

**THE NATURE OF COUNSELLING OFFERED TO SEXUALLY ABUSED
CHILDREN IN SELECTED VICTIM SUPPORT UNITS IN LUSAKA DISTRICT,
ZAMBIA**

BY

MATAFWALI MARIEN

**UNIVERSITY OF ZAMBIA
LUSAKA
2016**

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**A DISSERTATION SUBMITTED TO THE UNIVERSITY OF ZAMBIA IN
PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF
THE DEGREE OF MASTER OF EDUCATION IN EDUCATIONAL
PSYCHOLOGY**

**THE UNIVERSITY OF ZAMBIA
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2016**

DEDICATION

I dedicate this work to my beloved late mother, Prisca Mubanga LubiloChakolwa, although she is gone, my mother will always be the source of inspiration in life. I also dedicate this work to my beloved children Mwewa, Mubamga, Musunga and Natasha. Their sacrifice and support during my studies gave me the strength to work hard.

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AUTHOR'S DECLARATION

I, Marien Matafwali hereby declare that the work presented in this dissertation entitled: The Nature of Counselling Offered to Sexually Abused Children in Selected Victim Support Units in Lusaka District Zambia, is purely my own work, effort and that it has not been previously submitted to any other institution for the award of a Master degree. All the works that are not my work have been acknowledged.

Signature of author.....

Date.....

Signature of supervisor.....

Date.....

CERTIFICATE OF APPROVAL

The University of Zambia approved this dissertation of Marien Matafwali as fulfilling part of the requirements for the award of the degree of Master of Education in Educational Psychology.

Examiners signatures

Signed: Date:

Signed: Date:

Signed: Date:

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My sincere gratitude goes to my respondents: VSU supervisors and counsellors, the parents of sexually abused children and the sexually abused children in all the stations where the research was conducted, members of staff at UTH centre of excellence –one stop centre for sexually abused children.

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ABSTRACT

The problem for this study emerged from the fact that little was known on the nature of counselling offered to sexually abused children in Victim Support Units. The study therefore, focused on four objectives namely: to investigate the nature of counselling services offered to sexually abused children, explore the level of training in counselling of VSU officers, determine the benefits of counselling to sexually abused children and, to investigate the challenges faced in the provision of counselling. Both qualitative and quantitative methods were used. A case study design was employed. Data was collected using: interviews, focused group discussion, questionnaire and non- participant observations. The sample comprised of 100 participants: 8 were VSU supervisors, 30 VSU counselors who were purposively selected, 31 sexually abused children and 31 parents/care givers who were selected and traced using purposive as well as snow ball sampling.

The findings of this study elucidated that, in spite of VSU being given the mandate to provide counselling to sexually abused children, majority of sexually abused children did not receive counselling. The level of professional training in counselling of VSU officers was found to be inadequate, majority (24) of VSU counsellors had only certificates of attendance which were awarded to them after attending workshops. Furthermore, the study revealed that all categories of respondents were facing various challenges which included unsuitable and inadequate rooms for counselling, children being counselled in the presence of other people, fear of the police by children and lack of trust in the police by some parents/care givers.

The study recommended that, the Zambia Police through VSU should implement the following: child counselling training to be provided to all VSU officers, increased access to counselling facilities and psycho-social services for children, 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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LIST OF ACRONYMS AND ABBREVIATIONS

- AIDS: Acquired Immune Deficiency Syndrome
- APA: American Psychology Association
- CSA: Child Sexual Abuse
- CRC: Convention on the Rights of the Child
- HIV: Human Immune Virus
- GBV: Gender Based Violence
- MOH: Ministry of Health
- NAC: National AIDS Council
- PEP: Post Exposure Prophylaxis
- SAT: Southern Africa Trust
- STI: Sexually Transmitted Infection
- SSA: Sub-Sahara Africa
- SC: Save the Children
- UN: United Nations
- UNICEF: United Nations International Children's Emergency Fund
- UTH: University Teaching Hospital
- UNZA: University of Zambia
- VSU: Victim Support Unit
- WHO: World Health Organization
- YWCA: Young Women Christian Association
- ZCC: Zambia Counselling Council
- ZP: Zambia Police

CHAPTER ONE

1.0 INTRODUCTION

This chapter presents the back ground to the study. The chapter further highlights the prevalence rate of Child Sexual Abuse (CSA), effects of CSA, measures taken to combat CSA, statement of the problem, purpose of the study, research objectives, research questions, significance of the study, definition of terms and theoretical framework.

1.1 Background

The study focused on the nature of counselling services offered to sexually abused children in selected Victim Support Units in Lusaka District of Zambia. Although children have a right to protection, some of them have been subjected to various forms of abuse ranging from physical to emotional abuse. Extensive research has demonstrated that among the most commonly reported forms of abuse involving children is sexual abuse (Mathwes, 2009).

In recent years, child sexual abuse has become a social problem that has received much attention internationally and locally. Cling (2004:177 cited in WHO;2010) 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....* For example, the current study offers grounds for empirical optimism in addressing child sexual abuse problem that has affected the children and adults globally. 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 yea. Haj-Yahi and Tamish (2001) have acknowledged the occurrence of Child Sexual Abuse (CSA) as a worldwide problem. Cabinet Office (2011) & World Health Organisation (2010) have reported a significant increase of CSA cases worldwide. Finkelhor (1994) reports 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 demonstrated its existence at levels high enough to be detected.

1.1.2 Prevalence of child sexual abuse

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). Research on the occurrence of child sexual abuse by Fieldman & Crespi (2002) reports that one in four girls and one in ten boys is a victim of CSA .Lampe (2002) reviewed European studies conducted in Germany, Switzerland, Great Britain, France, Sweden, Austria, Belgium, Denmark, Finland, the Netherlands and Spain. Prevalence rates in these countries were found to be from 6% to 16% in girls and 1% to 15% in boys under the age 16. Pereda, et al. (2009), conducted a meta-analysis of 65 child sexual abuse prevalence studies from 22 countries. The study revealed that 7.9% of boys and 19.7% of girls had been subjected to some form of sexual abuse before the age of 18. Of great significance in this analysis was the finding that the highest prevalence rates for child sexual abuse (34.4%) were reported in Africa (Morocco, Tanzania, South Africa) while Europe had the lowest prevalence rates (9.2%). America and Asia had prevalence rates between 10.1% and 23.9% respectively.

Chomba, et al. (2010) asserts that, the prevalence of child sexual abuse in Sub Sahara Africa (SSA) is similar to other countries across the world. Research on the prevalence rate of child sexual abuse in Sub Sahara Africa is limited and mostly confined to countries like South Africa (Ennew, Gopal, Heeran& Montgomery, 1996 cited in Lalor2002). It is imperative to note that, in spite of limited literature on CSA in Sub-Saharan Africa, one can not dispute the existence of this scourge in the region. Mathews (2009) confirms that in South Africa, child sexual abuse statistics shows that, one in six of all reported chronic sexual abuse cases is a girl under the age of 12 years.

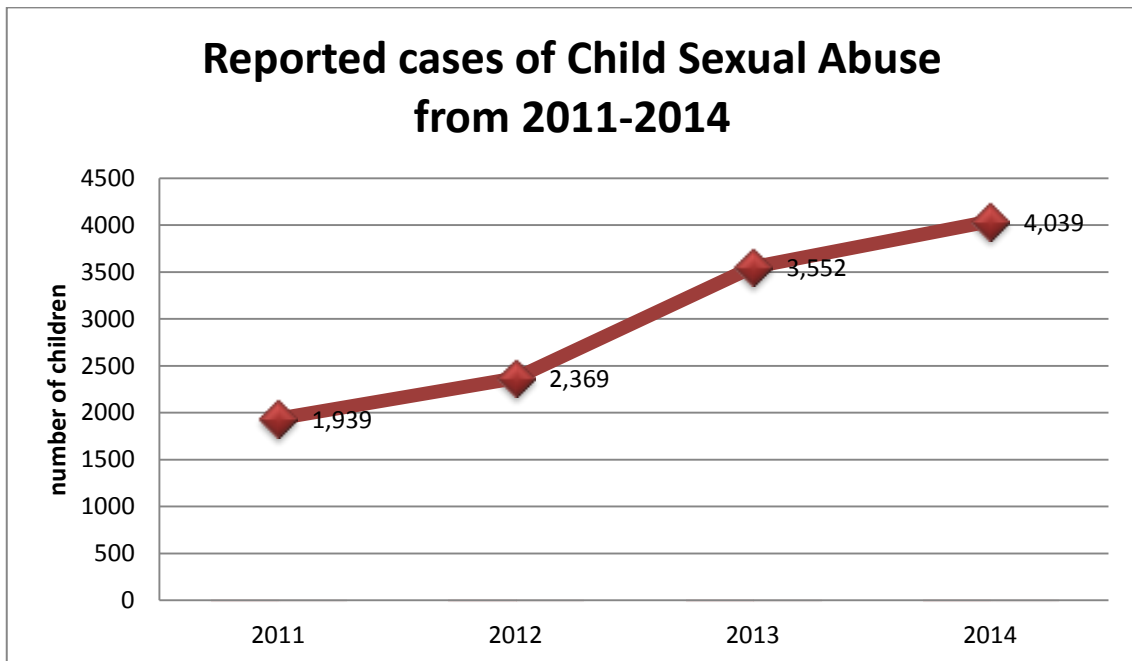
Most of the prevalence depends on cross-sectional study design, mainly involving survey school children about their experience of CSA. In a review of child sexual abuse in Sub Sahara Africa (SSA), evidence is represented that between 3.2% and 7.1% of all respondents reported unwanted or forced sexual intercourse before the age of 18 years (Lalor: 2002; LAVOR et al. in Chomba et al., 2010). In South Africa, a 2009 survey by the country's Medical Research Council found that one in four men admitted to raping

someone and 62% of the boys aged over 11 years responded that forcing someone to have sex was not an act of violence (Laccino, 2014). Furthermore, Waestcott (1984) cited in Lalor (2004) in one of the earliest studies on child sexual abuse conducted in South Africa, reported 18 cases seen at the Red Cross War Memorial children's hospital in Cape Town over a period of six months in 1982. CSA victims were aged from 2 to 12 years old. The results of the study revealed that majority of the victims were female (80%) and that in over half of the cases the perpetrator was a relative, a neighbour or a friend of the family. Another study in South Africa was conducted by Jewkes, Levin, Mbananga, & Bradshaw (2002) cited in Chomba et al (2010). The study involved 11,735 women aged between 15 and 49 years. The participants were surveyed about their history of rape in childhood. The results showed that out of the total population of the respondents, 1.6% reported having unwanted sexual intercourse prior to the age of 15 years of age, 85% of child rape cases happened between the age of 10 and 14 years and 15% between the age of 5 and 9 years. From these findings, it can be seen that there was a high occurrence of CSA in South Africa.

In Zimbabwe, CSA studies show that, among unmarried sexually active youths, 52.2% had experienced forced sexual intercourse at least one time and 37.4% of the first sexual intercourse was forced on them (Chomba et al., 2010). In Malawi, Lena (1997) states that 20 cases of child sexual abuse were reported at the department of Obstetrics and Gynaecology, University of Malawi between 1995 and 1997. Half of the victims were less than 10 years old. These cases of CSA in Malawi as Lena (1997) further notes that were under reported. The reported cases are estimated to be merely the tip of the iceberg, and were reported as a result of the victim's serious physical injury.

In Zambia, according to UNICEF (2001), it is alleged that, majority of children who are sexually abused are female/girls. The evidence suggests that female children are more at risk of sexual abuse, with 72% of female children experiencing this form of abuse compared with 28% of males. Zambia Police Victim Support Unit annual reports show a steady increase in cases of CSA from 1,939 cases in 2011 to 4,039 cases in 2014 as presented in a line chart below.

Line chart 1.1.



Line chart 1.1 above shows reported cases of child sexual abuse between 2011 and 2014.

(Source: Zambia Police 2011-2014 Annual Reports)

It can be inferred from these statistics that, children are at high risk of being sexually abused. The vulnerability of girls and females in South Africa and in other African countries as well is attributed to gender inequality and male dominance. The male dominance or chauvinism promotes notions of male sexual entitlement and ultimately leads to sexual abuse without fear of the consequences of committing the crime (Mathews, 2009).

1.1.3 Effects of child sexual abuse

Child sexual abuse has a profound impact on the physical and mental health of its victims. The psychological and health effects of child sexual abuse cannot be under scored. The effects can either be short or long term consequences (WHO,2002). The health effects may include unexplained body pain, smelling or irritation of the private parts (genital or anal area), HIV infection, STIs, difficulty in walking, stomach aches,

unwanted pregnancy, unsafe abortion and various reproductive health consequences (Clark, Bruce & Dude, 2006; Mugawe & Powell, 2006; Neelofur-Khan, 2007). Moreover, as a result of trauma, survivors of sexual abuse are at risk of the following signs and symptoms:

1. feelings of guilt and shame;
2. uncontrollable emotions, such as fear, anger, anxiety;
3. suicidal thoughts or attempts;
4. numbness;
5. substance abuse;
6. sexual dysfunction;
7. medically unexplained somatic complaints and ;
8. social withdrawal.

(Cabinet Office, 2011: p 81)

Psychological or mental effects can be divided into two categories. These are: long term and short term effects. Southern Africa Trust (2001) outlines the short- term effects to include: mood changes, worrying thoughts, anger, feelings of powerlessness, fear, increased anxiety, night mares, difficulty in concentrating, flash backs of the events, frequent vigilance of one's environment for fear of confronting the abuser. Long term effects include: difficulty with trust and intimacy relationships, depression, chronic or severe anxiety, post trauma stress disorder (PTSD), high incidence of re-victimised in adulthood by sexual assault, battery or both. Edgerworth & Carr (2000) in Hebert (2003) assert that, the estimates of the numbers of people suffering from long term effects of CSA vary from study to study. About 20% of children who are sexually abused suffer from long term effects in adulthood.

Scalter (1995) observes that, childhood sexual abuse can destroy the child's view of the world as he/she grows up. The trauma makes the child to live in fear. For example, they fear that dangerous events happen in the world and that the environment is not safe for them. This shatters the sense of safety for abused children and ultimately changes the survivor of child sexual abuse perceptions of the world. Sometimes, it can be perceived as evil at its worst. Fimelhor (1986) also adds that, a major effect of CSA is traumatic

sexualisation a process in which a child's sexuality, both feelings and sexual activities, are shaped in a developmentally inappropriate and inter personality dysfunctional way. This can have a long lasting impact in adulthood. Longitudinal studies have shown that women who had experienced child sexual abuse, physical or emotional abuse in childhood are at risk of acquiring HIV and the impact on emotional or mental health of children can be severe and pervasive (Jewkes et al., 2010).

Similarly, the National Society for the Prevention of Cruelty to Children-United Kingdom Research Report (2011) found declining rates of sexual abuse in children under 16 years old by 5%, however, health consequences for sexually abused children and young people were found to be quite devastating. The research reveals that, sexually abused adolescents were at risk of on-going health problems such as chronic pelvic pain and gynaecological problems. Clark et al. (2006), assert that sexual abuse in children and young people is associated with mental ill health including self-harm and depression, which may continue into adulthood; abused children are more prone to sexually transmitted infections, increased risk of homelessness, which may result in risk-taking behaviours and increased vulnerability, risk of suicide doubles for abused young people when they reach their late twenties.

1.1.5 Measures taken to combat Child Sexual Abuse

Mathews (2009) suggests that, in order to help the sexually abused child to overcome both the psychological and health effects of abuse, counselling should be provided to the child just as well as medical treatment. Therefore, in the process of combating child sexual abuse, the role of counselling provided to the sexually abused child is of paramount importance not only to the child but also to the wellbeing of society. It is imperative to mention that, prevention and therapeutic services for victims of sexual abuse remains a challenge. Chomba et al. (2010), report that, in 2003, a pilot study was conducted at the University Teaching Hospital (UTH) in Lusaka to investigate the feasibility of giving Post Exposure Prophylaxis (PEP) to sexually abused children in Zambia. The study was conducted within the Department of Obstetrics and Gynaecology. The study revealed that, 23% of eligible children were able to complete a 28-day course of PEP after being sexually abused. Before this study was conducted,

Chomba et al. (2010), further confirm that, there was a lack of awareness of child sexual abuse and a lack of recognition of child sexual abuse cases. No specific points of service for child sexual abuse were available, there were no procedures to follow for how to address the needs of victims of child sexual abuse and there was poor or no coordination between the various professionals involved in the management of sexually abused children.

At the global level and national front, a number of strategies have been put in place to address child sexual abuse. At the global level, response to child sexual abuse has been guided by the UN Convention on the Rights of the Child and a national systematic framework that includes legal and policy framework (UNICEF,2001; Munsaka & Matafwali, 2013).The Ministry of Sports, Youth and Child development National Child Policy (2006) stipulates measures meant to protect children from sexual exploitation and abuse as one of the objectives on child sexual exploitation and abuse. The policy proposed the following measures that will help combat child sexual exploitation and abuse: refining and harmonizing the legal system where the statutory and customary issues on early marriages are concerned; introducing appropriate measures to prevent the child sexual exploitation and abuse through advocacy and promotion of children's rights and reinforcing the laws that protect the child; providing sustainable poverty reduction income generating programmes that will ultimately discourage habits that promote HIV and AIDS infections and sexual abuse; and implementing interventions that will prevent child prostitution(Ministry of Sport, Youth and Child Development, Zambia, 2006). It can be stated that, even if this policy focused on protecting children from sexual exploitation and abuse, the issue of counselling or psycho social support was not appropriately emphasised. The policy focused more on legal frame work and poverty reduction as measures that can help to mitigate child sexual exploitation and abuse.

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 all Police stations countrywide in 1994 which became operational in 1996 (Cabinet Office, 2011).The Police victim Support Unit was introduced under the umbrella of community

services directorate of the Zambia Police Service. The Zambia Police (2014: 2) outlined the following specific objectives for the VSU:

1. to ensure effective prevention and prosecution of crimes against women, children and the elderly;
2. to ensure effective investigations of crimes against women, children and the elderly and;
3. to ensure excellence in service delivery through counselling to the victims of family domestic violence and creating awareness of crimes against women, children and the elderly.

In spite of Victim Support Unit making significant efforts in the provision of quality services to sexually abused children, the access and provision of counselling services still remains a challenge (Chansonso, 2003). The role of Victim Support officers in child abuse cases is crucial and cannot be over emphasized. The case of Child Sexual Abuse is first reported to victim support unit at any police station before the child is referred to the hospital or health centre for medical examination. When the case is taken to court, Victim support unit officers are involved until the end of the case in the courts of law. This implies that, the role of VSU officers in the provision of counselling is of paramount importance (chansonso, 2003). Thus, the current study on counselling offered to sexually abused children in selected Zambia Police VSU in Lusaka District provide perspectives on the need for psychological treatment of survivors of CSA, prevention activities and future research.

1.2 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 to victims of gender based violence, the roles of VSU officers with regard to child sexual abuse 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 nature of counseling services offered to sexually abused children under VSU. The current study therefore sought to explore the nature of counselling services offered to sexually abused children in selected VSU in Lusaka District, Zambia.

1.3 Purpose of the study

The purpose of the study was to investigate the nature of counselling services offered to sexually abused children in selected Victim Support Units in Lusaka District.

1.4 Objectives of the study

The current study was guided by the following research objectives:

1. to investigate the nature of counselling services offered to sexually abused children;
2. to explore the level of training in counselling of VSU officers;
3. to determine the benefits of counselling to sexually abused children and;
4. to investigate the challenges faced in the provision of counselling services.

1.5 Research questions

The study sought to answer the following questions:

1. what is the nature of counselling offered to the sexually abused children?
2. What is the level of training in counselling of VSU officers?
3. What are the benefits of counselling to sexually abused children? And;
4. What challenges faced in the provision of counselling services?

1.6 Significance of the study

It is hoped that the results from this study would shed more light and provide relevant information to sexually abused children, their families, Police officers, stake holders and members of the public on the nature of counselling services offered to sexually abused children and victims of crime in general.

