



UNIVERSITY OF ZAMBIA-ZIMBABWE OPEN UNIVERSITY



(UNZA/ZOU)

**AN ASSESSMENT OF THE EFFECTS OF COUNSELLING ON GENDER BASED
VIOLENCE VICTIMS: A CASE STUDY OF CHOMA DISTRICT, ZAMBIA**

BY

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A dissertation submitted to the University of Zambia in collaboration with the Zimbabwe Open University in partial fulfillment of the requirements for the award of the degree of Master of Science in Counseling.

DECLARATION

I, Mercy. I. Muyendekwa hereby, declare that the presented Dissertation titled “assessment of the effects of counseling on gender based violence victims: a case study of Choma district, Zambia” is my own work and has not been submitted for a degree, diploma or other qualification at the University of Zambia/ Zimbabwe Open University or any other university.

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Certification of Approval

The dissertation by Mercy. I. Muyendekwa is approved as a partial fulfillment of the requirements for the award of the Degree of Master of Science in Counseling of the University of Zambia in collaboration with the Zimbabwe Open University.

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Dedication

I dedicate my Dissertation work to my loving twins, Mwaka and Monde and a special feeling of gratitude to Dr. Isaiah. M whose words of encouragement and push for tenacity ring in my ears, my sisters; Betty, Lungowe and Precious who supported me throughout the process. I also dedicate this work and give special thanks to my father figure, Dr. Arnfinn Solli.

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LIST OF ABBREVIATIONS

AIDS - ACQUIRED IMMUNO-DEFICIENCY SYNDROME

GBV - GENDER BASED VIOLENCE

HIV - HUMAN IMMUNO-DEFICIENCY VIRUS

NGO - NON-GOVERNMENTAL ORGANIZATION

NGOCC - NON-GOVERNMENTAL ORGANIZATION COORDINATING COUNCIL

UN - UNITED NATIONS

VAW - VIOLENCE AGAINST WOMEN

YWCA - YOUNG WOMEN CHRISTIAN ASSOCIATION

ABSTRACT

Gender-based violence continues to be endemic in Zambia, in familiar and new forms. Despite multiple policy, legal and program-based intervention against GBV, the Zambian Government and counseling board respectively has had challenges in providing effective counseling to victims of GBV especially in Choma district.

This study was limited to Choma district in Southern Province. The research concentrates on counseling and its effects on victims. This is because mostly victims of gender-based violence do not have access to the counseling services. It also focused on how counseling helped perpetrators of GBV with respect to behavioral change. Both male and female victims and perpetrators were included in the study.

The study adopted a descriptive design that applied qualitative methodology. A descriptive design observes and analyses the dynamics of a phenomenon as it manifests in a natural context, without manipulation any variables. In this respect such a design sought out answers to the questions “WHAT”, “WHO”, “WHERE”, “WHEN” and “HOW” with respect to Gender Based Violence and Counseling Processes in the target area.

The recommendation made to resolve this challenge was that there is need to formulate and implement locally based, specialist counseling training programmes and to formulate a policy where more of these courses are offered in institutions of higher education. The participants also suggested that employers must provide attractive compensation packages and working conditions for personnel involved in counseling. Additionally, there was a recommendation that organizations need to intensify in-house training and development programmes for counseling personnel in order to ensure an upgrade in training and enable them to keep abreast with the latest best practices in the field.

CHAPTER ONE

INTRODUCTION

1.0 Overview

This chapter endeavors to look at various items, which include Background, Statement of the problem, Purpose of the study, Objectives of the study. The chapter also covers research questions, significance of the study and limitation of the study.

1.1 Background

Counseling as a field has attracted various definitions from different Psychologists and Psychotherapists. Basically, what comes out as a unanimous idea from these definitions is that counseling borders on the tenets of it being an act of helping the client to see things more clearly, possibly from a different viewpoint. This can enable the client to focus on feelings, experiences or behavior, with a goal to facilitating positive change.

In the view of Mullis and Otwell (2010), counseling is an interaction between client and a counselor that leads to enhancing the ability of the client to make a better decision. The overall aim is to provide an opportunity to work towards living more accomplished. Counseling relationships vary according to need but may be concerned with developmental issues, addressing and resolving specific problems, decision making, coping with crisis, developing personal insights and facts, working through feelings of inner conflict or improving relationships with others. The major role that the counselor plays is to facilitate the client's needs in ways that respect the client's values, personal resources and capability for self-determination.

Also, counseling as a core element of the holistic approach to health care enables frank discussion of sensitive issues in the life of gender-based violence (GBV) victims. In counseling,

individual norms or one's own value system should not affect the counseling that a counselor is providing. Often times counseling is tailored to the needs of the client for intervention to be helpful. Counseling is the first critical step in getting victims of GBV the help that they need in order to begin to heal. Addressing GBV in a health care facility through counseling is one important means of intervening in this public health problem.

In this context, clients are exposed to assessment, intervention and treatment of GBV on secondary and tertiary prevention. These involve screening for early intervention (secondary prevention) and intervening to minimize the severity of long-term abuse (tertiary prevention). Counseling providers' intervention programs to reduce the effect of GBV on the victims (Family Violence Prevention Fund, 2000).

There are two types of counseling; individual and group counseling.

Individual Counseling is referred to as one-on-one counseling. It occurs between the professionally trained counselor and his client. The goal of individual counseling is to help the client to understand himself; clarify and direct his thought, in order to make a sensible assessment. Through this counseling, clients' problems are alleviated and solved. The main purpose is to bring about changes within the client either by altering maladaptive behavior, learning the decision making process or preventing problems from taking a major form.

Group Counseling entails a counseling session that takes place between the professionally trained counselor and a group of people. Number of individuals within this group counseling should not be more than seven, or at the most ten; in order to have a consistent group and an effective well controlled and organized counseling session it is required that the members of the groups, in other words the clients or the counselees should have problems that are similar, for example two or more students who face learning problems in a particular subject area may attend a common counseling session.

Furthermore, there are equally various different definitions that attempt to capture the broad concept of gender based violence as in the case of counseling above. Definitions are different according to countries, societies, communities and legal contexts. Prevailing definitions of sexual violence exclude children and men. In 1993, the United National General Assembly adopted a declaration which for the first time offered an official UN definition of gender-based abuse. According to Article 1 of the declaration, violence against women includes: Any act of gender-based violence that results in or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life (Bernard, 1995).

Gender based violence has many serious negative consequences as well as both long and short term effects that are experienced by the victim directly and by persons who witness the acts of violence indirectly. An important aspect is represented by the consequences of violence upon the physical and mental condition of the victim. If physically the victim may suffer a series of body injuries with various levels of seriousness including infirmity, total or partial loss of working capacity or even death, mentally the victim may undergo, due to abuses, a series of temporary or permanent disorders at the emotional level, such as: acute or chronic depressions, anxiety, phobia, panic strikes, insomnia, nightmares or post-traumatic syndrome.

Depending on the length of time and the nature of the abuse, they may have personality, behavior and food disorders, suicide attempts as well as addictive behavior. The outcomes of domestic violence can be felt in the victim's professional and economic life thus the need for counseling.

Exposure to gender-based violence and sexual coercion significantly increases victim's chances of; early sexual debut, experiencing forced sex, engaging in transactional sex, and non-use of condoms. Gender is a part of our identity and how people make sense of the world

(Benjamin & Lynn, 2004). It has connections to culture, traditions, biological sex and societal norms. Thus gender based violence is an attack on a person's identity, which has devastating consequences for its victims. The impact of gender-based violence resonates with all areas of health and social programming: survivors of violence experience increased rates of morbidity and mortality hence the need for counseling.

The proportion and seriousness of the consequences require the implementation of some specific assistance services to be provided to the victims of domestic violence. The increasing level of awareness regarding the right to one's own thoughts, feelings and perceptions, the developing feeling of control over one's own person, the opening of one's mind, the desire for a change, the trust in one's own decisions are only some of the benefits that the women who are victims of domestic violence can obtain as a result of counseling. Numerous research papers underline the existence of some aspects that are specific to the counseling process, by means of which the desire for a change among the victims of violence can be promoted.

1.2 Statement of the Problem

Gender-based violence continues to be endemic in Zambia, in familiar and new forms. Not only have new forms of violence emerged such as cyber-violence (including cyber-stalking, online threats of violence, and revenge pornography), but long-standing forms of violence persist. The Board reports that out of all the victims of GBV, less than 10 % actually seek counseling services and over 65% of cases remain unreported.

This study sought to establish factors that led to under reporting of GBV among victims as well as factors that have induced a low level of counseling seeking behavior among victims. It further scrutinizes if there are any methodological and systemic issues that may have reduced the effectiveness of counseling programs for victims of GBV in Choma and Zambia in general.

1.3 Purpose of the Study

The purpose of this study is to explore the effects of counseling on victims of Gender based violence in Choma district of Zambia

1.4 Research Objectives

- 1) To explore the level of awareness that residents have on GBV and counseling
- 2) To ascertain the effects of counseling in promoting recovery and behavior change on the victims and perpetrators of GBV in Choma.
- 3) To establish the challenges faced by counselors and victims of gender based violence during counseling in Choma district.
- 4) To explore the workable measures that can be put in place to make counseling more effective in Choma.

1.5 Research Questions

2. What are the levels of awareness that residents have on GBV and counseling?
3. What are the effects of counseling in promoting recovery and behavior change on the victims and perpetrators of GBV in Choma?
4. What challenges do counselors and victims of gender based violence face during counseling in Choma district?
5. What workable measures can be put to make counseling more effective?
- 6.

1.6 Significance of the Study

While most studies are well suited for assessing gender based violence and its impact on the victims, they do not go very far in explaining how the victims can be helped. The findings from the study, if adopted were a useful source of information for the government, intervening agencies and society at large, since it would assist in enabling the concerned parties or

stakeholders to make an informed counseling decision necessary for intervention purposes particularly to do with increasing their efforts and resources in reducing the impact of gender based violence on the victims. Using counseling in fighting against GBV requires an understanding of the impact, perception and general beliefs surrounding the affected study area and population, in this case the GBV victims, agencies and the study population in Choma district. The findings would also motivate further examination of counseling methods for prevention and response to the impact of GBV to help all the victims.

