNICEF (2020) adds, emotional abuse is often a prelude to other forms of neglect and abuse, making early detection and intervention crucial.

4.3.3 Sexual Abuse

The findings found that children housed in residential care institutions in Chiredzi had suffered several kinds of sexual abuse, often perpetrated by trusted family members such as uncles or stepfathers. The assault was frequently concealed, leaving the victims confused, ashamed, and emotionally upset.

One participant shared:

"After my parents divorced, I moved in with my grandma and initially felt protected with her kindness. However, my uncle, who visited every weekend, began touching me improperly and insisted it remain our secret. I felt confused, guilty, and terrified, enduring reoccurring nightmares and stomach problems each Sunday. Eventually, I confided in my teacher, who understood my distress and recruited a social worker." Participant 8

In addition, the same participant claimed emotional abuse and punishment from her caregiver when she tried to avoid the abuser:

"Besides my uncle's abuse, my grandmother would scold me for avoiding him, calling me ungrateful and disrespectful. If I refused to join him, she'd hit me or force me to go anyway. I

felt trapped and unable to tell anyone what was really happening. On days I upset her, I sometimes went to bed without any food.”

According to a probation officer working in child welfare in the area:

“Most of the time, these cases come to us through schools or clinics. A child might confide in a teacher or nurse, or they may observe signals like dread, withdrawal, or physical symptoms. Unfortunately, many events became known only once the abuse has been ongoing for a considerable period”.

The tales show that sexual abuse is extremely painful and often hidden within the household setting, especially when the offender is a trusted adult. Victims are often hushed by fear, humiliation, and emotional manipulation, making early detection difficult. The delay in disclosure is usually related with the emotional cost of concealment and the dread of not being believed. These findings demonstrate the layered and coercive nature of sexual abuse within family settings. The mental and physical pain is heightened when caregivers shield the abuser or dismiss the child's cries. The participant's recurring stomach-aches and terror surrounding weekends underline psychosomatic expressions of abuse, a common symptom in such circumstances (Finkelhor et al., 2021). The researcher discovered that it is apparent that the quiet around sexual assault is perpetuated by both fear and systematic inability to notice and act early. The African Charter on the Rights and Welfare of the Child (ACRWC), particularly Article 16, mandates states to shield their children from all kinds of abuse, such as sexual exploitation. However, the findings of this study reveal that despite this legal framework, many children in communities like Chiredzi still suffer in silence. The abuse typically goes unnoticed due to fear, stigma, and lack of effective community child protection mechanisms, emphasizing a gap between policy and practice. These research findings fit with current literature that emphasizes how sexual abuse often occurs in familiar contexts and is underreported due to manipulation by the abuser and the child's emotional dependency (Barth et al., 2020). Psychoanalytic theory helps explain the deep internal tensions and emotional suffering suffered by abused children. According to this idea, early traumatic experiences such as sexual abuse by a trusted adult can lead to long-term disruptions in emotional development, including

anxiety, sadness, and difficulties in building healthy self-concepts. The evidence is consistent with ecological systems theory, which evaluates how abuse is ingrained in numerous systems family, community, and institutions. However, unlike research from better-resourced contexts where schools may offer quicker assistance, the delay in reporting abuse in Chiredzi may relate to weaker institutional responses and cultural stigma around sexual concerns (Munetsi, 2022).

4.4 FORMS OF CHILD NEGLECT LEADING TO THE PLACEMENT IN RESIDENTIAL CARE FACILITIES

One of the most common reason children are put in residential care facilities is because their parents don't take care of them. It frequently indicates that caregivers fall short in meeting child's fundamental medical, emotional, educational and physical needs. A lot of the time, children are put into care because they are being neglected for a long time, which hurts their growth, health, and safety. Based on the stories of children who have been affected, this subject looks at the precise kinds of neglect that led to these placements.

4.4.1 Physical Neglect

According to the findings, physical neglect among children in residential care is characterized by the absence of essential care, including food, clothes, medical attention, and emotional support, which leads to negative implications on the child's growth and welfare.

One of the interviewees shared their experience of physical neglect:

"I stayed with my father after my mother passed away. He was hardly ever home; he leaves me alone for days when he goes out for drinking. Sometimes, I would have slept without eating anything because there was no food in the house. I missed school a lot because I didn't have adequate clothes or shoes. Our house was disgusting, and no one cared if I was sick. I felt unseen most of the time." Participant 5

This narrative demonstrates the deep level of neglect suffered at the home level, where the absence of a responsible caregiver led to unfulfilled physical requirements such as food,

sanitation, healthcare, and shelter. The child felt both physically and emotionally abandoned, experiencing a life of obscurity and deprivation. As the researcher I have also noticed that, this underlines the connection between physical and emotional neglect, where children are left not only without basic necessities but also without care or attention. The cumulative effect of neglect generally results in long-term developmental deficits, emotional discomfort, and poor academic outcomes. Importantly, Zimbabwe's national legal structure clearly mandates the protection of children from such negligence. The Children's Act [Chapter 5:06] provides a legal obligation on parents and guardians to provide enough food, clothing, accommodation and medical treatment. Section 7 of the Act criminalizes purposeful neglect, noting that any person who, having custody, charge or care of any child or young person, neglects to supply essential necessities, is guilty of an offence. These findings coincide with studies by Stoltenborgh et al. (2014), who state that physical neglect remains one of the most underreported yet harmful kinds of child maltreatment, sometimes camouflaged by poverty or mistaken as bad parenting. In Zimbabwe, studies have also observed that children in impoverished households, especially if a parent has died or abandoned the family, are more likely to endure such neglect (Gukurume, 2021). The participant's narrative underscores these broader tendencies, underscoring how physical neglect can become acceptable in the absence of adult accountability or community involvement.