The findings of the study may be used as an advocacy to introduce a counseling course in all Zambia Police training institutions in order to equip all police officers with counseling skills to help them handle victims of crime professionally.

1.7 Delimitations of the study

The research was conducted in Lusaka District and only covered five victim support units. The sample was 100 participants and these included VSU supervisors, VSU officers/counsellors, sexually abused children and their parents/care givers. Lusaka District was selected because it had the largest numbers of VSU and had highest cases of child sexual abuse than any other District throughout the country.

1.8 Theoretical frame work

The study was guided by client centred theory. Weiten (2004) and Margot (2002) postulate that the client centred theory is a humanistic theory and it was propounded by Carl Rodgers. The theory explains the relationship between the counsellor and the client. The relationship is less authoritarian, it creates an environment of empathy, non-judgemental and unconditional acceptance. Client centred approach can help the child to overcome the effects of abuse.

Client centred theory stresses the subjective nature of the self- concept. Weiten (2004) observes that, Rodgers viewed personality structure in terms of just one construct called the self, which is more widely known as the self -concept. Self- concept refers to a collection of beliefs about one's own nature, unique qualities and typical behaviour. In other words, self-concept is an individual's mental picture about themselves, how they view themselves, who they are and their personal characteristics. An individual's self -concept may not be entirely compatible with their experiences. Moreover, in terms of personality development, Rodgers was concerned with childhood experiences that promote congruence or incongruence. Weiten (2004: 498) defines incongruence as "...the degree of disparity between one's self-concept and one's actual experience....." One is said to be congruent, if their self-concept is reasonably accurate. According to Rodgers (1961), people have the strong need for affection, love and acceptance from others.

Lowe (1988), explains that the client centred theory proposes that, experiences that threaten people's personal views of themselves are the principle cause of troublesome anxiety. Therefore, children who are sexually abused as reported by Chansoso(2003),

experience incongruence, distorted self -image and mistrust the love, affection and acceptance from others especially those who are abused by close family members or people close to them. Rodgers theorized that, if individuals grow up believing that affection from others is highly conditional, they tend to distort their experiences in order to feel worthy and acceptable by others (Weiten, 2004).

Weiten (2004) & Fuster (1988) outlined the qualities of a helping relationship based on client centred theory to include: empathy, unconditional positive regard, acceptance and genuineness. Empathy refers to feeling for the client. The counsellor understands the client's feelings and experiences and interprets them from the client's point of view. Lowe (1988) describes empathy as the process through the reflection of conveyed feelings, the helper reassures the youngster that she is not alone, and that a genuine attempt is being made to share feelings. Congruence is the balance between the self and reality or expectations. The counsellor is said to be congruent in a therapeutic relationship and the client is incongruent. Unconditional acceptance means that the counsellor genuinely accepts the client regardless of their condition, background or physical appearance (Weiten, 2004; Rodgers, 1986). The counselling process is a non-directive approach centred on the emotional aspects of a problem rather than on the client's intellectual or pathological aspect (Rodgers 1939, cited in Weiten, 2004). Genuineness as a quality in a helping relationship demonstrates that, the counsellor is more of a caring person, compassionate person than an official or authoritative role. These qualities will help the client to develop feelings of independence, sense of responsibility and even control over their affairs (Lowe,1988).

One can easily understand that these conditions of a therapeutic relationship can provide a conducive counselling atmosphere where the sexually abused child will feel accepted, respected and trustworthy. Thus the client can feel free to express her/himself and share their feelings, thoughts and emotions with the counsellor. Apart from that, client centred counselling main focus is to enable the client to rediscover the meaning of their life, their dignity and self-esteem in order to help them discover the best direction to take and to identify, if possible, their own solutions (Fuster, 1988). Rodgers (1939) in Weiten (2004) states that, client-centred approach holds that in order for vulnerable or anxious people to

grow psychologically, they must come in contact with a therapist who is congruent and whom they perceive as providing an atmosphere of unconditional acceptance and accurate empathy. Fuster (1988) summarised the theory into six necessary and sufficient conditions of therapeutic process. These are:

1. psychological contact between counsellor and counselee;
2. the counselee is in a state of incongruence;
3. the counsellor is integrated in the counselling relationship;
4. the counsellor experiences unconditional positive regard for the counselee;
5. the counsellor experiences an empathetic understanding of the counselee's internal frame of reference and;
6. the counsellor communicates to the counselee his/her empathetic understanding and unconditional positive regard at least to a minimal degree, (Fuster, 1988: 23)

1.9 Operational definitions

Theobald (1991) cited in Phiri (2015: 6) affirms that “the terms in this section should be terms directly related to your research that will be used by you throughout the research. It is up to you a researcher, to define each term as you want the reader to know that term. Thus, below are the meanings of the words or terms used in this study:

Child: is a person aged from zero to 16 years.

Abuse: is any wilful act that harms the physical or emotional wellbeing of a person

Child sexual abuse: is an unlawful act that includes sexual contact with the child, with or without consent.

Nature of counselling: In this study, nature of counselling refers to the types of counselling, how counselling is conducted and the counselling environment.

Counselling: Is an interactive professional helping relationship between the counsellor and the client/counselee which aims at helping the client understand him/herself.

Services: The provision of a need to someone.

Victim Support Unit: in Zambia, it is a unit under the Zambia police service designed to help victims of crime by offering services to victims of crime. For example, counselling, sensitization of human rights, protection of vulnerable people in society, give guidance to victims of crime through the process from police to the courts of law or hospital in case of an injury,

Zambia Police: It is a Zambian government institution or law enforcement agency mandated to maintain law and order in the nation.

1.10 Organisation of Dissertation

Chapter One: presents the background of this study, statement of the problem, purpose of the study, research objectives, research questions, significance of the study, delimitations of the study, operational definitions of terms used in this study, theoretical framework and ends with summary of the chapter.

Chapter Two: provides a review of related literature to this study. It explains the nature and forms of child sexual abuse, historical background of counselling, history of counselling abused children in Zambia, the nature of counselling, types of counselling, counselling environment, the level of professional training in counselling, benefits of counselling, challenges in the provision of counselling to sexually abused children and identified gaps and justification.

Chapter Three: is a presentation of the methodology that was used for this study. It shows the research design adopted for this study, population, sample size, data collection method and instruments used, data analysis and ethical considerations.

Chapter Four: presents the findings of the current study. The findings are presented using research questions.

Chapter Five: is the discussion of findings and this is done using research objectives.

Chapter 6 presents the conclusion of this study and recommendations made. This chapter is followed by references and appendices.

1.11 Summary

This chapter focused on the background information for this study. What seems to be a common scenario in many countries worldwide referred to this chapter is that, there is a significant increase in the number of CSA cases. This chapter further focused on the statement of the problem, research objectives and questions, limitations of the study, delimitations and theoretical framework. The next chapter is the review of related literature.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The previous chapter looked at the background of the study. This chapter focuses on the literature review relating to the current study according to themes and specific objectives. Literature has been presented according to the following themes: Nature and forms of child sexual abuse, historical background of counselling, history of counselling abused children in Zambia, nature of counselling, the level of professional qualifications of counsellors, benefits of counselling to sexually abused children and challenges faced in the provision of counselling. The last part of this chapter discusses gaps in knowledge and justification of why it was important to conduct the current study.

2.1.0 Nature and forms of child sexual abuse

In order to contextualise the literature, different definitions of child sexual abuse are pertinent to this study. Various countries, organisations and institutions have defined CSA differently. WHO (2002:149) defines child sexual abuse as:

...any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or act to traffic, or otherwise direct against women's sexuality, using coercion (such as psychological intimidation, physical thoughts or threats of harm) by a person regardless of personal relationship to the victim, in any setting including, but not limited to home and work setting. ...

The council of Europe defines child sexual Abuse as:

engaging in sexual activities with the child who according to the relevant provisions of national law, has not reached the legal age for sexual activities.(this does not apply to consensual activities between minors) and engaging in child sex activities with a child where, use is made of force, coercion , or threats, or abuse is made of a recognised position of trust, authority or influence over the child, including within the family; or abuse is made of a particularly vulnerable situation of the child, notably because of a mental or physical disability or a

situation of dependence (Article 18, Council of Europe Convention on the protection of children against sexual exploitation and sexual abuse: 201)

APA (1999) define child sexual abuse as contacts between a child and an adult or other person significantly older or in a position of power or control over the child, where the child is being used for sexual stimulation of the adult or other person.

The statutory guidance for England, working together to safeguard children, states that sexual abuse:

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children (HM Government, 2015: 93).

When comparing the definitions of CSA, there are three key components to note. These are; age, specificity of behaviour and the consent. Age is a very important component of the definition of CSA. Article one of the United Nations Convention on the rights of the child defines a child as any person under the age of 18 years. It is important to note that, the age of consent to sexual behaviour differs from country to country. In Zambia, the legal definition of defilement according to Daka (2003: 42) is “any person who unlawfully and carnally knows any girl under the age of sixteen years is guilty of a felony and is liable to imprisonment for life.” From this definition, it can be noted that having sex with a girl below sixteen years is illegal. The consent of the child to any sexual act is considered to be immaterial or not important by many definitions of CSA. As Daka (2003) further explains, the law in Zambia on CSA or defilement considers the child or girls less than sixteen years to be incapable of making

independent decisions of any sexual activity. Additionally, specificity of behaviour is also considered. For example, the definition by the Council of Europe takes account of a wider range of sexually abusive behaviours, the power imbalance in the relationship between the perpetrator and the victim and the intentionality of the behaviour.

Forms of child sexual abuse

Mathoma et al. (2006) describe the forms of child sexual abuse to include both contact and non-contact activities. The study conducted by Plan-Ghana (2009) revealed that the children experienced both contact and non-contact forms of sexual abuse including giving sexual messages, request for sexual favours, unwelcomed sexual advances or attacks and fondled, touched, grabbed or pinched in a sexual way. The rest were shown or given sexual photographs, sexually motivated physical contact and experienced actual sex.

WHO (2002) in Munsaka & Matafwali (2013: 149) outlines a number of child sexual acts among which are:

- i. rape and attempted rape, for example, physically forced or coerced penetration of the vagina or anus with the penis or other part of the body or object;
- ii. sexual harassment including sexual humiliation, unwanted sexual contact;
- iii. coerced sexual activity through a spectrum of degrees of force;
- iv. prostitution of children;
- v. virginity testing;
- vi. Female genital mutilation and;
- vii. participation in pornographic performances or production of materials or exposure to pornography.

Various scholars such as Finkelhor (1994); Fleming (1997) & KeshariK (2005) in PLAN Ghana (2009: 14-15) have included other forms of CSA although some are similar to those outlined by World Health Organization. These forms of CSA include the following: touching or fondling the child's body; attempts to have the child arouse

the adult, or touch his or her body; kissing in a sexual way; rubbing genitals against the child's body in a sexual way, touching the child's genitals with the mouth or having the child touch the adult's genitals with the mouth, to have anal or vaginal penetration by penile or other body parts, or digital or non- digital object, complete anal or vaginal intercourse, attempts to make a child aroused sexually, exposing oneself to a child or asking a child to expose him/herself for sexual pleasure, exposing a child to pornographic material, sing vulgar language in the presence of a child, sending love messages (love letters) to a child and hugging a child in a sexual way (Finkelhor, 1994; Fleming, 1997; KeshariK, 2005 cited in PLAN Ghana 2009)

Child marriage is one of the main forms of child sexual abuse. According to UNICEF (2014) Child marriage is defined as a formal marriage or informal union arranged or entered into by an individual before reaching the age of 18. UNICEF (2001) has further stated that child marriage represents the most prevalent form of sexual abuse and exploitation of girls. It remains wide spread in developing countries, mainly affecting girls and endangering their lives and livelihoods. According to UNICEF (2014), Africa has the highest incidence rates of child marriage, with over 70% of young girls marrying under the age of 18. In many cultures, especially African cultures, if the girl reaches puberty, she is considered to be an adult/woman and parents or relatives can marry her off with or without her consent. Zambia for example, maintains both a statutory and customary legal system. The customary law in Zambia supports marriage with a girl under the age of sixteen years as long as the girl is 12 years and above. Daka (2003: 43) states that: "it is not unlawful for a man to have carnal knowledge of a girl to whom he is lawfully married, despite the fact that the girl is under sixteen years of age." This entails that, consent from the girl is not regarded and has contributed to a number of child marriages in many rural parts of the country.

Another common form of child sexual abuse is commercial sex exploitation of the children. The Declaration of First Congress against commercial sexual exploitation of children held in Stockholm (1996) cited in Lalor (2002) defined commercial sexual exploitation as sexual abuse by an adult accompanied by remuneration in cash or in kind to the child or third person. Commercial sex exploitation includes acts such as

trafficking and child pornography and prostitution of children. The trafficking of the children involves taking of the child from one place or country to another for the purpose of commercial exploitation. Trafficking of children mainly involves sex tourism. In South Africa, Vythilinggun et al. (2004), cited in Mathews (2009) report that south Africa has been found to be a main destination of child trafficking for southern Africa. The victims are recruited by force, coercion and trickery. A study of child trafficking by UNICRI (2003) confirms child trafficking from Africa to Europe. The report reveals the trafficking of minors and young women for sexual exploitation mainly from Africa to Italy.

Rape of the children is also another form of Child Sexual Abuse (CSA). WHO (2002) estimates that 150 million girls and 73 million boys below 18 years experienced forced sexual intercourse or other forms of sexual violence. The report further reveals that sexual violence mostly affected those who had reached puberty and that girls were vulnerable to sexual violence. A survey of 495 children in Poland aged 15-18 years found that, 8% of the participants reported having been raped or forced to have sexual inter course in the past.

Exposing a child to pornographic materials is also considered as non- contact form of CSA. Flander et al (2009) in their study of 2, 880 participants aged 10 to 16 years old internet users in Croatia found that, 27% were exposed to sexual content, mostly sexual activity and images of people wearing no clothes, 28% reported being asked questions regarding sex in general, private body parts, sexual exposure and suggestions implying sexual activity.

2.2.1 Historical background of counselling

The history of counselling can be traced way back to the 19th century in the United States of America. It was practised in an organised effort and gathered momentum in the twentieth century (Makinde, 1984). In 1909, it marked the beginning of formalised guidance and counselling by Frank Parson in United State of America. Frank Parson is considered as the founder and father of counselling. It started as vocational guidance in response to some conditions and demands made by different people in working institutions in the United States of America. He began the plans to formulate the

vocational bureau and served as its first director. In spear heading the development of guidance, Parsons worked with young people who were in the process of making career decisions. He saw a practice of vocational guidance based on rationality and reason with service, concern for others, cooperation, and social justice among its core values. Counselling as a profession grew out of the progressive guidance movement of the early 1900s. Its emphasis was on helping individuals of all ages to make choices in life while finding meaning, direction, and fulfilment in life. Much of the early work in guidance occurred in schools and career centres where an adult would help a student make decisions, such as deciding on a course of study or a vocation (Merville 1973; Makinde1984)).

Maclea (1998) states that, the nineteenth century was a period of industrialization and division of labour. This period witnessed an increase in growth of technology and productivity. The industrial development led to many workers experiencing various problems which required professional psychological services to enable people to be productive. Hence, the development of vocational guidance and counselling, Frank Parsons main concern was trying to alleviate peoples basic problems (Makinde, 1984; Tembo, 1980;& Maclea, 1998). Merville (1973) noted that the most important contributor to the modern guidance and counselling was the National Vocation Guidance association which came into existence in 1913.

There are many factors that contributed to the development of counselling. Fuster (1988) & Makinde (1984) explainssome factors such as: child study movement, compulsory education, World War One and mental illness. In 1909, counselling was integrated in other sectors. William Healey started a systematic effort to provide psychiatric testing for juvenile offenders. This was the first child clinic. The discoveries of Grieshinger and others established the so called organic view point on the nature of mental illness. These were caused by some pathology in the brain. Psychotherapy was offered to the patients and helped them to feel better. Some of the pioneers of psychotherapy are: Carl Rodgers and Sigmund Freud.

Makinde (1984); Mccleod (1998) & Fuster (1988) postulate that, compulsory education also led to the development of counselling. Due to the high illiteracy among the Afro-American, compulsory free education was offered to them. The series of counselling and guidance was introduced to handle the problems from heterogeneous pupils. The child study movement was started between 1920 and 1980 by Starneley Hall in America. The effect of child study movement was that, it stressed the importance of the formative years as the foundation for mature personality. Another factor that gave impetus to the development of counselling was the World War One and Two. During the two wars, counselling began to be widely recognized as the military started to use testing and placement practices for great numbers of military personnel. The war led to many problems such as the collapse of the stock market, an increase in unemployment and other effects of the war which left many people depressed. Therefore, there was need for vocational, educational and personal guidance and counselling to reduce the impact of the war. The influence of social reforms led to a lot of social problems and hence, counselling clinics were started to enhance the social reformation of the people(Mccleod 1998 &Fuster 1988).

The concept of counselling, although seems to be relatively new in Africa, has been there for a long time. Makinde (1984) confirms that, many African societies had various forms of counselling. Counselling was mainly done through advice giving in order to promote the wellbeing of the child, good behaviour and as a way of controlling undesirable behaviour. Young people and children were provided with counselling so that they could grow well and develop into responsible adults in their communities. Although the elders in Africa did not receive formal training in counselling, they had their own way of offering culturally-based counselling services. In African societies, uncles, aunts and other relatives played roles of counsellors by providing information which young people needed as they grew up.

2.2.2History of counselling abused children in Zambia

The history of counselling victims of crime is traced from the legal and socially acceptable practices. Zambia Police Service (2014) states that, the Zambia Police Service embarked on Zambia police Reform Programme (ZPRP) in 1994 as a response

to multiparty democratic values in the Third Republic. These reforms were formulated in order to improve service delivery to the members of the public. In order to transform the Police force into a police service or public institution responsible for maintaining law and order, a mission statement was generated to guide and provide policy direction. The mission statement emphasised the need to strengthen community policing and working in partnership with the community. Cater (2002) cited in Zambia Police (2014: 1) define community policing as : *“A new philosophy of policing based on the concept that police officers and private citizens can work together in creative ways to solve contemporary community problems related to crime, fear of crime and social disorder.”* The integration of community policing led to the number of developments that changed the face of the Police Service such as caring for the victims of crime including children. It must be mentioned that, prior to the introduction of VSU, the police did not make any effort in reducing the trauma that the victims underwent. Therefore, the introduction of VSU provided an opportunity for child victims to receive more humane and quality services through counselling (Zambia Police, 2014; Cabinet Office, 2011). Chansonso (2003) adds that in the late 1990’s various stake- holders and NGO’S such as YWCA came on board to offer counselling to sexually abused children.

2.3.1 The nature of counselling

Counselling has been defined differently by various scholars and institutions. Dyk (2008: 219) defines counselling as *“...a facilitative process in which the counsellor, working within the framework of a special helping relationship, uses specific skills to assist clients to develop self-knowledge, emotional acceptance, emotional growth and personal resources.”* Moloney (2005) also describes counselling as a process of creating an understanding relationship between the counsellor and the client, in which a client is respected for who she/he is and listen to, for the purpose of empowering the client in order to be able to take responsibility of his/her own actions and make informed decisions in life. Hackney and Nye (1973) define counselling as the process of responding to both the feelings and thoughts of the client with the counsellor dealing with both the attitudes and behaviours of the client. In this regard, the counsellor accepts the perceptions, feelings, thoughts and behaviour of the client regardless of how

the client is evaluated by others. This means that the client needs the counsellor's understanding and acceptance to help him/her in dealing with the problem.

Cabinet Office (2011) further defines counselling as the helping relationship which involves someone seeking help from a trained counsellor who is willing to give help in a setting that will allow help to be given and received. This means that for counselling to take place, there must be someone in need of help and a trained counsellor willing to offer professional service in a conducive environment that will allow the client to explore their feelings and thoughts.

The Cabinet Office (2011: 80) outlines the following objectives of counselling in gender based violence:

1. facilitate the survivor to make desirable and realistic decision about their situation;
2. change behaviour in order to have a required outcome;
3. be able to access support network and services;
4. draw in depth understanding of issues and challenges in providing care for survivors of sexual and gender based violence;
5. review and practice counselling skills needed for trauma counselling and;
6. enable survivors to understand that they were not responsible for the violence.