1.7 Scope of the Study

This study was limited to Choma district in Southern Province. The research concentrates on counseling and its effects on victims. This is because mostly victims of gender-based violence do not have access to the counseling services. It also focused on how counseling helped perpetrators of GBV with respect to behavioral change. Both male and female victims and perpetrators were included in the study.

1.8 Limitations of the Study

The study was faced by the following limitations; inconveniences raised among respondents during data collection due to the institutions and respondents time table, the novel corona virus pandemic, unwillingness of some officials and respondents to provide permission for data collection and information for confidentiality.

Additionally, little research has been carried out in this area of study and from the Zambian context as a whole concerning the scarcity of relevant literature on the effects of counseling on gender-based violence in Zambia. Hence, it may result in the study having limited local literature review.

Collecting information from regional and circuit offices compromised the reliability of the data especially if the respondents provide bias information to create a desirable impression of the situation. However, the various constraints that were experienced by the researcher did not cause the research to be unsuccessful. Widening the sample size and triangulating information from diverse target groups made up for the above limitations.

1.9 Theoretical Framework

A theoretical framework provides the underlying assumptions, tenets as well as concepts of the issue under research (Camp, 2001). This study aims at assessing the effects of counseling on gender-based violence victims in Choma district. It is therefore imperative to employ a theoretical framework that recognizes the processes involved in and the effects of counseling on human wellbeing.

The Adlerian Theory of Counseling was adopted as the guiding theoretical model for this research. The theory explains that maladjusted behavior arises due to heightened feelings of inferiority that a person experiences. The individual attempts to cope with these feelings by engaging in deviant patterns of behavior, as a means of gaining a sense of self-worth (Goodluck and Gabriel, 2017).

For this reason, the purpose of counseling is to firstly decrease the feelings of low self-worth that the client may be experiencing. The second goal is to readjust the clients' perception of the world they live in so that they can acquire a more positive world view. Thirdly, counseling gives the subject new life goals which will motivate their new behavioral tendencies. The fourth goal of successful counseling is to give the subject the desire to reengage in social activity and interact with other members of their immediate society. fifthly, therapy guides clients to reflect on their lifestyle so that they can adopt a different way of living from the destructive to a more constructive lifestyle (Mallum, 1990).

Rebuilding the emotional stability of subjects is the sixth aim of therapy. This aims at empowering them to reignite their love for others and to also have the emotional capacity to handle the complexities of life on their own. The last adjustment that this therapy may induce is the ability to respect others, and to develop the capacity to do things not for self-interest, but for the benefit of others (Mallum, 1990).

The Adlerian Theory was applied to evaluate the effect of counseling on rehabilitation of both Victims and Perpetrators of GBV. Victims of this violence are likely to develop feelings of inferiority because the abuse they undergo dehumanizes them and diminishes their self-worth. That loss of self-worth may distort their emotional stability, their ability to function as social beings, their ability to show affection and compassion for others. Victimization may moreover, induce a negative world view that sees the life as primarily a violent existence. To what extent do counseling services offered in Choma correct these mal adjustments?

Perpetrators of violence possess feelings of inferiority and overcompensate for this by dominating and asserting their superiority over others. Abusing members of the opposite sex is one way in which they manifest this superiority complex. The root cause of such domineering behavior is the overwhelming inferiority complex that perpetrators suffer from. To what extent do counseling services in Choma address the underlying inferiority currents that perpetrators may feel? To what degree does counseling enable perpetrators to readjust their perception of themselves and others as well as the behavioral manifestations of their abusive lifestyle?

SUMMARY OF CHAPTER

The research concentrates on counseling and its effects on victims. This is because mostly victims of gender-based violence do not have access to the counseling services. It also focused on how counseling helped perpetrators of GBV with respect to behavioral change. Both male and female victims and perpetrators were included in the study.

The study adopted a descriptive design that applied qualitative methodology. A descriptive design observes and analyses the dynamics of a phenomenon as it manifests in a natural context, without manipulation any variables. In this respect such a design sought out answers to the questions “WHAT”, “WHO”, “WHERE”, “WHEN” and “HOW” with respect to Gender Based Violence and Counseling Processes in the target area.

Based on the Adlerian Theory this study evaluates that counseling has a positive effect on rehabilitation of both Victims and Perpetrators of GBV. It has helped victims to resolve feelings of inferiority and to develop a positive evaluation of their self-worth. That restoration of self-worth improved their emotional stability, their ability to function as social beings, their ability to show affection and compassion for others. As predicted by the Adlerian Theory, counseling has induced a positive worldview.

In line with Adlerian theory, counseling has enabled Perpetrators of violence to resolve feelings of inferiority, to develop positive and pro-social behavior. After counseling, perpetrators did not view abusing members of the opposite sex as a way of asserting their superiority complex. The need to assert superiority was replaced by a need to achieve self-actualization by becoming the best version of them.

Gender based violence is still a highly endemic problem in Choma district. Because the problem is widely prevalent, residents are widely aware of what constitutes the violence, the ways in which it manifests the possible causes as well as the effects of the problem on survivors and perpetrators alike. Residents are also widely aware of the institutions which can provide effective counseling services and other rehabilitative intervention to both victims and perpetrators.

The counseling system in Zambia is limited by a shortage of staff in terms of inadequate numbers, and also inadequate skills. Increased human capital development in the counseling

sector is thus required. There is also a distortion with respect to the capacity to reform perpetrators. In this case, there is a need to minimize the emphasis on retributive justice and to instead focus on a reformatory approach that combines both rehabilitative and restorative justice. An argument has also been made to create a gender sensitive counseling approach as a replacement for the existing system which is more woman-victim centric.

1.11 Definition of Key Terms

The key terms that were used in this study are defined as follows:

1. Counseling

Counseling is the act of helping the client to see things more clearly, possibly from a viewpoint. This can enable the client to focus on feelings, experiences or behavior, with goal of facilitating positive change.

2. Counselor

A person trained to give guidance on personal and psychological problems.

3. Gender

Refers to the social differences between men and women that are learned, and though deeply rooted in every culture, are changeable over time, and have wide variations both within and between cultures.

4. Gender-based Violence

Gender-based violence is any harmful action against a person's will to cause them to submit to the demands or desires of the perpetrator.

5. Violent Episode

This is an act or series of acts of violence or abuse by one perpetrator or group of perpetrators.

This involves multiple types of violence (physical, sexual, emotional, economic, socio-cultural); and may also involve repetition of violence over a period of time.

6. Survivor/Victim

A Person who has experienced gender based violence or other abuse.

7. Perpetrator

A person, group, or institution that directly inflicts or otherwise supports violence or abuse inflicted on against one's will.

CHAPTER TWO

LITERATURE REVIEW

2.0 Overview

This chapter reviews different books or materials that looked at the similar topic areas. It shows how other scholars have looked at the topic and what they concluded. This chapter reviews literature relating to the objectives of the study. The chapter takes a critical look at each study and argument in order to detect the conceptual, methodological and informational gaps in previous research. The insights from this review also enabled the researcher to refine the conceptual framework for the current study.

2.1 Effects of Counseling on the victims of GBV

Counseling can be the first step towards desirable changes in a GBV client's behavior. Desired behavioral change in the victims of GBV could be done safely for the prevention of secondary effects of GBV. Better access to care, an interactive social life, improved interpersonal relationships, returning to employment, etc., are optimistic ways of life that help GBV clients in leading a normal life.

Counseling is a challenging job. The counselor has to be very dynamic and sensitive to cater to different clientele. Counseling involves dealing with people with a variety of behavioral challenges i.e. GBV victims. Counselors need to deal with people of all ages, education levels, occupation, socio economic status, and different socio cultural backgrounds. Their risk levels, vulnerabilities might be different. Various environmental, socio economic factors might shape their behavior and their coping mechanisms (Family Violence Prevention Fund, 2000).

Counseling assists people to make informed decisions, cope better with their conditions and lead lives that are more positive. Counseling is important because the impact of GBV can be a lifelong phenomenon and during the course of the violence, a broad range of physical, social and psychological needs and problems are likely to be experienced. The changing nature of the effect of GBV imposes a variety of psychological and emotional strains on individuals and those closest to them (Rao and Narayona, 2010). Counseling is a dialogue between a client and

a care provider aimed at enabling the client to cope with stress and to make personal decisions related to GBV. The counseling process includes the evaluation of personal risk of the impact of GBV and the facilitation of its impact behavior (Rao & Narayona, 2010).

Counseling and the service care system related to GBV needs begin with the client's first experience of violence. In the context of GBV, the care system includes all health and social service facilities, both governmental and nongovernmental, where individuals receive care and social support. The counseling process continues through a referral network to various community and social support agencies, according to the needs of the individual and the families. Counseling helps people to define the nature of the problems they are facing. They can make realistic decisions about what they can do to reduce the impact of these problems on themselves, their family and friends. Helping people to achieve the confidence to make lifestyle changes is an integral part of the counseling relationship. Effective counseling should occur where people most need it and should not be restricted to a clinic or a structured doctor/patient situation (Ivey et al, 1998).

Multiple scholars have conducted research studies in various parts of the country aimed at explaining how counseling has provided an encouragement to GBV clients in having an optimistic view towards their life. These studies include among others those done by Non-governmental organizations such as the Non-Governmental Organizations Coordinating Council (NGOCC), women for change and the Zambia National Women's Lobby. Other studies include the one done by Koss (1993) where he argues that in the era of no help or treatment such as before the existence of ART, effective counseling helped people to sustain their hope.

Another study conducted by Ivey et al (1998) among Zimbabwean GBV women endorsed the important role of counseling in providing psychological support. Respondents cited the importance of comforting support from counselors, especially when the violence happened,

and advice about ways to maintain optimal health and functioning. They further indicated that counseling should be continuous, given the complexity of the support to cope with situation and the tendency for information conveyed in a single session not to be retained. Since most victims of GBV do not inform their relatives of the violence, support groups were important for overcoming isolation and sharing feelings and experiences.

