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FACULTY OF SOCIAL SCIENCES

DEPARTMENT OF PSYCHOLOGY

**EXPLORING THE ROLES OF COUNSELLORS IN ADDRESSING CHALLENGES
FACED BY SEXUALLY ABUSED CHILDREN. A CASE OF FAMILY SUPPORT
TRUST CHITUNGWIZA HOSPITAL**

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DEDICATION

I would like to dedicate this project to all counsellors in the making who will have the chance to read this project. I hope and wish you will learn a lot from it when it comes to dealing with sexually abused children practically. I would also like to dedicate this project to my family and friends, I keep you close at heart. I hope that I make you proud always. Thank you for your support throughout the whole academic process.

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ABSTRACT

The study sought to explore the roles of counsellors in addressing challenges faced by sexually abused children. With the rise of child abuse cases each year, counsellors are believed to have an essential role to play in assisting the abused children. Qualitative methodology was employed to gather data from counsellors at Chitungwiza hospital Family Support Trust. Semi-structured interviews were the method used in the study for data collection. A phenomenological research design was used. Purposive sampling was also used in selecting the participants for the research. Thematic analysis was used to analyse the data and data was presented in sets of themes which helped further explore and answer formulated research questions regarding the roles of counsellors. Generally the findings demonstrated that besides challenges faced by counsellors in addressing challenges faced by sexually abused children, counsellors are continuously playing an essential role in providing services to sexually abused children. The conclusion derived was that counsellors have a greater role to play in addressing challenges faced by sexually abused children. Structure agency employed in this study assists one to explain that counsellors as well as abused children are affected by the society.

CHAPTER 1

INTRODUCTION

1.1 BACKGROUND

A widely reported finding in mental health journals and other media sources is that allegations of child sexual abuse are increasing. According to Finkelhor (1980) child sexual abuse is any sexual contact with a child through the use of force, threat or deceit to secure the child's participation. It is a global phenomenon that is happening in all religions, cultures and races. According to Finkelhor (1970), what causes much of this concern is that child sexual assault is of late claiming victims within our families, the idiosyncratic behaviour exhibited by those closest and most trusted neighbours and family members. The family institution is entrusted with the responsibility or the primary care and socialization of children in their natural environment but surprisingly it is now the one disturbing the life of children. Ruparanganda (2012) asserts that most cases of child abuse go unreported because of intimidation and usually such cases are handled within the nuclear family structure. The victims continue to be assaulted by memories of traumatic event and the hidden scars that may lead to maladaptive behaviour later in their life.

The World Health Organization WHO (2015) estimates one in five women and one in thirteen men report having been sexually abused as a child every year in the world community. These astounding numbers suggest that sexual abuse is an unfortunate part of the lives of many children in communities all over the world. The United States Department of Health and Human Services (USDHHS) reported that in 2010 alone, 63,527 American children were reported having been sexually abused. Mrazek & Kempe (1981) says families' and children's characteristics play important roles in disclosing and treating sexually abused cases.

Literature from countries surrounding African region documents the existence of a child sexual abuse epidemic in the region. Prevalence studies rely on cross-sectional study design, most often surveying school children about their experiences of sexual abuse. In a review article of child sexual abuse in SubSaharan Africa, Lalor et al. report that between 3.2 and 7.1% of all respondents report unwanted or forced sexual intercourse before the age of 18 years . Jewkes et al. surveyed 11, 735 South African women between the ages of 15 and 49

years about their history of rape during childhood. Overall, 1.6% reported unwanted sexual intercourse before the age of 15 years of age. 85% of child rape occurred between the age of 10 and 14 years and 15% between the ages of 5 and 9 years.

In Zimbabwe child sexual abuse is increasingly being recognised as an issue requiring urgent attention considering that the problem is on the rise. Armstrong (1998) points out that sexual abuse of children in all forms is on the increase and it is a significant problem especially for girls and other vulnerable children. Zimbabwean children under the age of 18 years continue to bear the brunt of sexual abuse. According to Nyamanhindi (2015) says the police released chilling statistics on cases of child sexual abuse country wide, a total of 2 405 children were raped countrywide out of the 3 421 case reported between January and October 2012. The media almost on daily basis reports on child sexual abuse. However the staggering statistics exclude many children out there who are being sexually abused and not report the case for some reasons which may include intimidation.

In a study in Zimbabwe, Birdthistle reports that among unmarried, sexually active adolescents, 52.2% had experienced forced intercourse at least one time and UNICEF (2011), reports that in the country most cases of child sexual abuse are handled privately in the family. There are parents who keep such cases a secret especially if the perpetrator is a relative in order to keep their relations intact. According to the Nyamanhindi (2015), the Zimbabwe Republic Police recorded that neighbours perpetrated the bulk of the assault accounting for 41 percent while relatives followed 21 percent of the cases reported. Chitungwiza (with a population of over one million people and unemployment of 80% and where criminal cases of rape, murder and robbery are rife) reported cases of child sexual abuse are on the increase with a total of 139 having been reported between January and May 2017.

Children are particular exposed to sexual assault through various ways for instance, many parents lost their parental bond with their own children to an extent of not knowing what will happen to their children's lives. Another reason of making children especially girls vulnerable to sexual abuse is exposure to pornography. While technology has been received in the world, it has made to many challenges because many boys under the age of 18 years are sexually abusing young girls of below the age of 12 years. Leach (2000), points out that poverty has been reviewed also to have a strong link with child sexual abuse because it also culminates in relationships meant for economic gains and commercial sexual exploitation.

Today however child sexual assault cases are now being handled by the state. In spite of government and non-governmental efforts to curb the problem of sexual assault, its incidence seems to be increasing day by day considering cases being released by the media. According to the Sibindi (2017), the Childline received 3 690 reports of sexual abuse in which 9% were boys and 91% were girls. This indicates that, child sexual abuse in the country is growing in a shocking way. It is against this background that this study has been designed to explore the roles of counsellors in addressing challenges faced by sexually abused children. Drauker & Martsof (2006) define a counsellor as a person who as his or her profession assess, diagnoses, treats and evaluates individuals, interpersonal or societal problems through the use of social work knowledge, socio dynamic group working, skills planned community intervention and strategies to assist individual, families, groups of persons, organizations and communities to achieve optimum psychosocial and social functioning.

1.2 STATEMENT OF THE PROBLEM

In the United States of America cases of child abuse are reported frequently. In 2015 the government released statistics on child abuse cases and 3 million cases of suspected child abuse were reported to the authorities (Guttman 2015). In Africa, research has shown that child sexual abuse is on the rise. In Nigeria, findings show that 6 out of 10 children experience some form of sexual assault before they turn 18. This type of abuse has been happening in home, communities or even in school settings (Harvey 2014). The phenomenon of child sexual abuse (CSA) also remains topical in Zimbabwe. Statistics, literature and debate reflect not only increased scientific interest in child sexual abuse and its potential effects but also growing public concern about this form of child maltreatment. Chitereka (2010). Counsellors by nature of their work, intervene at the individual, family and societal level. In Chitungwiza, cases of child sexual abuse by a relative have been on the rise. At least 200 cases are reported within a period of 5 months (Muzavazi 2017).

The problem of sexual abuse is going through the daily media and these are besides some cases are not reported for some reasons such as intimidation. This is a clear indication that the number of children who are being sexually abused is increasing and the perpetrator is likely to be neighbours or a relative considering statistics realized by the Zimbabwe Republic Police (Chari 2015). There are short and long term effects of child sexual abuse and counsellors as professionals act as guardians of children have a great role to play in addressing challenges faced by sexually abused children. Counsellors are professionals who seek social change by

addressing the problems of individuals, their environment and the interface between the two. (Bargley & King 1990). This study therefore seeks to explore the roles of counselors in addressing challenges faced by sexually abused children.

1.3 SIGNIFICANCE OF THE STUDY

The research help to generate knowledge on the roles of counsellors in addressing challenges faced by sexually abused children including the services provided, methods used as well as challenges faced by counsellors with the aim of enlightening organizations on issues of improving the services they offer to work effectively on the challenged or abused to better their well being. The knowledge that come from the study will help the government, non-state actors and all stake holders concerned with the welfare of children improve their services and help them develop policy measures as there is a paucity of data from which to make evidence based policy and programming decisions. This will also provide enlightenment on the resources needed by counsellors in addressing challenges faced by sexually abused children. The study will also provide enlightenment to counsellors by helping them develop more efficient strategies in implying their roles in counseling sexually abused children.

1.4 PURPOSE OF THE STUDY

The purpose of the study is to identify roles and challenges that counsellors face in addressing the challenges faced by sexually abused children with the view to document the findings and make recommendations .

1.5 OBJECTIVES

The research is guided by the following objectives:

- To look into how counsellors ensure safety and confidentiality to sexually abused children.
- To identify how counsellors help sexually abused children explore their feelings and emotions related to their experience
- To establish how counsellors build a relationship of trust with sexually abused children
- Seek to find how counsellors empower sexually abused children to make their own choices, reach their own decisions and act upon them.

1.6 RESEARCH QUESTIONS

- Do counsellors have a role to play in ensuring safety and confidentiality to sexually abused children?
- Do counsellors have a role to play in making sexually abused children explore their feelings and emotions and be able to talk freely and openly about their experience?
- Do counsellors have a role to play in building a relationship of trust with sexually abused children?
- Do counsellors have a role to play in empowering sexually abused children to make their own choices and decisions?

1.7 DELIMITATIONS

The population of this study will be counsellors from Chitungwiza Hospital.

1.8 LIMITATIONS

The sensitivity of the nature of the subject which can make the respondents hold back on some of the information. Data analysis strategy could affect the accuracy of findings. Some of the counsellors might take challenges to be a form of incompetence. The researcher will discuss with the participants the issue of confidentiality , the significance and purpose of the study.

1.9 ASSUMPTIONS

It is assumed that:

- There are challenges which counsellors face in addressing sexually abused children in organisations.
- The counsellors will be willing to share information relating to challenges they face in working with sexually abused children.

1.10 DEFINITIONS OF KEY TERMS

Child: a person below the age of 18 (Brown 2010) . In the research the child will mean a person between 5-17 years.

Sexual abuse: According to Tolle (2005) it is undesired sexual behaviour by one person upon another. In this study, sexual abuse will mean any form of unwanted or forced sexual act towards children.

Counsellors: According to Beckett (2013) they are professionals who seek social change by addressing the problems of individuals, their environment and the interface between the two. In this research counsellors will be individuals who assist sexually abused children in any form.

Family Support Trust: a registered private voluntary organisation whose purpose is to fight all forms of child sexual abuse in collaboration with the government of Zimbabwe

Challenges: According to Peterson (2013) they are difficult tasks or problems that test strength, skill and ability or something new and difficult which requires great effort and determination. In the research challenges will mean problems encountered by a person.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The purpose of this chapter is to provide basis and justification for the need of this study through a review of related literature. This chapter is going to look at roles of counselors with the following sections: safety and confidentiality, exploring feelings and emotions, building a relationship of trust and empowerment.

2.2 SAFETY AND CONFIDENTIALITY

2.2.1 Conceptualizing safety and confidentiality

Patients going through stressful life changes, traumatic experiences or the emotional symptoms of mental illnesses may be unwilling to share their most private feelings with a stranger unless they know that their secrets are safe (Bubar, 2010) which is why confidentiality is so important in making counseling effective. Such a patient may be reluctant to really try any coping strategies or treatments that are recommended. A counsellor provides a safe, supportive non confidential and confidential space in which to help the client express difficult feelings such as anger, resentment, guilt and fear (Garside, 2013). The work may focus on a specific problem like depression, anxiety or bereavement, or on a decision, crisis or conflict and without trust, there is little hope for counseling.

Counseling is considered a medical service and protects the client's information. (Frankl, 2004). Clients discuss many experiences with counselors that may include substance use, sexual activity, and concerns about illegal or any other behavior. Other than the exceptions to confidentiality, all interactions with counseling services, including scheduling of or attendance at appointments, content of your sessions, progress in counseling, consultation during supervision and client records are confidential (Gold, 2008). No record of counseling is contained in any academic, educational, or job placement file. (Frankl, 2004).

Counselling services in general practice are now widespread but little is known about their nature or role. A survey done in England and Wales by Bradley in 2011 shows in-depth telephone interviews with a representative sample of 72 general practitioners and 60 of their counsellors. The aim was to gain greater insight into the functioning of these (Sibbald, Brenneman, and Obe 2012). Semi-structured interviews were carried out and

focused on service initiation and duration, counsellors' background and training, types of clients, counsellors and clients goals and barriers. According to Sibbald, et al (2012), problems with inter-professional communication were noted in relation to counsellor's wishes to maintain patient confidentiality by not exchanging information about patients with general practitioners. Overall 28% of counsellors held no formal qualification in counselling or in any of the psychotherapies. The findings from the research indicated the need to evaluate management of anxiety and depression, establish a national policy for the training of counsellors and educate practitioners about the organization and role of counselling services with particular attention to interprofessional communication and the maintenance of patient confidentiality (Sibbald, Brenneman, and Obe 2012). The author however will research on the role of the counselor in patient confidentiality and how they maintain confidentiality that was not brought out in this previous research.