2.3.2 Types of counselling

Lowe (1988) states that, counseling can either be conducted individually or in groups. Clients seen by counselors live and work in a wide variety of settings. Their problems may require short-term or long-term interventions that focus on just one person or with multiple individuals who are related or not related to each other (Southern Africa Trust, 2001)

2.3.3 Individual counselling

This is a one to one counselling process. Southern Africa Trust (2001) explains that, individual counselling involves face to face interactions between the counsellor and the client. The client is given individual attention and this can make the client feel being

cared for. Individual counselling aims at enabling the client to learn how to identify and pursue realistic and satisfying solutions to the problem.

In order to make individual counselling effective, the counsellor should understand the client as an individual with personal characteristics, influences that affect the client, perception of himself and others around him/her. This enables the counsellor to help the client realize how those problems have led to unhealthy ways of coping with the problem

The goal is to assist an individual with a problem to have an insight or in depth understanding of him or herself. Individual counselling helps the client to direct the thoughts to the problem and make meaningful decisions. Littnel, Malia and Vanderwood (1995) conducted a study that has been used to provide positive examples to address individual counselling offered in schools. The study found that individual session counselling helped with the social emotional adjustment of high school students. The students who received individual counselling were able to move closer to their goals and reduced concerns about their problems.

2.3.4. Group counselling

It is a counselling relationship between the counsellor and a group of clients. The group should at least not exceed seven members. The group members should have similar problems and preferably almost the same age range. These characteristics are important in order to enable the group members feel free to participate and express their feelings. Cabinet office (2011: 91) suggests some of the characteristics of group counselling as *...age, or mixed, same problem or mixed, an ideal size of the group for good communication....* For example, if the group is activity oriented, the group size can be large. For intensive therapy groups using talking only, seven is considered as an ideal group size. The role of the counsellor in group counselling is either, directive or non-directive. Cabinet Office (2011) & SAT (2001) add that in groups that focus on specific problem such as drug abuse or sexual abuse, it is recommended that the therapist should take a directive or leading role in the early stages to establish the direction of the group.

Another role of the counsellor during group counselling is to help clients uncover the marks covering their problems and offer an opportunity for group members to hear and

share other group members (SAT 2001). This enables group members to feel the sense of belonging that they are not the only ones facing a particular problem. In a study conducted by Brantley and Brantley (1990), it was found that group counselling help to make a significant difference in reducing acting out behaviours and assist improve students overall behaviour adjustment. Brauer, Sapp & Johnson (2000) also confirm that group counselling helps to improve or enhance self- esteem and academic self- concept of high school students.

When counselling traumatized children or abused children, the group counselling process should involve parents or care givers (SAT, 2001). The involvement of parents/care givers in counselling the sexually abused children cannot be over emphasised. It has a lot to contribute towards the psychological healing and wellbeing of the child. Parent-child relationship and family functioning also play an important role in how a child adjusts after the abuse, as this directly affects the support the child receives post-disclosure, and thus influence recovery (Briere& Elliot 1993; Hunter, 2006). Blum & Resnick (1997) conducted a study on adolescent boys who were sexually abused and found that, one of the most powerful predictors of resilience was the perception that their parents cared about them.

Apart from that, Mathews (2009) explains that, the support from the parents or care givers can help the child to build a positive self- image and avoid blaming themselves. Thus, the idea of knowing that their parents care for them can help the child to heal from the effects of abuse and quicken recovery. Sullivan (1992) also conducted a quasi-experimental design study and compared two groups of sexually abused children. One group of children received therapy treatment and the other did not. The no therapy group consisted of children whose parents specifically refused psychotherapy when it was offered to them. The group of sexually abused children who received psychotherapy had significantly fewer behaviour problems a year after than the no therapy children.

2.3.5 Counselling environment

A conducive counselling environment helps in the promotion of trust during the process of counselling. The most important thing in counseling children is building trust. Trust

is made by building a relationship so that the child can express what is on his or her mind or heart (SAT, 2001). When counselling the abused children, trust can be created if the counselling environment is conducive for counselling. However, confidentiality is sometimes breached due to the conflicting roles performed by the VSU officers. To mention just a few, roles such as provision of counselling to victims of crime, investigation of allegations of cases of abuse and testifying in court to ensure that the perpetrators of crimes of abuse are brought to book. These conflicting roles may sometimes underscore the ethical consideration in counselling. Apart from that, children cannot give informed consent and thus, cannot enter into or execute a counselling service contract unless the parent or care giver gives consent (Chansonso, 2003). Hence, the issue of ethics in counselling children is complex and sensitive.

One of the most important aspects when discussing the counselling environment is confidentiality. Confidentiality entails that, client's revealed information to the counsellor about their feelings, experiences and current or past situations should be kept secret and not disclosed to a third party (Lakin, 1988; & Zambia Counselling Council, 2006). Privacy is also related to confidentiality. It refers to professional boundaries in the counselling interactions such as professional relationship between the counsellor and the client, respect, boundaries in the process of counselling and counselling room must be conducive where the client can freely express his/her feelings without disturbances (ZCC 2006).

Confidentiality is about respecting and withholding private information of the client. It entails that, entrusting information to another person should be kept private, secret and not divulged to a third party (ZCC, 2006). Confidentiality can pose a challenge in relation to children who are sexually abused. For example, the age of the child and who is to be involved in the process of counselling as a trusted person to the child. This can be applied when counselling the sexually abused children. The counsellor should always explain to the child about sharing the information with other professionals in the process of helping the child.

The counselling environment also focuses on the suitability of the counselling room or space where counselling is offered. The clients must feel comfortable and relaxed during the session or during the counselling process. Zambia Counselling Council (2006) suggests that the counselling room must have at least the following requirements:

1. at least two chairs;
2. adequate space;
3. adequate ventilation;
4. sufficient lighting;
5. storage facilities for files;
6. side table for placing items;
7. office desk and;
8. the room should be quiet with minimal disturbances

2.4 Level of training in counselling

Counselling is a professional service used to help individuals to deal with a variety of problem situations. This is so because the process of counselling requires the counsellor to establish a warm supportive therapeutic relationship with the client using a variety of skills SAT (2001). The warm relationship created by the counsellor helps the client to explore problem areas, set goals and assists the client to work through the problem in order to establish a more meaningful and productive life.

Counselling a child is a dynamic and complex task to the counsellor. This is because children have their own way of thinking, feeling, experiencing and interpreting the world around them in their own way. These dynamics make the provision of child counselling a specialized field (Brown & Pate, 1983; ZCC, 2006 and Chansonso, 2003). Thus, in order to help the sexually abused children counselling should be offered by trained and professional counsellors who can be able to understand the needs of the child. ZCC (2006: 68) rightly points out that:

...if counsellors are to facilitate smooth and orderly development of the child, they need a clear understanding and appreciation of the complex processes that govern the child's physical, social, emotional and intellectual growth. Without these

understandings, effective counselling interventions cannot be provided or achieved....

Therefore, counselling is offered by trained counsellors who can empower clients in understanding themselves and better able to solve various problems that they are facing.

Counsellors play important roles in helping their clients deal with various personal problems. These roles are outlined in various categories. Kochhar (2008) and Kafman (1991) both elaborates that, the first category is the remedial or rehabilitative role. In this role, the counsellors help the persons who are presently experiencing difficulties in various aspects of their lives such as academic and personal problems. The counsellor must conduct interviews to assist individuals to gain insight into personal problems; define goals and plan action, reflecting his or her interest, abilities and needs. The counsellors also help in many ways to coordinate the use of services by providing clients with information regarding such services. The second category is the preventive role. This is where counsellor's participation avoids and if possible predicts difficulties which may arise in future (Kochhar, 2008). The third category is called educative and developmental role. In this role, Kochhar (2008) explains that, a counsellor helps the individuals to plan, obtain and derive maximum benefit from education, social and other kinds of experiences which will enable those individuals to discover any development in their potential. Kauffman (1991:115) also postulates that: "*counsellors help to plan and develop a counselling programme in relation to client's needs.*" This role is very vital because children participate effectively if their needs are known and met by the counsellor. Kochhar (2008) and Makinde (1984) went on to explain that counsellors should be professionally qualified to meet or address all student's/client's needs such as personal social development by designing, implementing, evaluating and enhancing a comprehensive counselling programme.

2.5 Benefits of counselling

Counselling is a very significant service that should not be overlooked in sexual abuse cases. Astbury (2006) acknowledges that little research has been done on the benefits of the services that currently exist for victims/survivors of sexual abuse, yet high quality services can minimize the harm experienced by the victim including long term physical

and psychological harm which are likely to arise in the absence of an appropriate and timely response. WHO(2004) recognizes the need to strengthen the quality of existing services that support and provide care to women and girls who have experienced sexual violence.

The provision of counselling or psychotherapy to the victim of CSA is important in order to help him/her overcome the trauma of abuse such as anxiety, depression, low self-esteem, and fear. Bark (2005) cited in Wrijtsman & Fulero asserts that, for any victim of sexual abuse, whether an adult or a child, the trauma is not only as a result of the effects of the abuse but also, the experience of facing the alleged perpetrator of the abuse is potentially stressful and traumatic. Therefore, providing counselling to the victim of CSA is highly emphasized as it offers an opportunity for children to explore their fears, ideas, feelings and emotions in a non-judgmental and conducive environment (Makanga, 2002 cited in Mooto, 2012). Furthermore, counselling is meant to help someone understand their problems and concerns from the psychological point of view, process thoughts and feelings from past experiences that impact the present. When therapy is successful, a person should feel better able to face life's challenges using more healthy and effective coping mechanisms.

2.7 Challenges in the provision of counselling to sexually abused children

There are many challenges that have been noted in the provision of counselling services to children or young people in many institutions. The major challenge facing many institutions offering counselling services to young people is lack of training in counseling. Oladele (1987) reported a study that was conducted in Nigeria in early 1980's. The study reported the challenges faced in the provision of guidance and counseling in schools. It revealed that, most teachers who practiced as counselors did not have a fairly high level understanding of the psychological complexity need in the profession in order to meet the different expectations of their pupils. In this study, the researchers also studied two groups of teachers, in which one group had well trained guidance and counselling teachers, and the other group was not trained. From the study, the results showed that teachers providing counseling but had no training were less effective compared to those trained in counselling and controlling behavior. Thus, the

researchers concluded that the quality of counseling services offered depends a great deal on the training of the counselor (Oladele, 1997). Hence, counselors providing counseling services not qualified to offer these services among pupils posed a challenge in the delivery of effective counseling services not only in schools but also in other institutions. Lack of training in counseling poses a challenge in the provision of specialized psychological services to survivors of sexual abuse. Chansonso (2003) argues that although integrated services still exist, the introduction of specialised services for child survivors of sexual assault is still a challenge due to lack of training in counseling and other disciplines necessary to offer quality services to the victims.

Another challenge faced in the provision of counselling services to sexually abused children is disclosure of sexual violence or delay in disclosing the abuse. Astbury (2006) points out that numerous barriers to disclosure of the abuse operate at both the personal and at the level of criminal justice. Furthermore, victims who have been sexually abused by someone they know well may not disclose to the authority at an appropriate time or even name what happened to them as a crime. Thus, failure to disclose can hinder sexually abused survivors from accessing specialist services they might require at an appropriate time. Lievore (2003) cited in Astbury (2006) cited a number of personal and institutional barriers to disclosure including: shame, embarrassment, not wanting anyone to know, self-blame or fearing blame by others for the abuse. The barriers at the level of justice system include: fear of the police or the legal system, believing that the police would not or could not do anything, fear of not being believed or being treated with hostility at the police or legal system and not knowing how to report. The barriers mentioned by Lievore (2003) may complicate and worsen the psychosocial burden already experienced by survivors. Therefore, lack of disclosure when dealing with a sexually abused child can hinder the development of interventions to meet their psychosocial needs.

Shertzer and Stone (1976), also observed that, facilities needed by the counselors in schools to carry out quality guidance and counseling services were not available. These include among others: proper counseling rooms, good furniture, psychological test materials and many others. Furthermore, it was observed that the provision of

counseling was not very effective because the environment in most schools was not conducive. For example, noise was found to be a challenge as this greatly disrupted the counseling process. Additionally, lack of proper funding needed to acquire all the necessary materials for counseling sessions also proved challenging in the provision of counseling and guidance services.

2.8 Identified gaps and justification

There is still a gap in knowledge on the nature of counselling offered to sexually abused children not only in Zambia but also other countries. WHO (2010) reports that, research on treatment and preventive efforts of CSA remains largely under explored globally. Following the review of literature on various studies on CSA, it was found that, the objectives and the problem for the current study were not earlier on explored by other researchers in this field. In Zambia some of the studies that have been conducted mainly focused on prevalence and factors contributing to child sexual abuse. Simuchembu's study in (2008) focused on 'the factors contributing to child sexual abuse in Livingstone.' The study involved 105 participants and the findings were: there was no significant difference in child sexual abuse between children who lived in low, medium and high density areas; there was no association between an abuser using alcohol and the act of abuse because abusers did not use any drug, The sexual abuse act was not attributed to the use of alcohol or any drug intake, however, it was due to lack of control of sexual emotions. Other important findings of this study were that: girls were more at risk of being sexually abused than boys; children who were not in school were more vulnerable to sexual abuse than those in school; non- reporting of child sexual abuse to the relevant authorities was attributed to the family's fear of shame and fear of the abuser.

Mooto (2012) also conducted a study on 'the perception of factors that led to the occurrence of child sexual abuse in Lusaka.' The findings were that: in 2008 and 2009, 1,079 and 1,676 children were sexually abused respectively. Out of the total number of children who were sexually abused, females were more than males. The findings of the study further showed that girls were at high risk of being sexually abused as compared to boys. Poor parenting practices, HIV, cultural myths and social economic status were found to be some of the key factors that contributed to occurrence of child sexual abuse.

In 2012, Mutaka conducted a study on the risk factors and child sexual abuse among high school pupils in Lusaka District. Chilensi-Sakala (2012) also did a study and focused on girl child sexual abuse in Lusaka urban. It is clear that, all these studies focused on the prevalence, perception of child sexual abuse and factors contributing to the occurrence of CSA. The current study however, took a different approach to explore counselling offered to sexually abused children in Lusaka District. Therefore, the gap in knowledge on the nature of counselling services offered to sexually abused children warrants research in order to effectively respond to the psychological needs of sexually abused children especially that most children who are sexually abused are school going.

2.9 Summary of chapter 2

The chapter focused on the nature of CSA, forms of CSA, historical background of counseling and history of counseling abused children in Zambia. The nature of counselling, level of training in counselling of a person offering counselling services, benefits and challenges faced in counseling were presented in themes derived from the objectives of the current study. This chapter also reviewed and highlighted the gaps in knowledge and justified the significance of the current study in filling the gaps. The chapter which follows will discuss the methodology used in this study.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

The previous chapter reviewed related literature to the current study in order to guide the research methodology, which is discussed in this chapter. This chapter is organized in the following sections: research design, universe population and sample, sampling procedures, data collection instruments and ethical issues, data collection procedures and analysis.

3.1 Research design

Although the study used both qualitative and quantitative methods, the qualitative approach was largely used. Kasonde-Ng'andu (2013: 34) states that: *“a research design can be thought of as a structure of research. It is the ‘glue’ that holds the elements in the research project together.”* In other words, it is a plan that guides and informs how the study will be conducted. In this study, the researcher used both quantitative and qualitative methods to explore and describe the nature of counseling services offered to sexually abused children.

The quantitative method was used to investigate the availability and suitability of rooms for counseling in all the selected units. It was also used to determine the level of training in counseling of VSU officers. On the other hand, qualitative method utilised parents and children's interview guide and focus group discussion as tools for data collection. Qualitative method was chosen because the current study required an in depth exploration of respondent's views and subjective experiences on the nature of counseling offered in selected VSU. It was also used to assist reveal patterns of feelings and emotions experienced by children and parents through discussions and responses. By using both methods, researchers can hope to overcome the weakness or intrinsic bias and the problems that come from the use of a single method. Often, the purpose of using qualitative and quantitative method is to obtain confirmation of findings through convergence of different perspectives (Beckett and Beckett, 2010 cited in Phiri, 2015). A case study design was used in this study for various reasons. One was to gather in depth information from the respondents. The current study used more of qualitative

than quantitative approach and required individual subjective responses from the respondents. Thus, a case study design was appropriate.

A qualitative case study as Cresswell (2009) asserts, examines a phenomenon within its realistic context. Data are collected on or about a single individual, group or event. In some cases, several cases or events may be studied. The primary purpose of a case study is to have an in depth understanding of a phenomenon. Knowledge from the study is then used to apply to other cases and contexts. Qualitative case study method often involves several in-depth interviews over a period of time with each case. Interviews explore the unique data of the case under investigation in great detail (Cresswell, 2009 and Denzin, 1978).

3.2 Universe population

Population refers to a group from which the sample is drawn (Cohen et al. 2006). The universe population for this study meant a group or category of people who had characteristics relevant to the study. Ultimately, universe population for the current study comprised the following:

- i. 8 VSU supervisors;
- ii. 43 VSU officers offering counselling (counsellors);
- iii. all sexually abused children in Lusaka district and cases were reported to VSU and;
- iv. All parent's/care givers of sexually abused children who reported to VSU.

The universe population was drawn from Lusaka District. VSU supervisors were chosen because they are in charge of all administrative work in the units. The officers/counsellors are responsible for delivering the counselling services, the sexually abused children are the recipients of counselling services and the parents/care givers are important people in helping the child receive the service and overcome the effects of the abuse

3.3 Sample

A sample refers to a subset of the population that is selected for a particular study, (Cohen, Manion and Morrison, 2006). The sample consisted of 100 participants: 8 supervisors, 30 VSU counsellors, 31 sexually abused children and 31 parents/ care givers. The sample was selected from Lusaka District namely: Police Headquarters, Lusaka Central, Chelstone, Chawama, Kanyama, and Matero. The number of respondents was based on the availability and willingness of respondents to participate in the study.

Table 3. 1 Distribution of the total number of participants

Police Station	VSU supervisors	VSU counsellors	Parent s/ care givers	Children	Frequency
Chawama	2	4	6	6	18
Chelstone	2	5	3	3	13
Kanyama	1	5	13	13	32
Lusaka Central	1	6			7
Matero	1	7	9	9	26
Police HQ	1	3			4
Total	8	30	31	31	100

Table 3.1 above shows the total number of participants by station. 18 respondents were from Chawama, 13 were from Chelstone, 7 (seven) from Lusaka Central, 26 from Matero and 4 (four) from Police Headquarters. Majority (32) of the respondents were from Kanyama.

3.4 Sampling procedures

Kahn and Best (2009) describe sampling as a procedure employed by a researcher to select or gather respondents to a sample. Valle and Halling (1989), Kombo and Tromp (2006) confirm that the participants selected must be people who are able to function as informants by providing rich information and also must have the experience of the topic of the research.. Non-probability sampling was used. This method of sampling aims at selecting representative of the study population by broadening the scope of the study (Kasonde-Ng'andu, 2013). Non probability sampling is a sampling method based on the availability and willingness of respondents to participate in the study and on those

places that are typical of the population in terms of the features being studied (Kombo and Trump, 2006). Under non probability sampling, the researcher used purposive sampling method.

White (2005: 120) describes purposive sampling as

...a type of sampling which is based entirely on the judgment of the researcher in that a sample is composed of elements that contain the most characteristics , representative or typical attributes of the population, a judgment is made about which subjects should be selected to provide the best information to address the purpose of the research.

The researcher selected VSU stations with high cases of child sexual abuse in Lusaka District as advised by the VSU National Coordinator's Office. The researcher further purposively targeted respondents believed to be reliable and convenient to participate in the study. For example, purposive sampling was used to select VSU supervisors in charge of VSU activities, and VSU officers offering counselling services. Sexually abused children and their parents/care givers were selected using purposive and snowball procedures. Snowball sampling depends entirely on the social networks, participants help to identify someone they know might participate and contribute to the study (Kombo and Tromp, 2006). During data collection, parents/care givers directed the researcher to other participants who also had the same experience. Even though snow ball sampling assisted the researcher to locate some parents/caregivers and sexually abused children, some parents were not willing to participate in the study citing that, they did not want to talk about what happened to their child.