In Uganda, NGO's counseling support in district hospitals has helped GBV clients and their families to cope up with the effects of GBV. Because of counseling, over half of the clients make plans for the future and stabilize with life again. There is a high level of acceptance for people living with HIV/AIDS that resulted from rape or any act of GBV by families and the community, (Erden, 2015). In a study conducted among victims of GBV in Uganda by Camp (2001), it was observed that counseling helped in supporting them to adopt positive living. Counseling reinforced GBV victim's behavior and moving on with life again. Counseling interventions are also used widely to bring in behavioral change. Some studies showed that multiple counseling sessions or behavioral interventions increased chances of GBV victims to cope with life after the violence (Carol Goldstone Associates, 2010).

2.2 The level of awareness about the availability of counseling services

The proportion and seriousness of the consequences require the availability and implementation of some specific counseling assistance services to be provided to the victims of GBV. The increasing awareness level regarding the right to one's own thoughts, feelings and perceptions, the developing feelings of control over one's own person, the opening of one's

mind, the desire for a change, the trust in one's own decisions are only some of the benefits that the victims of GBV can obtain as a result of counseling (Birzea, 2002).

Studies such as that by Benjamin and Lynn (2004) emphasize the existence of some aspects that are specific to the counseling process, by means of which the desire for a change among the victims of violence can be promoted. The provision of information regarding the common reactions of the GBV victims helps them become aware and understand; the nature, dynamics, outcomes of violent acts, the analysis of the domestic violence phenomenon as related to the social and political context.

Providing the right information to victims of GBV helps them become aware and identify their strong points and subsequent usefulness. The legal rights and the specific services may represent as additional support. The analysis of the problems debated upon in the literature of the field, as well as the experience in counseling that some victims of domestic violence have, made it possible for a set of standards specific to the counseling process to be set up. The aspect to be considered is that the counselor has to help the victim become aware of the fact that all forms of violence (physical, sexual, psychological) have traumatic effects and must never be accepted (Burnard, 1995).

Describing the phenomenon of domestic violence is carried out by starting from the accounts of the victims regarding their experiences and the specific forms of abuse they were subjected to. However, in order to get a general picture that could lead to a better understanding, it is necessary to deal with this issue from a socio-cultural and political point of view. The physical or psychological violence and the sexual abuse are very serious types of GBV, and the counselor must intercede and make the victim become aware of the danger they are subjected to, without blaming them in any way for incurring or inducing the violence acts or for remaining near the aggressor (Burnard, 1995).

The full responsibility for the violent behavior falls on the aggressor, and victims must be encouraged to accept the fact that ending this type of behavior is not in their power, as it is the aggressor who has control over his own behavior. GBV is accepted as a model of abusive behavior used by men in order to dominate and control their partners. The counselors have the responsibility to encourage victims to identify this control and violence pattern, without focusing exclusively on certain violence incidents.

Undoubtedly, the level of awareness about the availability of counseling services is a crucial factor in the survival of a GBV victim. According to a study conducted by CARE (2013), one of the most frequent sources of information on counseling services is; the media, friends and peer education. CARE adds that because of the social nature of counseling, the awareness of its services may emanate from a wide range of informational sources including the clinics, churches, hospital, schools, community meetings, chiefs, police stations, courts, headmen, radio, TV and NGOs or researchers. In the same vein, Birzea (2002) postulates that in instances where TV channels facilitate in promoting awareness, it is done so with the main entry point being the police and the community or primary response level with the headman, chief, and to a lesser extent neighborhood watch groups, being the entry points. The most common way of engaging communities in GBV interventions is through traditional structures such as the headmen and chiefs.

On the other hand, in a study conducted by Hoogensen and Rottem (2004), populace levels of awareness are generally lacking and limited in most African emerging countries. This is caused by various factors such as the political will and governmental support. Specifically, levels of awareness are much lower and so commonplace in remote or rural parts of a country. For instance, in various African developing countries, urban areas are placed at a more advantageous position in receiving first hand services in comparison to rural communities. In

the same manner, towns receive first hand sensitization and awareness programs after which they reach the outskirts.

2.3 Challenges faced by counselors and victims of gender-based violence during counseling

The safety of the victims and of the persons in the counselor's custody is the main element that must be taken into account in the case of any counseling session, and the counselor should openly express his or her concern regarding this aspect. In order to ensure the victim's safety, the following stages are followed: Offering help to victims in the process of assessing the risk level and the way in which the violent behavior developed in time, giving support to victims in making a safety plan and training them to identify the warning signs regarding the imminence of violent behavior. Unfortunately, though, not even the best plan can guarantee the victim's safety. Counseling provides information regarding the assistance services they can benefit from, as well as the institutions involved in dealing with this type of problems (Erden, 2015).

The counselor has the obligation of providing a safe method of contacting the victim, his priority being their security. Focus must also be directed towards ensuring the welfare of the children who are in the victim's care. The potential effects on the victims who face and/or are the witnesses of violent behavior are discussed together (Wyatt et al, 1992). The counselor sets clear confidentiality limits and highlights his or her obligation of signaling any problem that may affect the welfare of the GBV victims.

The counselor focuses both on the current circumstances, as well as on the risk of the violent behavior being repeated. It is necessary to analyze the victim's past, her previous relationships, the traumas experienced and the post-traumatic symptoms, in order to attenuate them and to increase her capacity to overcome the current problems. The post-traumatic reactions are not to be taken for pathologic diseases, but they are allowed as normal reactions to trauma.

Providing information regarding the common reactions to violence helps victims understand their own reactions.

The counselor may use his or her abilities in order to promote the GBV victims emancipation (Rao and Narayona, 1992). In this respect, he or she will embark on activities of identifying their strong points, their competences and resources. Promoting their right to have an opinion regarding their own being and the outside world, acknowledging the victims as an expert in her own life and helping her make informed choices. Despite the many good counseling strategies that are available for supporting and helping victims of gender-based violence, there is lack of proper implementation in Zambia and global advocacy to make the counseling practice more effective.

Koss (1993) conducted a study on the cause and effect interplay between counseling and psychosocial behavior. This was a study essentially aimed at establishing the existence of any relationship between counseling a victim and their behavior after the counseling has been done. The study reports treatment adherence getting affected by psychosocial behavioral factors like stigma, disclosure issues, and lack of social support, interpersonal relationship, especially among partners of married couples, depression and experience of traumatic events in life. These issues can be dealt with, with effective counseling sessions which help in boosting morale of the person, increasing level of self-esteem and confidence and creating a wish for living a healthy life.

A study conducted in Bangalore by Arisi et al (2011) among participants from public, private and public-private HIV healthcare settings compared their response to treatment. It was found that adherence and treatment success was significantly higher among patients from public and public-private settings compared with patients from private facilities. These results suggest a possible benefit from counseling by a multi-disciplinary team of workers might have played a role in better response. An effective counseling intervention can provide them support and

empowerment to face various crises in the course of their life. All providers involved in the health care related to GBV should master the counseling skills. These skill can be a precursor for the success of helping GBV victims.

Rao, & Narayona (2010) conducted a study on attitudes of GBV affected people towards counseling. In this study, it was established that in terms of demand, even if services are available, GBV survivors are reluctant to report to or seek access to the services which creates a sense that a large majority of cases are unreported. Of those who do report, it comes out that most survivors seek assistance late, both those facing sexual and physical assault. Some of them only report after weeks, by which time physical evidence from the assault will have been lost. Similarly, cases of child defilement are mostly not reported in a timely fashion. These delays can be caused by transport problems but also because of parents not being aware of the need to report early. In situations where these cases are reported, they are often withdrawn, with women facing pressure from family members to do so and to protect the perpetrator or for fear of losing financial support..

2.4 Workable measures to put in place to make counseling more effective.

Burnard (1995) argues that counseling as a psychological intervention and program strengthens the everyday psychosocial care and support provided by caregivers. Psychosocial support is a very important component in Gender Based Violence response as it provides appropriate care, protection and social integration. Burnard (1995, pp.: 34) argues, “Psychosocial care and support is provided through well administered victim-counselor relationships, and interactions that occur in caring relations in everyday life, at home and in the community.”

Psychological aspects affect thoughts, emotions, behavior, memory, learning ability, perceptions and understanding. While the social aspects have an effect on relationships, often shaped by traditions, culture, values, family and community, they also include one’s status in

the community and economic wellbeing. These have different effects on the women, men, boys and girls as victims, survivors and perpetrators of GBV.

Various scholars have deliberated mainly on ways of establishing an enhanced victim-counselor relationship so as to ameliorate the whole concept of counseling. A study by Mullis and Otwell (2010) emphasizes that psychosocial support should be provided by specialized trainers trained in use of the guidelines, such as counselors, police officers, nurses, social workers, psychologists or psychiatrists preferably of the same sex as the victim or survivor and should also be provided soon after the incident. In this case a victim or survivor should be given a choice of their preference for services where available.

Reassurance, kindness and total confidentiality are vital elements of counseling. Counselors should offer support if the survivor experiences any post-traumatic disturbances, has difficulty dealing with family and community reactions and goes through any legal procedures. Psychosocial support should help survivors to understand what they have experienced, overcome guilt, express their anger, realize that they are not responsible for the violent incident, know that they are not alone and access support networks and services.

Mullis and Otwell (2010) add that counseling can be much more yielding when administered using the victim or survivor centered approach. This entails that all those who are engaged in GBV programming or counseling prioritize the rights, needs, interests and wishes of the victim. In providing psychosocial support, duty bearers should endeavor to create a supportive environment in which the victim's or survivor's rights are respected and treated with dignity. This helps to promote the victim's recovery and his or her ability to identify and express their needs and wishes, as well as to reinforce their capacity to make decisions about possible services. It is also important to consider specific skills to handle victims with special needs such as persons and children with disabilities.

In addition, counselors should do no harm. This mainly focuses on maximizing possible benefits and minimizing the negative effects of any intervention to GBV victims. Specifically, duty bearers shall act in a manner that does not place the lives of victims or those of their immediate families at any risk of harm, ensure that services rendered are in the best interest of the victim and endeavor to see that victims or survivors are protected from harmful and unethical conduct on the part of duty bearers (Mullis and Otwell, 2010).