In working with sexually abused children counsellors should look to it that the environment is safe and comfortable for the child to talk (Harper & Steadman, 2003). It is important that the counsellor helps to make the child feel safe and comfortable (Hansen, 2009). Children may feel scared by unfamiliar or threatening environments (London, Bruck, Ceci, & Shuman, 2007). Counsellors may decorate their surroundings with bright child-friendly pictures and have simple play materials to help the child relax (Maniglio, 2009). It is also important to get to know the child, not just his or her problem (Little, Packman, Smaby & Maddux, 2005). Counsellors need to use a range of approaches to encourage communication with children, for example, drawing, play, storytelling, drama, etc, (McLeod, 2003).

According to a study conducted by Munsaka in Zimbabwe in 2011, the nature and role of traditional forms of counseling seem to work greatly when dealing with children as they are aware of their cultural environment. The sample consisted of 18 participants and it was selected based on the purposive sampling method. Data collection was elicited through structured individual interviews and semistructured group interview. The study revealed that traditional forms of counselling are rooted in traditional systems of knowledge and they are essentially community-based. This therefore means that engaging in story telling or using traditional tools to play that the child is used to help the sexually abused child to open up. It is also important to protect the child's privacy and confidentiality by only informing those who need to know, (Muller, Kraftcheck & McLewin, 2004). The counselor should also accept that it may have taken the child time to be able to talk and that they may choose to tell some things and not to tell others, (Saywitz, Esplin, & Romanoff, 2007).

2.2.2 Limitations in Confidentiality

According to Brown (2010) upholding confidentiality and knowing when to break confidentiality is an important responsibility for counselors of all types, though different types of counselors may encounter different challenges. Counselors facilitating group therapy sessions must explain confidentiality rules for all group members (Tolle, 2005). Confidentiality is an important part of the ethical codes of the major professional counseling in organizations. Counselors should review confidentiality policies with patients, including restrictions to confidentiality, at the start of counseling session (McKay & Fanning, 2000).

Pullin (2014) says there are some situations in which a counselor will not be able to keep details shared in counseling sessions confidential for example, a patient may discuss feelings of depression or anger management problems with a counselor and expect these expressions to be kept confidential. National surveys have shown that about nine percent of college students have serious thoughts of suicide in a given year (Bonell, Humphrey, Fletcher, Moore, Anderson, and Campbell, 2014) . Such thoughts, when disclosed to staff members, are confidential. It is only when staff believe that a client is likely to act on his/her suicidal thoughts that staff might involve an appropriate third party to help safeguard the client, (Hancock, 2014).

According to a study conducted by Muribwathoho in 2014 in South Africa he sought to determine if guidance and counseling lessons were provided to students, services provided are adequate, students are aware of guidance and counseling services provided. The study was conducted to see whether students are aware of some of the exceptions in services provided by counselors to children. A survey questionnaire was used to collect data from counselors in sampled schools. This study found that 90% of the participants indicated that they had some guidance lessons in their schools whilst 10% had none at all. These findings show that a significant minority of students had no guidance lessons in their schools meaning most of the students knew what to expect when they went for counseling services. The author however will research on how counsellors know when and when not to break confidentiality whether the child had previous knowledge on the terms of the counseling services or not.

Counselors may also be required to submit records to authorities in the event that law enforcement agencies request them (Berman, Boutelle, and Crow ,2009). With regards to confidentiality, counselors have complex responsibilities toward their patients. On one hand, they must respect patients and keep their communications confidential when possible

(Birdwell, Grist, and Margo 2011). On the other hand, they must make the judgment to break confidentiality when presented with a situation in which legal authorities are involved, or if the patient seems to be a threat to self or others. Though complicated, these seemingly incongruous requirements are essential for the good of the patient and those around him or her (Birdwell, Grist, and Margo 2011).

The counseling service follows professional standards of the American Psychological Association. Regarding confidentiality, these standards prevent counsellors from telling anyone including faculty, staff, and parents – anything about a student’s visit to the counseling service unless that student gives them specific permission to do so (Hancock, 2014). This means that no information is released to individuals outside the counseling service without the client’s consent (Crossley 2015). A court order, issued by a judge, may require the counseling services staff to release information contained in records and/or require a therapist to testify in a court hearing.

2.3 EXPLORING FEELINGS AND EMOTIONS

According to Van Velsor & Cox (2001), the role of the counsellor is to enable the client to explore many aspects of their life and feelings, by talking openly and freely. Talking in such a way is rarely possible with family or friends, who are likely to be emotionally involved. Counsellors listen to their clients with full acceptance and empathy, helping them to explore, understand and deal with their feelings effectively. In a case study carried out by Thompson in Toronto in 2008 relationship between client emotional expression and therapist interventions was studied in working conditions. An events-focused methodology was used to examine a total of 8 events taken from a variety of therapeutic orientations. Results indicated that, in the presence of a good client–therapist relationship, therapists showed higher levels of empathy and effectively focused on the immediately expressed feelings, in turn, their clients were engaged in exploration of feelings (Occas 2008). Interventions rated as effective by clinical judges were characterized by accurate therapist understanding of clients' emotional expressions. The author however will research on how counsellors manage to restrain their emotions during counseling sessions. When counsellors are empathic and compassionate and not part of their clients' personal life, it is easier for one to open-up and get to the core of their concerns, (Campbell, Greeson, Bybee, & Raja, 2008). It is important that the counsellor is not emotionally involved with the client and does not become so during counselling sessions, (Maltz, 2002).

A number of approaches to counselling focus on helping people by enabling them to understand their feelings better. One major approach used is the psychodynamic one on working with unconscious processes and the humanistic approaches taken by Gestalt therapy which is usually applied by counsellors who concentrate on mindfulness and compassionate approaches. (Lawrence and Lee 2014). Some clients tend to feel more pain when they explore their feelings as it reminds them of everything that took place in the past. In order to make the client cope and explore her feelings, the counselor can avoid long conversations where the client end up recalling everything that took place, (Sanders, Frankland and Wilkins ,2009). The counsellor needs to enable clients to focus upon what is currently happening which helps in exploring the client's emotions. The counselor should enable clients to behave differently, writing feelings down and sculpting, (King, 2009). According to Young (2013), psychodrama techniques such as amplification, rehearsal, working with dreams and images, artwork and working with bodily sensations seem to be very applicable in counseling.

2.3.1 Exploring feelings and emotions in sexually abused children

i.) The use of animals

A study conducted by Casady in 2010 in Knoxville, Tennessee, addressed the use of animal assisted therapy in individual counseling for sexually abused children. It focused on how the animal can help the sexually abused child disclose abuse and express feelings. Storytelling forms a part of the treatment process. An 11 year old girl was given a puppy to play with and she talked to the animal expressing all the feelings of hurt that she had inside wishing they could be reversed. Findings show that counsellors got pieces of information from the things she said to the puppy and understood how she was abused. The author will research on the specific types of therapy that counsellors see as useful to different age groups who have been sexually abused.

According to Chartier, Walker & Naimark, (2010), the use of animals to help treat sexually abused children on an individual basis can be an effective tool in the treatment process. The child may see the animal as a model, mirror or teacher and because the animal is nonjudgmental, it can enhance the child's sense of self esteem and promote the expression of feelings (Reichert , 1998). Piaget found that all children go through a stage of development when it is natural for them to ascribe human traits to animals (Piaget, 1929). Children often project their feelings about themselves onto the animal, which gives love, does not talk back or argue, and provides a continuous nonjudgmental relationship, (Gumpert, 2007).

ii.) The use of art therapy

In a case study carried out by Family Support Trust in Zimbabwe in 2013 on exploring feelings and emotions, two children drew pictures of themselves next to the offenders and the offenders were drawn very large in comparison to the victims. In both pictures the victims drew themselves next to the offenders with both the victims and the offenders smiling which most likely represented the defense mechanisms of the victim. (Kelley 2013). Each child was instructed to draw a picture of what happened in regard to the victimization and five of the children, fifty percent, were able to understand and respond to this request. When drawing these pictures the children were all quite verbal and willing to describe the details of the assaults. Findings show that children who were previously reluctant to discuss the assaults became more verbal and more willing to share their thoughts and feelings surrounding the sexual abuse, (Kelley 2013). These pictures provided necessary information regarding the assaults. In several cases, the pictures were submitted in court as evidence by the prosecuting attorney.

Sexually abused children need age-appropriate ways to ventilate their fear, anger, aggression, hostility, and feelings surrounding the issues of the sexual assault. (Lau & Kristensen, 2007). Expression through art, in contrast to verbalization, is a less threatening means of communication for a child (Johnson, Ross, Taylor, Williams, Carvajal, & Peters, 2006). Art therapy is a treatment modality for sexually abused children that can be utilized by nurses in a variety of clinical settings, (Kessler, Nelson, Jurich & White, 2004). Children enjoy drawing pictures, especially when encouraged by adults. The impact of sexual abuse is highly individualized and reflected in the child's artwork.

iii.) Play therapy

According to Griffith (1997) a therapeutic model is presented in which the mental health counselor functions as a play therapist with children who have been sexually abused. Play therapy is based on existential, client-centered, and developmental theories, (Granello, 2010). The purpose of play therapy is to relieve the emotional distress of sexual abuse through a variety of expressive play materials and imagination and is based on the notion that play is a child's natural medium of self-expression, (Chartier, Walker, & Naimark, 2010).

2.4 BUILDING A RELATIONSHIP OF TRUST

2.4.1 Importance of Building a relationship

The therapeutic relationship is the connection and relationship developed between the therapist and client over time, (Thomas, 2006). Without the therapeutic relationship there can be no effective or meaningful therapy. This applies to all forms of counselling and psychotherapy, and regardless of the theoretical orientation of the therapist or counsellor, the relationship developed between the two will be considered of high importance, (Miles 2015). In a case study by Cooke in Switzerland 2006, there is considerable evidence that mental health nurses tend to prioritize clients who are sexually abused. The study stated that mental health nurses need to find ways of developing effective relationships with their clients in order to offer a service which the client takes an active part in. Through 46 in-depth interviews with their clients, analysis of the interviews revealed that both clients and counsellors focused on the problems and strategies associated with developing and maintaining relationships with one another. The author however will research on the ways used by counsellors in building a relationship of trust.

A strong bond is crucial to the success of counselling and psychotherapy. It can be especially valuable to clients who may have struggled forming relationships in their past, maybe because of traumatic events experienced in early years (Wampold, 2007). The therapeutic relationship is unique in that it is unlike those relationships people form and maintain in the real world. For many clients, it may be one of the first times they have formed an intimate connection with another person, where the feelings, thoughts or ideas have been allowed to be heard, understood and valued (Wang, 2008). It is a relationship that is impartial, not based in the past or does not carry the judgements, feelings or dynamics that can be associated with external relationships, (Yalom, & Leszcz, 2005).

In some ways one can say that the relationship is the therapy (Stoltenberg & McNeill, 2010). This relationship is essential to establishing and promoting willingness for the client to share and engage within the therapeutic space (Thomas, 2006). According to Savva (2014), one of a counselor's first objectives when meeting with a client is to build some form of trust. If clients don't have confidence in their relationship with their counselor, they are less likely to open up about the challenges that they are facing. Though it can be challenging at times, a good counsellor will have some sense of how to match the pace of counselling sessions to the needs of their clients (Rogers, 1985). Vulnerability and nervousness or anxiety can

sometimes however cloud one's judgement or make them feel defensive. Creating rapport in a professional counseling relationship requires work, planning and dedication (Charles and Timpson, 2012).

The therapeutic relationship is always for the purpose of promoting the client's well-being in clinical terms (Nunn, 2009). When working to connect with clients, active listening is important not only for counselors to obtain the information that they need to start helping the client, but also so they demonstrate a genuine desire to understand where the other person is coming from (Briere & Scott, 2006). According to a study conducted by Banning in Mali, 2011 nurses aim to relieve patient suffering, acknowledge subjective experiences, display empathy and also manage emotions related to care provision. The study explored nurses' perceptions, experiences and emotions related to caring for the abused children. The qualitative study used semi-structured interviews to explore issues related to the therapeutic relationship of 32 nurses. Three themes emerged from the data related to caring, acknowledgement of patients' feelings, professional behaviour, patient involvement and emotional control. The author however will research on how counsellors manage to maintain the therapeutic relationship with their clients.

