



## CHALLENGES IN COUNSELLING SEXUALLY ABUSED CHILDREN IN SELECTED VICTIM SUPPORT UNITS IN LUSAKA DISTRICT ZAMBIA

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### ABSTRACT

**Abstract:** The problem for this study emerged from the fact that little was known on the challenges faced in counselling offered to sexually abused children in Victim Support Units. The study was guided by two objectives namely: to investigate the challenges in the provision of counselling; to explore challenges faced by sexually abused children in accessing counselling. **Method:** Case study design was used. Data was collected using: interviews, focused group discussion, questionnaire and non-participant observation. The sample was drawn from 7 selected VSU in Lusaka District. It comprised of 100 participants consisting 8 were VSU supervisors, 30 were VSU counselors who were selected using purposive sampling, 31 were sexually abused children and 31 were parents/care givers who were selected and traced using purposive as well as snow ball sampling. **Findings:** The findings of this study elucidated that, in spite of VSU being given the mandate to provide counselling, it was found that there were many challenges faced in the provision and accessing counselling services. Apart from that, majority sexually abused children did not receive counselling. Furthermore, the study revealed that all categories of respondents were facing various challenges from unsuitable and inadequate rooms for counselling, lack of privacy and confidentiality during the counselling process, fear of the police by children and lack of trust in the police by some parents/care givers. The study recommended that, VSU should implement the following: child counselling training to be provided to all VSU officers, increased access to counselling facilities for children at various levels, strengthening of community sensitization programmes on CSA and enhanced partnership with key stake holders in CSA to increase accessibility of various services.

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### INTRODUCTION

In recent years, child sexual abuse has become a social problem that has received much attention internationally and locally. Cling (2004:177) adds that: ... *the issue of child sexual abuse has become a legitimate focus of professional attention and it has been absorbed into the larger field of interpersonal as well as psychological trauma studies....* The current study offers grounds for empirical optimism in addressing challenges in counselling sexually abused children. Cabinet Office (2011) affirms that, child sexual abuse is a problem that affects not only the children but also adults. The scourge of child sexual abuse has been on the increase world over, Zambia inclusive with millions of children being sexually abused every year. Haj-Yahi and Tamish (2001) have acknowledged the occurrence of Child Sexual Abuse (CSA) as a worldwide problem.

World Health Organisation (2010) reports a significant increase of CSA cases worldwide. Finkelhor (1994) confirms that, studies from a number of countries suggest that, child sexual abuse is indeed an international problem. In areas where it has been investigated, researchers have reported its existence at levels high enough to be detected. The global prevalence rate of child sexual abuse was recently estimated at 34.4% with South Africa taking the lead and Ethiopia the lowest (WHO, 2010). In Zambia, the need to offer counselling services to victims of abuse has been seen through the creation of the Zambia Police Victim Support Unit (VSU) in 1994 which became operational in 1996 (Cabinet Office, 2011; Chansonso, 2003). In spite of this significant development, there is still a gap in knowledge on various challenges faced in counselling abused children.

**Statement of the problem:** Despite the numerous efforts by the Zambia Police Service, through Victim Support Unit to strengthen its capacity in the provision of counselling services to victims of abuse, the roles of VSU officers with regard to child sexual abuse and gender based violence are too broad. Cabinet Office (2011) asserts that the roles of VSU officers in gender based violence and sexual abuse cases include arrests of perpetrators, thoroughly investigating allegations of abuse to determine if reasonable grounds exist to lay charges, respond to the survivor’s needs through counselling, referral to health facilities and provision of emergency contraception, when applicable. While these roles must have been clearly achieved, little is known about the challenges faced in counseling sexually abused children under VSU.

**Objectives of the study**

1. To investigate the challenges faced in the provision of counselling to sexually abused children;
2. To explore challenges faced in accessing counselling at VSU by sexually abused children and their families;
3. To explore the suitability of the rooms for counselling.

**Research questions**

The study sought to answer the following question:

1. What are the challenges faced in the provision of counselling to sexually abused children;
2. What are the challenges faced by sexually abused children and their families in accessing counselling at VSU?
3. How suitable are the rooms for counselling?

**METHODS**

The study employed both qualitative and quantitative methods., however, the study was biased towards qualitative approach. A case study design was used in order to explore in depth information. The universe population was drawn from Lusaka district and included: all VSU supervisors and counsellors, all sexually abused children and their parents/care givers who reported the cases to VSU.