3.5.0 Data collection instruments

The researcher used questionnaires, structured interview guide, observations and focus group discussions for data collection. Bless and Achola (1988) allude to the fact that a questionnaire is a research instrument consisting of a series of questions and other prompts for the purposes of gathering information from respondents. Questionnaires are cheaper to use, quick and easy to administer, they allow responses to be standardized and are also objective. Questionnaires were used to collect data from VSU supervisors

and counselors. Using questionnaires enabled officers to express themselves freely because the identity of the respondent remained anonymous.

3.5.1 Interviews

A structured Interview guide was used to collect information from children and the parents/care givers. The list of questions comprised both closed and open ended questions. This instrument was used because the researcher intended to gather in depth data and clarify issues. Kombo& Tromp (2006) claim that, structured interviews involve asking each respondent similar questions. Blanche et al.(2006), add that interviewing is probably the most commonly used instrument of data collection in qualitative research. Unstructured interviews were also used to all respondents in order to clarify and collect in depth qualitative information.

3.5.2 Non participant observation guide

In observation, the researcher engages in careful observations of behaviors without interacting directly with the subjects (Weiten, 2004). Observation as a method of data collection as Kasonde-Ng'andu (2013: 45) argues that observation... *allows the researcher to put behavior in context, thereby understand it better.* This was used in order to observe how and where counselling was conducted.

3.5.3 Focus group discussion guide

Focus group discussion was used to collect data from parents/care givers. The focus group created an opportunity for parents to share their experiences from other group members. Kelly (2007) confirms that, focus groups offer a researcher an opportunity to listen to people and learn from them. As a qualitative research method, focus group or guided group discussions helps to generate rich understanding of participants' experiences and beliefs and create a forum for sharing and comparing among the participants (Kelly, 2007). A focus group discussion, as recommended by Kasonde-Ngandu (2013) should comprise six to eight individuals who share characteristics relevant to the study. However, the researcher only managed to conduct one focus group discussion which comprised only five members. This was the case because, some participants were not willing to discuss what happened to them and their children. Prior to the focus group discussion, the researcher prepared a list of open ended questions.

During the discussion, everyone was given a chance to contribute and share their experiences.

3.6 Data collection procedures

The researcher began data collection in December 2014. In this study, the researcher administered questionnaires to counsellors and supervisors. Before distributing the questionnaires to officers, the researcher explained how to answer the questions and what the study was all about. Structured interview guides were used to collect data from children and parent's/care givers. Prior to the commencement of interview with the children and parent's/care givers, the researcher asked the respondents the language which was familiar to them. The familiar language used during the interview mostly was Chinyanja.

At the beginning of the interview, the researcher introduced herself to both the parent and the child as one way of creating rapport and allowing more time to enable the child feel comfortable during the interview. Respondents were also informed about the aims, significance and benefits of the study as well as how their participation could make a valuable contribution in finding out about the nature of counselling services offered to sexually abused children in selected Zambia Police VSU. The researcher was also quick to inform the participants that they had a right not to participate in the study and that if they felt uncomfortable they were free to pull out at any stage of the study. The researcher recorded the interviews, took notes during the interview and interviews were in-depth with open ended questions.

The researcher observed the following: suitability and availability of counselling rooms or counselling environment in all the selected stations, ethical considerations such as confidentiality, types of counselling services offered and if counselling was offered to sexually abused children.

One focus group discussion was organized for parent's/care givers in order to get in depth information. The focus group comprised 5 members. Even though the recommended number of group members in a focus group discussion is 6 to 8, as earlier alluded to, it was difficult to organise the required number because some parents were not willing to participate in the study. In addition to facilitating the group discussion,

every member was given an opportunity to participate during the discussion. Discussions of the focus group discussion were recorded. Collected data were translated verbatim from Nyanja to English and the researcher was cautious not to distort the meaning in the process of translating data. The researcher did the translations herself because she is familiar with Chinyanja language.

3.7 Data analysis

Data analysis involves the systematic arrangement of information such as interview scripts, questionnaires, field notes and other materials that the researcher accumulates in order to increase understanding. It also involves scrutinizing the collected data and making inferences. Additionally, data analysis involves examining collected data for the purpose of drawing conclusions (Kasonde-Ng'andu, 2013; Kombo and Tromp, 2006).

Qualitative data was analysed using thematic analysis, information was categorized into relevant themes to identify common responses, patterns and inter-relationships. Statistical Package for Social Science (SPSS) computer programme was used to analyse quantitative data which was then presented in form of tables and charts. In analysing data, the researcher read through all the collected data, coded it according to samples of collected data or according to categories of respondents, selected the data that was relevant to the topic and classified information according to the objectives when analysing it.

3.8 Ethical considerations

Weiten (2004) describe research ethics as an application of fundamental principles to various topics involving scientific research. Since the study was sensitive, the ethical issues had to be highly considered. Ethical clearance was obtained from the University of Zambia Ethics Committee, Ministry of Health and the researcher also applied for permission from the Police command to conduct research in various Victim Support Units in Lusaka District. Ethical clearance is very important in research. American Psychology Association (APA) (1992) points out that, prior to conducting research or study, the researcher should obtain approval from host institutions and their research review committees. (see appendix 3, 4, 5 and 6). Ethical issues such as voluntary participation, confidentiality and the need for anonymity were highly considered and

participants were allowed to pull out of the study if they so wished. The interviews took place when each respondent agreed to participate in the study and signed a consent form. With regard to child respondents, parent's/care givers were signing the consent form on behalf of their children (See Appendix 7)

Below were the ethical considerations that the researcher followed:

1. Prior to the commencement of data collection, this research was cleared by the University of Zambia Ethics Committee, Ministry of Health Research and Ethics Committee and Zambia Police Service;
2. voluntary participation: respondents were allowed to participate in the study on a voluntary basis, meaning that they had the right to participate or withhold participation in the study;
3. informed consent: respondents were fully informed about the procedures, and why this research was undertaken. They were also requested to give their consent. Two consent forms were given to all respondents to sign- one copy remained with the respondent and the other with the researcher;
4. confidentiality: respondents were assured that their particulars would not be revealed to anyone. The researcher coded all the scripts using numbers rather than names in order to maintain confidentiality; and
5. respondents were informed that they were at liberty to terminate their participation in the research at any point.

3.9 Limitations of the study

Meredith (2003) cited in Phiri (2015: 5) describe limitation of the study as: “factors which the researcher foresees as restrictions, problems and such other elements which might affect the objectivity and validity of research findings. Bureaucratic tendencies hindered and delayed the commencement of the study. The ethical clearance from the University of Zambia ethics committee, Ministry of Health and Zambia Police were very slow. Due to the sensitivity of the topic under study (child sexual abuse), the process of acquiring ethical clearance was very slow and this affected the commencement of data collection. Low response rate and lack of openness in expressing views by the respondents also affected the study. This made the researcher

to use interview guide in order to overcome low response rate and capture many children and parents. The use of snow ball was challenging because some parents were not willing to share their experiences. However, the researcher took time to explain to the parents the significance of their participation in the study. Apart from that the current study was restricted to some selected VSU in Lusaka District, therefore, the findings cannot be generalised to the whole population.

3.10 Summary

Chapter 3 presented the methodology that was used in the study. The study used a case study design which employed both quantitative and qualitative methods in order to explore the nature of counselling services offered to sexually abused children. There were 100 participants who [participated in the study. The sample comprised 8 VSU supervisors, 30 VSU counsellors, 31 sexually abused children and 31 parents/caregivers. Non-probability sampling was used. Purposive, convenient and snow ball sampling strategies were employed in this study. The researcher conveniently and purposively targeted individuals believed to be reliable and convenient to participate in the study. The instruments for data collection included questionnaires for VSU officers, interview guides for parents/care givers and sexually abused children and focus group discussions for parents/care givers. Data was analysed qualitatively and quantitatively. Due to the sensitivity of the study, ethical considerations were followed before, during and after data collection. The study was limited by low response rate, ethical clearance at various level was slow and lack of openness by some respondents. The next chapter presents the findings of the study.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.0. Introduction

This study sought to find out the nature of counselling services offered to sexually abused children in selected victim support units in Lusaka District, Zambia. The findings were presented as obtained from questionnaires, interview and focus group discussion guides. Questionnaires were administered to VSU supervisors and counsellors, interviews were held with sexually abused children and their parent's/care givers and focus group discussions with parent's/care givers. The findings are 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 is the nature of counselling services offered to sexually abused children?
2. what is the level of training in counselling of officers offering counselling?
3. what are the benefits of counselling to the sexually abused children? And;
4. what are the challenges faced in the provision of counselling services?

The responses to the above questions were given by all respondents who participated in the study who included VSU supervisors and counsellors, parent's/care givers and sexually abused children.

4.1 Respondents Bio Data

4.1.1 Sex of participants

Table 4.1 Distribution of respondents by gender

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

Table 4.1 above shows that out of the total number of the respondents, 80 (80%) were female and 20 were male. Majority (80 =80%) of the respondents were female. The

reason was that, all the children who were sexually abused were female (31=31%) and there were no reported cases of male children being sexually abused. Additionally, majority (26) parents/care givers were female and majority of the VSU counsellors (21) were also female.

4.1.2 Age range of respondents

The age range of respondents was divided into the following categories:

- i. Age range of sexually abused children and;
- ii. Age range of VSU officers and parents/care givers

Table 4.2 Distribution of age of sexually abuse children

Age range	Frequency
8-10 years	9
11-13 years	12
14-16 years	10
Total	31

Table 4.2 above indicates the age range of sexually abused children. Age was from 8 years to 16 years (Those who were able to express themselves clearly during the interview because below 8 years was considered to be too young to participate in the current study). 8-10 years: 9, 11-13 years:12 and 14-16 years: 10.

a) Table4. 3. Distribution of age range of VSU officers and parents/care givers

Age range	20-24	25-29	30-34	35-39	40-44	45 & above	Total
VSU supervisors				1	4	3	8
VSU counsellors		4	9	10	6	1	30
Parents/care givers	8	11	7	2	1	2	31
Total	8	15	16	13	11	6	69

Table 4.3. above shows the age range of VSU officers and parents/care givers ranging from 20 to 45 years and above.

4.1 Research question 1: What is the nature of counselling offered to sexually abused children?

To answer research question number one, the study focused on a number of themes including: if counselling was offered, types of counselling offered, availability of counselling rooms/space, suitability of rooms for counselling and confidentiality.

4.2.1 Is counselling offered to sexually abused children at VSU?

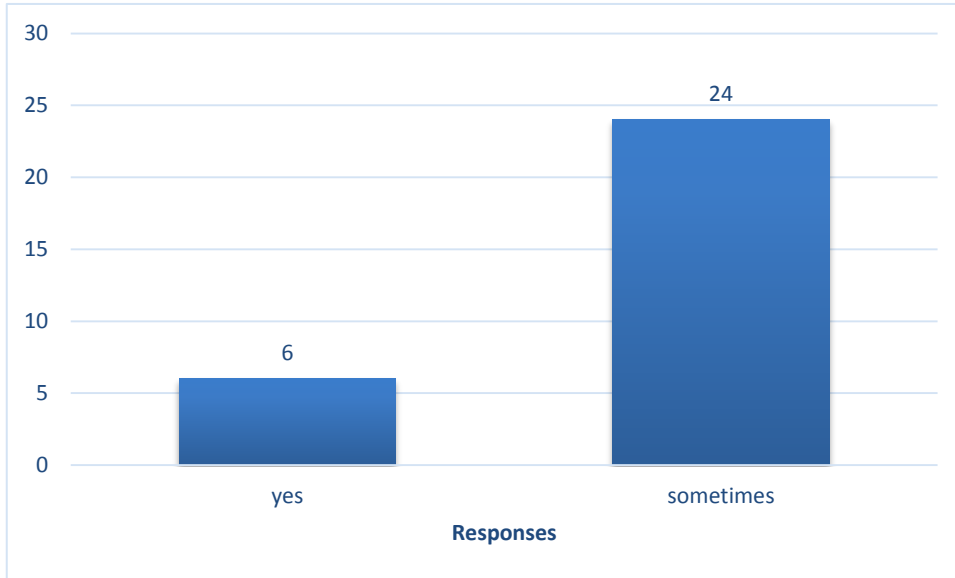
To answer this question, 8 VSU supervisors and 30 VSU counsellors were asked if counselling was offered at VSU. There were three responses, yes: counselling was offered, no: counselling was not offered, sometimes: counselling was not always offered. In order to confirm responses from the VSU officers the same question also demanded parent's/care givers to indicate if their children received counselling at VSU.

Table 4.4 VSU supervisor's views on whether or not counselling was offered at VSU

Responses	Frequency
Yes	3
No	1
Sometimes	4
Total	8

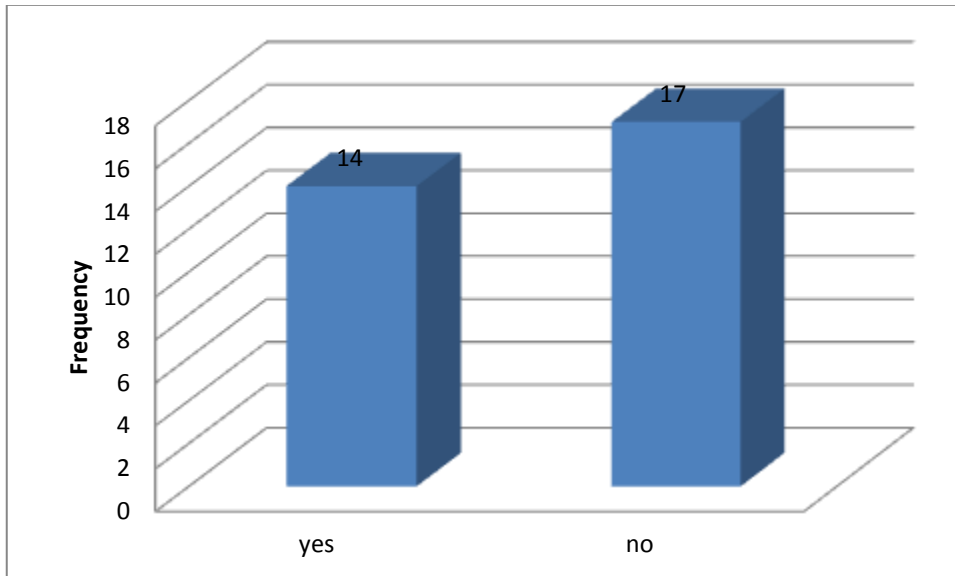
Table 4.4 above shows responses from VSU supervisors on whether or not counselling was offered at VSU. The results indicate that, 3 supervisors responded that counselling services were offered to sexually abused children at VSU, 4 indicated that the services were sometimes offered and only 1 said that counselling services were not offered at all. Therefore, majority (4) of the respondents indicated that counselling was not always offered.

Bar chart 4.1 VSU counsellor's views on whether or not counselling was offered at VSU.



Bar chart 4.1 above shows responses from VSU counsellors on whether or not counselling was offered to sexually abused children at VSU. It was established that, 6 stated that counselling was offered while majority of respondents (24) said counselling was not always offered to sexually abused children. It is apparent then that, counselling was not always offered to sexually abused children at VSU.

Bar chart 4. 2 Parent's responses on whether or not their children received counselling at VSU



Bar chart 4. 2 above shows responses from parent's/care givers on whether or not their children received counselling at VSU. Out of 31 parents who participated in the study, 17 of them said no their children did not receive counselling and 14 said their children did receive counselling. Therefore, majority (17) of parent's/care givers indicated that, their children did not receive counselling at VSU. The study mainly established that counselling was not offered to sexually abused children.

d) Qualitative data affirm that counselling was not always offered to sexually abused children. In order to get in depth information on whether or not counselling was offered at VSU, respondents were further asked to give reasons for their response. One VSU supervisor noted that:

Some children who are sexually abused are brought to the police station in a serious health condition and we cannot offer counselling to the client who is sick or is in serious physical pain, we just refer them to the hospital for medical treatment. We also refer children to the hospital for HIV test so that the child can receive medication to prevent infection if the abuse has happened within 72 hours.

One VSU counsellor also added that: *We rarely offer counselling to sexually abused children because of lack of rooms at the station and time to offer counselling.*

Another VSU counsellor explained that: *Counselling is not always offered to sexually abused children. All sexually abused victims are tested for HIV and if the results come out negative they are put on Post- Exposure Prophylaxis. This treatment should be given within 72 hours of exposure or sexual contact, that's why we refer the children to the hospital without counselling them so that they can be attended to within a short period of time.*

One child narrated that: *when my mother took me to the police, the police officer talked to me alone before asking what happened. The police officer assured me that what happened was not my fault.*

Another child had this to say: *when I was taken to the police, the woman we found at the police station asked my mother to go outside so that she could talk to me alone. During the interview, the police officer was very good to me. I felt relieved after the interview.*

During the focus group discussion with parents, one parent of a sexually abused child said that: *“when I reported the case to the police, the officer at VSU counselled me and my child before she started interviewing my child about what happened.”*

Another parent confirmed that: *I was happy to find out that the officers at VSU offered counselling to my child before the actual interview.*

From the observations, it was discovered that some children did not receive counselling at VSU, they were referred to the hospital instead for medical examination.

4.1.2 What type of counselling services are offered at VSU?

- a) As regards to the types of counselling services offered, all the VSU officers who participated in the study confirmed that, they offered both individual and group

counselling. The Officers indicated that they offered group counselling to the child together with the family and not with other sexually abused children.

Table 4.5: Parent's/care giver's responses on what type of counselling their children received at VSU

Responses	Frequency
Individual	3
Group	11
No counselling received	17
Total	31

Table 4.5 above shows that 3 (three) indicated that they received individual counselling, 11 said that their children received group counselling while 17 indicated that they did not receive any counselling.

d).Qualitative data from all categories of participants on the type of counselling offered at VSU

Qualitative data from VSU officers and parents/caregivers all established that both individual and group counselling was offered at VSU.

One officer explained that:

we offer individual counselling to children especially when the child has been abused by a close family member and group counselling if the family is traumatized by the abuse. I must confirm that in most cases we just offer group counselling with the family because child sexual abuse cases are reported to the police at different times and we attend to them as an individual case.

One of the parents affirmed that: *when we went to VSU, we were counselled together with my daughter.*

One of the sexually abused children who received counselling had this to say: *when my mother took me to the police station, the police officer talked to me and my mother and assured my mother that everything will be fine.*

These findings were confirmed during field visits. It was however observed that although VSU counsellors confirmed the provision of individual counselling to sexually abused children at VSU, sometimes privacy and confidentiality were not observed,. Children were counselled in the presence of other people or VSU officers in the office, making the environment somewhat not conducive for the child. From the findings, it can be noted that, individual counselling was rarely offered at VSU because children were counselled in the presence of other people in the office.