According to Livingstone, Haddon, and Görzig, (2012), when counselors use active listening skills to connect with a client, the person feels heard and trust develops. Over the years, research has confirmed that the relationship makes substantial and consistent contributions to psychotherapy outcome independent of specific type of treatment, and that the therapy relationship accounts for why clients improve or fail to improve (Young, 2013). In therapy, a person in treatment must trust that confidential matters will remain confidential, and that he or she is safe from harm or exploitation at the hands of the therapist (Ardito & Rabellino 2011). There are three important qualities a client should look for when seeking a therapist that Carl Rogers emphasized: empathy, genuineness and respect. Empathy is the ability to identify with and understand the client's situation, feelings and motives (Rodriguez (2011). Traits of genuineness include being open, honest, and sincere and an absence of defensiveness (Yalom, & Leszcz, 2005). Respect establishes the safety that is essential in a counseling relationship. The counselor must accept the client as a whole, including strengths and weaknesses for the client to build trust (Rodriguez, 2011).

2.4.2 Building a relationship with sexually abused children

There are many important things for a counselor to consider when helping a survivor overcome long-term effects or symptoms of sexual abuse. Relationship building techniques such as using encouragement, validation, self-disclosure, and boundary setting are encouraged to help build the therapeutic alliance, (Wolfsdorf, & Zlotnick, 2001). Accepting the survivor's version of their sexual abuse experience is often therapeutic and helps strengthen the alliance (Pearson, 1994). It is important for the counselor to allow the client time to build feelings of trust, safety, and openness. (Ratican, 1992). The counselor must be likable and exhibit interpersonal skills, be flexible and able to meet individual needs by providing person-specific attention, be available for multiple sessions, have something very applied and concrete to offer, exhibit a caring attitude (Little, Packman, Smaby & Maddux, 2005). This will hence make the sexually abused child to deal with his or her nervousness and he or she will not have to be afraid of the counselor in any way.

According to Moyo (2015) a research by Shumba in 2014 shows that Zimbabwe has experienced a high rate of sexual abuse and other causes. The study sought to investigate the experiences of the abused with regard to counselling support the children received. Data were gathered from 13 purposively selected secondary school students and 4 school counsellors using phenomenological in-depth interviews. The study established that although children suffer multiple consequences after abuse, they do not get adequate counselling due to lack of clear child policies, negative attitudes towards counselling by students, lack of proper planning and the reactive nature of counselling. The study recommends that authorities must ensure that counsellors are supported and empowered to deliver effective counselling services to abused children. It also recommends that further research which seeks to go beyond the dominant Euro-centric counseling model and which can lay the basis for the development of Afro-centric approaches to counselling must be undertaken. The author however will research on what hinders the counselor and the client (abused child) to build a relationship of trust that results in sexually abused children having negative attitudes towards counseling and receiving inadequate counseling.

The counselor must individualize interaction depending on client's personality type (Lundqvist, Svedin, Hansson, Broman, 2006). Initially, the counselor can listen and at appropriate times, reflect by restating or rephrasing what the client had expressed and this serves two purposes, (Pearson, 1994). First, it allows the client to feel he is being heard and

secondly, it allows for any misunderstandings to be identified and corrected. The therapeutic relationship has the potential healing and threat (Etherington, 2000). The threat is that of betrayal, a fear that if the survivors disclose too much or trust too much that the counselor will somehow betray them as their perpetrator did (Cole & Putnam, 1992) and may be cautious of counselors for a variety of reasons (Scaer, 2001).

Counselors must be sensitive to the clients' interpretation of the abuse (SAMHSA, 2000) and how it impacts the survivors' current life story. Childhood sexual abuse is an "abnormal and uncontrollable situation" (Etherington, 2000, p. 378) and can impact normal growth and development (Briere & Elliott, 2003; Etherington, 2000). The SAMHSA (2000) training project recommends that counselors be knowledgeable regarding cultural concerns, language differences, gender issues, and have a non-judgmental presentation in their interactions with survivors of childhood sexual abuse. Talking about childhood sexual abuse "elicits strong emotional responses" (Alpert & Paulson, 1990) for both survivor and counselor.

2.5 EMPOWERMENT

2.5.1 What is empowerment

The word empowerment can mean different things to different people. The term covers a vast array of definitions depending on the discipline and concepts being discussed (Scaer, 2001). Historically, it has been described as the process of giving power to, or empowering others. In other words, empowerment may be understood as a way of assisting others to help themselves. (Bemak, Chi-Ying, & Siroskey-Sabdo, 2005). Empowerment can be financial, emotional, psychological, spiritual, or physical. Empowerment can be defined as being able to make the best possible decision for one self and having the ability to turn that decision into action (Czerny, 2013). Empowerment may derive from outside influences, but it is also something that can be generated within a person, which is called self-empowerment. (Bemak, Chi-Ying, & Siroskey-Sabdo, 2005).

2.5.2 Empowerment in counseling

In counseling, empowerment is viewed as a way in which to concentrate on issues of lack of power (Gutierrez, 1995). Issues of empowerment are often present in counseling, with an emphasis on the clients' beliefs about themselves (Saywitz, Esplin, & Romanoff, 2007). According to a case study carried by Hayley in 2011 at Finnish hospital, in Canada, 30 counselling sessions were videotaped and qualitative data was derived. The aim of the study

was to find out if empowerment was effective in counseling sessions. The empowering practices that the nurse employed were, encouraging the patient to speak out, tactfully sounding out the patient's concerns and listening to feedback (Kettunen , 2000). Findings show that a number of empowering expressions in the nurse's speech contributed in empowering the client and demonstrates how new working tools for empowerment can be developed (Laitakari, 2011). The author however aims to research on the effects of empowerment in counseling survivors of child sexual abuse. Tones (1994) suggests that nurses should pay attention to verbal expression and forms of language.

Empowerment values and methods challenge counsellors to forgo any need to control clients by taking on an “expert” role that puts clients in positions of dependency (McWhirter, 1991). The role of empowerment in counseling may also lead to the development of programs and policies. (Gutierrez, 1995). In addition, operationalization of the concept of empowerment has been relatively vague. According to Tones (1994), empowerment is a major goal of health promotion. According to Bhaskar (2010) children overcome trauma through therapeutic interventions. In a case study carried out by Konomou in 2014, in Senegal, a girl child aged 10 was raped by her uncle and suffered vicarious trauma. The objective of the study was to explore the dynamics which the child engaged in coping with the experience of the rape and the resources accessed as part of the healing process. Data was collected and analyzed using a qualitative approach (Terreblanche and Durrheim, 2014). The results indicated that re-tellings of the trauma narrative may assist post-trauma recovery. The model was experienced as useful in dealing with rape survivors. The author will research on the role of the counselor in empowering sexually abused boys as well and whether the effects on empowerment are the same on both girls and boys.

According to Wolfsdorf, & Zlotnick (2001) it can be through relevant counseling techniques that will help heal the emotional scars so that they do not carry the burden of abuse to their adult lives. There are many reasons why the help of a counsellor is required, mainly when a situation is affecting the individual's ability to carry out their daily life or preventing them to make important decisions. (Sommer & Cox, 2005). Counsellors help their clients to develop strategies which will help them to acknowledge and accept their situation, or change it, (Granello, 2010). A study conducted by Stewart in South Africa 2010, shows that there is a growing number of empowerment construct among social scientists but relatively few empowerment studies involving group work with abused children exist. The article describes and analyses the development of the empowerment process within a self-help group. Findings

show that group members could rarely interact if they just met but through different sessions they began to open up. The case study demonstrates how group participation can promote openness and empowerment. Counsellors provide support to people experiencing emotional difficulties by helping them to identify and work through their issues hence promoting their well-being (Bernard & Goodyear, 2004).

A counsellor uses techniques such as talking therapy to assist people to reach their own resolutions or develop strategies to address and remedy their concerns, (Bader, Scalora, Casady & Black, 2008). A qualitative study conducted by Rock in Sweden, 2007 examined the experiences of counsellors and their perceptions of resources that helped them cope with traumatized clients and difficult client sessions. The research was conducted using in-depth interviews with a purposive sample of eight counsellors working in five counselling agencies, (Black, 2008) The study identified how counsellors develop their own personal and professional strategies for coping with challenge, and the supportive structures and coping strategies provided by agencies. The author will further research on how counsellors deal with the challenges they face in trying to empower sexually abused children.

Effective counselling reduces confusion leading to positive changes in their attitude and/or behavior (Garside, 2013). In counseling, empowerment is most often conceptualized at the individual level or psychological empowerment (Steinem, 1993). Zimmerman describes three aspects of psychological empowerment: intrapersonal, interactional, and behavioral as effective in counselling. Sinha (2013) says counsellors play important roles in counseling, but both the public and other allied professionals (psychologists, social workers, psychiatrists, medical practitioners) remain unclear about the role and functions of counselors.

2.5.3 Empowering sexually abused children

The main goal for the rape crisis counselor is to empower the survivor. A counselor's job is to help survivors regain a sense of control and well-being in their lives, a sense that sexual assault often destroy (Ratican, 1992). Although survivors are a diverse group, many experience common reactions and feelings (Austad, 2009). Counselors can help survivors understand and cope with the often intense and confusing emotions associated with the aftermath of rape (Briere, Kaltman, & Green, 2008). Pullin (2016) reports that 72% of victims of sexual exploitation are girls who experience abuse at home, in school or their community. Over 90% of children having experienced sexual abuse knew the abuser (Hanke, 2006). Research by Heffner (2002) estimates the prevalence of sexual abuse among children

to be higher each year. Many studies suggest that 22% of females and 14% of males are victims of childhood sexual abuse. Approximately 30.8 million females and 19.6 million males in the United States were victims of this underreported and obviously overlooked robbing of innocence, (Heffner, 2002)

As the survivor moves through a healing process, different reactions may intensify or may diminish, (Bernard, & Goodyear, 2004). The counselor should be able to recognize the common reactions and work on ways to empower the survivor (Edwards & Lambie, 2009). Some of the reactions can be self-blame or shame, anger, isolation, fear or feeling unsafe (Dominguez, Nelke & Perry, 2002). The counselor can however empower the client by establishing a working relationship, creating a safe environment, letting the survivor express a full range of feelings, building a long-term support network or developing constructive ways of coping (Granello, 2010).

Empowerment in counseling can also work through different therapies and approaches depending on the person since people are different. A study done by Shaen in New Zealand, 2012 of 4 adolescents was conducted to see how they respond to solution based therapy. Using a quantitative approach it was found out that the solution-focused counselling process, assisted adolescents in discovering and developing their knowledge and awareness of their personal strengths and resources; encouraged adolescents to feel empowered to act upon these resources, therefore enhancing self-efficacy. The author however will research on the approach that counsellors see to it as the most efficient one when dealing with sexually abused children.

Rape and other forms of sexual violence are traumatic experiences that commonly result in severe psychological sequelae (Casey & Nurius, 2006). These include post traumatic stress disorder (PTSD), depression, anxiety, loss of meaning, self-devaluation, shame, and impaired sexual functioning (Angell, 1994; Gilbert, 1994). Another research by Dernt (2009) conducted in Indonesia examined the effectiveness of a cognitive behavioral treatment program designed for sexually abused children suffering post-traumatic stress disorder (Van Velsor & Cox, 2010). Nineteen girls who suffered contact sexual abuse and met *DSM-III-R* criteria for post-traumatic stress disorder were included in the study. Subjects ranged in age from 3 to 16 years old. Structured interviews were conducted to assess the presence or absence of post-traumatic stress disorder symptoms before, during, and following the abuse, (Van Velsor & Cox, 2010). The results revealed significant improvements at post-treatment

on all measures. It is the role of the therapist to counter this devastating experience by helping survivors to regain a sense of personal power and control.

Fortunately, the therapeutic process may positively assist the survivor as they attempt to make sense of their abuse, (Kress, Adamson & Yensel, 2010). Just as trauma can disrupt and cause distress in life, it can also push people to grow and develop new skills and insights. Briere and Scott (2006) report that as a result of trauma, survivors may develop new levels of psychological resilience, additional survival skills, greater self-knowledge and self appreciation, increased empathy, and a more broad and complex view of life in general. Counselors have the opportunity to instill hope and through interactions that are based in respect and positive regard, survivors may find the safety, stability, and support necessary to explore the abuse they have endured and find meaningful interpretations (Briere & Scott, 2006; Yalom & Leszcz, 2005).

2.6 THEORETICAL FRAMEWORK

This study with the sole aim of exploring the roles of counsellors in addressing challenges faced by sexually abused children employed Sigmund Freud's psychoanalytic theory of personality and cognitive behavioural theory in understanding child sexual abuse.