4.4.2 Educational Neglect

The data suggest that educational neglect was a widespread form of abuse among the participants, typically resulting in delayed learning, lack of school attendance, and emotional suffering due to exclusion, humiliation, or apathy from caregivers.

One member commented,

"I lived with my mother and siblings, but she was always busy and occasionally couldn't afford school fees, causing me to miss several days. Without proper books or clothes, teachers sometimes sent me out of class. At home, I had no aid or encouragement with my schoolwork, making me feel irrelevant," (Participant 6).

Another child added,

“I was sent here mainly because I was not going to school regularly. My father couldn’t pay the school fees, and I didn’t have adequate clothes or books. Sometimes I was even sent away from class because of that. At home, no one assisted me with schooling or made sure I went. I was lagging behind, and the teachers or social workers thought it was best for me to come here where I could acquire an education” (Participant 5).

These narratives reveal that educational neglect is not only about missing school but also about the lack of structural assistance from caregivers to ensure a child’s academic achievement. It originates from poverty, inadequate parental participation, and the failure to prioritize education. Affected children endure humiliation, low academic achievement, and potentially irreversible disruption to their learning journeys. The researcher noticed that these narratives demonstrate how systemic impediments and domestic instability intertwine to impair children’s right to education. This sort of neglect has long-term implications, not just academically, but also emotionally and socially. Educational neglect in these situations appears not to be purposeful in every case often it is linked to the socioeconomic constraints experienced by caregivers. Yet, the damage to the child’s growth and self-esteem is severe, leaving many feeling hopeless or less capable compared to their peers. Internationally, the United Nations Convention on the Rights of the Child (UNCRC), particularly Article 28, affirms every child’s right to free and compulsory primary education and obliges states to adopt initiatives to secure regular attendance and reduce dropout rates. The findings correspond with international literature on child neglect, which emphasizes educational neglect as a serious yet sometimes undetectable kind of harm (Dubowitz, 2022). It commonly coexists with other types of neglect and is prevalent in households enduring economic difficulties or parental infirmity (Lindberg et al., 2023). The ecological systems theory of Bronfenbrenner (1979) gives a valuable framework to explore these trends. Educational neglect, in this situation, represents a breakdown at both the microsystem (family and school) and ecosystem levels (economic resources and community support). In contrast to cultures where education is highly secured by community and government structures, the Zimbabwean setting, particularly in vulnerable

rural regions like Chiredzi, may lack appropriate safety nets to protect children from slipping out of the school system.

4.4.3 Emotional Neglect

The data suggests that emotional neglect was a common experience among the children placed in residential care. This sort of neglect appeared in caregivers' chronic failure to provide affection, attention, and emotional support, which left children feeling invisible, undesired, and unloved.

One participant related,

"After my mother died, I lived with my aunty, but she didn't pay attention to me she never spoke to me or inquired how I was feeling. I was always alone myself, and no one appeared to care if I ate, went to school, or was okay. I felt like am valueless to anyone. A teacher saw that I was often silent and depressed, and that's when social workers became involved" (Participant 4).

The chaplain further underlined,

"Many of the children who come here show signs of having been neglected for a long time. Some are quite introverted and quiet, while others act out or become aggressive. It's the lack of continuous attention that truly influences their behavior and how they see themselves."

These narratives allude to protracted emotional neglect where caregivers failed to address children's psychological and emotional requirements. The absence of verbal connection, affection, or protection promoted severe feelings of rejection, abandonment, and emotional isolation. The researcher realized that, it is apparent that emotional neglect is not always visible but deeply destructive. The children's emotional scars sometimes went undiscovered by their families and only came to light through the observations of concerned teachers or community members. The impact includes negative self-worth, detachment, and social isolation, which are consistent with findings in past study. From an international viewpoint, the United Nations Convention on the Rights of the Child (UNCRC) describes emotional neglect as a sort of psychological abuse that violates a child's right to protection and development. Article 19

obliges state parties to take all required actions to protect children from all forms of physical or mental aggression, damage or abuse, neglect or negligent treatment. Emotional neglect is increasingly acknowledged by child protection systems in countries like Canada, Sweden, and the United Kingdom, where emotional harm is explicitly stated as grounds for state action, even in the absence of physical abuse. This study's findings match with current literature which highlights that emotional neglect can have substantial developmental repercussions. According to Stoltenborgh et al. (2018), emotional neglect affects a child's ability to build stable relationships and increases sensitivity to mental health concerns including anxiety and despair. Similarly, Spinazzola et al. (2018) stress that neglect is as destructive as more overt types of abuse and should be given similar priority in child protection systems. The narratives offered underscore the important need for emotionally responsive caregiving situations, especially in early infancy.