Camp (2001) confirms in his study on all time working client-counselor relationships that psychosocial interventions that focus on family and community engagement and participation will strengthen the safety networks around the victims and minimizes risk of further harm. This is where the counselor will endeavor to strengthen the circles of support around the victim or survivor by adopting a family and community centered approach. Strategic community structures such as religious groups and leaders, clan and political leadership will be involved in supporting the psychosocial recovery of victims or survivors.

SUMMARY OF CHAPTER

Recognizing that children are a significant proportion of victims or survivors of GBV, and that different age groups require different consideration, assistance should be tailored in accordance to the age and development of the victim. The best interests of the child victim or survivor must be taken into consideration at all cost all the time. Children must be treated with respect, care and love, they should be listened to and their views must be valued.

As can be seen, the strategies by different scholars suggest ways and means in which the counseling process as a whole can be improved and made worthwhile. However, considering cultural, social, geographical and political differences of different places and countries, what works in one particular place may not work in another. This is to imply that some of the above strategies might have been instituted in Choma but may not have essentially made counseling

services much more effective. In the same vein, this is why the study was undertaken to dig out workable measures in enhancing the counseling services. In this case, workable measures entail those practical techniques and strategies, which can realistically be put in place in relation to Choma's cultural, social, geographical, economic and political position.

The aforementioned studies discuss effects solely in line with the advantages of counseling to the victims of GBV. In a way, they explain the merits of counseling victims. To the contrary, they do not explain the effects in line with demerits of counseling to the victims. Considering both sides, counseling may be detrimental or insufficient enough to the victim and may end up affecting the individual negatively. This may be caused by various factors ranging from the counselor, the victim, and the physical environment through to how and when the counseling process itself is administered. Henceforth, this study comes to fill in this gap, as it will holistically explore the effects of counseling on victims of Gender based violence on both positive and negative grounds.

CHAPTER THREE

METHODOLOGY

3.0 Overview

This chapter presents the methodology of the study. It looks at the content under the following different sub-headings; the research design, population, sample, sampling procedure, research instruments, and data collection procedure and data analysis.

3.1 Research Design

The study adopted a descriptive design that applied qualitative methodology. A descriptive design observes and analyses the dynamics of a phenomenon as it manifests in a natural context, without manipulation any variables. In this respect such a design sought out answers to the questions “WHAT”, “WHO”, “WHERE”, “WHEN” and “HOW” with respect to Gender Based Violence and Counseling Processes in the target area.

Answering these questions requires qualitative methodology. This methodology generated in-depth, context specific information. This information was obtained with an Emic perspective, a perspective that draws insights from subjects who have a first-hand experience of the phenomenon under study. The design was aimed at obtaining a holistic understanding of the subject matter by getting perspectives from three key categories of subjects: GBV survivors and former perpetrators, Care givers directly involved in handling GBV cases and community members.

3.2 Population for the Study

The targeted population for this study was made up of persons resident in Choma District, including care-givers, counselors, victims, actual and potential Perpetrators of GBV and third party persons who may have observed GBV in Choma district.

3.3 Sample Size

The total number of respondents in this study was 55. This consisted of 10 counselors, 12 GBV survivors and 33 perpetrators (Target Group A).

33 community respondents drawn from different parts of Choma (Target Group B) also supplemented this sample.

A heterogeneous sample like the one described would provide insights from various alternative perspectives. This form of triangulation of samples would increase the variety and validity of the information collected.

3.4 Sampling Procedure

Deliberate also known as purposive sampling and snowball sampling was used to select candidates for this research. Purposive sampling is intentional selection of informants based on their ability to elucidate a specific theme, concept, or phenomenon. On the other hand, snowball sampling is where research participants recruit other participants for a test or study. Purposive sampling was used because the counselors are experts in their field and also have first-hand information on how the counseling services have been applied with respect to GBV survivors. Thus the researcher judged it best to include them as key informants. This mode of sampling is advantageous as it creates the possibility of choosing participants who would provide a high quality of information-information that is detailed, factual and clear. Snowballing was applied because survivors/perpetrators and secondary survivors of GBV are a hidden population who do not always come out in the open about their experiences. Thus they can be best identified by other survivors, their care givers or their counselors (Mesec, 1998).

Multi-stage sampling was applied to select community members. It was done in two stages. In the first stage the researcher utilized purposive sampling to choose the five most populous parts of Choma Urban District. Two were high/medium income areas and three were low income peri-urban areas. In the second stage five males and five females from each residential area were approached to give their views on the subject matter. They were selected by convenience sampling. This is a sampling method of selected participants based on their availability and their willingness to take part in the study. Convenience sampling was used because the topic

of GBV is a sensitive issue and participants were reluctant to openly engage on the subject. It was also done out of respect for the principle of voluntary participation.

3.4 Data Collection Instruments

Data was collected through one on one interview. In considering that both counselors and victims are scattered, the main instrument that was used to collect data were structured interviews guides. Baum, (2008) states that the structured interview is one in which the content and procedure are organized in advance. An interview has the advantage of having open ended question that allows the respondent to give as much detail as possible when answering. This level of detail was ideal in generating in-depth qualitative information on the subject matter. It also provided for more up close, active interaction with research participants providing an opportunity for the interviewer to probe for detailed information and clarification on the answers.

3.5 Data Analysis

Qualitative data was analyzed using thematic analysis, where key ideas were identified, explained and related to the characteristics of participants. The dominant ideas and patterns of thoughts were also traced through this form of analysis. The analysis was guided by the Adlerian theory and also comparison with the insights of other scholars on the subject matter.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.0 Overview

This chapter outlines the insights and information collected directly from members of the sample for this study. The information is organized into three subsections, with each subsection answering a specific objective namely: The levels of awareness of GBV and counseling among residents; the efficacy of counseling in promoting rehabilitation and behavioral change and the

recommended measures to improve counseling systems in Zambia. As the information is qualitative, both data presentation and discussion have been integrated together.

6.1 Characteristics of the Sample

The total number of respondents in this study was 55. The original proposal had required a sample of 72 respondents. The researcher could only access 55 respondents. This translates in to a response rate of 76.4 %, which was a high response rate sufficient to provide sufficient data on the topic, and to reach a point of saturation

The composition of the respondents in terms of their institution of origin, type of experience they had with GBV and their gender are as shown in Tables 1 to 3 below.

Table 1: Composition of Counselors

| Institution | Number of Respondents |
|--------------------------------|------------------------------|
| Health Center | 02 |
| Police Victim Support Unit | 01 |
| YWCA | 02 |
| District Social Welfare Office | 02 |
| Traditional Counselor | 01 |
| Church | 02 |
| TOTAL | 10 |

Table 1 indicates the number of counselors and expert who were interviewed and the institutions from which they were drawn. These respondents were drawn from the health centers (x 02); Police Victim Support Unit (x01); the Young Women’s Christian Association (x02); the District Social Welfare Officer (x02) ; the Traditional Establishment (x01) and the locally Based Church (x01).

This sample was therefore diverse in its sources of information. It had the advantage of providing information on GBV and counseling from various institutional perspectives including law-enforcement, healthcare providers, traditional and religious perspectives and from the perspective of the state social services agency. The selected institutions possessed a direct working awareness on the legal, policy, practical and socio-cultural aspects that affected GBV counseling services.

Hence they provided a first-hand in-depth understanding of this social problem from a micro-individual perspective and the macro-systemic perspective. These participants also assisted the researcher in identifying persons who had direct experience with GBV as either survivors or perpetrators.

Table 2: Respondents with Direct Experience of GBV

| Category | Gender | Number |
|------------------|---------------|---------------|
| Perpetrator | Male | 02 |
| | Female | 02 |
| Primary Survivor | Male | 02 |
| | Female | 02 |

| | | |
|--------------------|--------|-----------|
| Secondary Survivor | Male | 02 |
| | Female | 02 |
| TOTAL | | 12 |

Table 2 shows the compositions of persons who had direct experience of GBV. These participants were categorized as perpetrators (x04); Primary Survivors (x04) and Secondary Survivors (x04).

Perpetrators are those respondents who had been convicted of GBV after a due legal process in a court of law and had also undergone the process of counseling. Primary survivors are persons who had been abused or assaulted by a person of the opposite sex and had undergone the process of counseling. Secondary survivors are those persons who had witnessed gender based violence as dependents or children of the perpetrator and victim in a domestic set up and had under gone counseling for the trauma experienced due to that experience.

Table 3: Composition of Respondents from Residential Areas

| Classification | Males | Females | Total |
|-----------------------|--------------|----------------|--------------|
| High Cost | 05 | 05 | 10 |
| Medium Cost | 03 | 04 | 07 |
| Low Cost Peri-Urban | 05 | 04 | 09 |

| | | | |
|--------------|-----------|-----------|-----------|
| Rural | 04 | 03 | 07 |
| TOTAL | 17 | 16 | 33 |

Table 3 shows the compositions of respondents selected from residential areas. These respondents are categorized by gender and types of residential areas. These participants were drawn from High Cost (x10); Medium Cost (x07); Low Cost (x09) and Rural (x07).

This composition shows a diversity in terms of the socio-economic context from which respondents were drawn from. The type of residential area was a proxy measure of whether the respondent was from a high or low income area. To ensure validity of this socio-economic assessment only household heads or their spouses (not defendants or children) were interviewed. The researcher was also able to gauge social economic status by observing the surroundings of the household in which the interview took place. Based on this observation it was possible to categorize respondents as high income or low income persons.

Table 3 also shows the distribution of residents by gender. There was 17 males and 16 females. Therefore there study obtained data from both genders. This is because gender based violence affects both sexes. As such it was important to obtain both the male and female perspective on the issue.

This category of respondents produced a data on counseling and GBV from the perspective of members of the community particularly on the first objective regarding the awareness levels and attitudes among residents on efficacy of counseling in the management of GBV in Choma.