Psychoanalytic theory

According to Freud personality develops through a series of stages, each characterized by a certain internal psychological conflict. He argues that human behavior is the result of the interactions among three component parts of the mind, the Id, Ego and Superego. This theory known as Freud's structural theory of personality places great emphasis on the role of the unconscious psychological conflicts in shaping behavior and personality, (Kress & Hoffman, 2008). Dynamic interactions among these fundamental parts of the mind are thought to progress through five distinct psychosexual stages of development. Fisher and Greenberg (1985) point out that though Freud's theory met criticism, many have adopted this theory as it is useful in explaining and understanding human behavior. In counseling, counsellors encourage the development of transference, giving the client a sense of safety and acceptance. The client freely explores difficult material and experiences from their past, gaining insight and working through unresolved issues. The counselor is an expert who interprets for the client making the client confide in the counsellor as he or she feels understood.

Conflicts among these three structures and efforts to find balance among what each of them desires determines how people resolve conflict between two overarching behavioral tendencies, (McComas, 2013). These are biological aggressive and pleasure seeking drives versus socialized internal control over those drives. According to Freud, the job of the ego is to balance the aggressive or pleasure seeking drives of the id with the moral control of the superego. The ego operates partly in the conscious and partly on the unconscious, the superego also operates in the same way but mostly in the unconscious state and the id totally operates in the unconscious state. The counselor therefore plays a part in helping the client bring into conscious the unconscious. The counselor helps the client to deal with feelings of the past which might be greatly affecting behavior and preventing him or her from moving on by empowering them.

Freud believed that the nature of the conflicts among the id, ego and superego change overtime as a person grows from child to adult. He maintains that these conflicts progress through the psychosexual stages. Across these stages a child is presented with different conflicts, biological drives and social and moral. MacKinnon and Dukes (1998) cement this saying the ability to solve these conflicts determines their future ability to cope and function as an adult, failure to resolve a stage can lead to unhealthy personality traits. Research has shown that the techniques used in counseling that is free association, dream analysis and tranference have been of great use in counseling sessions. Counsellors have adopted these techniques in helping clients reflect on their experiences that maybe preventing them from moving on. The counselor encourages the client to talk freely about whatever that comes to mind which help clients explore their feelings that may have been repressed. This theory has seen to be applicable in addressing challenges faced by sexually abused children.

The Cognitive Behavioural Theory

This theory focuses on the development of personal coping strategies that target solving current problems and changing unhelpful patterns in cognitions (for example thoughts, beliefs and attitudes), behaviours and emotional regulation, (Sagan 2011). It was designed to treat depression and is now used for a number of mental health conditions. Beck (2000) says it is based on the belief that thought distortions and maladaptive behaviors play a role in the development of disorders. It is also based on the belief that stress can be reduced by teaching new information processing skills and coping mechanisms, (Kress, Adamso & Yensel, 2010). The model is based on a combination of principles from behavioural and cognitive

psychology. Cognitive behavioral therapy is therefore used to help people develop alternative ways of thinking and behaving to reduce psychological stress, (Sorsoli & Grossman, 2010). It is problem focused and action oriented. Cognitive behavior therapy is recommended as the first line treatment for the majority of psychological disorders in children and adolescents.

The clinical work of Judith Cohen, Anthony Mannarino and Esther Deblinger led to the development of Trauma Focused Cognitive Behavioral therapy. They expanded cognitive behavioral methods by incorporating family therapy and using a trauma sensitive approach. A secure and stable environment is provided in order to enable children to disclose details of trauma, (Beck 1983). Children are shown how perceptions maybe distorted and are given tools to redesign those perceptions. Parents and children are commonly asked to practice skills at home. Its success lies heavily on a genuine relationship between counsellor, child and parent. The therapist involves the parent at times so that they help their children cope with the psychological damage, (Butler & Beck, 2000). According to research this type of therapy has been effective in helping sexually abused children. Counsellors engage in a talk therapy with the abused child and try to enlighten them on how they can live their lives positively. The counselor tries to encourage the child to develop positive thoughts rather than focusing on the negative thoughts as they will keep haunting him or her as long as the thoughts are there. This type of therapy is seen to be a great tool in empowering sexually abused children.

This theory, though it has limitations many have proven the therapy to be useful as it starts to be effective after a few sessions, Hofmann (2011). Sexually abused children tend to be psychologically damaged and have a negative attitude towards everything because of the trauma therefore they need special attention. By creating a comfortable, welcoming or friendly environment the child will start to have hope. Several sessions and patience is needed for the child to go back to his or her normal life again and they will be able to talk if the counselor develops a friendly zone around them. Because of the trust developed by the child towards the counselor, the counseling process will be a success as they will listen to the counselor . The abused child will start to think positively and believe that they still have a chance to live up to their dreams. This will help overcome stress disorders or change in behavior. Every human being has a right to live a healthy life and being healthy means mental, social, spiritual and physical wellness, (McLeod, 2015).

2.7 KNOWLEDGE GAP

Research has reviewed how counselors play a role in helping clients but few studies have shown how they play these roles. Practically, counselors have to deal with some situations at work that they were never aware of meaning they only know that they have a role to play but they are not aware of the situation on the ground. Some studies have brought out how counselors deal with sexually abused children but their role in addressing boys has been merely mentioned. Many studies focused on qualitative approach using interviews and less on quantitative with counsellors where most of the issues raised or questions asked were of their goals their upkeep or communication services leaving out their roles. Few studies have also reviewed how counselors maintain these roles.

2.8 SUMMARY

This chapter has given an overview of the roles of counselors in addressing sexually abused children. Research has shown that cases of sexual abuse are on the rise and so are suicidal cases. Counsellors come into play by helping the abused rebuild their lives again and find a purpose. Counsellors help the abused by engaging in talk therapy as this is the only effective way of instilling hope in the client. The abused feel neglected and are afraid of facing anyone and react differently to everything after abuse which is why there has to be someone to shed light into them and show them that there is still hope and it is not the end. In order for the therapy to be successful the counselor needs to build a trustworthy relationship with the client which will make it easier for the client to explore his or her feelings. The counselor will also need to use some techniques in making the client explore their feelings as some will be finding it difficult to. Clients will also start to feel comfortable talking to the counselor after they know that their information is safe. Counsellors also have to know when and when not to break confidentiality. Research has also shown that the abused children go through trauma after the abuse and the counselor has to empower such people for them to be able to make their own choices and decisions and act upon them.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The objective of this research was to provide a greater understanding of the roles of counsellors in addressing challenges faced by sexually abused children. As a result, it employed a number of research methods in data collection.

This chapter discussed the methodology employed in the study. Singh and Nath (2011) defined methodology as systematic procedure and techniques by which research work is conducted in a scientific manner. The research adopted a qualitative research approach. This approach is most suitable since it articulates the values, experiences, feelings and attitudes of the research participants in a specific social setting from their own point of reference (Leedy 1997 and Burgess 1982). The foundation for using a qualitative approach is the nature of the study that is under investigation which examines the roles of counsellors in addressing challenges faced by sexually abused children. The objective of this analysis is to obtain a better and complex understanding of specific social phenomena.

3.2 RESEARCH APPROACH

This research will make use of a qualitative approach which will help in finding a pattern of meaning based on the data collected.

3.2.1 Qualitative Approach

The researcher made use of the qualitative research method which is an approach based associated with the social constructivist paradigm which emphasizes the socially constructed nature of reality. The researcher chose this method as it is about recording, analysing, and attempting to uncover deeper meaning and significance of human experiences, including contradictory beliefs, behaviours and emotions. Major interests of the method also lie in gaining a rich and complex understanding of people's experience and not in obtaining information which can be generalized to other larger groups. The qualitative research approach does not base its research on predetermined hypothesis but rather it clearly identifies a problem or topic that can be fully explored. The approach also seeks in-depth open ended responses. The approach was necessary because participants were able to express themselves fully and give in depth responses. According to Miles (1994) the purpose

of qualitative research is to examine human behaviour and the social, cultural and political contexts within which it occurs. The researcher also chose this approach because the topic under study needed descriptive answers and also the researcher would get to see the expressions and get to know how the participants really felt. Qualitative studies are based on meanings expressed through words and other symbols or metaphors and the designs most often include case study research, participant observation, structured in-depth interviews, focus groups and participatory research (Pedhazur, 1991). The qualitative approach was especially beneficial to this study since participants were allowed to describe what is meaningful or important to them in their own words. The research approach however had limitations which also affected the study. The research is labour intensive and time consuming.

3.3 RESEARCH DESIGN

A research design is a plan or a blue print that guides and informs how the study will be conducted (Babbie & Mouton, 2008). This implies the methodologies by which one obtains answers from problems encountered. It also provides control over those factors that could influence the outcome of the study. The researcher used a descriptive phenomenological research design. The purpose of the phenomenological research design is to illuminate the specific, to identify phenomena through how they are perceived by the actors in a situation. In the human sphere this normally translates into gathering deep information and perceptions through inductive qualitative methods such as interviews, discussions and participant observation and representing it from the perspective of the research participants. According to Rubin and Bubbie (1989), phenomenology is concerned with the study of experience from the perspective of the individual. As such it is influential in understanding subject experiences, gaining insights into people's motivations and actions and cutting through taken for granted assumptions and conventional wisdom. The main purpose of this type of research was to describe the data and characteristics about what is being studied.

3.4 TARGET POPULATION

According to Waterhouse (1997) target population is the total group of individuals from which the sample might be drawn. The target population contains members of a group the the researcher is interested in studying. Results of the study are henceforth generalized to this population, because they all have common traits in. In this study, the target population were

30 counsellors at Chitungwiza Hospital. Out of the 30 counsellors 10 participants were selected.

3.5 POPULATION SAMPLE

Baron and Greenburg (2002) defines a population sample as the actual number of participants that the researcher is going to work with. Weinson (1994) defines a population sample as the collection of all observations of a random variable under study and about which one is trying to draw conclusions in practice. The population contains members of a group that the researcher is interested in studying. Results are then generalized to this population because they all have common traits. The researcher is going to conduct interviews on these employees using a designed interview guide containing a set of questions relevant to the study. The study was carried out at Chitungwiza Hospital FST and the population comprised of 10 counsellors who had 4 years experience and above. Counsellors working directly working with sexually abused children between the age of 5-16 were selected. Those currently working at FST in 2018 were selected.

3.6 SAMPLING TECHNIQUE

Bradley (1994) says sampling is the process of selecting a subsection of a population that represents the entire population in order to obtain information regarding the phenomenon of interest. Qualitative sample sizes should be large enough to obtain feedback for most of all participants. Purposive sampling was used to select participants for the study. Purposive sampling was used because each counsellor had the chance to explain his own understanding of the issue under study. Kothari (2004) notes that purposive sampling entails deliberately selecting particular units with special knowledge on the issue under study. This would help the researcher to gain specific knowledge from the counsellors who had knowledge on that area. Whilst Welburg (2000) suggests at least 5-25, Merson (1997) suggests 6-30. However Patson (1998) concludes that qualitative sample size may best be determined by resources available. In any case, the sampled population and the target population should be similar to another. Out of the 30 participants the researcher conducted interviews on 10 counsellors working at Chitungwiza Hospital. The researcher conducted the study in line with the experiences of counsellors who had been in the organization for at least 4 years and above as they would have much knowledge on handling sexual abuse cases.

3.7 RESEARCH INSTRUMENTS

These are the tools that will make the study feasible and aid in coming up with solutions needed. Thus the researcher applied the research instrument of interviews.

3.7.1 Semi structured interviews

The researcher used a semi structured interview guide to gather the necessary research findings. A semi structured interview includes a number of planned questions, but the interviewer has more freedom to modify the wording and order of questions. Data can be collected by recording, listening to individuals, filming their responses or a combination of methods. According to Nehman (2003) interviews resemble everyday conversations although they are focused to a greater extent on the researcher's needs for data. Researchers and participants must be confident as possible that the findings reflect what the research set out to answer. The semi structured interview schedule was administered to counsellors. The schedule consisted of both closed and open ended questions. It was divided into 5 sections starting with the demographic data and general questions and then the research questions in the other sections. Questions asked were in line with the roles of the counsellors in addressing challenges faced by sexually abused children such as their role in building a relationship of trust with sexually abused children or their role in ensuring safety and confidentiality to sexually abused children and maintaining it.

The benefit of using a semi structured interview is that it keeps the data concise and reduces researcher bias. A semi structured interview guide was administered which had demographic information and general questions on the first section concerning the topic under study. The researcher used this method because it allowed the researcher to probe and receive elaboration or explanations. Open ended questions had an advantage in that they allowed participants to express themselves and disclose everything they knew about the questions asked. White (2000) notes that open ended questions are flexible and they enable the interviewer to explain some unclear issues even in vernacular language. Respondents had opportunity to explore issues in greater detail without being limited. Closed questions were important in that they would be easy for data analysis and time serving. This was the tool used for collecting information and data for the topic under research.