4.5 EFFECTS OF CHILD ABUSE AND NEGLECT ON SURVIVORS

The long-lasting impact of child abuse and neglect extends far beyond the initial injury, frequently leaving significant emotional, psychological, behavioral, and developmental scars on survivors. Children who undergo such maltreatment may struggle with low self-esteem, trust difficulties, emotional dysregulation, and poor health outcomes. This subject investigates the lingering impacts of abuse and neglect as experienced by survivors in residential care, highlighting how their prior experiences continue to shape their beliefs, feelings, behaviors, and overall sense of identity.

4.5.1 Emotional Challenges

The study indicated that children who endured abuse and neglect often struggle with significant emotional wounds that damage their sense of identity, emotional expression, and interactions with others. These emotional issues expressed in feelings of melancholy, anxiety, worthlessness, and loneliness. The children's tales point out the invisible yet painful result of emotional abuse and neglect that persist even after being placed in care.

"I often felt invisible and hollow, crushed by pain whenever my father raged or called me names. I stopped attempting to be cheerful, retreating from others for fear of being judged or laughed at. At night, I'd cry quietly, doubting myself and thinking I really was as worthless as he said." participant 2

"I often feel misunderstood and find it hard to trust others' goodwill. When my aunt speaks negatively about me, I feel small and undeserving. I hold my sentiments within because I worry people will think I'm being theatrical, which leaves me feeling quite alone—even in a crowd". participant 4

According to social worker:

Based on my insight, many children placed in a safe home carry emotional wounds. They frequently seen with symptoms of anxiety, stress and acute fearfulness. Some weep easily or are startled by quick movements or loud voices, others act emotionally detached, they did not speak much or display emotion at all. There are also others who struggle with trust, pushing people away even when they seek closeness. It is apparent that their past experiences have left them fell frightened, unwanted, and unsure of their worth."

These tales show that emotional issues are important to the experiences of children who have endured abuse or neglect. Their emotional scars are enduring and often impact how the children reacts to themselves and others. The researcher discovered that many children absorbed their trauma, leading to self-blame and trouble building trusting relationships. The findings are reinforced by research such as Stoltenborgh et al. (2018), who discovered that emotional neglect substantially damages children's ability to build healthy attachments and increases their sensitivity to mental health concerns including anxiety and depression. Similarly, Spinazzola et al. (2018) argued that emotional neglect and abuse might lead to complicated trauma reactions that interfere with normal development. The emotional challenges indicated in the narratives coincide with signs of complex trauma withdrawal, fear, mistrust, and low self-esteem. Legally, these emotional issues constitute breach of children's rights under international and state standards. The United Nations Convention on the Rights of the Child

(UNCRC), particularly Articles 19 and 39, mandates that children be safeguarded from all kinds of abuse and receive rehabilitation when harmed.

4.5.2 Behavioral Issues and Difficulty in Trust

The findings demonstrated that many youngsters who had experienced abuse or neglect developed substantial behavioral issues and found it difficult to trust people. These difficulties often appeared as emotional guarding, aggressiveness, rebellion, or retreat. These behaviors were not anchored in resistance but were instead self-protective responses to persistent rejection, abandonment, or neglect in their early surroundings.

“I prefer to keep things to myself because no one at home asks how I feel. I learned to act okay even when I wasn’t. Sometimes I get into problems for disagreeing or refusing to do things because I don’t enjoy being told what to do. I used to feel invisible and still sometimes feel that way. It’s hard to trust individuals or believe they actually care.” participant 5

Participant 6 shared similar struggles:

“I often felt misunderstood and ignored both at school and home. Teachers condemned me without asking why, and my mother seemed too busy to care. I behaved out not to be nasty, but because I felt angry and alone. Even now, I find it hard to trust others, worried they’ll disregard me like before.”

A social worker supported similar observations:

“Early abuse or neglect leaves permanent emotional wounds, making it hard for youngsters to form healthy relationships. Many struggle with trust and keep their guard up, fearing pain or abandonment. Some retreat totally, while others act out to protect themselves. Building close ties takes time—they need to feel protected and know someone won’t harm them before opening up”.

The children’s faces suggested that many had acquired behavioral reactions such as silence, disobedience, or anger not from rebellion, but as coping mechanisms founded in mistreatment

and unmet emotional needs. These children were often misinterpreted by instructors and caretakers, compounding their sense of solitude. The researcher discovered that, trust is a developmental milestone that abuse and neglect significantly undermine. It takes constant, supportive connections in care to gently recover this capacity. The findings substantially accord with past studies, for instance, McLaughlin et al. (2019) showed that chronic neglect affects stress response systems in children, making them more reactive and less trusting in social interactions. Similarly, Dozier et al. (2018) reported that children in foster or residential care commonly demonstrate attachment difficulties and behavioral disorders rooted in early adversity. These tendencies are consistent with the emotional dysregulation and mistrust stated by participants in this research. The Zimbabwe Children's Act mirrors these rights by mandating the safety and restoration of neglected and mistreated children.

4.5.3 Physical health and developmental Delays

The findings demonstrated that children who endured abuse and neglect often suffer not just emotionally but also physically. Their development both academic and physical was noticeably slowed due to extended exposure to stressful, hazardous environments. Participants noted frequent illnesses, weariness, and cognitive delays that they linked to fear, anxiety, and deprivation. These bodily signs appeared profoundly connected with their psychological anguish.