Figure 1: Percentage Distribution by Gender for GBV Survivors/Perpetrators and Residential Respondents

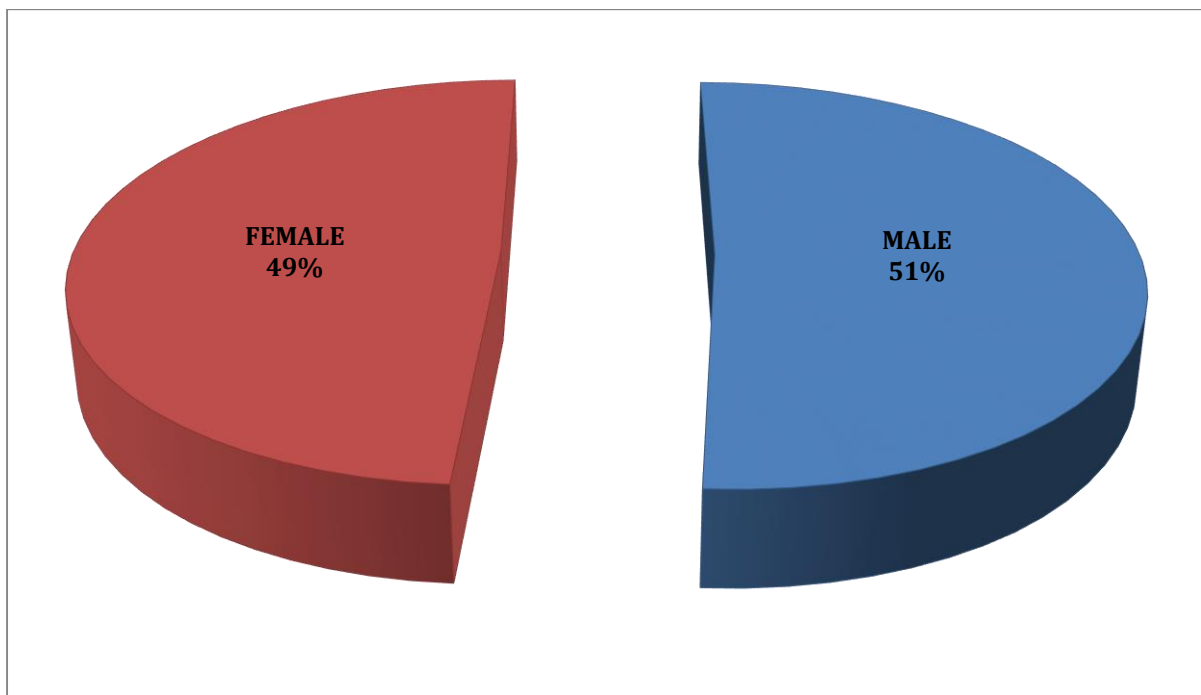


Figure 1 shows that among the perpetrators, survivors and community members interviewed, 49 % were female and 51 % were male. Therefore the sample had gender parity, and obtained data from both the male and female perspective.

Table 4: Composition of Residents, Survivors and Perpetrators by Age-Group

| Type of Respondent | Age Group | | |
|---------------------|-----------|-------------|----------------|
| | Below 18 | 18-64 years | Above 64 years |
| Perpetrators | - | 03 | 01 |
| Primary Survivors | - | 03 | 01 |
| Secondary Survivors | 02 | 02 | - |

| | | | |
|------------------|-----------|-----------|-----------|
| Residents | 02 | 27 | 04 |
| TOTAL | 04 | 35 | 06 |

Table 4 shows the age composition of the perpetrators, survivors and community members interviewed in this study. The sample had participants below the age of 18 (x04); 18-64 years (x35) and Above 64 years (x06).

As such the researcher drew insights from persons at different stages of life, namely children and adolescents (below 18 years which is the legal age for adulthood in Zambia); adults (18-64 years, with 64 years being the statutory age for late retirement in Zambia) and Senior Adults (above 64 years). The different ages indicated provided perspectives from persons with different levels of psychological maturity and life experiences, with respect to perpetration, survival and third-party observance of GBV and counseling.

6.2 Research Findings

Residents Awareness on GBV and Counseling

To explore the familiarity levels, the residents were asked for their opinions and understanding on ten (10) items related to GBV and Counseling and these were:

- 1) Definition of Counseling;
- 2) Awareness of At Least Three Institutions where Survivors of GBV can Access Counseling;

- 3) Definition of GBV;
- 4) Awareness of At Least Three Forms of GBV,
- 5) Awareness of At Least Three Causes of GBV,
- 6) Awareness of the Difference between GBV and Violence against Women;
- 7) Awareness of the Content Anti-GBV Act of 2011;
- 8) Awareness of At Least Three Effects of GBV on Primary Victims;
- 9) Awareness of At Least Three Effects of GBV on Perpetrators;
- 10) Awareness of At Least Three Effects of GBV on Secondary Survivors. The verbatim responses of their responses are given in the subsequent sub-sections.

The study asked residents to define the term “Counseling”. The prominent definitions were as follows:

Table 5: definitions of Counseling

| Definitions of Counseling | |
|----------------------------------|--|
| DA: | <ul style="list-style-type: none"> ● Counseling is a process aimed at helping a person who has faced a traumatic situation to understand and recover from it. |
| AC: | <ul style="list-style-type: none"> ● Counseling is when a professional assists a person on the challenges that they are facing in life. |

PA:

- It [counseling] is when a person who has faced trouble in life is helped by people who are more experienced or who they trust to know how best to handle that trouble.

YT:

- Counseling is advice given to any person so that they can make a good decision in life.

BK:

- ...when a person has been misbehaving, the elders will sit him down and tell him about life and also help him to change bad behavior into good behavior.

The study inquired if residents could name of at least three institutions where a person who has survived GBV or is a perpetrator can access counseling services. The places mentioned for these services were the Zambia Police Victim Support Unit, the Social Welfare Office, the Church, Traditional Elders and School Teachers who are guidance counselors.

Members of the community in the sample were asked to define the term “Gender Based Violence”. The Table 6 indicates some notable definitions as given by different residents.

Table 6: Definitions of Gender Based Violence Given by Residents

Definitions of GBV

BT:

- This is violence where a man beats, insults or embarrasses a woman

PH:

- Gender based violence is violence against a member of the opposite sex

HK:

- ...when a woman is attacked , because people, especially men think she is weak

KT: Gender Based Violence is an attack against a woman by a man or against a man by a woman.

FG:

- ...it is when a wife is beaten by the husband or a wife beats the husband

GG:

- ...being abusive to another person of the opposite sex

The investigator interrogated on residents' awareness of at least three forms of Gender Based Violence. The some selected responses are given in Table 7

Table 7: Residents Awareness of At least Three Forms of Gender Based Violence

Awareness of Forms of Gender Based Violence

MN:

- ...when a woman is beaten by her husband

OP:

- ...boys at school start insulting a girl because they do not like her

TD:

- ... a husband is denied sex by the wife.

- ...forcing a men to buy women in the name of [bride price]...[bride price] disrespects women because they will be sold like slaves or property...it later makes husbands abuse women some more.

PH:

- ...a wife attacks her husband with a whip, hot water, sharp object and so on resulting in death or injury

PA:

- ...when a woman is undressed and fondled by men because she is dressed in a short skirt or tight clothes
- ...even raping [a member of the opposite sex] is GBV...defiling a child is GBV.
- ...sending a girl for initiation ceremonies where she undergoes [Female Genital Mutilation]

PR:

- ...body shaming a member of the opposite sex especially on face book, or WhatsApp.
- ...a husband forces his wife to have sex with him even when she had refused to do so

BD:

- ...a husband abandons a wife or stops supporting her so as to teach her a lesson on respect...or if he invites family members or [traditional marriage counselors] to beat her because she is disrespectful to him.
- ...refusing to send a female child to school so that she can get married against her will...

When community members were asked to give at least three causes of GBV, some selected responses were as tabulated in Table 8.

Table 8: Residents Awareness of At Least three causes of GBV

Causes of GBV

TN:

...men do not treat women with respect and so they abuse them
 ...families believe it is culturally right for a husband to beat the wife

NT:

...women have no other source of income... they depend on men and would rather be abused than leave an abusive relationship.

HK:

...the violence takes place because of excessive beer drinking
...unfaithfulness in marriage especially among men...

ST:

...in African tradition women must submit to men. Because women don't want to submit, they tempt men to beat them.

PA:

...lack of trust in a marriage causes [gender based violence]
...some people grew up in a house full of violence, so it is in their nature to be violent

PR:

...the police do not take charge to control the situation. When someone reports very little action is taken.

...victims do not know the law and how to use it, so they suffer in silence.

...extreme religions faiths have made women property of men. Women have no rights in these religions

YT:

...new fashions and the things people watch from [different media sources] have caused foreign cultures to enter. Women no longer follow [Zambian culture]...that's why rape, defilement, fighting between husband and wife is common

The study inquired if there is a difference between gender based violence and violence against women and some notable responses are inscribed in Table 9.

Table 9: Residents Awareness on the Difference between GBV and VAW

Difference between GBV and VAW

AB:

...GBV can happen to both males and females. Even though most of the time men are blamed, some women are also violent.

NT:

...violence against women is only one part of GBV...the other part is violence against men

KG:

Violence against women is more in the spotlight, but in reality men also get abused and suffer in silence...

When questioned on their awareness of the content of the Anti-GBV Act of 2011, some of the answers are exemplified below:

Table 10: Residents Awareness on Anti-GBV Act of 2011

Awareness of Anti-GBV Act of 2011

TN:

...the law criminalizes not just physical violence, but also emotional violence, neglect and verbal abuse.

...the law does not criminalize marital rape

MN:

...both violence against men by women and violence against women by men are prosecuted...

...allows provision for counseling perpetrators and also victims...

...there is a provision where a woman who is abused can be placed under protection of the state.

NT:

...harmful traditional practices are forbidden under the act, even those that have been done by tribes for many years...

During interviews, community members explained some effects of GBV on Primary Survivors in the following selected responses.

Table 11: Residents Awareness on Effects of GBV on Victims

Three Effects of GBV on Victims

GK:

...when someone is beaten the person will suffer injuries and can even lose their life.

...if my husband attacks me, I can divorce them and take my children

...a woman who has suffered a beating can be depressed, and feel worthless, she even feels a sense of anger and betrayal

VC:

...a victim of GBV feels shame, especially if it's a man beaten by a woman

AC:

...a victim of abuse isolates themselves from friends, relatives and withdraws from social activities.

...may start drinking more heavily and engage in [Risky Behavior]

PR:

...after [the abuse, the victim] cannot work well or concentrate on other businesses to make money.