Advantages of using interviews

- 1.) Qualitative interviewing techniques help researchers to observe and record participants' unique perspective or experience as it relates to the study.
- 2.) Questions are open ended and the interview is conversational in nature.
- 3.) The instrument allows the participant to provide first hand, first person account.
- 4.) Collects complete information with greater understanding.
- 5.) It is more personal as compared to questionnaires, allowing one to have higher response rates.

Disadvantages of using interviews

- 1.) The presence of the researcher in the process of gathering data is unavoidable and therefore can affect or influence the response of the participants
- 2.) Issues of confidentiality and anonymity can pose problems during presentation of findings.
- 3.) Data analysis- especially when there is a lot of qualitative data
- 4.) Interviewing can be tiresome for large number of participants
- 5.) Risk of bias is high due to fatigue and to becoming too involved with interviews.

3.8 PRE-TESTING

The researcher interviewed 2 counsellors at MSU Gweru main campus. The 2 counsellors were asked the same questions that were to be asked the counsellors at Family Support Trust Chitungwiza Hospital. Pretesting aided the researcher in knowing the challenges to be encountered in conducting the interviews.

3.9 DATA COLLECTION

Bagley (1992) defines data collection as the systematic approach to gathering and measuring information from a variety of sources to get a complete and accurate picture of an area of interest. The researcher was the one to engage in the data collection process. In this study, the supervisor approved the research instrument and the researcher got an approval letter from the Midlands State University Department of Psychology. The letter was to be used as

evidence to show that the researcher is indeed carrying out a study to explore the roles of counsellors in addressing challenges faced by sexually abused children. After attaining a letter from the department, the researcher requested for approval to carry out her research at Chitungwiza Hospital. The researcher drafted a proposal and attached the letter from Midlands state University which was to be approved within two weeks. The research was approved a week and a half earlier which gave an advantage to the researcher to meet the deadlines. The researcher was granted permission to carry out the research by the doctor. The researcher got informed consent from the participants who were 10 counsellors all who were dealing with sexually abused children at Family Support Trust at Chitungwiza Hospital. The researcher informed the participants of their right to confidentiality and informed them that the information they provided was for research purposes. 4 of the counsellors however also worked with other children who experienced some other forms of abuse such as physical abuse. The researcher utilized lunch hours as this was the only time that the counsellors were mostly free.

All counsellors had 4 years experience above which was also an added advantage to the researcher as this would add knowledge to the study. The researcher got to interview 5 counsellors the first day who were quite friendly which made the researcher quite comfortable in asking questions. The researcher faced a challenge the next day in trying to conduct the interview with the other counsellors. 1 of the counsellors had taken her off days and the other 4 wanted to utilize their lunch hour. On the third day the researcher managed to interview 3 participants who were not so welcoming so there was not much information obtained. The researcher did not manage to interview the other two counsellors because one was still on off day and the one was handling an urgent case. The researcher however was keen to gain information for the study so there was need to practice patience. The next day the remaining participants were not that busy as they only had a few cases to handle so the researcher took advantage of the moment. The researcher managed to interview the 2 remaining participants during working hours and observed that they were facing challenges in handling their work on a daily basis which was evident by the exhaustion and expressions. The researcher recorded the interviews as it was time serving. The researcher managed to collect data from all the 10 participants and what was left was to present the data in readable form.

3.10 DATA PRESENTATION AND ANALYSIS

According to Bannetts (1992), data analysis is a process of inspecting, cleansing, transforming and modeling data with the goal of discovering useful information suggesting conclusions and decision making. All qualitative data be presented in written form with given explanations. After data collection the researcher will process it into information so it can be readable in a qualitative form. The descriptive phenomenological research design will help in data analysis by arranging findings of the research study according to themes and topics and draw out key issues being discussed by participants. Thematic analysis was used in analysing data. Thematic analysis is used in qualitative research and focuses on examining themes within data.

3.11 ETHICAL CONSIDERATIONS

Babbie (1968) states that when studying any form of human behaviour ethical concerns are paramount particularly for studies in human sexuality because the topic is highly personal and sensitive. Before carrying out a study, ethical issues in relation to asking questions to child sexual abuse was considered.

3.11.1 Informed consent

Nachmias and Nachmias (1981) explained that informed consent is the procedure in which individuals choose whether to participate in the research after being informed with the facts that would likely influence their decision to participate in the research. The researcher explained and informed the interviewee as to the nature of the research. Informed consent was obtained from all participants and the participants who were willing to participate in the research were the ones who were to participate.

3.11.2 Confidentiality

Information obtained from the participants was kept in strict confidence and the participants were not required to write their names on the questionnaire. The participants were not subject to harm as the conditions under which the study was conducted were in the organization premises. Right to privacy was also considered and this was achieved by not mentioning any name of the victim of sexual abuse.

3.11.3 Voluntary participation

The researcher has to adhere to this ethic during the data collection process. This principle requires that one has to volunteer to participate in the research and not forced. Participants must respond to the interview questions freely thus they should be in the study by will. The researcher did not force the participants and there was no use of dishonesty. It was the researcher's duty to know if the participants had no intention to answer the questions.

3.12 Conclusion

This chapter has explained the research methodology in line with the topic under study including the research approach, design, instrument, target population, sample size and techniques, data collection procedures, data analysis and presentation and ethical considerations.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 INTRODUCTION

This chapter presents findings of data gathered from the study conducted at Family Support Trust at Chitungwiza Hospital. Findings were presented in terms of the themes that emerged from the study. The findings were from 10 counsellors at FST and there were 6 females and 4 males. This chapter highlights on key main characteristics of participants as well as providing answers to key major questions of the research. The research sought to find out the roles of counsellors in addressing challenges faced by sexually abused children who seek services from FST and qualitative method was used in collecting data.

4.2. DEMOGRAPHIC DATA: Characteristics of respondents

Research findings show that the majority of the participants worked with sexually abused children aged 5-13 years old. 4 out of 10 (40%) pointed out that they worked with both toddlers and those aged 14-16 years old as well. All the participants (100%) pointed how their roles in addressing sexually abused children was of great importance as this would result in the success of the counseling process. 9 out of 10 participants admitted to face challenges in addressing sexually abused children. This implies that 90% of the participants experience challenges in implementing their roles in addressing sexually abused children. Participants were aged between 28-45. Participants had between 4-15 years experience working with sexually abused children. All participants were counsellors.

Participants were asked general questions related to their work and then questions related to the research that is their roles in addressing sexually abused children. 9 (90%) of the counsellors said some of the causes of child sexual abuse were poverty, exposure to pornography and lack of parental care. 10 (100%) participants also pointed out that children are prone to experience trauma (post traumatic stress disorder), unusual aggressiveness and suicidal behaviours after abuse. 9 (90%) of the participants agreed to be engaged in follow up services for the sexually abused child that is home visits, court case follow ups and phone follow ups. 10 (100%) of the participants pointed out that their organization caters adequately for the needs of sexually abused children as it offers both medical and psycho social support for the abused children. 10 (100%) of the participants also agreed that they work with other organizations in assisting sexually abused children such as Social Welfare who provide

homes for the children's safety and Justice for Children Trust that assist sexually abused children with court cases. Names of participants were withheld for the purpose of confidentiality henceforth numbers were used to describe and represent them.

THEMES ARE PRESENTED AS FOLLOWS:

Main Theme	Sub Theme 1	Sub Theme 2	Sub Theme 3	Sub Theme 4	Sub Theme 5	Sub Theme 6
Safety and confidentiality	Protection	Decorating the room with toys	Referring the child to another counselor	Keeping files confidential	Follow up services	Involving 3 rd parties
Exploring feelings and emotions	The use of art, play and animal therapy	General motives	Avoiding lengthy conversations	Duration of 1 to 4 days	Language barrier and lack of co-operation	
Building a relationship of trust	Undivided attention	Being non judgmental	Engaging in play	Interval of 1 to 7 days	Holding back as a challenge	
Empowerment	Support groups	Multiple sessions	Link with other organizations	Psychosocial support	Rebuilding children's lives	Opening up

4.3. MAIN THEME 1: SAFETY AND CONFIDENTIALITY.

4.3.1 Sub Theme 1: Protection

Research findings revealed that safety and confidentiality are important when dealing with sexually abused children. For a child to talk during counseling they have to feel safe. Counsellors pointed out that children aged 10 -16 are aware of the situation that they will

have encountered which is different from 5-9 year old children. Participants mentioned that children find it difficult to sit with someone and tell about their experience as they will think their information will leak and they will not be safe again. It is therefore the role of the counselor to ensure safety and confidentiality to sexually abused children. Some of the participants illustrated the following:

“...when working with a child who has been sexually abused, a counselor should make sure that the child feels safe as they enter the room for counseling by wearing a smile throughout the counseling session to get rid of fear...” (participant 2, female).

“...as a counselor I should inform the child and both the guardian that their information will not be exposed to outsiders but that everything they say will be between them and they can sign this down, this way a child will feel that he or she is safe and talk...” (participant 1, female)

This therefore implies that safety and confidentiality are important aspects when dealing with sexually abused children meaning the counselor has a great role to play in safety and confidentiality. Counsellors are assured that the counseling process can be successful if they are able to play this role very well.

4.3.2 Sub Theme 2: Decorating the room with toys

Findings revealed that counsellors ensure safety and confidentiality to sexually abused children by decorating their rooms with toys, pictures and any type of decorations that make the child comfortable. Participants reported that when toddlers enter the room all they have to think about is playing hence diverting all their attention to those objects making it easier for them to talk because they will feel safe in that environment. The researcher found out that counsellors do not usually scare the children away by forcing them to give them information when they do not want to so they find other ways of making them express themselves in a safe and confidential environment. One participant said:

“...as you can see (laughs) the room is full of toys, dolls and different type of play material, this helps lighten up the mood of the child the moment they see these tools because that’s what they enjoy doing 95% of their time so this somehow makes the child feel comfortable and know they are safe...” (participant 3, female).

“...this place is their play ground, they are our children they have to feel safe around us by all means possible...” (participant 5, female).

This therefore implies that a counselor has a great role to play in ensuring safety and confidentiality to sexually abused children through decorating the room with toys making sure that no harm befalls the child and that they do not feel uncomfortable when talking to the counselor. They can do this by making them feel comfortable first as they enter the room.

4.3.3 Sub theme 3: Referring the child to another counselor of the same sex as the child.

Research findings also reveal that counsellors ensure safety and confidentiality by referring the child to another counselor who is of the same sex as the child. Participants mentioned that children usually feel safe when they talk to someone who is of the same gender as them. Children tend to feel free being around someone who might not seem to be a threat because of the state as male or female. One participant said:

“... if the child who has been abused is a girl it might be difficult for her to talk to a male counselor as she may think she wants to be abused because I'm a man so what we do is we refer the child to a female counselor so that she feels safe, that's how we ensure safety and confidentiality to the child...” (participant 8, male)

“...well there was a time when I was caught up in that situation, when I started talking to a certain girl child she started screaming and I could see the fear in the child's eye when she was facing me so I had to take the child to my female colleague to see if I was probably the reason she had so much fear and things got a bit different when they started talking...” (participant 10, male)

This therefore implies that counsellors have a role to play in ensuring a child's safety and respecting their confidentiality.

4.3.4 Sub Theme 4: keeping files and records confidential

The researcher found out that counsellors maintain safety and confidentiality by making sure all survivors' files and information can only be accessed by the counselor and the doctor so that there will not be any confidentiality breach. Participants reported that keep confidential records in their storage so that no one gets information of the case or issue they will be working on. They also put passwords that provide maximum security to anyone who might try accessing information. Participants said:

“...here at FST, counsellors and the doctor are the only employees who have access to abuse cases and this is done to keep cases confidential at all times...” (participant 3, female).

“...we provide maximum security by putting passwords so that no one can get access of the information except counsellors because you never know who wants the information and what they want to do with it so its best we maintain confidentiality all costs...” (participant 6, female).

This therefore implies that counselors have a role to play in maintaining safety and confidentiality in addressing sexually abused children by making sure that their files are only accessed by the counsellors.

4.3.5 Sub Theme 5: Follow up services

The findings from the study show that participants also do follow up services by going to the place where the child is staying to see if he or she can not be under harm again. If they see that the child might not be safe in the environment that he or she is staying they file a report to Social Welfare. Participants also mentioned that given the situation that Family Support Trust fails to support the child they involve other organizations that can assist them such as UNICEF, MSF, DSS, CPF, MSF, Ministry of Health and Child Welfare, Ministry of Justice and Legal Affairs, Mwanaakosha or Capernaum Trust who provide resources and assistance to the children. They also write a report to organizations who can assist them in court proceedings given the situation that the child’s guardian does not have the funds to access a lawyer. These are some of the explanations they gave:

“...we actively work with organizations that enforce children’s rights and the Justice for Children’s Trust is one of them. This organization provides lawyers who can stand up for the children during court procedures until the case is closed. This way we are assured that the child is protected...” (participant 7, male).