“Sometimes I feel different from other youngsters. I was often sick at home—stomach-aches, headaches—probably from dread and worry. I still feel weak and behind in many areas, even in class. But I’m striving to catch up and feel strong and normal again. Slowly, I’m learning to care for my body and mind.” participant 7

“Yes, I used to feel sick a lot during that time. Whenever my uncle was coming, I’d get stomach problems and felt like puking, but my grandmother assumed I was pretending. I lost weight, couldn’t sleep, and had regular nightmares. At school, I was often fatigued and difficult to focus. Even now, I don’t like being touched or alone with men—I suppose the anxiety damaged both my body and psyche”. participant 8

“Most children who arrive here carry not only emotional distress but physical indicators too—like exhaustion, poor nutrition, and difficulties focusing. Many regard themselves as less important or less talented, not because they lack aptitude, but because they’ve been persuaded to feel they don’t matter. Neglect destroys their confidence, inhibits growth, and holds kids back in school simply because they lacked assistance. It’s devastating to witness how severely it affects their growth and self-worth.” chaplain

The narratives reveal that abuse and neglect manifest in physical ailments such as chronic fatigue, headaches, and digestive difficulties, which participants link to emotional suffering. Developmental deficits were also seen in school performance, motor ability, and self-perception. The body's response to prolonged fear and lack of care resulted in both short-term and long-term developmental repercussions. From a developmental psychology standpoint, the stress responses these children described match with the concept of toxic stress, which changes brain architecture and affects the immune system (National Scientific Council on the Developing Child, 2020). The inability to eat, sleep, or focus as indicated by the subjects demonstrates how trauma affects cognitive and physical growth. Moreover, participant 8's report clearly indicates psychosomatic symptoms a common attribute in children who are sexually or emotionally abused but cannot explain their experience explicitly. The researcher discovered that children who experiences abuse and neglect generally presented with indicators of physical health decline and developmental delays. Many reported regular diseases such as stomachaches, headaches, lethargy, and loss of appetite during their time at home, sometimes linked to chronic dread, emotional discomfort, or trauma. These physical symptoms were not isolated but profoundly related to the psychological harm they underwent. These findings confirm study by McLaughlin et al. (2019), who discovered that continuous exposure to neglect and abuse leads to both anatomical and functional abnormalities in the brain. The fight or flight reaction, when consistently provoked, can limit physical growth, disturb hormone balance, and impair learning. Additionally, Van Der Koll (2021) asserts that trauma is stored in the body, explaining the physical ailments and delayed development described by the children. According to UNICEF Zimbabwe (2022), children in low-resource and abusive environments

commonly demonstrate both physical and academic failures due to unmet health and developmental requirements. Zimbabwe's Children's Act (Chapter 5:06) mandates the protection of children from all forms of neglect and abuse, including safeguarding their right to health, learning and growth. The UN Convention on the Rights of the Child (UNCRC, 1989) Article 6 highlights every child's right to life and growth, underlining the necessity for holistic support systems.

4.6 COPING STRATEGIES ADOPTED BY CHILDREN WHO EXPERIENCED ABUSE AND NEGLECT

Children who undergo abuse and neglect often develop numerous coping techniques to survive and manage their emotional pain. These methods can be both adaptive and maladaptive, ranging from withdrawal and avoidance to seeking peer support, participating in artistic expression, or performing spiritual rituals. This theme addresses the varied ways children in residential care setting strive to cope with their traumatic pasts and restore a sense of safety, control, and emotional equilibrium.

4.6.1 Emotional Regulation and Self-Soothing

Children admitted to residential care facilities demonstrated various forms of emotional dysregulation originating from past abuse and neglect. However, through regular caregiver support, disciplined routines, and therapeutic activities, many developed coping mechanisms such as emotional regulation and self-soothing. These were noted in the form of breathing exercises, writing, art expression, and quiet reflection in relaxing locations.

"Sometimes I still get terribly depressed, especially when I remember what occurred at home. But now, when I feel like sobbing or getting irritated, I go sit beneath the tree beside the garden and breathe slowly. I really like drawing—it lets me let the bad sensations out. Talking to other children who've been through experiences like me helps too." Participant 7

“Most children who come to us don’t know how to control their emotions well—some stay silent, others grow furious. We offer relaxing strategies like breathing, journaling, or painting to help children express feelings. We also provide quiet locations and soft toys, and some learn to ask for hugs or sit quietly with someone they trust. These tiny routines provide them a sense of security and control.” Matron

The coping narratives point to the growing internalization of emotional control abilities among children in care. The ability to detect, express, and control uncomfortable emotions indicates tremendous growth from their early experiences of emotional suppression, dread, and turmoil. Most skills were learnt through persistent, empathetic assistance from caregivers and staff members. From these accounts, the researcher discovered that emotional control and self-soothing are not just necessary for healing but are learnt behaviors that require a stable and supportive environment. Many children arrived in care with heightened fear responses, angry outbursts, or emotional disengagement. The development of coping mechanisms such as deep breathing, reflective writing, and expressive art was not spontaneous, it evolved from caregiver modelling, frequent encouragement, and the construction of emotionally safe settings. These approaches empowered children to reclaim control over their feelings and begin reconstructing a sense of safety and identity. The children’s replies imply that persistent emotional presence by caregivers is often more impactful than formal therapy alone in the earliest phases of recovery. The UN Convention on the Rights of the Child (1989, Article 39) demands states to help the healing and reintegration of children who have suffered neglect, especially through psychological care and safe environments. The findings coincide with Spinazzola et al. (2018) and Cook et al. (2021), who emphasize the relevance of trauma-informed care in helping children regulate affect and rebuild emotional resilience. Briggs et al. (2020) also note the usefulness of expressive therapies, such as journaling and painting, in alleviating emotional dysregulation in trauma-affected children. These research show that emotional regulation is not intrinsic in neglected children but must be actively taught and maintained within responsive care systems.