...[the victim] cannot properly show attention and care to children

GG:

...suffering violence or abuse means the person will never trust anyone again, can never love again, and begins to hate everyone.

...someone who suffered GBV takes out their anger, frustration on others...they become abusive because they were abused.

The investigator further asked community members to state how GBV affects perpetrators.

Table 12: Residents Awareness on Effects of GBV on Perpetrators

Effects of GBV on Perpetrators

RP:

...the one who aggresses and is not prosecuted believes it is right for them to continue victimizing [members of the opposite sex]

...the [perpetrator] loses respect for the victim and respect for all members of the opposite sex

HB:

...those who commit violence may begin to enjoy the [violence] and become addicted to abusing

...those who abuse [members of the opposite sex] will begin to see GBV as a way of dominating...imposing their will on others and as a way of resolving [conflicts].

TC:

...First time perpetrators may feel a sense of shame, fear, depression and guilt with themselves...they can even resort to behavior such as more alcohol abuse, suicide and [other self-harming behavior].

...the same feelings are felt when GBV is done as an unintentional reaction...

EG:

...a person who has been held in prison due to GBV is exposed to harsh conditions and other criminals...hence they come out of prison and commit worse acts of GBV or other crimes

PA:

...a perpetrator of GBV is stigmatized by family and other members of society even after they have tried to change and become better...this is a traumatizing experience that can drive them to [self-harming behavior].

The investigation interrogated residents' views on how GBV affects third party observers (Secondary Survivors) as children, dependents and other family members their views on this aspect are presented in the table below:

Table 13: Residents Awareness of Effects of GBV on Secondary Survivors

Effects of GBV of Children and Other Family Members (Secondary Survivors)

OP:

...children who witness one parent abusing another develop feelings of disillusionment, fear, betrayal, depression and disappointment

ET:

...families can lose the sense of unity and tranquility due to acts of GBV, it creates hatred, distrust among family members that can be passed from one generation to another.

GP:

...young person learn to become abusive to the opposite sex by observing their peers, adults in their families who do the same...they imitate GBV that their observed from others.

FG:

...witnessing [GBV] is a traumatizing experience especially for children. They do not understand why and even what is happening and this trauma makes them more confused...the [young persons who witness GBV in their families] can lose concentration at school, in playing with others or in developing close relationships with people...

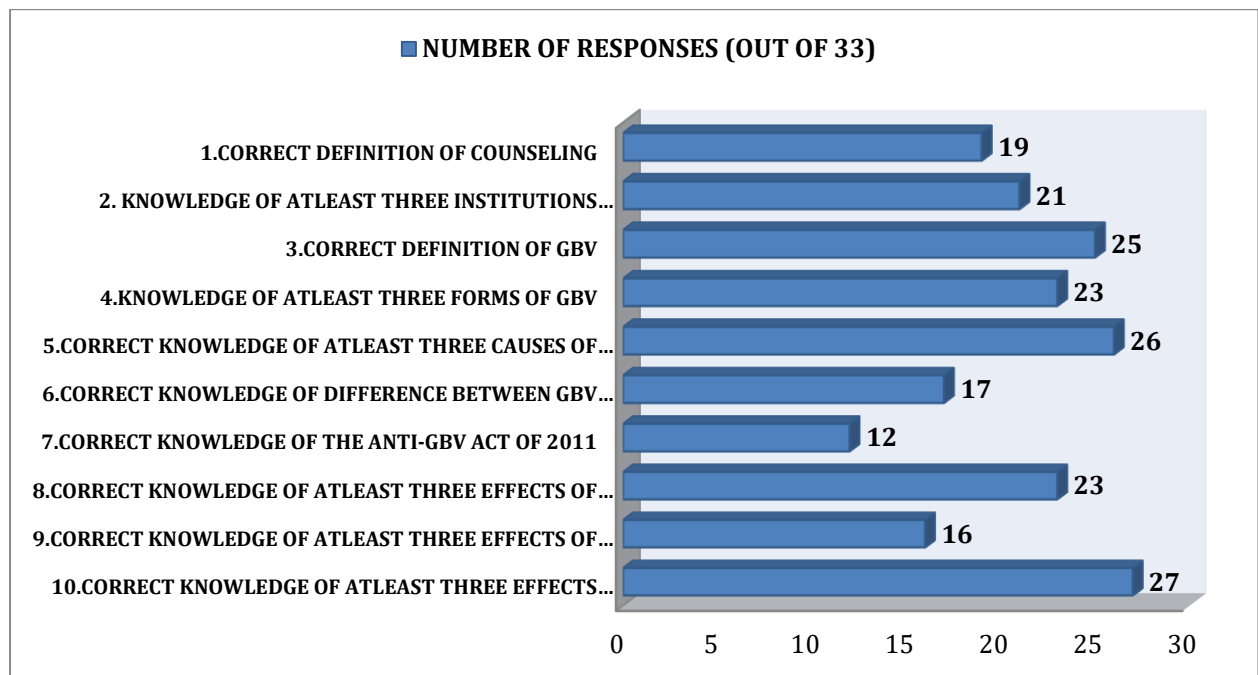
UG:

...young persons who witness GBV may start engaging in [juvenile delinquency]

...guardians/guardians who are perpetrators or victims of GBV neglect their responsibilities towards children and dependents, these dependents become victims of [material and emotional neglect]

The investigator additionally assessed all the responses made and compared them with literature and standard expert opinions on GBV, causes and effects. This was done to evaluate the correctness of the insights given by each respondent. Correctness in this case was the extent to which an answer aligned with established expert understanding on GBV and past research on the matter as presented in peer reviewed literature. The number of correct responses was counted and expressed as a percentage of the total number of residents interviewed (that is 33). Figure 2 summarizes the percentage of correct responses on each of the 10 items on GBV and counseling.

Figure 2: Information Levels on GBV and Counseling among Residents



From Figure 2 shows that 19 were able to give a correct definition of counseling and 21 could provide correct awareness of at least three institutions where GBV survivors and perpetrators can access counseling. The figure indicates that 25 of residents in the sample gave a correct definition of GBV; 23 could correctly explain at least three forms of GBV; 26 correctly gave at least three causes of GBV and 17 could correctly elucidate the difference between GBV and VAW. The graph further shows that 12 of residents interviewed could explain at least three contents of the Anti-GBV Act of 2011.

Additionally, Figure 2 shows that 23 of residents provided correct awareness of at least three effects of GBV on primary victims of GBV; 16 gave correct explanations on effects of GBV on perpetrators and 27 of community members provided correct familiarity of at least three effects of GBV on Secondary Survivors.

The majority of respondents in the sample were experienced on the meaning of counseling, GBV, the forms in which it manifests the causes and effects, in addition to the

institutions that can provide counseling to survivors and perpetrators. The majority could also distinguish between violence against women and GBV. This suggests that awareness creation and educational campaigns on the problem have been successful in building the familiarity base of residents on the issue. Nevertheless, the number of residents with acquaintance of the anti-GBV Act was low. There is need to provide more awareness among residents on this element.

Effects of Counseling in Promoting Recovery and Behavior Change on the Victims and Perpetrators of GBV in Choma

To explore the effects of Counseling in promoting recovery and behavior change the researcher interviewed who had direct experience of GBV and had under gone counseling. The investigator interviewed perpetrators; Primary Survivors and Secondary Survivors.

The researcher conducted interviews with persons who had directly experienced GBV as perpetrators, or survivors and who had under gone counseling. It was indicated that counseling helped survivors to understand their feelings after the abuse and to develop a healthier self-perception. This was inferred from the following statements:

Interview # 2:

“...after going [going through sexual assault] I felt dirty and useless for being so weak...I prided myself in being a virgin...the talk I had [during counseling therapy] showed me that the fault did not lie with me, I was innocent and what I go through does not define me.”

Interview #3:

“...my husband used to beat me and call me a fool, he would strip me in front of our neighbors...I was humiliated...each time I went out I knew is was the

topic of gossip...he married another woman, was I not woman enough for him?...the person I talked to [the counselor] helped me to see myself as a woman worthy of respect I feel stronger and able to walk with pride..."

Interview #6:

"...the court sentenced me to 25 years imprisonment for [GBV against a minor of the opposite sex] what I did was wrong...the shame of it was too much, I mean, I am a man with children of my own and doing what I did to another child made me feel like an animal who does not deserve to live...I had thoughts of suicide in while in prison...the [counselor at the correctional facility] ...taught me that life is about second chances and I can become a new man even after my past mistakes...we serve a god of a second chance , I have repented of what I did and I think I am forgiven...the [counselor at the correctional facility] told me to also forgive myself and to think of myself as a changed man..."

There was also respondents who said that counseling had enabled them in their ability to make new life choices. One interviewee (Interview # 1) who was a primary survivor revealed they had a choice to make between retaliation and forgiveness of the perpetrator, counseling helped them to understand that one crime does not provide restitution for another crime. Counseling had shown them that GBV by a victim against a perpetrator, in retaliation for a prior act of violence is also a crime. The survivor was also guided that the process of healing does not begin with vengeance, but with forgiveness. According to the subject the counselor guided them on how to reconcile with the person who had abused them and to restore the relationship.

Another subject narrated their experience as follows:

Interview #3:

“...I wanted to commit suicide...there was nothing worth living for, but [after the counseling process] I decided life is worth living. I am glad I chose to live...”

Counseling was also revealed to promote positive behavioral change especially on the part of perpetrators and survivors of GBV. To this effect, counseling was shown to help subjects to shift from destructive behavior and to take up a more socially positive behavior and a more positive social role. Illustrations of this are as cited in the following:

Interview # 10

“I used to be a drunkard who would beat my wife...counseling showed me how to stop drinking [alcohol]...ever since I stopped drinking, the love in our marriage has been restored, and I respect my wife more...”

Interview # 12

“I was a violent woman...I grew up in a home where our parents used to beat us...husband also used to frustrate me because he was very stubborn...[after counseling] ...I was taught how to manage my temper...when I am angry I go quiet and allow myself to cool down before it talk with my husband...”