“...here at FST every counselor takes copies of the issue they will be dealing with to other organizations who can protect the child in a way that we can not protect them. The Social Welfare for example provides homes for the children who seem to be in danger of any harm from the perpetrator...”(participant 3, female).

“...in doing follow up services you can notice some of the things the child actually lacks and is in need of , for example school fees, that is when we involve organizations such as Capernaum Trust who can cater for the child’s fees..” (participant 8, male).

This therefore implies that counsellors as professionals are prone to keep child abuse cases or any case confidential and to ensure the child’s safety and they do this by working with other organizations.

4.3.6 Sub Theme 6: involving 3rd parties

8 (80%) participants admitted that there are limitations to confidentiality. There are times when a counselor can break confidentiality out of mere fear that something might happen to the child which might lead to the child or the guardian to assume that their information is not safe. 2 (20%) participants however said that confidentiality should be observed at all times. Findings from the study reveal that there are points when counsellors break confidentiality and this is because the guardian will be pulling back or no longer interested in the counseling process. There are times when the child or guardian will not be giving full information. The guardian might not want to disclose the information because the perpetrator will be a close relative and they will not want to break their relations. Findings also revealed that the child might also be having suicidal thoughts as they will be experiencing severe trauma hence the counselor is forced to break confidentiality. These are some of the illustrations from the participants:

“...there are times when the mother of the child has fear of losing her husband if he is the abuser so she might try to cover up for him because he provides for the family. She might even be willing to drop the case and say she will handle the whole situation by herself that’s when we counsellors jump in. We usually involve senior professionals to take the case and handle it...” (participant 1, female)

“...both sexually abused boys and girls from the age of 9-13 tend to have suicidal thoughts and if they mention this it might be difficult for me to keep such information as something might surely happen to the child and when that happens my supervisor will now want to know whom I informed and what I did about the issue so at this point I am forced to break confidentiality...” (participant 9, male)

This therefore implies that this might be a challenge that counsellors face in their work and they have to make a great decision and have to know when and when not to break confidentiality as this has an impact on the child's view of the counselling process.

4.4 MAIN THEME 2: EXPLORING FEELINGS AND EMOTIONS

4.4.1 Sub Theme 1: The use of play, art and animal therapy

Research findings from the study have shown that therapy helps with emotional expression in counseling services. Children tend to have difficulty in expressing how exactly they are feeling therefore it is the role of the counselor to help with emotional expression. Participants reported that when working with sexually abused children a counsellor can use play therapy, art therapy or animal therapy. These forms of therapy have been seen to be very effective in counseling sexually abused children. In these forms of therapy they are able to express themselves in any way they want to as they feel comfortable diverting their feelings to something else. Participants also mentioned that sexually abused children aged 5- 9 can not talk directly of their experience as they will be too young to know what took place so counsellors have to find a way of getting the information and know the whole story. These are some of the narratives:

“...in counseling we have different approaches in making sexually abused children speak depending with the situation. There are children who find it easy expressing themselves drawing, some playing with dolls or toys and some prefer playing. From what I have observed most of the children prefer playing with dolls or toys and they use those to express what was done to them..” (participant 4, female).

“...in my experience I have observed that sexually abused children like to play. I have encountered some who take a boy doll and place it on top of a girl doll and start rubbing the two against each other and start crying afterwards and when you ask them they just touch their genitals and say its painful..” (participant 10, male)

“...I once encountered a situation where a child had to draw what had happened to him and he started drawing a picture of a woman in a uniform and started crossing every part of the woman he had drawn and I had to ask the guardian if there is a maid at the house and she said yes she is the one who takes my child from school. I asked what happened and the child said the maid removes all the child's clothes and rubs himself on the maid's genitals and

that's when we knew the whole story which is quite painful really but you have to stay strong..." (participant 2, female).

From the narratives the researcher observed that counsellors have a role to play in making sexually abused children explore their emotions and feeling by using the right approaches to apply depending with the situation, age group or severity of the trauma. The counsellors themselves have to refrain from being emotional and stay strong for the sexually abused child nomatter how disheartening the situation might be.

4.4.2 Sub Theme 2: General motives

Research findings have shown that as for 10-16 year old children counselors can start by talking general things to lighten the tension or mood and ensure them that no harm will be done to them but that it is only a matter of helping them. Participants pointed out that teenagers need a lot of patience because they experience severe trauma more than the toddlers who only know that something happened but they will not be aware of the situation at hand. This is what participants said:

"...when working with teenagers it is important to ask them about their social life, love life, academic life or what they love doing, this lightens up the mood and makes them feel comfortable..." (participant 2, female).

"...teenagers do not usually want to expose themselves and how they are feeling for fear of discrimination maybe so it is best if the counselor avoids talking much about sensitive information first by making them feel a bit comfortable..." (participant 6, female).

This therefore implies that counsellors have a role in making sexually abused children explore their feelings and emotions by engaging in general talk first to make them feel comfortable.

4.4.3 Sub Theme 3: Avoiding lengthy conversations

Findings have also shown that counsellors ensure that sexually abused children explore their feelings by avoiding lengthy conversations and talking more of the current situation. The counselor does not have to force the child to talk but has to wait until the child feels like exploring his or her feelings. This is brought out in the following narratives:

“...one of the techniques you can also use is avoiding talking about the same situation for quite a long time in one session because the trauma will keep mounting up on the child and they will start blaming themselves on what happened and why it happened...” (participant 5, female).

“...its best if you also keep the questions short to avoid dragging them into something that really hurts them. Its best to ask a few questions in line with what happened before they start refraining and we understand that kind of pain so we do not drag them along...” (participant 6, female).

This therefore implies that counsellors can help sexually abused children explore their feelings by avoiding lengthy conversations that can make them feel uncomfortable.

4.4.4 Sub Theme 4: duration of 1 to 4 days

Findings from the study have shown that counsellors usually face challenges in trying to make sexually abused children explore their feelings. 4 out of 10 (40%) participants said that some of the children never want to express their feelings which usually takes about a week or two for the counselor to get the full story. 6 out of 10 (60%) participants said that they usually take a few days to help the child fully explore his or her emotions. This is what some the participants said:

“...children aged 5-7 enjoy playing so it usually takes a day for them to explore what they are feeling the moment they engage in play you start asking them questions in relation to what happened to them...” (participant 4, female).

“...children who are past the age of 11 find it difficult to share their experience maybe because they have been threatened or the trauma will just be too much for them to bear, some feel like the moment they start talking about it everything that happened will haunt them again so they would rather not talk about it. In such cases it takes almost a week for the child to finally talk about what happened...” (participant 10, male).

This therefore implies that sexually abused children explore their emotions at different intervals so it is the role of the counselor to ensure that they help the child nomatter how much it may take for the child to explore. The counselor must understand the child’s state and get involved with them till the end of the case.

4.4.5 Sub Theme 5: Language barrier and lack of co-operation

The researcher found out that counsellors also face challenges in the process of making the sexually abused child explore his or her feelings. During the counseling sessions some children fail to explore their feelings probably because of language barrier for example. Some will be shona speakers in a Ndebele environment or Ndebele speakers in a shona environment which can be an obstacle in the success of the counseling session. The counselor therefore has to play his or her role in the exploration of feelings for the sessions to progress. Some counsellors said they can ask the guardian to help their child talk about their feelings as they might be facing difficulty telling information to someone they see as a stranger. In terms of communication barrier, the counselor can involve someone who can communicate with the child in the language he or she understands. Some of the participants said:

“...in some cases if a child can not draw or play to express his or her emotions then it is best if the mother, father or guardian of the child tells us their side of the story though it is best to hear the child express the story herself as it is the only way to know what the child is feeling...” (participant 7, male).

“...if a child has a disability, for example being deaf and dumb or blind, a counsellor can consult those who can do sign language and communicate with the child as to what happened...” (participant 1, female).

This therefore implies that the counsellor has to play his or her role of emotional expression by involving a guardian or translator as this will help the child fully explore his or her feelings.

4.5 MAIN THEME 3: BUILDING A RELATIONSHIP OF TRUST.

4.5.1 Sub Theme 1: undivided attention

Findings have shown that the first step to making counseling a success is by building a relationship of trust (rapport). Counsellors have to build a relationship of trust with the sexually abused child for them to explore their feelings. The child has to trust the counselor to the point of trusting them with their information. Though it can be difficult, all 5 (100%) participants pointed out that building a relationship first is important in counseling. Participants pointed out that counsellors can build a relationship with sexually abused children between the age of 10-16 by interacting with them, rephrasing what they have said, giving the child an opportunity to express themselves and actively listening to them.. Undivided attention can make the child feel wanted and loved. They will actually perceive

the counselor as someone worth talking to because that care they receive will be really essential in their lives as people who would have lost hope. Some of the participants said:

“...children really feel loved and wanted when you get to do what they enjoy the most. You do not have to give them gifts as they will think that you want to do the same thing that the abuser did if that was the case ofcourse. I myself have observed that when you assure them that you want to be there for them and get rid of the abuser they can open up...” (participant 2, female).

“...from the children I have worked with, I noticed that children need undivided attention and to be very patient with them they will end up opening up as you engage in play or drawing...” (participant 8, male).

From the narratives the researcher observed that building a relationship of trust is a role that should be put as first preference as it leads to a healthier therapy especially when working with sexually abused children as they find it hard to trust again and this is achieved through giving the child undivided attention.

4.5.2 Sub Theme 2: Being non judgmental

The researcher also found out that counsellors have to be non judgmental when working with sexually abused children. The counselor does not have to judge the child as this will contribute to how the child perceives the counselor. Participants pointed out that the last thing a child expects from anyone is being judged or blamed for what will have happened, all they need is someone who is willing to understand their side of the story. One participant said:

“...counsellors as professionals are in no way to judge a child when he or she comes for counseling, we actually have to show them that we understand them better than the rest of the world and once we do that a child feels that at least there is someone who is understanding and they feel free and start opening up which means a relationship will be built...” (participant 7, male).

This therefore implies that counsellors have to be non judgmental when working with sexually abused children as this will have an impact on building a relationship of trust with sexually abused children.

4.5.3 Sub Theme 3: Engaging in play

Some participants said as for 5- 9 year olds, engaging the child in play is the best way to build a relationship with them because according to them the counsellor will be a friend who wants to play. The moment they build that relationship the counselor can then manage to ask the child questions regarding what happened to them. One participant said:

“...play has always proven to be the best when working with children. The moment you start singing with them or give them beautiful dolls or toys and say lets play they feel attracted to them and that is how we get their attention and from that moment onwards you will be friends because everytime they come back they will know I have someone here with beautiful toys who wants to play...” (Participant 3, female).

This therefore implies that counsellors build a relationship with sexually abused children who are toddlers through play.

4.5.4 Sub Theme 4: interval of 1 to 7 days

The researcher found out that counsellors only need a day to build a relationship with sexually abused children. 6 out of 10 (60%) participants however said they usually take 3 days or 4 days to build a relationship of trust if the child does not seem to connect with the counselor. Counsellors usually build a relationship for the sake of progress in the following sessions that will take place and the child will respond well to therapy as time progresses as he or she will believe that the counselor is surely willing to help the child. These are some of the responses from the participants:

“...usually a counselor can take the whole session trying to talk to the child but he or she might not respond. At times I take the child and give them toys or blocks to play with but they might not even play, this is when you know there is no relationship built yet because they will not be willing to play with you...” (participant 2, female)

“...at times it takes several sessions for the child to really get used to you maybe 2 days, so we usually sing and try to laugh with them till they are willing to talk with you which will make it easier for the next sessions because they will recognize my face...” (participant 1, female).

“...teenagers find it difficult to trust someone after such an encounter because they will be aware of the situation which is different from toddlers, they might not even try to talk they

can stay silent till the end of the session, even up to 4 days, so what we usually do is we talk to them about general information and ask them how they feel about love for example and enlighten them on health education how trauma is bad , this way they will know you are willing to help...” (participant 8, male).

This therefore implies that counsellors take a day or more up to 4 days at most to build a relationship of trust with the child and it is the role of the counselor to ensure that they build a relationship first before rushing the child into anything as it is the only way they can talk after they know the counselor.

4.5.5 Sub Theme 5: Holding back as a challenge

Findings have shown that counsellors face challenges in trying to build a relationship with sexually abused children. 10 out of 10 (100%) participants pointed out that they face challenges in half of the cases they work with. Some of the challenges encountered are refrain, aggressive behaviours or silent responses. This is what some of the participants pointed out:

“...there are times when you try to talk to the child but they can even start crying and say they want to go home, even the parent will not be able to handle their child when they start throwing things all over...” (participant 5, female).