4.6.2 Avoidance and Withdrawal

One of the major themes that emerged among the coping strategies employed by children who were placed in residential facilities after experiencing abuse and neglect include coping mechanism of avoidance and withdrawal. The participants mentioned that they avoid the matter all together or keep to themselves.

"I believe I solved it by myself. I try to keep by myself when I am furious or afraid. Even here, occasionally I would just sit in a quiet area, say under a tree or in the library. When I'm angry, I hardly talk; I just hold it within since, at my grandmother's house, that's how I used to behave. Talking used to aggravate matters, hence I learnt to be quiet. I sometimes pen or sketch in my book. It aids in a brief forget-fullness. Using headphones, I also enjoy listening to music, it seems to transport me to another universe in which things are more peaceable. When I'm feeling lousy, I actually like to be surrounded by few people. Being by oneself seems more safe."

Participant 8

"Many children who come practice withdrawal and avoidance as the methods of coping from trauma. We provide counselling to help them open up progressively and safely. Some respond better to art or play therapy, so we employ those ways to create trust. We also teach simple emotional management strategies like deep breathing to help kids manage fear or grief without shutting down. Over time, children begin to feel safe enough to communicate and convey what they've gone through." Social Worker

At first, some of the children here are really withdrawn, especially the ones who have experienced abuse or neglect. We've seen people typically find consolation in peaceful spiritual pursuits like praying or listening to gospel music. These children start opening up through peer support just sitting near others or watching them play helps them feel less alone. These informal tactics don't compel people to chat but provide them safe space to progressively reconnect at their own pace." Probation Officer 1

These accounts highlight how avoidance and withdrawal act as protective measures for children overwhelmed by trauma. The choice for solitude, music, art, or spiritual activity shows

attempts to self-soothe and avoid further emotional trauma. While these actions may look passive, they typically represent efforts to manage internal discomfort in the absence of trust or relational safety. The researcher revealed that avoidance and withdrawal are not only symptoms of emotional detachment but adaptive reactions formed by earlier contexts where emotional expression was dangerous. Many of these children learnt that silence was a survival tactic. In care settings, their escape into solitude or quiet hobbies like journaling, painting, or listening to music provided them with a buffer zone to regulate emotions at their own speed. As a researcher, I found that rehabilitation often begins in these silent spaces where children are not compelled to speak but are gently allowed to reconnect. The adoption of informal tactics, including spiritual practices and peer proximity, promotes a low-pressure setting where emotional stability can gradually be re-established. While avoidance may initially be a survival technique, legal frameworks underline the role of the state and care institutions to provide therapeutic avenues including informal strategies that support eventual emotional connection. These findings coincide with Delaney and Leitch (2022), who claim that trauma-exposed children often resort to behavioral withdrawal as a method of emotional self-preservation. Similarly, Nilsen et al. (2019) suggest that non-verbal coping techniques like sketching or music function as early bridges to emotional recovery in children with histories of abuse. The function of organized care environments in detecting and respecting these withdrawal patterns is crucial. According to Gerson et al. (2020), safe, non-coercive surroundings help children to migrate from isolation into gradual relationship interaction. Spiritual coping, frequently disregarded, is also validated in Argument et al. (2018), which stresses the function of prayer and faith-based rituals in emotional resilience among trauma survivors.

CHAPTER 5

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

This section will summarize the full research study. It will also present an overview of the research findings on kinds of child abuse and neglect, coping methods chosen by children in residential care facilities after experiencing abuse and neglect and the effects of abuse and neglect on children in residential care facilities. Last but not least, it will also make some recommendations.

5.2 SUMMARY OF FINDINGS

The forms of abuse and neglect experienced by children in Chiredzi leading to their placement in residential care facilities

As indicated by the study, children admitted to residential care suffer from several, overlapping forms of maltreatment most notably physical abuse. Beatings with sticks or electrical cables, was a typical incident among participants and linked directly to their placement in residential care. This sort of maltreatment typically resulted in permanent physical pain, dread of adults, and emotional distress. Emotional abuse was commonly reported by participants, generally in the form of repeated insults, ridiculing, and rejection by caregivers. This sort of abuse leads to strong emotions of worthlessness, low self-esteem, and emotional withdrawal. Many children internalized the negative labels assigned to them, which damaged their sense of identity and trust in others. Sexual abuse was mentioned by some individuals, frequently involving inappropriate touching by trusted family members. The encounters left them feeling confused, ashamed, and hesitant to speak out. This sort of abuse had long-term impacts on their physical and emotional wellness, including anxiety, nightmares, and fear of being near others.