**Table 1. Distribution of respondents by gender**

Gender	VSU supervisors	VSU counsellors	Parents	Children	Frequency
Male	6	9	5		20
Female	2	21	26	31	80
Total	8	30	31	31	100

**Sampling and Data collection:** Purposive sampling and snow ball were used to select participants. Data collection instruments included questionnaires for VSU officers, Interview guide for children and parents/care givers, focus group discussion conducted with parents and VSU counsellors and non-participant observations.

**Ethical considerations:** The was approved by University of Zambia and Ministry of Health Ethics Committee. All study participants gave informed consent prior to participation and confidentiality of all data was maintained.

**Data Analysis:** Qualitative data was analysed by categorising it into common themes.

**FINDINGS**

This study sought to find out the challenges faced in the provision of counselling to sexually abused children in selected victim support units in Lusaka District, Zambia. The findings were presented according to the themes derived from research questions and data collection instruments. The following were research questions that the study sought to answer

1. What are the challenges faced in the provision of counselling to sexually abused children;
2. What are the challenges faced by sexually abused children in accessing counselling at VSU?
3. How suitable are the rooms for counselling?

**On challenges associated with the provision of counselling service to sexually abused children, the following subthemes emerged:**

<b>lack of trust in the Police and fear of disclosure</b>
lack of child friendly environment for counselling gin some units, lack of appropriate guidelines on counselling children, limited staff resulting in work over load and clients waiting for a long time in order to be attended to children fear the police,
Lack of parental consent during counselling
lack of counselling rooms in some stations,
Lack of transport to make follow ups, children rarely receive follow up counselling
insufficient trained counsellors in child counselling
Insufficient counselling materials to use as reference materials
Inadequate training in counselling
lack of support from the family especially if the perpetrator is a close family member
lack of privacy when counselling children due to inadequate counselling rooms

**Challenges faced by children in accessing counselling at VSU, the following common responses emerged:**

<b>Children taking long to receive counselling or sometimes provision of counselling is delayed</b>
Children being interviewed by a male police officer
Children not given inadequate time to explain during disclosure
Lack of privacy during counselling
Children were being interviewed by more than one person
<b>Children were fearing uniformed police officers at the police station</b>

<b>Narratives from some sexually abused children</b>
A 16 year old girl complained that: <i>I did not feel good to be interviewed in presence of others. I felt bad and embarrassed that so many people were hearing what happened to me. During the interview, I was not even given a chair where to seat and more than one police officer was asking me questions.</i>
Another 14 year old girl had this to say: <i>“I was scared to talk to the man at the police station. The man who was talking to me at the police station was harsh on me and he did not give me time to explain what happened.”</i>

**Common responses from the parents on challenges faced in accessing counselling**

<b>Lack of privacy during counseling</b>
Lack of disclosure by the children when the case is reported to the police
Lack of follow ups by Police officers
sometimes parents are not actively involved in the counseling process
Police environment not suitable/conducive place for counseling especially children
Interference by some police officers
Children being counselled by the same gender of the perpetrator
Lack of commitment by police officers
Sometimes the process is too long

## DISCUSSION

The study revealed various challenges faced by VSU officers, parents/care givers and children in providing and accessing counselling at VSU. The findings from the children also revealed that, children were either interviewed by more than one officer or in the presence of other people in the office, lack of privacy and children were not given time to explain and that, children were rushed during the interview. Some of the challenges also included, lack of trained counsellors in child counselling, lack of counselling rooms, lack of counselling materials to use as reference materials, (to assist child disclosure), lack of support from the family especially if the perpetrator is a close family member. Mooto's (2012) study which revealed that, counselling services for abused children were not widely available due to service providers having large case loads, inadequate counselling rooms and lack of cooperation from some family members of the victims which affected the provision of counselling services to sexually abused children. Despite the abuse, sexually abused children have rights to treatment in a counselling relationship characterized by dignity and respect. Victim Support Agency (2011) also found that participants were facing various problems in accessing counselling such as: the process of obtaining counselling was particularly difficult, too long or complex. Another problem was that participants felt their counsellors were just listening and talking without offering any insight or solutions. Participants did not feel comfortable with their counsellors, they felt that there was no rapport or could not relate to them.