4.2.3 Availability of rooms/space for counselling at the station

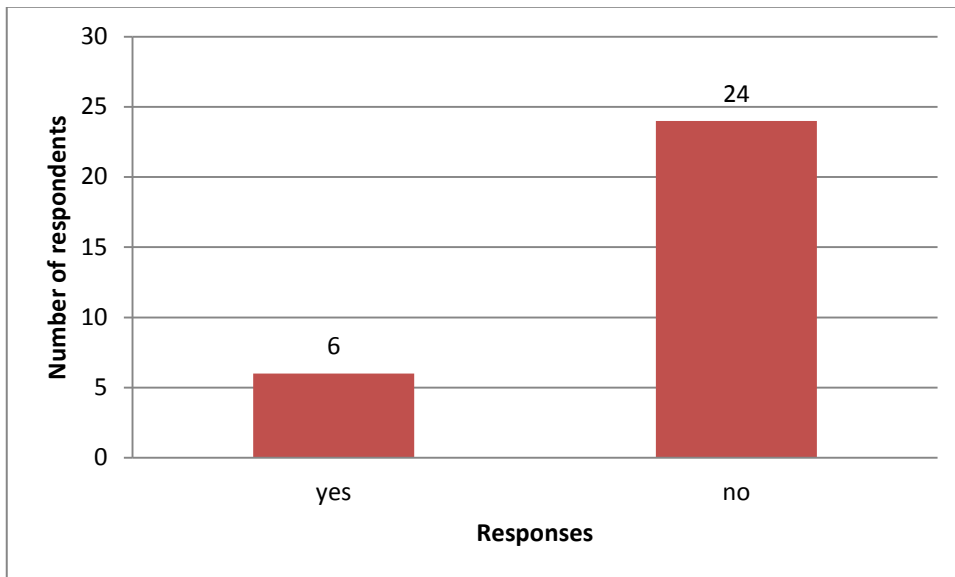
In order to investigate the nature of counselling offered, the availability of rooms/space for counselling, VSU supervisors and counsellors were asked to indicate if they had rooms/space for counselling. The respondents were asked to indicate yes: they had rooms/space for counselling or no: they had no rooms/space for counselling.

Table 4.6 VSU supervisors' views regarding availability of rooms/counselling space at their stations

Responses	Frequency
Yes	3
No	5
Total	8

Table 4.6 above indicates the findings from VSU supervisors showed that, 3 (three) respondents indicated having counselling rooms at their stations while 5 indicated that they did not have rooms for counselling at the station.

Bar chart 4.3 VSU counsellors responses regarding their views on the availability of rooms/counselling space.



As indicated in bar chart 4.3 above, 6 VSU counsellors reported having had counselling rooms whereas 24 reported not to have counselling rooms. The study therefore established that majority (24) of the VSU officers had no counselling rooms at their stations.

b) Qualitative data from the field observations seems to agree with quantitative data to the effect that only two Police Stations namely Chawama and Lusaka Central had rooms specifically designated for counselling purposes. For example, Lusaka Central VSU is an annex building at the station and was built specifically for VSU purposes,

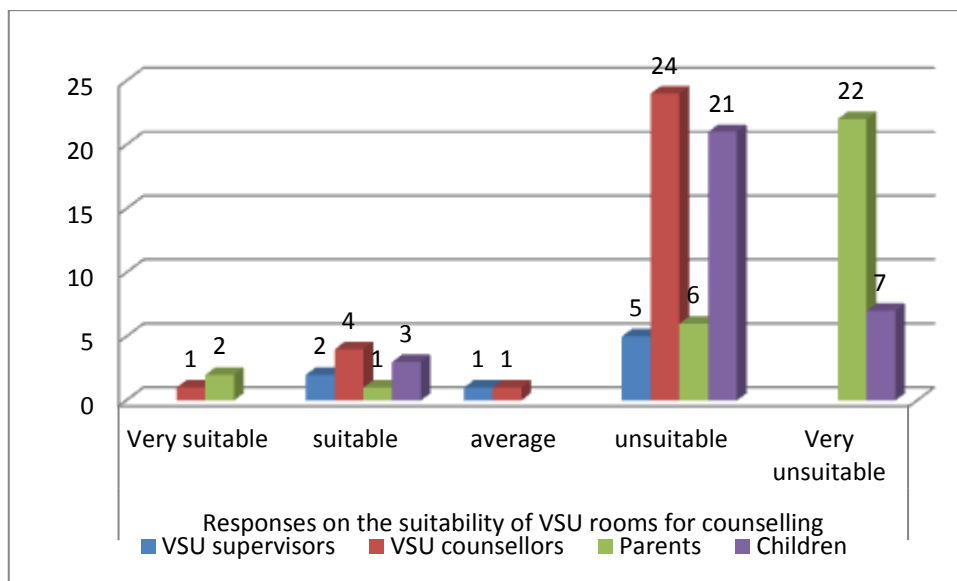
4.2.4 Suitability of the rooms for counselling and confidentiality

Suitability of rooms for counselling and confidentiality refers to the counselling room which is spacious with minimal or no disturbances during the counselling process. To find out on the suitability of rooms for counselling and confidentiality, respondents were asked a closed ended question using a questionnaire (for example, VSU officers) and structured interview guide (parents/care givers and children).

Participants responded to the question which had five options as outlined below:

1. very suitable;
2. suitable;
3. average;
4. Unsuitable; and
5. very unsuitable

a) Bar chart 4.4. Responses from all categories of respondents on their views on the suitability of VSU rooms for counselling



Bar chart 4.4 above shows the summary of responses from all respondents on the suitability of rooms for counselling and confidentiality. These show that majority (56=56%) of the respondents rated the rooms as unsuitable for counselling, 29 rated VSU rooms to be very unsuitable for counselling, 10 rated the rooms to be suitable while 3 rated the rooms to be very suitable and 2 rated the suitability of the rooms as average.

b) Qualitative data from the respondents confirmed the unsuitability of the rooms at VSU.

For instance, a fourteen year old girl said that: *I did not like the VSU office. There were so many people in the office when I was interviewed. It was very difficult for me to tell the police officer the whole story.*

The responses from parents/care givers also showed that the rooms were very unsuitable for counselling. In support, one parent indicated that: *The VSU has no office space where counselling can be offered. The VSU room/office is not suitable for counselling. Children are interviewed in presence of other people. It is difficult to maintain privacy during the interview process.*

Another parent observed that: *The VSU office is too small and there is no space where counselling can be offered. I was made to stand throughout the interview process because all the seats were occupied.*

This was further confirmed during field visits where only two out of six sampled police stations were found to have available rooms for counselling. The other four stations conducted counselling services in other available offices, sometimes in the presence of other police officers who, because of unsuitable arrangement, were part of the counselling team.

During the focus group discussion parents complained that the rooms are not suitable for counselling at VSU. One parent revealed that: *There is no privacy and children are interviewed in presence of others. Apart from that, children are interviewed whilst standing because there are very few chairs or seats.*

Another parent complained that: *The VSU room is too small to accommodate the number of people accessing the services at the unit. When my child was being interviewed, some VSU officers were attending to others within the same office. This affected concentration during the interview process because there were many things happening at the same time.*

4.2.5 Summary of findings on research question number one (1)

Question one sought to investigate the nature of counselling offered to sexually abused children. In order to answer this question, the researcher focused on the following themes: if counselling was offered, types of counselling offered, availability and suitability of counselling rooms/space at VSU. On whether or not counselling was offered at VSU, findings from all categories of respondents indicated that counselling was not always offered at VSU. The VSU supervisors revealed that counselling was not offered at VSU, 3(three) said counselling was offered and 4 (four) responded that counselling was not always offered. Majority of VSU counsellors (24) also responded that sometimes counselling was not offered and only 6 respondents said counselling was offered. Out of 31 parents/caregivers who participated in the study, majority (17) said their children did not receive counselling but only 14 agreed that their children received counselling. On the types of counselling offered, VSU supervisors and counsellors confirmed that they offered both individual and group counselling. As regards to the availability of rooms/space for counselling, majority (24) of VSU counsellors reported that they had no counselling rooms, only 5 (five) respondents confirmed to have had counselling rooms. On the suitability of rooms for counselling, majority (57-57%) respondents from all categories rated the rooms as unsuitable for counselling, 29 rated VSU rooms to be very unsuitable, 10 rated the rooms to be suitable, while 3 (three) rated the rooms to be very suitable and 2 rated the rooms to be average. Qualitative findings from focus group discussion and non-participant observations confirmed unsuitability of the rooms for counselling. Out of all the six selected VSU only 2 (two) units had suitable rooms for counselling.

4.2 Research question 2: what is the level of professional qualification in counselling of officers under VSU?

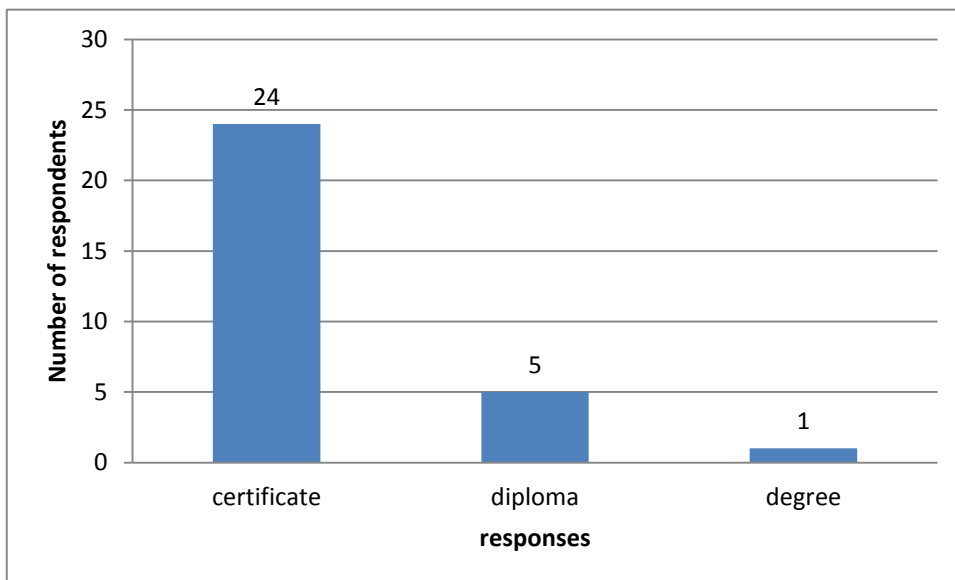
The second research question sought to investigate the professional qualifications of VSU supervisors and counsellors in counselling. To respond to this question, the study sought responses on the level of professional qualifications in counselling, years of experience and in-service training undertaken in counselling.

a) Table 4.7: VSU supervisors' level of professional qualifications in counselling

Responses	Frequency
Degree	2
Diploma	1
Certificate	1
Not trained in counselling	4
Total	8

Table 4.7 above indicates responses from VSU supervisors regarding their professional qualifications in counselling. The findings indicated that 2 (two) were degree holders, 1 (one) diploma holders and 1 (one) certificate holder, 4 (four) responded that they were not trained in counselling.

b) Bar chart 4.5: VSU counsellors' by their level of professional qualifications in counselling



Bar chart 4. 5 above shows the level of training in counselling by VSU counsellors, 1 (one) had a degree, 5 (five) were diploma holders and 24 were certificate holders. It

must be mentioned however that, some of the officers who indicated having a certificate did not necessarily undergo formal training in counselling, but were instead referring to certificate of attendance obtained from workshops. This was established when respondents were asked to indicate duration of their training and institutions which awarded them certificates.

4.3.2 Continuous in-service training in counselling

Continuous in service training referred to officers attending special courses to improve their skills or to learn about new developments in their field. In this study, in service training in counselling focused on the training VSU officers received whilst under VSU in order to enable them improve/acquire counselling skills and learn about new developments in counselling. Respondents responded to the question: Have you received any in-service training at VSU? (Tick either yes or no)

a) Table 4.8: VSU supervisors' responses on whether or not they were involved in in-service training in counselling at VSU

Responses	Frequency
Yes	5
No	3
Total	8

Table 4.8 above shows that from the total number of 8 (eight) supervisors who participated in the current study, 5 (five) of them had participated in in-service training in counselling while 3 (three) did not receive any in service counselling training.

b) Responses from VSU counsellors on whether they had received in-service training in counselling at VSU

The responses from VSU counsellors on whether they had received in service training in showed that all the 30 VSU counsellors who participated in the study had received counselling training for capacity building.

4.3.3 Work experience under VSU

Work experience refers to the skills and knowledge in a particular job which one has gained after a long period of practice. The study sought to find out how long both VSU supervisors and counsellors had worked in the VSU.

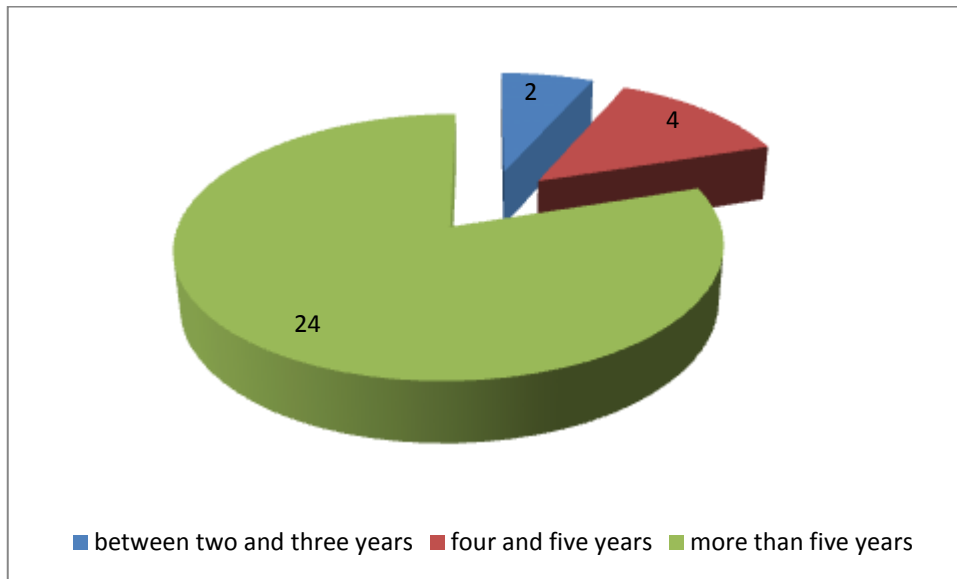
To this effect, respondents selected a response from one of the four options.

1. Less than one year
 2. Between two and three years
 3. Between four and five years
 4. More than five years
- a) Table 4.9: VSU supervisors length of time they had served under the VSU

Responses	Frequency
Less than one year	1
Between four and five years	1
More than five years	6
Total	8

As stated in table 4.9 above, 1 (one) supervisor had worked under VSU for less than one year, another 1 (one) supervisor had worked between four and five years under VSU, and majority 6 (six) had work experience for more than five years.

b) Pie chart 4.1: VSU counsellors' responses length of time they had served in the VSU



Pie chart 4.1 above shows responses from VSU counsellors on work experience under VSU. The responses from VSU counsellors' work experience under VSU indicated that, out of 30 counsellors who participated in the study: 2 (two) had worked between two and three years, 4 (four) had worked for four and five years. Those who had worked for more than five years were 24. It is therefore apparent that majority (24) of VSU counsellors had necessary work experience under VSU.

4.3.5. Summary of findings on research question number 2

Research question number 2 sought to explore the level of training in counselling of VSU officers. In order to answer this question, it was divided in the following themes: level of training in counselling, work experience under VSU and involvement in in-service counselling training. On the level of training in counselling, majority (4) of VSU supervisors indicated not having been trained in counselling, 2 were had a degree, 1 (one) was a diploma holder and 1 was a certificate holder. On the other hand, majority (24) VSU counsellors indicated having certificates in counselling, 1 (one) had a degree and 5 (five) indicated having a diploma in counselling. As regards involvement in in-service training in counselling, 5 (five) of VSU supervisors indicated having

participated in in-service training in counselling, while 3 responded that they did not receive any in-service training in counselling. Responses from VSU counsellors indicated that, all counsellors had received in-service training in counselling. It was also established that majority (24) VSU counsellors had worked under VSU for more than 5 years, 4 VSU counsellors had worked for 4 to 5 years while 2 had worked between 2 and 3 years.

4.3 Research question 3: What are the benefits of counselling to sexually abused children?

The third research question sought to investigate the benefits of counselling to sexually abused children. This was an open ended question for both questionnaire and structured interview guide. It sought qualitative responses from all categories of respondents. The benefits of counselling refer to the help that an individual can get from counselling after exposure to sexual abuse. It also refers to the positive outcome of counselling offered or advantages that result from counselling. These positive outcomes could either accrue to the service providers or recipients of the service.

4.3.1 Table 4.10: shows common responses from VSU supervisors on the benefits of counselling to sexually abused children

1	counselling helps the child to over -come stigma after the abuse
2	Counselling helps the child to avoid future sexual abuse
3	awareness of human rights and child sexual abuse
4	child can educate other children
5	reduces trauma and anxiety
6	helps the child to restore self-esteem, confidence and prevent suicidal thoughts
7	Reduces fear of the police in children
8	Encourages openness and disclosure
9	awareness of procedures to follow

From table 4.10 above, it is clear that the common benefits of counselling as perceived by respondents can be grouped into post trauma support, preventive and procedural.

One of the VSU supervisors explained that:

when the child is sexually abused, they feel not part of the community they live in, sometimes they isolate themselves from friends worse still the family due to stigma This is common to those who have been sexually abused by either a family member or a person known to the victim. When they come to the police, we make sure that they are counselled in order to help them feel that it is not the end of the world and whatever happened to them will come to pass.

On reducing fear of the police, one VSU supervisor had this to say:

when children come to the police station for the first time, they are scared and fear that they would be arrested by the police. However, after talking to them, we assure them that we are there to help them and not to arrest. We always assure them that it is not their fault and they did not do anything wrong. After counselling them, some children open up and feel free to express themselves in presence of police officers.

VSU counsellors also had similar views on post trauma support as a benefit of counselling. One VSU counsellor explained that:

As VSU counsellors we perceive counselling to be beneficial to sexually abused children as it helps to restore the victim's confidence and reduces fear in the victim knowing that the perpetrator would be arrested.

The VSU counsellors also believed that counselling helped to reduce the sense of guilty. To this effect one of the VSU counsellors said that:

I had an encounter with one of the sexually abused children. When she was brought to the station, the girl was scared and she refused to talk. She said that the abuser would kill her if she discloses what happened. I told her that the abuser would be arrested and jailed. That is when she started disclosing what happened.

Another VSU counsellor explained that:

In many cases of child sexual abuse, the provision of counselling helps children not to fear the police. I had an experience with one girl who was sexually abused by a close family member, when she was brought to the police; the girl was very scared of me such that she could not even look at me. After counselling her, she opened up and even started calling me auntie.

Another VSU counsellor narrated that:

It takes time and skill for the child to trust and disclose a story of sexual abuse to a stranger or police officer. Counselling helps to create trust between the child and the police officer handling the case.

Another female VSU counsellor said that:

I think counselling is very important when dealing with sexually abused children. It benefits both the child and the service providers. Counselling helps us to understand the feelings and emotions of the child after the abuse and create rapport between the child and the officer.

Furthermore, children were asked to say anything on what they liked about the counselling services they received at the VSU. Some of them indicated that they felt happy for having been attended to by a woman when they went to VSU, others said they received assurance from the Police that the abuser would be arrested and others were happy because they were spoken to in privacy.

One 15 year old child had this to say: *“I was happy because I was talking to a woman at the police station. She listened to me and had time to talk to me about my future.*

Another 12 year old child had this to say: *“the person I was talking to was not wearing a uniform and she was good to me. She promised to arrest the one who did this to me and I believed her.”*

A 13 year old child reported that: *“the police allowed me to touch my mother when talking, and told me that the abuser will be arrested by the police and he will never abuse me again.”*

A 14 year old girl who was abused by a close relative narrated that: *“the police talked to me, believed what happened I told them and assured me that it was not my fault. I felt good after telling them what happened. At least I found someone who believed and listened to my story because no one seem to believe me”*

Another 14 year old child said that: *“The police told me that the one who did this to me will be arrested. I felt good that the police will protect me because he was threatening to kill me”*

However, it must be reported that some of the children did not provide any response as they just kept quiet. This was probably due to the fact that they did not receive any counselling at VSU.

Parents were also asked to explain the benefits of counselling. It was established that some of the parents/care givers whose children were sexually abused appreciated the counselling services received at VSU.

One parent explained that: *“I was happy with the services we received at VSU since my daughter was free to express herself and, the police officer handled the case professionally.”*

One parent whose child was abused by a family member had this to say:

When I discovered that my 13 year old child was sexually abused, she refused to tell me who abused her. She disclosed after receiving counselling at VSU. The police officer told her that whatever happened was not her fault and the police are there to protect her .I was surprised that my daughter started talking and even disclosed the name of the abuser at the police

station. When we went home my daughter told me everything and disclosed that the abuser abused her several times.