Physical neglect was regularly reported by children put in residential care. Many shared stories of not having enough food, clean clothes, or a safe place to sleep. This lack of basic care

hampered their health, growth, and capacity to attend school consistently. Before being placed in residential care, many children's lives were marked by educational neglect. Several individuals reported missing school frequently owing to unpaid fees, unavailability of uniforms, or absence of adult support at home. This led to falling behind intellectually, low self-esteem, and a sense of being excluded from prospects for a better future. Emotional neglect appeared as a common experience among participants put in residential care. Many youngsters reported feeling unwanted, disregarded, or emotionally unsupported by their caretakers. The absence of care, support, and attentive communication led to severe emotions of worthlessness, loneliness, and emotional detachment.

The effects of abuse or neglect on children in residential care facilities after experiencing abuse and neglect in Chiredzi

The findings on the effects of abuse and neglect found that children put in residential care faced a wide range of emotional, behavioral, and developmental issues. Emotionally, many expressed feelings of worthlessness, anxiety, deep despair, and loneliness, frequently arising from emotional abuse or constant rejection. Behaviorally, children showed evidence of hostility, disengagement, distrust, and trouble building good connections. These emotions were particularly significant among those who experienced neglect, as they grappled with identity confusion and low self-esteem. Physical impacts were also reported, including frequent illness, weariness, and developmental delays attributed to poor nutrition, persistent stress, or lack of healthcare. Educational neglect led to learning gaps and lack of confidence in educational environments. Overall, the data demonstrated that abuse and neglect leave long-lasting wounds that impact a child's mental well-being, social development, and sense of self.

The coping strategies adopted by children in residential care facilities after experiencing abuse and neglect in Chiredzi.

The findings on coping mechanisms demonstrated that children placed in residential care after enduring abuse and neglect often developed both internal and exterior methods to handle their emotional anguish. Internally, many youngsters turned to self-soothing practices such as

sketching, writing, deep breathing exercises, or sitting alone in calm spaces to regulate overwhelming emotions when overwhelmed. Others utilized avoidance and withdrawal as a method to feel safe, choosing to separate themselves rather than risk further injury or misunderstanding. Externally, children responded strongly to constant emotional support from caregivers and professionals, benefiting from regulated routines, counselling, spiritual advice, and peer support. These coping techniques, reinforced by increasing emotional regulation skills, helped children reestablish a sense of control, stability, and safety, while the healing process remained gradual and difficult.

5.3 CONCLUSION

The research findings indicate the complicated and deeply embedded consequences of child abuse and neglect on children put in residential care institutions. The study uncovered that these children are exposed to many sorts of abuse physical, emotional, sexual and neglect, including physical, educational, and emotional neglect. Each form of maltreatment had substantial emotional, behavioral, and developmental consequences. Children reported feelings of fear, low self-worth, despair, and mistrust, which were typically followed by withdrawal, violence, learning difficulties, and challenges in developing connections. Despite these adversities, the children also displayed resilience through diverse coping mechanisms such as emotional regulation, withdrawal, writing, praying, drawing, and peer support. These strategies helped them reestablish a sense of safety, identity, and emotional control. This resilience reveals the children 's ability to adapt and live within an environment of hardship, yet it does not eliminate the need for structured psychological care. The findings further highlighted a crucial need for trauma-informed care methods and consistent emotional support networks inside residential care facilities.

5.4 IMPLICATIONS FOR SOCIAL WORK

The findings of this study have major implications for social work practice, particularly in child protection, residential care settings, and trauma-informed therapies. Firstly, the high rates of

forms of abuse and neglect highlights the critical need for social workers to increase early detection and community level interventions. Social workers must be prepared with the abilities to spot subtle symptoms of abuse and intervene immediately, especially in circumstances when children are unable to voice their experiences. The emotional and psychological impacts identified among children such as mistrust, disengagement, violence, and low self-worth underscores the need of incorporating trauma- informed techniques into all levels of social work practice. This necessitates that practioners understand how trauma effects behavior and relationships and respond with empathy, patience and non-punitive tactics. Social work training curriculum should consequently contain extensive section on trauma, child growth and attachment theory. The research also demonstrated that children often fail to build trusting relationships owing to past betrayals. This has consequences for relationship-based social work practice, which must prioritize creating secure, consistent, and trusted partnerships over time. In institutional care setting, social workers should advocate continuation of care and train caregivers to give emotional availability and validation.

5.5 RECOMMENDATIONS

The study gives recommendations for improving the wellbeing of children in residential care facility who experienced abuse and neglect based on the research findings. The recommendations apply not only to residential institutions under review but also to other residential homes, communities, social workers, and the government

5.5.1 Recommendations for Policy Makers

- Revise and improve national child protection policies to mandate the development and funding of community-based child protection committees with authority to monitor children's safety
- Establish clear, uniform referral and reporting protocols across institutions including schools, clinics, and social agencies to ensure a timely, coordinated, and trauma-sensitive response to abuse instances.

- Support legislation that mandates reintegration services in all residential care centers, including family tracing and post-reintegration support to prevent repeated neglect or abuse.

5.5.2 Recommendations for Community Initiatives

- Launch community awareness initiatives to educate families about children's rights, non-violent parenting, and how to report abuse.
- Mobilize and teach local child protection committees to aggressively identify and respond to child welfare concerns at the grassroots level.
- Encourage community monitoring through trustworthy community members to spot neglect or abuse early, especially for orphaned or abandoned children.