Lievore (2003) cited barriers at the justice system to include: believing that the Police would not do anything about the case and would not think the case was serious enough; victims fear of not being believed or treated with hostility; fear of the police and/or the legal process; not knowing how to report; and doubt that the justice system would provide redress. Crime Prevention & Justice Assistance Division (2000) (2000) reports that, victims who were sexually abused by the person known to them were unlikely to define sexual abuse as a crime or feel less confident that the police and others would believe them and less likely to report to the police and more likely to delay seeking services. A study conducted by UNICEF (2001) reported challenges in disclosing sexual abuse. It was established that victims of child sexual abuse frequently did not report what had happened to them because they feared that they would not be believed or feared that if they disclosed the abuse it can bring shame in the family, especially if the perpetrator was a member of the family. Research further suggests that the major reasons for lack of disclosure were: fear of consequences, self-blame, lack of awareness, and difficulty in talking about the abuse. Yet another reason for victims not disclosing is because of a lack of, or a perceived lack of, social support (Fieldman & Crespi, 2002; Palmer et al., 1999).

Lack of disclosure is common to victims of CSA. Child sexual abuse remains largely hidden with many victims waiting years before telling anyone. Research by Radford (2011) revealed similar findings that, one in three children who have been sexually abused do not report it at the time. Victims of sexual abuse can be reluctant to tell anyone because their abuser may have told them that they would not be believed. The results of the study further indicated that some units had no counselling rooms or rooms that could be used for counselling without

disturbances. Chansonso (2003) notes that the work place at the police station upon which counselling is undertaken coupled with poor interview rooms in some cases are factors that defeat the importance of a counselling relationship. National HIV/AIDS Council (2011: 5) clearly states that: "...every child has a right to have his/her privacy respected." Confidentiality in counselling demands contacts, discussions and information disclosed by the client to be kept as a secret in order to facilitate positive interactions during the counselling session. (ZCC, 2006; Makinde, 1984; and Lakin, 1988) The current research findings showed that, some children and parents were not satisfied about the way the police handled their cases of child sexual abuse. This scenario is not only common in Zambia but also in other countries. Plan-Ghana (2009) conducted a study on child sexual abuse in schools. Some of the findings revealed that, 14 % of respondents who reported the cases of Child Sexual Abuse to the school authorities were not satisfied with the way the cases were handled because, the schools did not have or follow a clear and consistent grievance mechanism in addressing sexual abuse cases.

Negative reaction from service providers has a profound impact on the psychological wellbeing of children and can hinder disclosure of the abuse by the victim. Astbury, (2006). states that negative social reactions to disclosure have been found to be harmful to survivors of sexual abuse wellbeing. Ullman further elaborates that children who received unpleasant reaction from the first person they disclosed the abuse to, had worse scores as adults on general trauma symptoms, post traumatic disorder symptoms and dissociation. Roesler (1994) also reports a similar study on negative social reaction after disclosure that, in most cases, when children did disclose abuse, if the person they talked to did not respond effectively, blamed or rejected the child, and took little or no action to stop the abuse, indicated emotional and psychological disturbance which can remain a risk factor for its psychological consequences. Rujumba et al. (2010) reports challenges faced by health workers in providing HIV counselling in Uganda. The study reveals that, children were unable to express themselves, they were rushed during the counselling process, health workers lacked patience, they were not well trained and were constrained by time to respond to the needs of the children during the counselling process.

## Conclusion

The study revealed various challenges faced in the provision of counselling to sexually abused children. Under reporting and delay in reporting cases of child sexual abuse poses a challenge in providing effective counselling to sexually abused children. Child sexual abuse is reported to police in many cases after seeing signs and symptoms of abuse in the child. Apart from that, the psycho social services provided are not effective enough to prevent psychological harm to the child. It can be inferred that Child Sexual Abuse is addressed from the medical-legal perspective and rarely address therapeutic treatments to provide for the emotional and psychological needs of the child as well as the family. The legislation, policy framework and guidelines on how to deal with child sexual abuse and gender based violence in general is clearly stipulated in the national guidelines for the multidisciplinary management of survivors of gender based violence in Zambia by cabinet office. However, due to many challenges that service providers are facing, it is very difficult to implement

all psycho social services advocated for children who are sexually abused. There is need to provide effective counselling services to these vulnerable children because what children disclose after the abuse is just the tip of an ice berg most of the psychological effects are hidden in the unconscious. Service providers should always remember that, the psychological well-being of the child can help to secure convictions when the case is taken to the courts of law, thus bringing the perpetrators of child sexual abuse to book.

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