One parent appreciated the services received and said that:

When we reported the case to the police, the officer talked to me and my child. I was happy because the police officers considered the case as a problem that required serious attention. The officer was able to explain to me and my child about children's rights and how my child can prevent future sexual abuse. This also helped me to understand what my child was going through and how to treat her. At least my daughter was not able to go outside the home anyhow, even when friends came to pick her up she refused and just concentrated on school work.

Another parent had this to say:

The police officer at VSU helped me to understand and over-come negative feelings I had after my daughter was sexually abused. I was confused I didn't know what to do. I never thought that my child could be a victim of sexual abuse. However, during counselling, the police officer explained to me on how I can help my daughter to overcome the trauma and move on with a normal life. The counselling helped me to understand the needs of my child and what she was also going through, Later I realised that my daughter needed me more than ever.

4.4.2. Summary of findings on research question number 3

Research question number 3 sought to determine the benefits of counselling offered to sexually abused children at VSU. The question sought qualitative responses. All categories of respondents confirmed some of the benefits of counselling to include the following: counselling assists children and the family to overcome trauma after the abuse, reduces trauma and anxiety, restores self-esteem, confidence and prevents suicidal thoughts, awareness of procedures to follow, encourages disclosure and reduces fear of the police officers in children.

4.5. Research question 4: What challenges faced in the provision of counselling services?

The fourth and last research question sought responses on the challenges faced in the provision of counselling services. A challenge refers to something difficult to overcome or requires more effort and determination. The research findings showed that all the respondents were facing a lot of problems or difficulties in either the provision and receiving of the services at VSU.

4.5.1 Table 4.11 common responses from VSU supervisors on the challenges faced in the provision of counselling services

1	lack of trust in the police and fear of disclosure
2	children fear the police
3	lack of counselling rooms in some stations,
4	Lack of transport to make follow ups
5	Lack of trained counsellors in child counselling
6	lack of counselling materials to use as reference materials
7	lack of anatomic detailed dolls to use during counselling,(To help children disclose)
8	lack of support from the family especially if the perpetrator is a close family member
9	lack of privacy when counselling children

One VSU supervisor explained that:

We do face a number of challenges ranging from institutional and personal challenges. Some of the institutional challenges are: insufficient or lack of funding, insufficient transport, lack of counselling rooms in some stations, lack of uniform guide or interview schedule to use when interviewing children, insufficient man power in some stations and many others. Some of the personal challenges include: lack of motivation by some officers, lack of training in counselling, work over load and some police officers are not just committed to offer quality services to victims of crime may be because they are frustrated.

4.5.2 Table 4.12 Common responses from VSU counsellors on the challenges faced in the provision of counselling services

some parents have no respect or trust in police officers,
Some parents view counselling as a waste of time
lack of counselling rooms
Some victims do not open up
Lack of transport
insufficient trained counsellors
VSU officers performing two different critical roles of interviewing/counselling the victim and arresting the perpetrator
Work over load

One VSU officer elaborated that:

The provision of counselling to children and victims of crime is very challenging because of lack of trust and suspicion by parents or family. Sometimes police officers are willing and committed to provide psychological help to the victim and the family, however, in the case of sexually abused children, some parents view counselling as a strategy on the part of the police to delay taking the case to court.

Another officer reported that:

It is very difficult to provide proper counselling at VSU because of so many challenges that we are facing in terms of infrastructure and roles that we perform as police officers. We have only one VSU office at the station and it is impossible to tell my fellow officers to go outside when counselling the child. Sometimes we just interview the child in presence of other people.

Another officer had this to say on the challenges they face:

The roles that we play in gender based violence are very challenging and many, we investigate the cases, interview or interrogate the perpetrators, ensure that the case is taken to court within the shortest period of time. Therefore, it is difficult to offer counselling when you have such multi task roles.

Another officer reported that:

It is difficult to provide quality and professional counselling at the station due to lack of counselling rooms or space. We only have one office space for all VSU officers and it is near the inquiries. You find that when counselling the child and the family, there is noise from outside and the child cannot concentrate.

One VSU counsellor said that:

Some parents or family members of the sexually abused children view counselling as a waste of time. Even if we try to explain the importance of counselling to the child and the family, they insist that their child is fine or will be taken somewhere else. So we find it is difficult to impose counselling on the client.

Another VSU officer reported that:

we are very few at this station and sometimes there are many cases to attend to. When we have a case of child sexual abuse, we just explain the process to the family and refer the children to UTH for medical examination

Another VSU counsellor explained that:

It is very difficult to get information from the child if you have not counselled and created rapport with the child. Even if you take your time some children will just either keep quiet or look somewhere without responding. Some children talk at their own time. Sometimes a child can just give you signs without talking so if the police or other stake holders can provide us with anatomic dolls which has human private parts, it can help us to communicate with the child who is just using non-verbal communication

4.5.4 Table 4.13: Common responses from the children on the challenges faced at VSU

1	Being interviewed without the parent being present
2	Being interviewed in presence of other people
3	Interviewed whilst standing
4	Being interviewed/counselled by a policeman
5	Children not given time to explain
6	Lack of privacy
7	Being interviewed by so many people

The findings show that counseling is provided in presence of other people. A 16 year old girl complained that:

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.

A 13 year old girl reported that: *“the police officers were asking me in presence of many people, the room was noise and i was not given a seat where to sit.”*

Another 14 year old girl had this to say: *“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.”*

Another respondent, a 12 year old girl had faced similar challenges and noted the following: *“i was made to stand for a long time and there were many people asking me questions at the same time.”*

4.5.5 Table 4.13: Common responses from parents on the challenges faced in receiving counselling

1	counseling rooms are not secured in order to promote privacy
2	paying for the medical form
3	Lack of transport to the hospital
4	sometimes parents are not given time to explain
5	Police environment is not a suitable/conducive place for counseling especially children
6	sometimes police officers are corrupt, they initiate reconciliation so that the case is not taken to court
7	the VSU room is too small
8	Lack of commitment by police officers
9	Sometimes the process is too long

One parent complained that:

the VSU office was too small. The officers attend to many people at the same time. It was difficult for the child to concentrate during the interview even if the police officers were patient enough. There were many disturbances and many people listening especially if the story is interesting.

Another parent expressed disappointment on the professional conduct of officers. She observed the following:

I was not happy the way police officers handled the case. When we reported the case to the police, we were hoping that it was going to be taken to the court without delay. To my surprise, the VSU officers started negotiating for reconciliation between my family and the perpetrator. How do you expect me to trust them? Of course they were bribed by the abuser.

After this experience, I cannot trust the counselling services offered by the police.

One parent during the focus group discussion observed the following:

when I took my daughter to the police after she was sexually abused by the neighbour, I was desperate for anything and I had hope that I will be assisted. I went there around 08:00hours and we were referred to VSU. We stayed for a long time to be attended to meanwhile, my child was in pain. In the VSU office, there were so many people and it was difficult for my daughter to narrate the story in front of so many people. To tell you the truth, I did not like the way we were treated. They also made us to pay K50 for medical form.

Another care giver expressed disappointment on the professional conduct of police officers and the quality of services offered at VSU. She noted:

The police officers should just concentrate on arresting the offenders. They don't know how to treat children. They have no patience when interviewing the children. When I took my child to VSU we went straight to the inquiries. As we were waiting one officer asked my daughter what happened. When my daughter hesitated to answer him back, he told her not to waste time because other people were waiting to be attended to.

4.5.6. Summary of research question number 4

Research question number 4 sought to investigate challenges faced in the provision of counselling to sexually abused children at VSU. It was established from all categories of respondents that there were many challenges that were faced in the provision of counselling to sexually abused children at VSU. Some of the challenges faced by service providers were: lack of counselling rooms, lack of transport, insufficient man power, role conflict, lack of disclosure by some victims, counselling was viewed as a sheer waste of time by some parents/care givers, lack of respect and trust in the police by some parents and lack of counselling materials to use when counselling children.

Parents/care givers and children also stated the following challenges: lack of privacy at VSU, being interviewed in absence of the parent, being interviewed in presence of other people, children were not given time to explain, some police officers were rude during the interview process, being interviewed or counselled by a man and being interviewed whilst standing.

4.6 Summary

The chapter was premised on establishing the nature of counselling services offered to sexually abused children at VSUs. Both individual and group counselling were offered to the victims of child sexual abuse. The study also revealed that most of the officers under VSU had relevant qualifications and work experience in counselling. It was however discovered that some of the Police Stations had no counselling rooms and even those that indicated having counselling rooms, the rooms were not suitable for counselling and lacked confidentiality. The study also revealed many challenges faced in the provision of counselling services to sexually abused children at VSU including; insufficient funding, lack of counselling rooms in some police stations, lack of trust in police officers by some parents and family members of the abused children. The next chapter presents the discussion of findings.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS

5.0 Introduction

The previous chapter focused on the presentation of findings on counselling offered to sexually abused children in selected Zambia Police VSU in Lusaka District. This chapter is a discussion of findings. The findings are discussed in relation to literature which has been reviewed in chapter 2 and the theoretical framework. Added to the above, the discussion is guided by the research objectives. By way of reminder, the research objectives are:

- i. to investigate the nature of counselling offered to sexually abused children at VSU;
- ii. to explore the level of training in counselling of VSU officers;
- iii. to determine the benefits of counselling offered to sexually abused children and;
- iv. to investigate the challenges faced in the provision of counselling at VSU.

5.1. Objective 1: To investigate the nature of counselling offered to sexually abused children

Objective number (1) sought to investigate the nature of counselling services offered to sexually abused children. To achieve this objective, respondents were asked to indicate and explain if counselling was offered, types of counselling offered, availability of rooms/space for counselling and suitability of the rooms for counselling.

According to the findings of the study, counselling was not always offered to sexually abused children at VSU. From the findings, out of eight supervisors, 3 responded that counselling was offered, 1 said counselling was not offered and 4 indicated counselling was not always offered to sexually abused children. From the VSU counsellors, 6 indicated that counselling was offered and majority 24 responded counselling was not always offered at VSU. Responses from the parents/care givers show that out of 31 parent/care givers who participated in the study, 14 said that their children received counselling at VSU and 17 said their children did not receive counselling. The findings of the current study clearly showed that, counselling was not always offered to sexually

abused children. This was also confirmed from the observations that, some children did not receive any form of counselling at VSU. The findings of the current study are similar to what Zambia National HIV/AIDS Council (2011:1) reported on HIV counselling and testing for children that ... *despite a high number of children being eligible for HIV counselling, only few are counselled and tested each year....* This inferred that not all the children who were sexually abused received counselling at VSU even though they were eligible. Mathews (2009) reported similar findings about the Western Cape CSA study in South Africa. The study found that, majority of children who are sexually abused do not receive post rape counselling or other forms of psychotherapy.

It is worth noting that, although the introduction of VSU in 1994 provided an opportunity for child victims to receive more humane and quality services through counselling, this has not been fully implemented by the service providers. As it can be traced from the history of counselling victims of crime in Zambia, children rarely receive counselling services at VSU. Though some VSU supervisors and counsellors responded that counselling was offered, it was observed that counselling was rarely offered at VSU.

One VSU counsellor confirmed that:

Some children who are sexually abused are brought to the police station in a serious health condition and we cannot offer counselling to the client who is sick or has serious physical pain, we just refer them to the hospital for medical treatment. We also refer children to the hospital for HIV testing so that the child can receive medication to prevent infection if the abuse has happened within 72 hours.

It is worth noting that, counselling was not offered to some sexually abused children if the victim had serious health complications or experienced physical pain. These findings seem to agree with SAT recommendations when attending to sexually abused children. SAT (2001) alluded to the fact that, when attending to the child who is sexually abused, the healthy state of the child is considered to be very important. The

child is first referred to the hospital for medical examination. Mathews (2009) reports similar observations on how CSA is handled by service providers in South Africa. He asserts that, although the policy framework introduces integrated services for victims of CSA, the policy however, addresses CSA from a medico-legal perspective. Therefore, it is imperative that VSU officers offer counselling to children who are sexually abused if the health state of the child is stable. Like this study, Cabinet Office (2011) emphasises that the VSU have a mandate to provide counselling services to all victims of gender based violence and to refer them to the hospital for medical examination. However, the approach to Child Sexual Abuse (CSA) by service providers as explained by Mathews (2009), is seen or attended to from the medical and legal perspective. Psychotherapy is not always offered to the children and their family at VSU in spite of the police being the first service providers the child comes in contact with. Access to counselling services at the police should be facilitated by VSU officers. When the health condition of the child is stable, it is important that counselling is provided to the child and the family. This can help the child to understand the whole process and be aware that the process will involve many professionals from the police up to the courts of law.

5.1.1 Types of counselling

The study revealed that there were two types of counselling offered to sexually abused children and their family at VSU. These were: individual and group counselling. Quantitative findings from VSU supervisors and counsellors indicated that both individual and group counselling were offered at VSU. This was confirmed by parents/care givers responses on the type of counselling their children received at VSU. 3 parents/ care givers indicated they received individual counselling, 11 said that they received group counselling while 17 indicated that they did not receive any counselling. The types of counselling offered at VSU are common psychotherapy services offered to victims of child sexual abuse. Astburry (2006) suggests that, the three major modalities for therapy with children and teenagers who are abused are family therapy, group therapy and individual therapy. He went on to explain that, the type of therapy to use

depends on a variety of factors such as the age of the victim, similarity of the problem and the choice of therapy by the client or victim.

The findings of the study revealed that individual counselling was provided to sexually abused children. The results from the observations shows that, even if individual counselling was offered at VSU, sometimes children were counselled in the presence of other people or VSU officers in the office. Therefore, although VSU officers generally agreed to the provision of individual counselling, the findings from the observations, children and parents/care givers pointed to the fact that, individual counselling sessions were offered in the presence of other people. This was due to various circumstances such as lack of office space for counselling. The provision of individual counselling is a challenge in many police stations. If children are counselled in the presence of other people, the purpose of offering individual counselling was compromised. For example, there was no confidentiality during the counselling process. This is contrary to how Zambia Counselling Council has described individual counselling. ZCC (2006) explains that, in providing this type of counselling, it should involve a one to one contact with the counsellor in order to react to crisis situations as they arise. This is because every child has his or her own way of reacting to trauma. Thus, individual counselling offered at VSU did not qualify to be one because children were counselled in the presence of other people in the room.

The findings also indicated that group counselling was another type of counselling offered to sexually abused children. Some children and parents/care givers agreed having received group counselling at VSU. Both VSU supervisors and counsellors confirmed that they offered individual as well as group counselling. VSU officers said that group counselling was offered to the child alongside the family but not in the company of fellow children who are sexually abused. This type of counselling was offered when the child was taken to the police station to report the case. The family is involved in order to help them understand the whole process in CSA cases and how to treat the child in order to assist them overcome the trauma of abuse. As Zinck & Littrell (2000) affirms, group counselling sessions were effective for reducing the at-risk behaviours of adolescent girls.

The findings of the current study also showed that, group counselling was conducted in order to involve the parents/care givers in the process. Contrary to Cabinet Office (2011), suggestion that it is preferable to have the parent or guardian wait outside during the interview and allow an independent person to be present, the presence of the parents/care givers during the counselling process is very important especially if they are not the perpetrator of the abuse. Some children feel comfortable to have their parents present during the counselling or interview period. For example one child said that: *“the police allowed me to touch my mother during the interview, and told me that what happened will never happen again.”* By allowing the parent to be present during the counselling sessions, it helped the child to feel comfortable and looked up to the mother as the source of emotional support during the counselling process.

It is believed that the involvement of parents or family members in the process of counselling can help the child to heal or recover after the abuse. This supports Mathews (2009) conclusions that the parent’s emotional availability and ability to adjust has an impact on the child’s recovery. Goenjian, Karayan and Pynoos (1997) study also revealed psychological benefits of group counselling to the parent themselves and improved child-parent relationship. Astbury (2006) had similar sentiments on the involvement of parents that, treatment of young children requires strong parental involvement and the child can benefit from family therapy. Elliot & Carnes (2001) also report that, in high income countries, it has been found that children’s emotional and behavioural adjustment after sexual abuse is linked with parental reaction and emotional support they receive from parents. From the current study, one parent confirmed the benefits of counselling. She said that:

The police officer at VSU helped me to understand and over-come negative feelings I had after my daughter was sexually abused. I was confused I didn’t know what to do. I never thought that my child could be a victim of sexual abuse. However, during counselling, the police officer explained to me on how I could help my daughter to overcome the trauma and move on with a normal life. The counselling helped me to understand the needs of my child and what

she was also going through. Later I realised that my daughter needed me more than ever.

Melo (2012) also affirms similar views on the involvement of parents when counselling teenagers and children. Melo (2012) alludes to the fact that, although children and teenagers should often attend counselling individually, the involvement of parents plays a vital role in helping their child continue what is learned in counselling to carry on into his/her everyday life outside of counselling. Apart from that, parents also need support along the way too and oftentimes need to obtain specialised information to further understand their child's requirements.

The nature of counselling also focused on the availability of rooms/space for counselling. The study revealed that out of the 30 VSU officers who participated in the study, 6 respondents said they had rooms for counselling and 24 respondents said they did not have rooms for counselling. Therefore, there are very inadequate rooms for counselling in most of the stations. The results from the observations showed that, only two police stations had modern structures with counselling space. The two stations in particular, one was constructed after the integration of VSU in the Zambia Police and the other had an annex building specifically for VSU purposes.

On suitability of the rooms for counselling and confidentiality, the findings of the study revealed that, majority (56) of respondents rated the rooms as unsuitable for counselling, 29 rated VSU rooms to be very unsuitable for counselling, 10 rated the rooms to be suitable while 3 rated the rooms to be very suitable and 2 rated the suitability of the rooms as average. These findings indicated that the rooms were unsuitable for counselling, there was lack of privacy and confidentiality during the counselling process and posed a challenge in the provision of quality counselling services to the children and the service providers. One parent during the focus group discussion confirmed that:

There is no office space where counselling can be offered. The VSU room is not suitable for counselling. Children are interviewed in presence of other people. It is difficult to maintain privacy during the interview process.

According to Chansonso (2003), privacy is one of the components of effective counselling. Unsuitable interview rooms where counselling service is offered can defeat the effectiveness and quality of counselling even if the counsellor has the necessary skills to provide quality counselling services. Non availability of suitable rooms for counselling can also compromise the principle of confidentiality which is the core ethical value of counselling. Chansonso (2003) further elaborates that, an environment associated with unsuitable atmosphere and unfriendly counselling setting can induce withdrawal, stimulate fear and guilt in the minds of the victims especially children. This kind of environment may generate some kind of psychological barrier between the professional counsellor and the client. This was confirmed by a 16 year old girl who was counselled in the presence of others. She reported that: *I did not feel good to be interviewed in presence of others. I felt embarrassed that so many people were hearing what happened to me.*

Based on the findings of the first research objective, it can be concluded that, counselling was not offered to sexually abused children in some stations. Apart from that, children were counselled in presence of other people and this defeats the quality and purpose of individual counselling. The current study also established that majority of VSU stations had no rooms for counselling and the rooms were not suitable for counselling. The nature of counselling offered at VSU was found to be contrary to the principles of client centred theory. Rodgers (1986) emphasizes the importance of providing counselling environment which is conducive in person centred therapy. He further explains that, for an individual to use his/her inner resources for self-understanding, attitudes and self-directed behaviour can be tapped if only a definable counselling climate of facilitative psychological attitudes can be provided. Therefore, based on the forgoing, it can be deduced that the findings on the first research objective have provided a basis for future research. For example, future researchers would add to the body of knowledge to explore on the effectiveness of counselling services offered to sexually abused children.

5.2 Objective 2: To explore VSU officer's level of training in counselling

Objective number 2 sought to explore VSU officer's level of training in counselling. According to the findings of the study, VSU supervisors indicated that 2 (two) officers were degree holders, 1 (one) respondent had a diploma and 1 (one) officer had a certificate, while majority 4 were not trained in counselling. From the total number of 30 VSU counsellors who participated in the study, 1 (one) had a degree in counselling, 5 (five) were diploma holders and 24 were certificate holders. All the VSU officers/counsellors said that they had been trained in counselling. It must be mentioned however that, some of the officers who indicated having a certificate did not necessarily undergo formal training in counselling, but were instead referring to a certificate of attendance obtained through workshops.