5.5.3 Recommendations for Social Work Practice

- Social workers should engage with communities and institutions to establish child-friendly, confidential reporting mechanisms in schools, clinics, and centers.
- Prioritize family-based care and reintegration, with social workers assisting family tracing, counseling, and reintegration follow-ups.
- Deliver trauma-informed training to caregivers, schools, and health workers to address reports of abuse respectfully and effectively

5.5.4 Recommendations for Stakeholders (e.g., Traditional Leaders, Religious Groups, Institutions)

- Engage traditional and religious leaders in spreading child safety messaging and condemning harmful activities using culturally acceptable channels.
- Schools, clinics, and residential care institutions should set up accessible and confidential reporting mechanisms and ensure staff are trained in child safety.

- Residential institutions must increase aftercare and follow-up programs for reintegrated children, involving caregivers, extended families, and community leaders in assisting the transition.

5.6 AREA FOR FUTURE STUDY

Based on the findings of this study, further research could address the long-term consequences of children who have transitioned out of residential care after enduring abuse and neglect. While this study looks on their lived experiences in the care, very Further research could also assess the effectiveness of existing psychosocial support systems and child protection initiatives from the viewpoints of both care professionals and children. Such research would provide vital insights to improve aftercare programs, strengthen family-based alternatives, and ensure more durable assistance for child survivors of abuse and neglect. Little is known about how these children adjust socially, emotionally, and economically after reintegration into families or communities.

5.7 CHAPTER SUMMARY

This section provides a synopsis of t full study. It also provided a conclusion which was very helpful in explaining some issues to do with experiences of children who faced abuse and neglect before institutionalization. Finally, the study offers some recommendations that will help the government, policy makers, residential care facilities and other stakeholders on how to address the problems associated with children who are abused and neglected.

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APPENDIX A

INFORMED ASSENT FORM FOR PRIMARY PARTICIPANTS

Researcher: Patience Ndaneta

Contact Details: +263777501954

Email: patiendaneta@gmail.com

Title of Research: Experiences of children who were placed in residential care facilities after experiencing abuse and neglect in Chiredzi, Zimbabwe. A case study of Chiredzi Christian Children's Village.

Degree: Bachelor of Science Honours Degree in Social Work

University: Bindura University of Science Education

1.1 Procedure

If participants agree to participate in this study, participants will be part of in-depth interviews. One-on-one interaction with participants is necessary for in-depth interviews because it enables the participants to discuss their opinions on the topics posed. The interviews will be audio recorded. Only the researcher and the research supervisor can access or listen to the audios. After the researcher has verified that the transcriptions are accurate, the recorded audio will be erased. Participants' name or any other identifying information will not be included in the presentations, but transcripts of participants' interview may be copied in whole or in part for use in research presentations.

1.2 Potential risk and discomforts

The dangers connected to this research study are unclear. However, participants may face stress, psychological dangers, or other emotional issues as a result of exploring participants'

experiences. To assist them in that situation, the researcher will utilize the referral system to make sure that participants get the support that they may need.

1.3 Potential benefits of the research

Although there may not be any tangible or financial rewards for taking part in this study, participants will get knowledge about how to deal with setbacks and be informed about accessible support systems.

1.4 Confidentiality

In order to protect participant names, the researcher will code the data they collect for this study and employ pseudonyms. The names of the participants will not be used when the data is presented. Participants' information will only be accessible to the researcher and the study supervisor.

1.5 Voluntary participation

Client participation will be entirely voluntary; no one will be coerced into taking part in the study. If participants decide to stop participating in the study, there won't be any consequences. The participant is free to withdraw whenever they so desire without worry.

1.6 Permission for Participation

By signing this letter of consent, I confirm that:

I voluntarily agree to participate in this research study

1.7 Signature Page

I have read and understood the explained content from the purpose of the study to my rights as a participant and I agree to participated in this study.

Signature.....Date.....

Researcher's Name.....

Signature.....Date.....

Thank you for participating and sparing your time

APPENDIX B

INFORMED CONSENT FORM FOR KEY INFORMANTS

Researcher: Patience Ndaneta

Contact Details: +263777501954

Email: patiendaneta@gmail.com

Title of Research: Experiences of children who were placed in residential care facilities after experiencing abuse and neglect in Chiredzi, Zimbabwe. A case study of Chiredzi Christian Children's Village

Degree: Bachelor of Science Honours Degree in Social Work

University: Bindura University of Science Education

1.1 Procedure

In-depth interviews will be employed by the researcher to collect data from the individuals. One-on-one interaction with participants is necessary for in-depth interviews because it enables them to discuss their opinions on the topics posed, builds rapport with the researcher, and permits probing. The interviews will be audio recorded. Only the researcher and the research supervisor can access or listen to the audios. After the researcher has verified that the transcriptions are accurate, the recorded audio will be erased. Your name or any other identifying information will not be included in the presentations, but transcripts of your interview may be copied in whole or in part for use in research presentations.

1.2 Potential risk and discomforts

The dangers connected to this research study are unclear. However, participants may face stress, psychological dangers, or other emotional issues as a result of exploring their experiences. To assist them in that situation, the researcher will utilize the referral system.