Counseling had additionally, shaped the world perception of survivors. Experiencing gender based violence as victims of it or as third party observers tends to alter the way the subject views the world. This distorted world view ultimately manifests as different forms of deviant

behavior. A distorted world view moreover gave them a negative perception of other persons, which in turn affected their capacity for form strong and lasting relationships. According to participants, counseling helped them re-evaluate their view of the world. The participants' quotes below are indicative of the above insights:

Interview # 2

“...I had lost all trust in men...I came to believe men are animals, the enemy...even when a man would propose love to me I refused because I did not believe in such things... [After the counseling therapy] I have come to see the world as having so much to offer me, love is a possible thing and not all men are the same...”

Interview # 6

“...Seeing my father and mother fighting was horrifying to me and my young brother...I was confused because I love my mother and my father the same way... have taught us that fighting is bad but why were they fighting? Was it our fault they were fighting? ...the [social welfare counselor] helped me to understand that that parents can have a misunderstanding, but that does not mean that they do not love us the children...and that there is a better way to solve misunderstandings than fighting...”

Based on the Adlerian Theory this study evaluates that counseling has a positive effect on rehabilitation of both Victims and Perpetrators of GBV. It has helped victims to resolve feelings

of inferiority and to develop a positive evaluation of their self-worth. That restoration of self-worth improved their emotional stability, their ability to function as social beings, their ability to show affection and compassion for others. As predicted by the Adlerian Theory, counseling has induced a positive worldview.

In line with Adlerian theory, counseling has enabled Perpetrators of violence to resolve feelings of inferiority, to develop positive and pro-social behavior. After counseling, perpetrators did not view abusing members of the opposite sex as a way of asserting their superiority complex. The need to assert superiority was replaced by a need to achieve self-actualization by becoming the best version of them.

Measures that can be Put in Place to Make Counseling More Effective in Choma

According to key informants in this study, the counseling system in Zambia has been impaired by the shortage of staff. This shortage manifests first in the form of insufficient numbers of counselor to meet the high demand from many competing crises. One informant estimated that there is one qualified counselor (with a bachelor's degree and above) per 5000 persons in need of counseling per month. In this case though GBV is a very prominent problem with a high prevalence, there are also other crises that demand counseling including persons experiencing chronic disease, drug and alcohol abusers, marriage counseling and so on, in addition to GBV related crises. For this reason it was opined that”

“...counselors are over whelmed with the stress of cases they have to handle and despite being competent professionals; they are unable to provide the full attention required by survivors and perpetrators of GBV. As such the sessions tend to be too brief, the process tends to be too short and some protocols are missed because there are not enough counselors to meet the demand.”

It was also explained that the inadequacy in numbers is also worsened by inadequacy of skills. The victims of GBV experience deep seated traumas that require specialist counseling techniques and therapies. The majority of available counselors are certificate or diploma level. The majority of personnel is specialized in other fields and receives counseling training only as a supplement to their line of work. Since the training is just a supplement, it is too basic to provide effective help to subjects who suffer a deep level of trauma.

The private sector could supplement the shortage of counseling in the public and civil society sphere. Nevertheless because of the staff shortages described above, there is a reduced availability of access to these counseling services. It has also made specialist comprehensive counseling care to be unaffordable especially for person from low-income households.

The recommendation made to resolve this challenge was that there is need to formulate and implement locally based, specialist counseling training programmes and to formulate a policy where more of these courses are offered in institutions of higher education. The participants also suggested that employers must provide attractive compensation packages and working conditions for personnel involved in counseling. Additionally, there was a recommendation that organizations need to intensify in-house training and development programmes for counseling personnel in order to ensure an upgrade in training and also enable them to keep abreast with the latest best practices in the field.

In addition to this the participants accept that because counselors are exposed to numerous traumatic situations , they as individuals begin to experience work related trauma and in some cases increased stress and diminished job satisfaction. For this reason it was recommended that they need to be granted elaborate incentives for rest and recreation as a mandatory part of their working conditions.

It was opined by one counselor that in cases of GBV, the correctional system is too focused ***“punishing the offender while comforting, protecting and healing the victim”***. This insight suggests that the system of law enforcement, judicial process and counseling is too victim centric and omits to handle the perpetrator. It also suggests that there is a greater bias towards retributive justice (which is punishment oriented) against perpetrators and rehabilitative justice (which is healing oriented) for victims. The approach should instead provide special rehabilitative care for perpetrators as well as victims. It should give perpetrators the chance to reform as much as it gives the victims the opportunity to cope and recover from that experience. The third facet is there is a need for restorative justice.

Restorative justice is needed because GBV does not just distort the relationship between victim and perpetrators. It also produces a broken relationship or relationships between the perpetrator and other members of society such as family members and bystanders in society and so on. Even if the perpetrator reforms it is still important for them to be reintegrated into society and to re-engage with the people who were repulsed by their action. Restoration can be done for instance by involving perpetrators in community activities that make a positive contribution to society, such as involving them as peer educators against GBV, training them in basic counseling for victims of GBV and so on.

In this study most of the respondents stated that there is need for those who witness GBV to report to relevant authorities. It would ensure that the perpetrators are prosecuted or counseled

and the victim be protected, treated and counseled. One of the participants argued that witnessing GBV and failing to report it is the same as being a perpetrator and it is even morally wrong. However another participant mentioned that it is necessary that before one reports GBV, one has to establish the facts of the situation, and not just rely on innuendos or rumors. If this is done there could be a danger of one reporting something as GBV when in fact not.

There was moreover another subject who mentioned that it may be necessary for community members to use out of court alternative dispute mechanisms to promote reconciliation of perpetrators with their victims. This participant argued that only when attempts to reason, or reconcile have failed should the matter be reported to relevant authorities. The respondent further explained however that this approach would be more feasible if the one who has witnessed GBV is someone both parties respect such as an elder family member, a respected neighbor or friend, a religious leader and so on. This alternative dispute resolution approach would help decongest the court system and the professional counseling systems that appear to be overwhelmed by the number of GBV cases that they are handling.

On the other hand a set of respondents argued that GBV should not be brought in to the public domain although these were a minority. Their argument was that marriage is between two people and so whatever goes on is a matter to be settled between those two or their family members. It was further opined that it is traditionally wrong for members of the same family to take each other to court, embarrass one another or have each other imprisoned. The shame will not just be on the perpetrator, but will be on the entire family. This approach however is not feasible as it would increase under reporting of cases and may create the possibility of victim suppression.

There was a respondent who mentioned that sometimes victims of GBV deserve it in situations where they are unfaithful in marriage, naughty if they are children or unreasonably stubborn.

As such what some may view as GBV may just be punishment or disciplinary beating meant to correct someone. This respondent went on to argue that in reality the concept of GBV does not even exist in traditional society, but is merely a western import. It is thus an attempt by the west to impose their values on African society.

This perspective reveals that GBV may be endemic due to a culture that either tolerates it or that actively promotes it. It is for this reason that counselors need to act as agents of change. Counseling therapy should not just be limited to one on one sessions with victims or perpetrators instead there are times when group therapy is also necessary. Such group counseling should target the immediate family of the perpetrator or victim. The purpose of this would be awareness creation, mindset change as well as intra-family reconciliation.

Another thought on the issue was that authorities are very slow to respond to GBV and as such reporting such cases only increases the likelihood that the victim will be more victimized and the perpetrator more emboldened to commit worse acts of violence. A male participant expressed the view that it is shameful for a man suffering from GBV to report. Rather than receiving help, he will be ridiculed as a weakling. As such the respondent recommended that it is better for the man to find ways of retaliating to the violence as a way of asserting his authority and power as a man.

This opinion suggests that there is culture of victim shaming and that creates a fear among survivors to seek counseling and other help. It also suggests that GBV cases where men are the victims are more acutely under reported and thus under addressed by both law enforcement and counseling systems.

It is based on this that one of the counselors suggested that counseling must be gender sensitive and not women centric. Counselors need to take into account the differences in the mental and socio-cultural, challenges that victim face because of their gender. Among the qualities that

induce self-esteem in males is that self-perception and the perception among significant others that they are strong and are able to defend themselves and their loved ones from aggression. This psyche is engraved in them because it is what society has accepted as the signs of masculinity. Hence when a male suffers GBV their construct of masculinity is violated, leading to a loss of self-esteem. Therefore, the counselor needs be sensitive to the masculine esteem issues that male victims of GBV experience and consider how to rehabilitate the victim without destroying their ego, and also without reinforcing misogynistic tendencies in their male clients.

CHAPTER FIVE

DISCUSSIONS OF FINDINGS

The results from this study indicates that Gender based violence has many serious negative consequences as well as both long- and short-term effects that are experienced by the victim directly and by persons who witness the acts of violence indirectly. An important aspect is represented by the consequences of violence upon the physical and mental condition of the victim. If physically the victim may suffer a series of body injuries with various levels of seriousness including infirmity, total or partial loss of working capacity or even death, mentally the victim may undergo, due to abuses, a series of temporary or permanent disorders at the

emotional level, such as: acute or chronic depressions, anxiety, phobia, panic strikes, insomnia, nightmares or post-traumatic syndrome.

Gender-based violence continues to be endemic in Zambia, in familiar and new forms. Not only have new forms of violence emerged such as cyber-violence (including cyber-stalking, online threats of violence, and revenge pornography), but long-standing forms of violence persist.

Despite multiple policy, legal and program-based intervention against GBV, the Zambian Government and counseling board respectively has had challenges in providing effective counseling to victims of GBV especially in Choma district.

Counseling assists people to make informed decisions, cope better with their conditions and lead more positive lives. Counseling is important because the impact of GBV can be a lifelong phenomenon and during the course of the violence, a broad range of physical, social and psychological needs and problems are likely to be experienced. The changing nature of the effect of GBV imposes a variety of psychological and emotional strains on individuals and those closest to them. Counseling is a dialogue between a client and a care provider aimed at enabling the client to cope with stress and to make personal decisions related to GBV. The counseling process includes the evaluation of personal risk of the impact of GBV and the facilitation of its impact behavior.