It can be inferred that most of the VSU counsellors were not adequately trained in counselling. This could have a negative impact on the provision of specialised counselling services to the children. Astburry (2006) notes that poor quality services can maximise the harm experienced by the victims or survivors of child sexual abuse. Inadequate training in counselling of officers offering counselling services at VSU is similar to Kasote's (2012) study findings on the challenges of HIV/AIDS counselling in Mazabuka District Basic schools. Kasote (2012) reports that 90% of guidance and counselling teachers in Mazabuka District were not trained in counselling and guidance and this posed a challenge in the provision of effective HIV/AIDS counselling services to learners.

The findings of the current study revealed that some VSU counsellors had necessary training in counselling that can enable them to offer professional counselling services to both the children and the family of the victims. The level of training and professional experience can enable the counsellors to have wider knowledge in the rehabilitation process of the sexually abused children. SAT (2001) observed that the professional conduct of the counsellor can help to create trust and confidence in a client or the family and believe that the case would be handled professionally. This was similar to what one parent said: *"The case was handled professionally, I was encouraged to be closer to my daughter and advised that the child should be taken to the hospital to be*

examined by medical officers before going home.” This was the case because the counsellor conducted him/herself professionally and it was easy for the parent to understand the whole process and how to take care of the child during the recovery process.

As regards to in service training in counselling, the results shows that only 3 (three) VSU supervisors had not received in service training in counselling, 5 (five) responded that they had participated in service training in counselling and all the VSU counsellors had received in service training organized by VSU national coordinators office and cooperating partners. On the work experience under VSU, results indicated that out of 8 (eight) VSU supervisors: 1(one) had worked under VSU for less than one year, 1(one) worked between 4 and 5 years, 6 (six) had worked for more than six years. VSU counsellors indicated that, 2 (two) had worked under VSU between two and three years, 4 (four) between four and five years and 24 had worked for more than five years. The bio data on the age range also confirmed that majority (34) of VSU officers ranged from 30 to 45 years and above. It can be inferred that, majority had worked in the service for a period of time. The work experience of service providers working with sexually abused children cannot be over emphasised. The findings of the current study show that the VSU officers who participated in the study had the necessary work experience to enable them have the knowledge and experience when attending to sexually abused children. This seems to be in agreement with what Southern Africa Trust (2001) points to the fact that, working with young children demands adequate knowledge and experience in child development. It also requires the skills to communicate effectively with children and families. Thus, the level of a counsellor’s competence and training is important to the provision of quality services to the sexually abused children. Kasote (2012) noted that, the provision of counselling services requires trained and experienced counsellors because, trained counsellors have the opportunity as well as responsibility to provide accurate information to the clients and help them develop healthy attitudes or regain self- esteem after the abuse based on their vast experience in counselling.

The study revealed that some parents/care givers appreciated the professional conduct and information given on child sexual abuse prevention by VSU counsellors. This was in agreement with what the American School Counsellor Association (2006) have stipulated. The Association stressed that, counsellors should communicate information as part of the counselling programme and collaborate with other professional and stake holders. Kauffman (1991) and Makinde (1984) both emphasize counsellor's role to plan and develop a counselling programme in relation to client's needs. This role is very important because the children who are sexually abused require their needs to be met. These needs as outlined by ZCC (2006) include: conducive counselling rooms and the right to privacy. The findings of the study showed that, some VSU counsellors lacked professional practice when counselling children and in most cases the needs of the children during the counselling process were not met. During the interview, children emphasized that the VSU officers interviewed them in the presence of many people and did not offer them a seat when being interviewed.

Makinde (1988) alludes to the fact that, for counsellors to play their roles very well and effectively they must have good methods of carrying out their counselling and should have good qualities. Qualities such as: being respectful to the client regardless of who they are, being empathetic, being non- judgemental and good listening skills are an integral part of the counselling profession. These qualities are very important and can allow the client to express themselves without feeling of being judged. For example a child who was abused by a close relative had this to say: *"the police talked to me and said that what I was saying was true and it was not my fault. I felt good after telling them what happened."* This was the case because the counsellor attended to the client's needs and assured her by creating a non- judgemental environment at the beginning of the session where the client can say anything without being judged. Khochher (2006: 184) elaborates that: "student/client seeking counselling needs a wise sympathetic listener with broader experience than them to whom they can recount their difficulties and to whom they may gain suggestions regarding their own proposed plan of action." The implementation of counselling at VSU can only be achieved if all VSU officers are trained in counselling. As Lapan, Gysters and Sun's (1997) study revealed that, schools which had a fully implemented and well defined counselling programme managed by

trained counsellors had students who reported and believed that, their schools had a more positive climate that gave them feelings of belonging and safety as many peers were behaving better due to the school counselling programmes.

5.3 Objective no. 3: To determine the benefits of counselling offered at VSU

Objective no. 3 sought to determine benefits of counselling offered at VSU. The findings of the study elucidated that counselling offered at VSU benefited sexually abused children, family and VSU officers. Qualitative results showed various responses from parents, VSU officers and children. Some of the responses were: counselling helps the child to overcome stigma, and the whole situation, helps the child to avoid future sexual abuse, awareness of human rights, reduces trauma and anxiety, helps the child to restore self- esteem, confidence, prevents suicide and promotes disclosure as well as awareness of procedures to follow. It was generally agreed by all categories of respondents that counselling services offered at VSU helps sexually abused children to avoid future sexual abuse and awareness of human rights. For example, one parent explained that:

... the officer was able to explain to me and my child about children's rights and how my child can prevent future sexual abuse. This also helped me to understand what my child was going through and how to treat her. At least my daughter was not able to go outside the home anyhow.

These results seem to correlate with Gibson and Leitenberg's (2000) conclusions in their study on child sexual abuse prevention programmes and if they decrease the occurrence of child sexual abuse report similar findings. They concluded that school based child sexual abuse prevention programmes were associated with a reduced incidence of child sexual abuse. Thus, counselling as one of the preventive services of CSA can help children to prevent future occurrence of sexual abuse.

The findings of the current study also revealed that counselling helped to reduce trauma and anxiety in children who were sexually abused. As earlier alluded to in the literature, children who are sexually abused can exhibit a myriad of immediate psychological consequences like emotional disturbances in form of fear, anxiety, anger

and low self-esteem (Browine & Finkelhor 1996; Bentovim et al., 1988; and Kendall-Tackett et al., 1993) cited in Malhotra (2006). It is for this reason that counselling as a psychological therapy and assessment in child sexual abuse, should focus on psychological consequences of Child Sexual Abuse.

It also established that counselling helped the children to restore their self-esteem, confidence, prevent suicide and promote disclosure as well as awareness of procedures to follow. These findings agree with Melo's (2012) views on some of the benefits of counselling to children, which include: relief from on-going feelings of distress such as anger, sadness, worry or frustration, help teenagers to learn new ways to cope with stressful situations and offers an opportunity for strengthening parent-child relationship.

The findings further revealed that, some children felt good after talking to the VSU counsellor or being attended to by a female Police officer. Those children indicated that, they felt better because someone was listening to their story. The bio data on the gender of respondents indicated that majority of VSU counsellors were female. Apart from that all the abused children were female who were sexually abused by male perpetrators. Thus, children felt comfortable after being attended to by a female police officer at VSU. This was a result because some abused children were victimised by their relatives and no one believed their story. The roles of VSU counsellors in helping victimised children was similar to Hanish and Guerra (2000) findings that, school counsellors were effective in reducing victimization by assisting victimized children to cope up with the traumatic experience.

After a traumatic experience of being sexually abused, Malhotra (2006) suggests that such children need to be helped to overcome their isolation to mitigate the psychological, emotional and social consequences of the trauma so that they can find meaning and purpose in their lives. In children, SAT (2001) explains that, trauma may be of diverse origin cumulating over time, thus endangering the social, moral and healthy personality development of the child in many ways. Therefore, service delivery for the sexually abused children should always focus on meeting the needs of the children to enable them benefit from the services. It is the duty of the counsellor to be

professional when attending to the children even prior to the beginning of the counselling session.

5.4 Objective 4: To investigate the challenges faced in the provision of counselling services at VSU

Objective number 4 sought to investigate the challenges faced in the provision of counselling services at VSU. The study results revealed various challenges faced by VSU officers, parents/care givers and children in providing and accessing counselling at VSU which included: lack of trust in the police and fear of disclosure, children's fear of the police, lack of privacy when counselling children and lack of professionalism when handling cases involving children. The findings from the children also revealed that, children were either interviewed whilst standing and 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, lack of anatomic detailed dolls to use during counselling (to assist child disclosure), lack of support from the family especially if the perpetrator is a close family member.

Lack of trust in the Police by the parents/care givers and children can affect the provision and access of counselling services. Trust is closely related to confidentiality in counselling and is at the centre of counselling especially when there is stigma attached to the story or the problem is sensitive to the client (Moloney, 2005). For example, one of the VSU officers stated that:

The provision of counselling to children and victims of crime is very challenging because of lack of trust and suspicion by parents or the family. Sometimes police officers are willing and committed to provide psychological help to the victim and the family, however, in the case of sexually abused children, some parents view counselling as a waste of time or think that it is a strategy on the part of the police to delay taking the case to court.

Apart from that, it was established that some parents viewed counselling not to be important for the well-being of the children. Some parents also reported that police

were not willing to offer counselling services and that, counselling services were not readily available in many VSU. The findings were similar to the findings by Victim Support Agency (2011). The agency 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.

The findings of the current study established that, lack of trust in the police was perpetrated by unprofessional conduct of some police officers when dealing with child sexual abuse cases. One parent expressed mistrust of the police and explained that: *“I was not happy with the way police officers handled the case. When we reported the case to the police we were hoping that the case was going to be taken to court without delay. To my surprise, The VSU officers started negotiating reconciliation between my family and the perpetrator so that the case could be settled outside the court. How do you expect me to trust them? Of course they were bribed by the abuser.”*

These findings are similar to some of the barriers to reporting, disclosure of sexual abuse and implication for service use at the level of justice system cited by Lievore (2003). These barriers at the justice system include: believing that the police would not do anything about the case, police would not think the case was serious enough; fear of not being believed or being 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.

Lack of disclosure of sexual abuse was found to be one of the challenges VSU officers were facing in the provision of counseling services. It was found that some children were not willing to disclose the abuse to officers in spite of providing counselling to them. One VSU officer confirmed that: *Lack of disclosure of the abuse by either the child or family is a challenge. This is common when the child has been abused by the family member or someone close to the family.* This was similar to what Crime Prevention & Justice Assistance Division (2000) found in a study on *Reporting sexual*

assault to the police in Hawaii, where some of the findings revealed 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. It was further established that child victims of sexual abuse were less likely to report to the police and more likely to delay seeking services. A study conducted by UNICEF (2001) had similar findings on difficulty in disclosing sexual abuse. The study 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, cited in Koran 2004).

Lack of disclosure is common to victims of CSA as Allnock (2010) alludes to the fact that 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. Lack of disclosure can be attributed to fear of the police or lack of trust in the Police as earlier stated in the current study findings. In order to make a disclosure, a child has to find someone they can trust and who they feel safe telling. Victims of sexual abuse can be reluctant to tell anyone because their abuser may have told them that they would not be believed (Allnock, 2010).

The current study also revealed inadequate man power, work overload, inadequate counselling rooms and unsuitable counselling rooms in many stations as well as lack of commitment from parents or family members as some of the challenges faced in the provision of counselling services. These findings are consistent with 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.

The results of the study further indicated that some police stations had no counselling rooms or rooms that could be used for counselling without disturbances. In most cases, the officers conducted counselling within VSU office in the presence of other people or used any available office for counselling. These findings are similar to what 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. If counselling is conducted in the presence of others, the principle of confidentiality is abrogated. This is contrary to the principles of confidentiality in counselling which clearly indicate that, if there is any need to disclose the information to a third party, the client should always be informed in advance by the counsellor of the nature and reasons for disclosure (ZCC, 2006; Makinde, 1984; and Lakin, 1988)

The results of the current study showed that, transport was another challenge faced by VSU officers and parents. This affects the provision and access of counselling services even if the services are available. A study on Child Sexual Abuse in South Africa Western Cape found that majority of children do not receive post rape counselling or other forms of psychotherapy in spite of being referred for psychological support. This was due to logistical barriers and lack of an integrated service at health centres. These were found to be a challenge that families faced to access counselling independently (Mathwes, 2009)

Furthermore, limited resources and insufficient funding to support child counselling programmes were found to affect the provision of counselling to sexually abused children and their families. These challenges are also common in other countries. In South Africa for example, Mathews (2009) reports that, regardless of having an enabling legislation, policy framework and guidelines, there are many challenges that sexually abused children and families face in accessing services. Some of them are: lack of or limited skills which impact on the ability to deliver effective treatment, limited resources and Child Sexual Abuse is addressed from the medical-legal perspective and

do not address therapeutic treatments to provide for the emotional and psychological needs of the child and the family. This is not different from the Zambian situation. 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 services advocated for children who are sexually abused.

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. This was the case because, the schools did not have or follow a clear and consistent grievance mechanism in addressing sexual abuse cases.

The study also revealed lack of professional conduct of some police officers towards children especially when children are unable to talk. For instance, some parents reported that VSU officers are impatient when attending to the child who is unable to talk. From the findings one parent reported that:

The police officers should just concentrate on arresting the offenders. They don't know how to treat children. They have no patience when interviewing the children. When I took my child to VSU we went straight to the inquiries. As we were waiting one officer asked my daughter what happened. When my daughter hesitated to answer him back, he told her not to waste time because other people were waiting to be attended to. He told her that the Police is not a nursery school where teachers plead to the children to talk.

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. Ullman (2003) states that negative social reactions to disclosure have been found to be harmful to the sexual abuse survivor's wellbeing. Ullman further elaborates that children who

received a bad 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.

Unprofessional conduct of some VSU officers was found to be in disagreement with Rodgers (1951) theory of client centred approach which guided this study. Rodgers believed that a person enters person centred therapy in a state of incongruence. It is the role of the counsellor to reverse this situation so that the client can become better able to understand him/herself. The purpose of Roger's humanistic theory is to increase the person's feelings of self-worth, reduce the level of incongruence between the ideal and the actual self and help the person become more of a fully functioning person. Children who are sexually abused are in a state of incongruence and trauma, the counsellor using client centred theory is expected to provide the client with unconditional positive regard, show empathy and non-judgemental in order to induce listening and acceptance. Apart from that, Rodgers (1975) views the counsellor and client as equal partners and the counsellor is more of a friend who listens and encourages on an equal level. However, this was not the case at VSU, interviewing the children whilst standing was putting the counsellor of authority and the children/clients on an unequal basis as advocated for by the client centred approach.

The study revealed that children were interviewed and counselled in the presence of other people in the office. This posed a challenge to children during the counselling process. One 16 year old girl reported that: *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.* Children especially adolescent value privacy as Astbury (2006) notes that, adolescents tend to be more independent and need privacy when offering psychotherapy to them after sexual abuse. They can benefit from individual therapy or group therapy with other peers of the same age.

Some of the challenges faced by VSU and the recipients of services were similar to those mentioned by Rujumba et al. (2010) on the challenges faced by health workers in the provision of 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, health workers were not well trained, health workers were not well trained, health workers were constrained by time to respond to the needs of the children during the counselling process, inability to provide for the general needs of the client due to lack of knowledge and counselling skills, lack of child friendly environment for counselling, 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. All these challenges can affect the provision of counselling services. Thus, given these facts, it is not surprising that counselling was not offered to the majority of sexually abused children.

5.5 Summary

This chapter discussed findings of the study in relation to *the nature of counselling services offered to sexually abused children in selected victim support units in Lusaka District*. The discussion of findings was guided by research objectives in which literature reviewed in chapter 2 was actually interactive in the dissertation along with the client centred theory. The discussion had established that, counselling services were not offered to sexually abused children in majority VSU stations. It was also established that, majority of VSU had no counselling rooms/space and the counselling rooms were not suitable for counselling. This chapter also highlighted benefits of counselling to sexually abused children and various challenges faced in the provision of counselling services to sexually abused children.

The next chapter provides a conclusion and recommendations for policy formulation or adjustments.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

This chapter will discuss the conclusion of the whole research study. The chapter will also bring out a number of recommendations proposed and areas for future research that need to be considered further

6.1 Conclusion

The current study sought to explore the nature of counselling services offered to sexually abused children in selected Zambia Police Victim Support Units in Lusaka District of Zambia. The researcher was prompted to conduct this study because little is known on the counselling services offered to sexually abused children. The objectives of the study were to: investigate the nature of counselling offered to sexually abused children; explore the professional qualifications in counselling of VSU officers; to determine the benefits of counselling to sexually abused children and; to investigate the challenges faced in the provision of counselling services to sexually abused children. Both qualitative and quantitative research designs were employed. Moreover, the current study used questionnaires to collect data from VSU supervisors and counsellors, interview guides to collect data from parents/care givers and sexually abused children. Non- participant observations were also used as a method of data collection. The total sample was 100 comprising 8 (eight) VSU supervisors, 30 VSU officers/counsellors, 31 parents/care givers of sexually abused children and 31 sexually abused children. Purposive sampling and snow ball were used. The researcher adopted snow ball to trace some of the sexually abused children and parents/care givers.

As indicated in the previous paragraph, the first objective was to explore nature of counselling offered to sexually abused children. In order to achieve this objective, the study focused on the following themes: if counselling was offered to sexually abused

children at VSU, types of counselling offered, availability of counselling rooms/space and suitability of rooms for counselling at VSU. On whether or not counselling was offered at VSU, findings from VSU supervisors revealed that one of them said counselling was not offered at VSU, 3 (three) said counselling was offered and 4 (four) responded that counselling was not always offered. Majority VSU counsellors (24) also responded that sometimes counselling was not offered and only 6 (six) said counselling was offered. Out of 31 parents/caregivers who participated in the study, majority (17) said their children did not receive counselling but only 14 (45) agreed that their children received counselling. Conclusively therefore, counselling services were not offered in many Victim Support Units in Lusaka District.

On the types of counselling offered, VSU supervisors and counsellors confirmed that they offered both individual and group counselling. However, group counselling was offered to the children and their family as a group. In other words, children did not receive group counselling together with their fellow sexually abused children. This was found to be in disagreement with some of the features of group counselling as discussed in the literature review. For example, one of the requirements of group counselling recommend that, group counselling should consist members of the same age and problem as one of the pre requisites of group counselling. On the other hand, group counselling offered in all VSU was found to be in form of family counselling. As regards to availability of rooms/space for counselling, majority (24) VSU counsellors reported that they had no counselling rooms, only 5 6 (six) confirmed to have had counselling rooms. On suitability of rooms for counselling, majority (57-57%) respondents from all categories rated the rooms as unsuitable for counselling, 29 rated VSU rooms to be very unsuitable, 10 rated the rooms to be suitable, while 3 (three) rated the rooms to be very suitable and 2 (two) rated the rooms to be average. Qualitative findings from focus group discussion and non-participant observations confirmed unsuitability of rooms for counselling in many VSU. Out of all selected Police stations only 2 (two) stations had suitable rooms for counselling. Conclusively therefore, findings showed that some stations had counselling space/rooms while majority station had no counselling rooms/space where counselling was offered. The counselling rooms were very inadequate and unsuitable for counselling. In some

stations, it was revealed that children were counselled in presence of other people and suffice to say is that, majority of the Units had no capacity to provide quality/effective counselling services because of either unsuitable or lack of counselling space. This defeats the ethical requirement of confidentiality and privacy during the counselling process. This could be attributed to the fact that, the integration of VSU and counselling services in the Police is relatively new and the institution have not yet built the capacity and experience to respond to this challenging task. Most of the police stations were constructed prior to the introduction of VSU in the service.