“...teenagers usually have a tendency of staying silent for the whole session nomatter how hard you try making them feel comfortable because of the trauma they have been through, then there are those who do not want to be told what to even though you enlighten them on how wrong it is to sleep with a boy before the age of 18...” (participant 10, male).

This therefore implies in trying to play their role, counsellors do face challenges such as anger, silence and refrain in trying to build a relationship of trust with sexually abused children.

4.6 MAIN THEME 4: EMPOWERING SEXUALLY ABUSED CHILDREN

4.6.1 Sub Theme 1: support groups

Research findings have revealed that counsellors use strategies such as support groups, multiple sessions and referrals in empowering sexually abused children. Participants pointed out that they empowered sexually abused children by informing them of their rights and how other organizations could help them. The Social Welfare was an example given and they

mentioned that if the abused child did not want to keep the unwanted pregnancy they would give it for adoption. This is what some of the participants said:

“...as counsellors we can not say there are specific strategies used when working with sexually abused children but there are some that are used when working with similar cases. For example support groups are used for children who find it difficult to share their stories with the counselor but after hearing other’s stories and how they coped, this might make them open up and feel empowered to do the same...” (participant 3, female).

This therefore implies that counsellors use different strategies when working with sexually abused children depending on the situation they encounter though some of the strategies apply if the cases are similar.

4.6.2 Sub Theme 2: Multiple sessions

Participants also noted that they can engage children in multiple sessions and encourage them to keep attending the sessions with the hope that they will reach a point when they feel empowered and be able rebuild their lives. One participant said:

“...at times we engage them in quite a number of sessions giving them enlightenment on how they can relive their lives and at times this works as they start to see sense in what you will be telling them...” (participant 6, female).

This therefore implies that counsellors can empower sexually abused children by engaging them in multiple sessions till they reach an extent where they can feel they can move on.

4.6.3 Sub Theme 3: Link with other organizations

Research findings also revealed that counsellors empower sexually abused children by involving other organizations that can support the children. Participants pointed out they feel that it is their role to empower sexually abused children in any way possible be it within the organization or outside the organization. One participant said:

“...some children rarely open up and still hold on to what happened to them, it is at this stage that we involve other organizations such as Ministry of Justice and Legal affairs that can help them at a different level...they can be enlightened on their rights as children and this can empower them...” (participant 9, male).

This therefore implies that counselors also empower sexually abused children through involving other organizations that can support them.

4.6.4 Sub Theme 4: Psychosocial Support

Findings also revealed that counsellors empower sexually abused children through psychosocial support. Counsellors provide counselling to affected families or guardians of the child also so that they can deal with the situation and in turn help the child deal with the situation as well. The counsellors are also there to provide support to those children who will have being impregnated through sexual abuse. Participants pointed out that they provide counseling before and after the medical examination. These are some of the narratives given:

“...as counsellors we provide group therapy to affected families and engage them in community based clubs. This way they can find it easier to deal with the situation as they be facing the same kind of situation together...” (participant 1, female).

“...it is our role as counsellors to provide full support of children who become pregnant after the abuse, the child may decide to keep the baby or not and we respect their choice, those who intend to keep the baby can also get support from other organizations that can provide blankets, funds, food and clothes for them...” (participant 8, male).

“...because of the trauma they go through, children usually find it easier to give the child off for adoption and the social Welfare is responsible for the adoptions. Our role as counsellors is to make sure we provide support the child all the way through medical examination to check for STI's or HIV in which they are given PEP if they are affected and start receiving treatment...” (participant 7, male).

This therefore implies that counsellors have a great role to play in empowering sexually abused children through providing their full support to these children throughout the whole process.

4.6.5 Sub Theme 5: Rebuilding children's lives

Research findings have shown that counsellors emphasize that empowerment is important in counseling sexually abused children. Counsellors pointed out that empowerment gets rid of trauma, gives one self worth, makes one have bold decisions, makes one firm and gives one a sense of belonging. Participants noted that empowerment gives one a reason to rebuild their lives setting their own goals without fear of what the next person will do to them. Participants

mentioned that the child will not have to live in the past and they do not have to be stuck in the same situation with the same thoughts everyday. The role of counsellors on empowerment are greatly considered when working with sexually abused children as they need hope in their lives and to be assured that they are safe. 10 out of 10 (100%)participants pointed out that empowerment has great effects on the sexually abused child as this will be effective throughout their lives. This is what was said by some of the participants:

“...I have worked with quite a number of sexually abused teenagers and i have observed that through a number of sessions on empowerment the child starts to feel free and starts to see life at a different angle...” (participant 2, female).

“...it is not quite possible to empower toddlers because they will be too young to be told what to do about their lives but I would recommend that the moment they reach teenage level they have to see a counselor as some of them will start experiencing flashbacks...” (participant 4, male).

“...through empowerment children can actually start on a new leaf and realize that there is more to life if they feel loved, for example a certain child was finding it difficult to cope with how her biological father had sexually abused her but after seeing others cope with the same situation and knowing that it is not the end of the line they still have people who care for them, she actually changed even in her social life, I could notice that she was happy with the people around her, her family...” (participant 3, female).

This therefore implies that empowerment is important when dealing with sexually abused children and counsellors have a great role to play in empowering these children as this will change their lives and give them hope, they will not have to live in the past but to move on with their lives.

4.6.6 Sub theme 6: Opening up

The researcher found out that the effects of empowerment are actually not the same when working with boys and girls. Counsellors have pointed out that it is not easy for a boy to get empowered as they feel that they should always be strong and not feel weak because of situations they encounter. Participants reported that boys who encounter sodomy experience trauma as they fear being laughed at and also the fact that it is against the odds of nature. Such boys feel lost and their social life decreases. This is what some of participants said:

“...though the cases of sodomy are rare, we do work with boys who are involved in sodomy. A certain boy came crying that he did not deserve such torture in his life after he had encountered sodomy from a group of friends at school, I had to talk him through it that he can live his normal life again in a different school and enlightened him on how he can get to experience life with different people at a new place...” (participant 1, female).

“...a certain mother came pouring out her pain on how her 12 year old boy was sexually abused, he explained how the maid they stayed with would force him to sleep with her and threatened him that he would starve him. I had to enlighten him on how he could survive trauma and discussed with him ways of dealing with trauma and how he could start living in the present without letting someone ruin it and after a few sessions he was starting to show signs of relief and all this needs courage and firmness...” (participant 3, female).

“...some boys never speak as to what happened to them, for example a certain 13 year old boy said he will deal with the situation himself because he is a man, we do expect such responses but we do feel that if they talk they let it all out they will not have to live with it for the rest of their lives every time they think about it...so we talk them through it and enlighten on how it is okay to let feelings out because it lightens ones heart, you will not have to carry the burden throughout your life, since I am a man too they probably feel encouraged (smiles)...” (participant 7, male).

This therefore implies that sexually abused boys find it difficult to explore their feelings as they feel they have to be strong by all means therefore it is the role of the counselor to make these boys feel empowered through by engaging with them in different sessions and enlightening them on how they had the right to live the life they want and how they do not have to live in shame but greatness.

4.7 CONCLUSION

This chapter shows the presentation of findings of roles of counsellors at FST in addressing challenges faced by sexually abused children .The objectives of the study were to document how counsellors ensure safety and confidentiality to sexually abused children, to identify how counsellors help sexually abused children explore their feelings and emotions, to establish how counsellors build a relationship of trust with sexually abused children, to find how counsellors empower sexually abused children. The study shows that to a greater extent counsellors have a role to play in addressing challenges faced by sexually abused children.

CHAPTER 5

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter discusses the findings, gives a comprehensive summary, conclusion of the study findings addressing the study's aims and objectives. The chapters' key focus is on giving a comprehensive analysis of data gathered as well as giving a summarization of all the information acquired during the course of the research study.

5.2 Discussion of findings

The study sought to explore the roles of counsellors in addressing challenges faced by sexually abused children. To show if counselors have a role to play in ensuring safety and confidentiality to sexually abused children, in making sexually abused children explore their feelings and emotions, in building a relationship of trust with sexually abused children and in empowering sexually abused children. The formulated research questions will be used to interpret, explain and help to draw necessary conclusions of the research study showing the significance of the research. The chapter will also make necessary recommendations that will be discussed upon the shortcomings encountered during the course of the research. The chapter's interpretation of the results will give a holistic understanding of the roles of counsellors in addressing challenges faced by sexually abused children at Family Support Trust at Chitungwiza Hospital.

5.2.1 Do counsellors have a role to play in ensuring safety and confidentiality to sexually abused children.

Findings indicate that participants' perspectives show that counsellors have a great role to play in ensuring safety and confidentiality to sexually abused children. Participants mentioned that they ensured safety to sexually abused children by decorating the room with toys, dolls or drawing materials such that the child will feel comfortable, which would in turn get rid of their fear. This is supported by Maniglio, (2009) who says counsellors may decorate their surroundings with bright child-friendly pictures and have simple play materials to help the child relax. Similarly a study by Munsaka in Zimbabwe (2011) showed that children often feel comfortable through play and storytelling.

Some participants also noted that when dealing with sexually abused children they can ensure safety and confidentiality by referring the child to another counsellor of the same sex so that they do not feel endangered again. This way the child can feel that they are safe and that their information is safe. This is in line with Bubar, (2010) who says patients going through stressful life changes, traumatic experiences or the emotional symptoms of mental illnesses may be unwilling to share their most private feelings with a stranger unless they know that their secrets are safe.

Findings also show that counsellors can ensure safety and confidentiality to sexually abused children by referring them to other organizations such as Social Welfare who can protect them from harm or danger by giving them homes that are not in the range of the perpetrator. They refer them to other organizations if they feel that they can not handle the situation themselves be it financially or by duty. Findings have also shown that counselors have a role in maintaining safety and confidentiality by making sure that files are only accessed by counsellors and also they also do home visits to make sure the child is safe from harm. This is in line with (Frankl, 2004), counseling is considered a medical service and protects the client's information. A survey carried out in England (2011) showed that counsellors needed to maintain patient confidentiality though it was on gaining insight from counsellors on their role not in dealing with sexually abused children.

Participants also pointed that there are times when they are forced to break confidentiality such as when the child wants to commit suicide or when the guardian of the child seems to be protecting the perpetrator for example. Results from a study by Muribwathoho South Africa (2014) showed that counselors were forced to break confidentiality when they were dealing with high school students as most of them had suicidal thoughts which is in contrast with the current research which aimed 5-16 year old sexually abused children.

5.2.2 Do counsellors have a role to play in making sexually abused children explore their feelings and emotions

Research findings indicate that counsellors have a great role to play in ensuring that sexually abused children explore their feelings and emotions. Findings have shown that counsellors ensure that sexually abused children explore their feelings and emotions by using forms of therapy such as play therapy, art therapy and animal therapy. This is supported by Casady (2010) findings which showed that the use of animals assisted therapy in individual counseling for sexually abused children as they disclosed abuse and expressed their feelings.

(McLeod, 2003) reported the same findings that counsellors need to use a range of approaches to encourage communication with children, for example, drawing, play, storytelling or drama.

Participants reported that children aged 5-9 are too young to know what will have happened to them but they will be disturbed somehow as some will be afraid to talk to anyone and some will just cry at different intervals. It is therefore the role of the counsellor to make the sexually abused child express whatever he or she is feeling such that the counsellor can relate the whole story. This is in sync with the study by Thompson in Toronto in (2008) which showed that in the presence of a good client–therapist relationship, therapists showed higher levels of empathy and effectively focused on the immediately expressed feelings, in turn, their clients were engaged in exploration of feelings. Participants pointed out however that this differs with the age group. When dealing with 10-16 year olds, counsellors can talk about general things like school, friends or their favourite hobbies. This makes them feel comfortable and be willing to start a conversation. This is supported by Little, Packman, Smaby & Maddux (2005) it is also important to get to know the child, not just his or her problem as it makes the child relax.

Participants pointed out that they can take a day, 2 days or 4 days for a sexually abused child to explore his or her feelings depending with the age group or the extent of trauma caused by the sexual abuse. The study revealed that children aged 5-7 usually take a day to explore their feelings the moment they engage in play but as for teenagers, it can take more than a day because they probably experience flashbacks which traumatize them so they would rather not talk about the situation. (Kelley 2013) findings show that with time art helps children who were previously reluctant to discuss their assaults became more verbal and more willing to share their thoughts and feelings surrounding the sexual abuse, but it did not mention the duration. The study revealed that counsellor however have to practice patience and understand the child's situation up to the stage when they are willing to explore their feelings and emotions.