The research study has discussed effects solely in line with the advantages of counseling to the victims of GBV. In a way, they explain the merits of counseling victims. To the contrary, they do not explain the effects in line with demerits of counseling to the victims. Considering both sides, counseling may be detrimental or insufficient enough to the victim and may end up affecting the individual negatively. This may be caused by various factors ranging from the counselor, the victim, and the physical environment through to how and when the counseling process itself is administered. Henceforth, this study comes to fill in this gap as it holistically

explores the effects of counseling on victims of Gender based violence on both positive and negative grounds. The study was faced by the following limitations; inconveniences raised among respondents during data collection due to the institutions and respondents time table, the novel corona virus pandemic, unwillingness of some officials and respondents to provide permission for data collection and information for confidentiality.

Additionally, little research has been carried out in this area of study and from the Zambian context as a whole concerning the scarcity of relevant literature on the effects of counseling on gender-based violence in Zambia. Hence, it resulted in the study having limited local literature review.

Collecting information from regional and circuit offices compromised the reliability of the data especially if the respondents provide bias information to create a desirable impression of the situation. However, the various constraints that were experienced by the researcher did not cause the research to be unsuccessful. Widening the sample size and triangulating information from diverse target groups made up for the above limitations.

The majority of respondents in the sample were experienced on the meaning of counseling, GBV, the forms in which it manifests the causes and effects, in addition to the institutions that can provide counseling to survivors and perpetrators. The majority could also distinguish between violence against women and GBV. This suggests that awareness creation and educational campaigns on the problem have been successful in building the familiarity base of residents on the issue. Nevertheless, the number of residents with acquaintance of the anti-GBV Act was low. There is need to provide more awareness among residents on this element. Counseling had additionally, shaped the world perception of survivors. Experiencing gender-based violence as victims of it or as third-party observers tends to alter the way the subject views the world. This distorted world view ultimately manifests as different forms of deviant

behavior. A distorted world view moreover gave them a negative perception of other persons, which in turn affected their capacity for form strong and lasting relationships. According to participants, counseling helped them re-evaluate their view of the world.

Counseling was also revealed to promote positive behavioral change especially on the part of perpetrators and survivors of GBV. To this effect, counseling was shown to help subjects to shift from destructive behavior and to take up a more socially positive behavior and a more positive social role.

There were also respondents who said that counseling had enabled them in their ability to make new life choices. survivors revealed that they had a choice to make between retaliation and forgiveness of the perpetrator, counseling helped them to understand that one crime does not provide restitution for another crime. Counseling had shown them that GBV by a victim against a perpetrator, in retaliation for a prior act of violence is also a crime. The survivor was also guided that the process of healing does not begin with vengeance, but with forgiveness. According to the subject the counselor guided them on how to reconcile with the person who had abused them and to restore the relationship.

The counseling system in Zambia has been impaired by the shortage of staff. This shortage manifests first in the form of insufficient numbers of counselor to meet the high demand from many competing crises. One informant estimated that there is one qualified counselor (with a bachelor's degree and above) per 5000 persons in need of counseling per month. In this case though GBV is a very prominent problem with a high prevalence, there are also other crises that demand counseling including persons experiencing chronic disease, drug and alcohol abusers, marriage counseling and so on, in addition to GBV related crises.

It was also clear from the findings that the inadequacy in numbers is also worsened by inadequacy of skills. The victims of GBV experience deep seated traumas that require specialist

counseling techniques and therapies. The majority of available counselors are certificate or diploma level. The majority of personnel is specialized in other fields and receives counseling training only as a supplement to their line of work. Since the training is just a supplement, it is too basic to provide effective help to subjects who suffer a deep level of trauma.

The private sector could supplement the shortage of counseling in the public and civil society sphere. Nevertheless because of the staff shortages described above, there is a reduced availability of access to these counseling services. It has also made specialist comprehensive counseling care to be unaffordable especially for person from low-income households.

Restorative justice is needed because GBV does not just distort the relationship between victim and perpetrators. It also produces a broken relationship or relationships between the perpetrator and other members of society such as family members and bystanders in society and so on. Even if the perpetrator reforms it is still important for them to be reintegrated into society and to re-engage with the people who were repulsed by their action. Restoration can be done for instance by involving perpetrators in community activities that make a positive contribution to society, such as involving them as peer educators against GBV, training them in basic counseling for victims of GBV and so on.

There is need for those who witness GBV to report to relevant authorities. It would ensure that the perpetrators are prosecuted or counseled and the victim be protected, treated and counseled. One of the participants argued that witnessing GBV and failing to report it is the same as being a perpetrator and it is even morally wrong. However, it is necessary that before one reports GBV, one has to establish the facts of the situation, and not just rely on innuendos or rumors. If this is done there could be a danger of one reporting something as GBV when in fact not.

Findings also show that GBV may be endemic due to a culture that either tolerates it or that actively promotes it. It is for this reason that counselors need to act as agents of change.

Counseling therapy should not just be limited to one on one sessions with victims or perpetrators instead there are times when group therapy is also necessary. Such group counseling should target the immediate family of the perpetrator or victim. The purpose of this would be awareness creation, mindset change as well as intra-family reconciliation.

Authorities are also very slow to respond to GBV and as such reporting such cases only increases the likelihood that the victim will be more victimized and the perpetrator more emboldened to commit worse acts of violence. It is shameful for a man suffering from GBV to report. Rather than receiving help, he will be ridiculed as a weakling. As such its recommended that it is better for the man to find ways of retaliating to the violence as a way of asserting his authority and power as a man.

Counseling has been shown to have a positive rehabilitative effect on all subjects of GBV cases. In this regard it has been seen as a vital tool to enable survivors to cope with their trauma and to make better life choices after the experience, so that they can become fully functional members of society. Counseling has enabled survivors to turn a traumatic and debilitating experience in to a life lesson from which the survivor can recover with their mental and social functionalities restored. The process of counseling has also promoted socially positive behavior change and mindset change in perpetrators. For this reason, the therapy has been an effective reformatory tool for previous aggressors. In this regard it has helped them to identify the causes of their deviant behavior and guided them on how to replace it with pro-social behavior.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.0 Conclusion

Gender based violence is still a highly endemic problem in Choma district. Because the problem is widely prevalent, residents are widely aware of what constitutes the violence, the ways in which it manifests the possible causes as well as the effects of the problem on survivors and perpetrators alike. Residents are also widely aware of the institutions which can provide effective counseling services and other rehabilitative intervention to both victims and perpetrators.

Counseling has been shown to have a positive rehabilitative effect on all subjects of GBV cases. In this regard it has been seen as a vital tool to enable survivors to cope with their trauma and to make better life choices after the experience, so that they can become fully functional members of society. Counseling has enabled survivors to turn a traumatic and debilitating experience into a life lesson from which the survivor can recover with their mental and social functionalities restored. The process of counseling has also promoted socially positive behavior change and mindset change in perpetrators. For this reason, the therapy has

been an effective reformatory tool for previous aggressors. In this regard it has helped them to identify the causes of their deviant behavior and guided them on how to replace it with pro-social behavior.

The counseling system in Zambia is limited by a shortage of staff in terms of inadequate numbers, and also inadequate skills. Increased human capital development in the counseling sector is thus required. There is also a distortion with respect to the capacity to reform perpetrators. In this case, there is a need to minimize the emphasis on retributive justice and to instead focus on a reformatory approach that combines both rehabilitative and restorative justice. An argument has also been made to create a gender sensitive counseling approach as a replacement for the existing system which is more woman-victim centric.

While most studies are well suited for assessing gender based violence and its impact on the victims, they do not go very far in explaining how the victims can be helped. The findings from the study, if adopted were a useful source of information for the government, intervening agencies and society at large, since it would assist in enabling the concerned parties or stakeholders to make an informed counseling decision necessary for intervention purposes particularly to do with increasing their efforts and resources in reducing the impact of gender based violence on the victims. Using counseling in fighting against GBV requires an understanding of the impact, perception and general beliefs surrounding the affected study area and population, in this case the GBV victims, agencies and the study population in Choma district. The findings would also motivate further examination of counseling methods for prevention and response to the impact of GBV to help all the victims.

6.1 Recommendations for Further Study

This study has not been exhaustive in tackling all issues related to counseling and GBV. Other related topics of investigation can be the following:

- The effectiveness of the Zambia police VSU in responding to reports of GBV
- Role of Alternative dispute Resolution in Resolving GBV in Families
- The effectiveness of religious and traditional leaders in mediating and counseling in GBV situations
- The role of economic factors in increasing GBV in households.
- The Ministry of Health should provide counseling centers that assist victims in coping with the psychological impact of their abuse.
- The Zambia Government should employ guidance counselors in the public school systems, who are not teachers to educate learners on GBV and necessary life issues.
- Social workers must be following up reported cases of GBV to provide guidance and answer any questions the victim or perpetrator might have. They must also link them with the right services to get the help they need.

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APPENDICES

APPENDIX I: CONSENT STATEMENT

Dear Respondents,

The information you give is for an academic research study on the effect of counseling on victims of gender based violence. The interview and focus group discussion will only be used exclusively for academic purposes.

All information collected here will be treated as private and confidential. Your responses will also be used to find ways of making counseling effective on helping GBV victims. Your participation is voluntary and your responses will be confidential and your name will not be mentioned in the final report.

Your kind co-operation will be highly appreciated

Thank you

APPENDIX II. INTERVIEW GUIDE FOR GBV VICTIMS

The responses you provide will be used for academic purposes and will be strictly confidential.

PART A: LEVEL OF AWARENESS ABOUT COUNSELING SERVICES

1. Are you aware of what counseling is?
2. Have you been in a counseling relationship?
3. How many counseling services centers are in your area?
6. Where do you find counseling services in your community?
7. Where can you go for counseling information and services?

PART B: CHALLENGES FACED BY VICTIMS OF GENDER BASED VIOLENCE IN COUNSELLING

1. What causes GBV victims not to undergo counseling?
2. Was the environment where you had counseling conducive.
3. Are there any circumstances that make counseling inaccessible?
4. What common problems do you find in counselors?
5. How do you think these problems can be sorted?

PART C: MEASURES THAT CAN BE PUT TO MAKE COUNSELLING MORE EFFECTIVE.

1. What are some of the things that can be done to make counseling more effective?
2. In what ways can the community be greater involved in fostering counseling service delivery?
3. In your opinion how can counseling service be improved?

THE END