The second objective focused on the professional qualifications of officers offering counselling. The study findings revealed that, professional qualifications of VSU supervisors and counsellors were found to be inadequate. Responses from VSU supervisors regarding their professional qualifications in counselling indicated that 2 (two) were degree holders, 1 (one) diploma holders and 1 (one) certificate holder majority (4) responded that they were not trained in counselling. Responses from by VSU counsellors indicated that: 1 (one) had a degree in counselling, 5 (five) were diploma holders and 24 were certificate holders. It must be mentioned however that, some of the officers who indicated having a certificate did not necessarily undergo formal training in counselling, but were instead referring to certificate of attendance obtained from workshops. On work experience and in service training in counselling, the study revealed that all the VSU officers had attended in service training in counselling organised by VSU National coordinators office and other stake holders. All the VSU officers who participated in the study had necessary work experience working under VSU department.

As regards to the benefits of counselling, the current study revealed that counselling reduces trauma in children, encourages disclosure, assists the children and the family to understand the process of handling Child Sexual Abuse by various professionals. It is important to note that, even if counselling offered at VSU benefited the children, the environmental barriers and other challenges hindered the provision of quality services to traumatized children as well as other victims of crime. The study found, that there were many challenges faced in the provision of counselling services at VSU. These major challenges can be attributed to the institution, officers as well as parents/care

givers. Institutional challenges such as, insufficient man power, lack of transport, lack of counselling materials/ resources, unsuitable counselling environment and limited counselling space to provide quality and child- friendly counselling services. In most cases children are counselled in presence of other people. The study also revealed insufficient funding as one of the challenges affecting the provision of counselling to children at VSU. The challenges that can be attributed to officers include: inadequate or lack of counselling skills, lack or inadequate professional training in counselling leading to the knowledge gap in counselling.

6.2 Recommendations

The following recommendations were based on the findings of the current study.

1. the current study revealed that the officers under VSU had work experience under VSU. However, the Police command should train counsellors in child counselling or place officers with qualifications at every station to enable child victims of crime receive quality services;
2. Child protection programmes should be strengthened through an integrated approach and effective collaboration from the police, social welfare, health institutions, schools (especially that most of the children who are sexually abused are school going children), NGO's and the church;
3. the study revealed that sexually abused children and their parents/care givers appreciated the information given to them on the procedures and rights of the children. Therefore, community sensitization programmes on CSA, children's rights and the procedures involved when the child has been sexually abused should be strengthened. This will help members of the public to be aware of the services available and the procedures involved when the child has been sexually abused;
4. the study also revealed that there was no uniform interview guide when attending to sexually abused children. Police VSU should design a uniform interview schedule for sexually abused children at the police station. This will help officers to be more professional when attending to the child;
5. transport was found to be one of the major challenge parents and police officers were facing. Therefore, the Police and other stake holders should provide

transport to sexually abused children when taking them to the hospital in order to assist them access medical services within a short period of time;

6. The study revealed that some police officers under VSU had no counselling back ground. VSU national coordinators office at police headquarters should ensure that all the officers under VSU have a counselling back ground to help them handle the psychological needs of victims of crime.
7. the Police Service command should consider introducing counselling in the Police training curriculum to help officers deal with victims of crime and strengthen community policing in the quest to create rapport and partnership with the community as stipulated by the Zambia Police mission statement;
8. lack of counselling materials was found to be one of the challenges faced by VSU officers in all the stations. Thus, VSU officers should be provided with counselling resource materials such as brochures, counselling manuals plus detailed anatomic dolls at least in all main stations; and
9. the study found out that some sexually abused children and parents/caregivers did not receive adequate counselling at VSU. Therefore, there is need to form CSA support groups in communities, churches and in schools. This will help children who are sexually abused to come out in the open and share their experiences with others.

6.3 Suggested further research

1. The current study focused on the nature of counselling services offered to sexually abused children in Lusaka district, it would be desirable to conduct a similar research countrywide in order to generalise the findings
2. A research on the available of services offered to sexually abused children is something that would be helpful enlightening the public to understand the true scope of the problem.
3. There is need to conduct a similar study on the quality of counselling services offered to child victims of crime as the current study only focused on the sexually abused children.

4. The study focused on the counselling services offered at Zambia Police VSU there is need to conduct a study on counselling services offered by other stakeholders such as Ministry of Health at University Teaching Hospital- one stop centre and Young Women Christian Association.
5. Research on the effectiveness of prevention programmes of Child Sexual Abuse in schools would be an idea for further investigation since majority of the victims of CSA are school going children.

6.4 Summary

Chapter 6 presented the conclusion of the study in relation to the purpose and objectives. This chapter also provided recommendations based on the findings of this study and suggested future research.

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APPENDICES

- Appendix 1: Introductory letter from UNZA
- Appendix 2: Ethical clearance from UNZA ethics committee
- Appendix 3: Ethical clearance from Ministry of Health
- Appendix 4: Clearance from Zambia Police Service
- Appendix 5: Consent form
- Appendix 6: Questionnaire for VSU supervisors
- Appendix 7: Questionnaire for VSU officers/counselors
- Appendix 8: Interview schedule for parents/care givers
- Appendix 9: Interview schedule for children
- Appendix 10: interview guide for focus group discussion
- Appendix 11: observation check list

APPENDIX 3



THE UNIVERSITY OF ZAMBIA
SCHOOL OF EDUCATION

Telephone: 291381
Telegram: UNZA, LUSAKA
Telex: UNZALU ZA 44370

PO Box 32379
Lusaka, Zambia
Fax: +260-1-292702

Date 22nd October 2014

TO WHOM IT MAY CONCERN

Dear Sir/Madam

RE: FIELD WORK FOR MASTERS/ PhD STUDENTS

The bearer of this letter Mr./Ms. MATHEWALI, MARIEN Computer number 513825169 is a duly registered student at the University of Zambia, School of Education

He/She is taking a Masters/PhD programme in Education. The programme has a fieldwork component which he/she has to complete.

We shall greatly appreciate if the necessary assistance is rendered to him/her/.

Yours faithfully,

THE UNIVERSITY OF ZAMBIA
ASSISTANT DEAN (PG)

22 OCT 2014

Daniel Ndhlovu (DH)

ASSISTANT DEAN POSTGRADUATE STUDIES - SCHOOL OF EDUCATION

Cc: Dean-Education
Director-DRGS

APPENDIX 4



THE UNIVERSITY OF ZAMBIA
DIRECTORATE OF RESEARCH AND GRADUATE STUDIES

HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE

Telephone: 290258/291777
Fax: +260-1-290258/253952
E-mail: drgs@unza.zm
IRB: 00006464
IORG: 00005376

P O Box 32379
Lusaka, Zambia
Your Ref:
Our Ref:

31st October 2014

Marien Matafwali
Police Headquarters
Medical Directorate
P O Box 50103
LUSAKA

Dear Ms. Matafwali

Re: APPLICATION FOR ETHICAL CLEARANCE

Reference is made to your application for ethical clearance for your proposed study entitled "*The nature of counseling services offered to sexually abused children: A case of selected Victim Support Unit in Lusaka District, Zambia*".

As your research project does not contain any ethical concerns, you are hereby given an exemption from full clearance to proceed with your research.

ACTION: APPROVED
DECISION DATE: 29th October 2014
EXPIRATION DATE: 28th October 2015

Please note that you are expected to submit to the Secretariat a Progress Report and a copy of the full report on completion of the project.

Finally, and more importantly, take note that notwithstanding ethical clearance given by the HSSREC, you must also obtain express authority from the Permanent Secretary Ministry of Health, before conducting your research. The address is: Permanent Secretary, Ministry of Health, Ndeke House, P O Box 30205, Lusaka. Tel:260-211-253040/5; Fax +260-211-253344.


Dr. Augustus Kapungwe
CHAIRPERSON, HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS
COMMITTEE

cc Director, Directorate of Research and Graduate Studies
Assistant Director, Directorate of Research and Graduate Studies

APPENDIX 5

All Correspondence should be addressed to the
Permanent Secretary
Telephone: +260 211 253040/5
Fax: +260 211 253344



REPUBLIC OF ZAMBIA
MINISTRY OF HEALTH

In reply please quote:

MH/101/17/6

NDEKE HOUSE
P. O. BOX 30205
LUSAKA

23rd December, 2014

Ms. Marien Matafwali
Zambia Police Headquarters
Medical Directorate – Police Hospital
P. O. Box 50103
LUSAKA

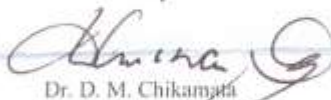
Dear Ms. Matafwali,

Re: Request for Authority to Conduct Research

The Ministry of Health is in receipt of your request for authority to conduct research titled "The nature of counselling services offered to sexually abused children: A case of selected Victim Support Units in Lusaka". I wish to inform you that following submission of your request to my Ministry, our review of the same and in view of the ethical clearance, my Ministry has granted you authority to carry out the above mentioned exercise on condition that:

1. The relevant Provincial and District Directors of Health where the study is being conducted are fully appraised;
2. Progress updates are provided to MoH quarterly from the date of commencement of the study;
3. The final study report is cleared by the MoH before any publication or dissemination within or outside the country;
4. After clearance for publication or dissemination by the MoH, the final study report is shared with all relevant Provincial and District Directors of Health where the study was being conducted, and all key respondents.

Yours sincerely,


Dr. D. M. Chikamata
Permanent Secretary

APPENDIX 6

Telephone: 252872

Telegrams: INSGEPOL, RIDGEWAY



REPUBLIC OF ZAMBIA

In reply, please quote CSD/101/6/7

No:

06/11/14

OFFICE OF THE INSPECTOR - GENERAL
TO ALL STATIONS

ZAMBIA POLICE HEADQUARTERS
P. O. BOX 50103
RIDGEWAY
LUSAKA.

REF: RESEARCH IN SELECTED VSU OFFICES IN LUSAKA

Reference is made to the above captioned matter.

You are kindly informed that the bearer of this letter is an officer based at Police Hospital and currently she is studying for her Masters in Educational Psychology. She is doing a research in the nature of counseling offered to sexually abused children.

This office has no objection, you may avail her with necessary information pertaining to her Research.

Regards

T. Kasale (S/Supt)

NATIONAL COORDINATOR- VSU

For/ Inspector General of Police



DIV VSU
NO objection
as heard
and avail
the information
to the student.
fuba.

APPENDIX 7



UNZAREC FORM

THE UNIVERSITY OF ZAMBIA

DIRECTORATE OF RESEARCH ND GRADUATE STUDIES

HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE

Telephone: +260-211-290258/293937

P. O. Box 32379, Lusaka Zambia

Fax: +260-211-290258/29393

E-mail: drgs@unza.zm

HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE

CONSENT FORM

(Translated into vernacular if necessary)

TITLE OF RESEARCH: The Nature of Counselling Services Offered to Sexually Abused Children: in selected Zambia Police Victim Support Unit in Lusaka District Zambia

REFERENCE TO PARTICIPANT INFORMATION SHEET:

1. Make sure that you read the Information Sheet carefully, or that it has been explained to you to your satisfaction.
 2. Your permission is required if tape or audio recording is being used.
 3. Your participation in this research is entirely voluntary, i.e. you do not have to participate if you do not wish to.
 4. Refusal to take part will involve no penalty or loss of services to which you are otherwise entitled.
 5. If you decide to take part, you are still free to withdraw at any time without penalty or loss of services and without giving a reason for your withdrawal.
 6. You may choose not to answer particular questions that are asked in the study. If there is anything that you would prefer not to discuss, please feel free to say so.
 7. The information collected in this interview will be kept strictly confidential.
 8. If you choose to participate in this research study, your signed consent is required below before I proceed with the interview with you.
-

VOLUNTARY CONSENT

I have read (or have had explained to me) the information about this research as contained in the Participant Information Sheet. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction.

I now consent voluntarily to be a participant in this project and understand that I have the right to end the interview at any time, and to choose not to answer particular questions that are asked in the study.

My signature below says that I am willing to participate in this research:

Participant's name (Printed):

Participant's signature: Consent Date:

Researcher Conducting Informed Consent (Printed)

Signature of Researcher: Date:

Signature of Respondent, parent/care giver: Date:.....

Appendix 8

QUESTIONNAIRE: VICTIM SUPPORT UNIT SUPERVISORS

ID _____

INSTRUCTIONS TO RESPONDENTS

Please, tick in the space provided [√] for your appropriate response for each question and write brief responses in the blank spaces provided.

NAME OF THE STATION.....

1. Age []
2. Gender []
3. Position.....
4. Are you trained in counseling? Yes [] No []
5. What is your level of training in counseling?
Certificate [] Diploma [] Degree [] other
specify.....
6. Have you received any in service/counseling training in counseling under VSU?
Yes [] No []
7. How long have you worked under VSU?
Less than one year [] Between two year and three years []
Between four and five years[] More than five years []
8. Is there any qualification for an officer to serve under VSU?
Yes [] No []
9. If the report of child sexual abuse is reported to VSU what procedures do you
follow in handling the case?
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10. Do you offer counsellingto sexually abused children at VSU?
Yes [] No [] Sometimes []

11. If the answer to question 10 is no or sometimes give reasons

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12. What type of counselling do you offer at VSU? Individual group

13. Do you have counselling rooms at the stations? Yes No

14. If no to question 13 where do you offer counselling from?

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15. How would you rate the availability of counselling rooms in all the stations in Lusaka district stations?

Very Adequate Adequate Average Inadequate very inadequate

16. How suitable are the rooms for counselling and confidentiality at VSU?

Very suitable Suitable Average un suitable very unsuitable

17. Do you have counseling resource materials in all the units? Yes No

18. How would you rate the availability of counseling materials in the units?

Very adequate Adequate Average Inadequate very inadequate

19. What services are offered at VSU apart from counseling?

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20. Is the family involved in the process of counselling ?

Yes [] No []

21. If yes to question 19 what is the level of family involvement in the process of counselling?

Very active [] Active [] Average [] Inactive [] very inactive []

22. What are the benefits of counselling to you the service providers?.....

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23. What are the benefits of counselling to sexually abused children?

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24. What are the challenges faced by children in receiving counselling services at VSU?

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25. What are

26. the challenges being faced by parents/guardians in ensuring that their child receive counselling services at VSU?

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27. What are the challenges that officers face in the provision of counseling services to sexually abused children at VSU?

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28. How best do you think the counselling services offered to sexually abused children at VSU can be improved on?

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APPENDIX 9

QUESTIONNAIRE: VICTIM SUPPORT UNIT OFFICERS/COUNSELORS

ID _____

INSTRUCTIONS TO RESPONDENTS

Please, tick in the space provided [✓] for your appropriate response for each question and write brief responses in the blank spaces provided.

NAME OF THE STATION-----

1. Age []
2. Gender []
3. Position.....
4. Are you trained in counseling? Yes [] No []
5. What is your level of training in counselling?
Certificate [] Diploma [] Degree [] other
specify.....
6. Have you received in service/counseling training? Yes [] No []
7. How long have you served under VSU?
Less than one year [] Between two year and three years []
Between four and five years[] More than five years []
8. Is there any qualification for an officer to serve under VSU? Yes [] No []
9. If the answer to question 8 is yes indicate the qualifications.....
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10. What are your roles and responsibilities as VSU officer?
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11. If a child who has been sexually abused is brought to VSU, what are the procedures that you follow in ensuring that the child receive counselling

services?

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12. Do you offer counseling services to sexually abused children at the station?

Yes [] No [] Sometimes []

13. What types of counselling services are offered to sexually abused children?

Individual counselling [] Group counselling [] Other please specify.....

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14. Do you have counselling rooms? Yes [] No []

15. If the answer to question 14 is no where do you offer counselling from?

16. How would you rate the availability of the rooms for counselling at the station? Very adequate [] Adequate [] Average [] Inadequate [] Very inadequate []

17. How suitable are the rooms for counselling?

Very Suitable [] suitable [] Average [] Not suitable [] very unsuitable []

18. How suitable are the rooms for counselling in terms of confidentiality?

Very suitable [] Suitable [] Average [] Unsuitable [] very unsuitable []

19. How many times is counseling offered to sexually abused children?

Once [] Two times [] more than three times []

20. Do you have counseling resource materials at the station/unit? Yes [] No []

21. If the answer to question 20 is yes how would you rate the availability of counseling materials at the station/unit?

Very adequate [] Adequate [] Average [] Inadequate [] very inadequate []

22. Is the family involved in the process of counselling the sexually abused child?

Yes [] No [] Sometimes []

23. How would you rate the family involvement in the process of counselling?

Very active [] Active [] Average [] inactive [] very inactive []

24. What are the benefits of counselling services to sexually abused children?.....

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25. What are the benefits of counselling services to parents/family?.....

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26. What are the benefits of counselling services to you service providers

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27. What are the challenges faced by children in receiving counselling services at VSU?

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28. What are the challenges faced by parents/guardians in ensuring that their child receive counselling services at VSU?

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29. What are the challenges that you face in the provision of counselling services to sexually abused children at VSU?

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30. How best do you think the counselling services offered at VSU to sexually abused children can be improved on?

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Appendix 10

INTERVIEW SCHEDULE: PARENTS/CARE GIVERS

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NAME OF THE STATION-----

1. Age []
2. Gender []
3. Relationship to the child?

- a. Mother [] b. Father [] c. Grand parent[] d. Aunt, Uncle, Sibling []

E Other Specify.....

4. What is your level of Education?

- a. Never been to school [] b. Primary [] c. secondary [] d. Tertiary[]

5. Who abused your child?

- Biological parent [] close relative[] extended family member[] neighbor [] stranger []

6. Did your child receive counselling at VSU?

Yes [] No []

7. What type of counselling services did your child receive?

- Individual counselling [] Group counselling [] other []

8. Was your child counselled in a counselling room? Yes [] No []

9. How suitable was the room for counselling?

- Very suitable [] Suitable [] Average [] Unsuitable [] very unsuitable []

10. How suitable was the room for confidentiality/disturbances?

- Very suitable [] Suitable [] Average [] Unsuitable [] very unsuitable []

11. Was the family involved in the process of counselling?

Yes [] No []

12. How would you rate your support to the child in the process of counselling?

- Very active [] Active [] Average [] inactive [] very inactive []

13. What do you like about the counselling services offered at VSU?

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14. What are the benefits of counselling services offered at VSU to the sexually abused child?

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15. What are the benefits of counselling to you as a parents/care givers of the sexually abused child?

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16. What are the challenges being faced by children in receiving counselling services at VSU?

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17. What are the challenges being faced by parents in ensuring that their child receive counselling services at VSU?

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18. How best do you think the counselling services offered to sexually abused children at VSU can be improved on?

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Appendix11

ID _____

INTERVIEW SCHEDULE: CHILD

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NAME OF THE STATION-----

1. Age []
2. Gender []
3. Do you go to school? Yes [] No []
4. What is your level of education?
Never been to school [] Primary [] secondary []
5. Did you receive counseling services at VSU when the case was reported?

Yes [] No []

6. What type of counselling services did you receive?

Individual counselling [] Group counselling []

7. When counselling, did they take you to a separate room? Yes [] No []

8. How suitable was the room for counselling?

Very suitable [] Suitable [] Average [] un suitable [] very unsuitable []

9. If the answer to question 8 is no where did they counsel you from?

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10. How suitable was the room for counselling in terms of disturbances?

Very Suitable [] suitable [] Average [] Unsuitable [] very unsuitable []

11. Was the family involved in the process of counselling?

Yes [] No []

12. What do you like about the counselling services offered at VSU?

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13. What do you dislike about the counselling services offered/ received at VSU?

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14. What would you like to be done in order to improve counselling services at VSU?

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Appendix 12

FOCUS GROUP DISCUSSION FOR PARENTS

1. Did your children receive any counselling service at VSU?
2. In your own view, how would you rate the counselling services at VSU?
3. What were the challenges faced in accessing counselling at VSU?
4. What are the benefits of counselling services offered at VSU?
5. How best do you think the counselling services to be improved?

APPENDIX 11

OBSERVATION CHECK LIST

1. If counselling is offered at VSU
2. Types of counselling offered
3. Availability of counselling rooms at the station
4. Suitability of rooms for counselling