1.3 Potential benefits of the research

Although there may not be any tangible or financial rewards for taking part in this study, participants will get knowledge about how to deal with setbacks and be informed about accessible support systems.

1.4 Confidentiality

In order to protect participant names, the researcher will code the data they collect for this study and employ pseudonyms. The names of the participants will not be used when the data is presented. Participants' information will only be accessible to the researcher and the study supervisor.

1.5 Voluntary participation

Client participation will be entirely voluntary; no one will be coerced into taking part in the study. If you decide to stop participating in the study, there won't be any consequences. The participant is free to withdraw whenever they so desire without worry.

1.6 Permission for Participation

By signing this letter of consent, I confirm that:

I voluntarily agree to participate in this research study

1.7 Signature Page

I have read and understood the content explained from the purpose of the study to my rights as a participant and I agree to participated in this study.

Signature.....Date.....

Researcher's Name.....

Signature.....Date.....

APPENDIX C

IN-DEPTH INTERVIEW GUIDE FOR PRIMARY PARTICIPANTS

My name is Patience Ndaneta I am a final year student studying for a **Bachelors of Honours Degree in Social Work** at **Bindura University of Science Education**. I am carrying out a research on “**Experiences of children who were placed in residential care facilities after experiencing abuse and neglect**”. Please may kindly respond to the following questions. (NB) Your Responses will be treated with strict confidentiality and used for academic purposes only. Thank for your Cooperation.

SECTION A-background demographic information

Demographic Information

1. Pseudonym: _____
2. Age: _____
3. Gender: _____
4. Length of stay in the residential care facility: _____
5. Previous caregiver (e.g., parent, relative, foster care, adoption, child. home):

6. Number of times placed in care (if applicable): _____

Section B. Study Questions

1. Can you tell me a little bit about yourself?
2. What was the main reason which led you coming to stay in this place?
3. Do you have other forms of abuse you face?

Coping Strategies in Residential Care

4. How did you feel when you first arrived at this home?
5. What helped you feel better or more comfortable in this facility?
6. What do you do now when you feel sad, scared, or angry?
7. How did you learn about these activities that you do when you feel sad, scared, or angry?

Effects of Abuse or Neglect on Children in Residential care facilities

8. Did you ever get sick or hurt because of what was happening at home?
9. Can you tell me about some of the feelings you had when things were not okay at home?
10. Do you sometimes feel like people don't understand you or what you've been through?
11. How do you see yourself (in your opinion what kind of person are you)?

APPENDIX D

IN-DEPTH INTERVIEW GUIDE FOR KEY INFORMANTS

My name is Precious Charlotte Chari I am a final year student studying for a **Bachelors of Honours Degree in Social Work** at **Bindura University of Science Education**. I am carrying out a research on “**Experiences of children who were placed in residential care facilities after experiencing abuse and neglect.**” Please may kindly respond to the following questions. (NB) Your Responses will be treated with strict confidentiality and used for academic purposes only. Thank for your Cooperation.

Section A-background demographic information

1. Name (optional or initials): _____
2. Gender: _____
3. Profession and Position: _____
4. Years of experience: _____

Section C. Main Questions

Forms of Abuse and Neglect Experienced

1. What types of abuse or neglect do children usually experience before they are placed here?
2. What signs or behaviors do children show that indicate past abuse or neglect?
3. How do these cases typically come to your attention or referral?

Coping Strategies in Residential Care

4. How do children generally cope with the problem or abuse or neglect after being admitted into care?
5. What kind of psychological or emotional support is provided to help them cope?

6. What informal strategies (like peer support or spiritual guidance) help children here?

Effects of Abuse or Neglect on Children in Residential care facilities

7. Based on your observations, what emotional or psychological issues do children typically present with upon admission?
8. What types of behavioral challenges are common among children with history of abuse or neglect?
9. In your experience, how has early abuse or neglect shaped their ability to form healthy relationships?
10. How would you describe the way these children see themselves?

APPENDIX E

ETHICAL APPROVAL



APPENDIX F

PLAGIARISM REPORT

NDANETA PATIENCE DISSERTATION.docx			
ORIGINALITY REPORT			
8%	4%	3%	5%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS
PRIMARY SOURCES			
1	Submitted to Midlands State University Student Paper	3%	
2	Mahuntse, Samuel Lisenga. "A Social Work Programme on the Contribution of Indigenous Knowledge Systems (IKS) to Child Protection: A Tsonga Case Study", University of Pretoria (South Africa), 2023 Publication	<1%	
3	elibrary.buse.ac.zw:8080 Internet Source	<1%	
4	Nonyana-Mokabane, Maria. "Children in Need of Care and Protection and Their Right to Family Life", University of Pretoria (South Africa), 2023 Publication	<1%	
5	Submitted to Bindura University of Science Education Student Paper	<1%	
6	www.coursehero.com Internet Source	<1%	
7	uir.unisa.ac.za Internet Source	<1%	
8	Ringson, John. "Community-Based Coping Strategies for Orphans and Vulnerable Children (OVC) in Zimbabwe", University of the Witwatersrand, Johannesburg (South Africa), 2025 Publication	<1%	
9	Spijker, Gerarda Hermina Andrea. "The Placement of Children in Need of Care and Protection : A Comparative Study Between South African Law and Dutch Law in the Light of International Standards", University of Pretoria (South Africa), 2023 Publication	<1%	