The study revealed that counsellors face challenges in addressing challenges faced by sexually abused children such as dealing with children who fail to explore their feelings and emotions. Some of the participants indicated one of the challenges to be language barrier. Some of the abused children might be Ndebele who will have gone for counselling to shona people or vice versa which becomes a challenge because they will not understand each other.

The same applies to those abused children who are deaf and dumb or blind. This is similar to the study of Patton (2001) where counsellors reported to face similar challenges when working with sexually abused children but dealt with the situation by referring the children to senior professionals where they were assisted.

Some participants pointed out that some children never want to explore their feelings which becomes a challenge that the counsellor has to deal with. Participants however managed to deal with such an issue by involving a guardian to fully relate the story in the event that the child has failed to talk. On the other hand if the child is deaf and dumb or blind, the counsellor can refer the child to someone who communicates in the same way the child can. This is in line with Lau & Kristensen (2007) who says sexually abused children need age-appropriate ways to ventilate their fear, anger, aggression, hostility, and feelings surrounding the issues of the sexual assault.

5.2.3 Do counsellors have a role to play in building a relationship of trust with sexually abused children

The research findings indicate that counsellors have a role to play in building a relationship of trust. Participants indicated that building a relationship was the first step in counselling. Participants also reflected that it was important to build a relationship of trust as this would make the child develop trust and feelings of comfort around the counsellor. (Occas 2008) findings indicated that, a good client–therapist relationship, showed higher levels of empathy which in turn induced expressed feelings. Participants ensured a relationship by rephrasing what the child said, avoiding long conversations or actively listening to them. This would make the child feel wanted and in turn they would explore their feelings as they felt that they had someone who could actually help them. A study conducted in Mali showed that nursing counsellors’ perceptions, experiences and emotions related to caring for the abused children.

The study also revealed that counsellors built a relationship of trust with toddlers by engaging them in play. In a case study by Family Support Trust Zimbabwe (2013) children befriended and communicated through playing with dolls and toys. Participants observed that if a child is surrounded by playful things he or she gets carried away and that is the moment they are asked about what happened indirectly and in their minds it will simply be play. This is in line with Chartier, Walker, & Naimark (2010) who said the purpose of play therapy is to relieve the emotional distress of sexual abuse through a variety of expressive play materials and

imagination and is based on the notion that play is a child's natural medium of self-expression.

The study also revealed that counsellors take a day, 3 days or a week to build a relationship of trust with sexually abused children. Participants pointed out that 5-7 year olds do not easily open up to strangers but when asked to draw or to play they can get absorbed in play and befriend that person. Findings of Cooke (2006) revealed that nursing counsellors prioritized sexually abused clients as they are greatly affected by trauma. Some however will have been so disturbed with the situation to such an extent that they will not want to play as they will be filled with fear which makes it difficult for them to befriend anyone but counsellors still have to be patient with them. This is in line with (Ratican, 1992) who says it is important for the counselor to allow the client time to build feelings of trust, safety, and openness.

Participants pointed out that teenagers usually find it difficult to trust anyone after the incident which can take time to build a relationship with someone they just met. Findings revealed that counselors have to be non judgemental as this will contribute in how the child views the counsellor. This is in line with findings of (Pearson, 1994), accepting the survivor's version of their sexual abuse experience is often therapeutic and helps strengthen the alliance.

The research findings also show that counsellors face challenges in building a relationship of trust with sexually abused children. Some of the challenges are refrain, anger and silent responses. Participants pointed out that some of the children, teenagers especially get angry during sessions and some do not respond at all till the session is over. As for toddlers, when given blocks to build they would just stare at them and probably start crying which would be a great challenge to the counsellor.

5.2.4 Do counsellors have a role to play in empowering sexually abused children to make their own choices and decisions.

Research findings have revealed that counsellors have a great role to play in empowering sexually abused children. Participants have indicated that empowerment is important when dealing with sexually abused children as it gets rid of trauma, gives one self worth, makes one have bold decisions, makes one firm and gives one a sense of belonging. A case study in Miami showed findings where sexually abused children presented how counseling helped them rebuild their lives. The current study however targeted counsellors who were to present their views on empowering sexually abused children. Participants also mentioned that

empowerment made children rebuild their lives and live normally again without fear of the past. This is in line with Ratican (1992) who pointed out that a counselor's job is to help survivors regain a sense of control and well-being in their lives, a sense that sexual assault often destroys. Some participants however pointed out that it can not be possible to empower sexually abused toddlers but when they reach adulthood they need the empowerment as they will start experiencing flashbacks which might affect them. Studies in Europe showed that most people who get into adulthood are greatly affected by their childhood memories and they experience severe trauma.

The study revealed that sexually abused boys actually need empowerment more as they suppress their feelings because they feel that they should deal with the situation as men. Findings of Granello (2010) reported that empowerment in counseling can also work through different therapies and approaches but it left out when specifically dealing with boys. Participants pointed out that sexually abused boys experience trauma from being sodomized or sexually abused by the opposite sex and they tend to hold back their feelings and emotions. Findings revealed that this however has a negative impact on the child as it will haunt him for the rest of his life which. Haddon (2012) findings revealed that men conceal their feelings and some of them commit suicide or get to be diagnosed with post traumatic disorders or high blood pressure and some other form of diseases. This is in sync with the current study except that the current study looked at the range of 5-16 year old sexually abused boys. Some of the effects will be post traumatic stress disorders, aggression or isolation. This is in line with (Casey & Nurius, 2006) who stated that rape and other forms of sexual violence are traumatic experiences that commonly result in severe psychological sequelae.

The study also revealed that counsellors use different strategies when dealing with sexually abused children depending with the age group or the extent of trauma. Findings of Wolfsdorf, & Zlotnick (2001) reported that it can be through relevant counseling techniques that will help heal the emotional scars so that they do not carry the burden of abuse to their adult lives. Participants also pointed out that some strategies actually apply to similar situations. The study revealed that counsellors empower sexually abused children through support groups, multiple sessions and referrals. Studies from Asia however revealed that counsellors use some other forms of therapy such as solution based therapy to empower sexually abused children. Participants revealed that they use support groups to children who fail to share their story to the counsellor and by hearing other people's stories too of the same nature and how they coped they would open up.

Some participants noted that some children can be empowered by requesting them to engage in quite a number of sessions. A study carried out in Canada (2011) showed that a number of empowering expressions in a counsellor's speech contributed in empowering clients in sessions. Findings also showed that counsellors empowered sexually abused children by referring them to other organizations who can assist them such as Ministry of Health and Child Welfare, Social Welfare, Mwanaakosha, UNICEF, MSF, PSI, CPF and Capernaum Trust.

5.3 Conclusions

The study reviewed that counsellors do have a role to play in ensuring safety and confidentiality to sexually abused children by decorating the room with toys, referring the child to another counsellor of the same sex as the child, keeping files and records confidential, conducting follow up services. Participants were forced to break confidentiality by involving 3rd parties that is other organizations in the event that the child has suicidal thoughts or the guardian wants to protect the perpetrator.

It was also noted that counsellors do have a role to play in making sexually abused children explore their feelings and emotions and they do this through the use of art, play and animal therapy if they are toddlers. The study also revealed that they make sexually abused children explore their feelings and emotions by talking about general things before getting to the story and by avoiding lengthy conversations if they are dealing with teenagers. Participants usually took 1 to 4 days in helping sexually abused children explore their feelings. Participants faced challenges such as language barrier or failure of the child to explore his or her feelings. To deal with these challenges participants involved the guardian of the child or a translator.

The study also reviewed that counsellors do have a role to play in building a relationship of trust with sexually abused children and they do this by giving the child undivided attention, being non judgmental and engaging in play as for toddlers. Participants took 1 to 7 days when building a relationship of trust with sexually abused children. Participants also faced challenges in building a relationship of trust with sexually abused children such as refrain, aggressive and silent responses.

Findings reviewed that counsellors do have a role to play in empowering sexually abused children through support groups, engaging the child in multiple sessions, involving other organizations, giving the family and the child psychosocial support. Participants emphasized

how their role in empowering sexually abused children was important as it had great effects on the child throughout their lifetime, it gave them hope to rebuild their lives. Participants empowered sexually abused boys more so that they could not conceal their feelings but to open up and be firm. Participants did not empower sexually abused toddlers as they were too young to know but they encouraged the guardians to take them for counselling when they grew older as they would start having flashbacks which in turn would traumatize them.

The cognitive behavioural theory greatly favoured the research as many counsellors deal with sexually abused children by trying to clear of their past and negative thoughts replacing them with positive ones which will make them rebuild their lives and move on. Freud's psychoanalytic theory also favoured the research as counsellors use techniques such as free association and transference in helping sexually abused children reflect on their experiences that maybe preventing them from moving on. The counselor encourages the client to talk freely about whatever that comes to mind which help clients explore their feelings that may have been repressed.

5.4 Limitations

- Some participants did not give full responses because they wanted to rush for lunch.
- The researcher only managed to gather data from participants who were currently on day shift and not those on night shift
- The interviews had to be shortened so as not to interrupt working hours, lunch or the disruption of counsellors who were leaving work for home.

5.5 Recommendations to the organization

- Adequate training should be given to counsellors on implementing their roles at work. This will allow them to know when best to break confidentiality.
- Counsellors should also be empowered because of the situations they handle everyday.
- Counsellors should also be notified on some of the little things they will handle at work so that they implement their roles well.
- Stakeholders should gather and discuss case by case rather than discussing broader issues. This will allow certain difficult cases or cases that have not been addressed properly to be discussed and come out with the best solution for the case.
- Family Support Clinics should also go at local level.

- FST should seek more funds to have more counsellors and reduce workload. Priority should be given to each case given the situation that there are enough counsellors
- FST and other stakeholders should strengthen prevention, outreach and training program aimed at the prevention of child sexual abuse
- The court should look at matters of child sexual abuse seriously and stiffer penalties should be imposed on the perpetrators of sexual abuse.
- Policy makers should address the social and economic factors that put children at risk of sexual abuse

5.6 Recommendations for further study

Future studies should include an equal number of female and male participants. The study can be expanded with quantitative research where questions are formulated based on the current results. There should also be research on what counsellors have to expect and know in implementing their roles because there are situations they are forced to deal with at work that they were not quite aware of that are taken for granted which has a great impact on implementing their roles. Studies can also look at the personal strategies used by counsellors to cope with challenges in implementing their roles. Further studies should also look at the specific roles to be implemented to a specific type of people and how they are implemented practically.

5.7 Chapter summary

This chapter focused on concluding the research, making room for necessary discussions on the findings gathered throughout the course of the research study. The chapter also indicated recommendations that Family Support Trust Chitungwiza Hospital as an organization should take into consideration in order to improve the working conditions for the counsellors in implementing their roles to sexually abused children. This study is to cautiously note that there be a clear understanding on the roles of counsellors when dealing with sexually abused children nationally. As noted, there is little research by scholars even in academics to show how counsellors best implement their roles in practice when working with sexually abused children.

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APPENDIX A: RESEARCH INSTRUMENT

My name is Yolanda Zifa. I am a Midlands State University BSC Psychology Honours Degree student. I am undertaking a study that focuses on the roles of counsellors at Family Support Trust in dealing with sexually abused children. I am requesting for your kind assistance that I believe will add great value to my research project. Your participation in this study is essential for the academic end. The research topic is: **EXPLORING THE ROLES OF COUNSELLORS IN ADDRESSING CHALLENGES FACED BY SEXUALLY ABUSED CHILDREN**. Please note that the information acquired from the interviews to be conducted will be kept confidential and will be used for academic purposes only. There is no need to write your name.

SECTION A: DEMOGRAPHIC INFORMATION

Sex of the Respondent Male Female

Age: 20-30 31-40 41-50

Work experience: 1-5 6-10 11-15 16-20

What are the major causes of child sexual abuse?

.....

.....

What is the impact of child sexual abuse on sexually abused children?

.....

Do you provide follow up services for the children?

Yes No

If yes what is involved in the follow up?

.....

.....

Do you think your organisation caters adequately for the needs of sexually abused children?
(Explain)

.....
.....
Do you actively work together with other organisations in assisting sexually abused children?

Yes No

If yes what services do they offer to the victim?

.....

SECTION B: SAFETY AND CONFIDENTIALITY

Why is confidentiality important in addressing sexually abused children?

.....

How do you maintain confidentiality in working with sexually abused children?

.....

Comment on times when you have failed to handle confidential information.

.....

SECTION C: Exploring feelings and emotions

How do you get sexually abused children to explore their feelings and emotions.

.....

What have you to say about the duration taken by the sexually abused child to explore his or her feelings and emotions.

.....

How do you deal with children who fail to explore their feelings and emotions?

.....

SECTION D: Building a relationship of trust

How do you build a relationship of trust with sexually abused children?

.....

What have you to say about the duration taken by the sexually abused child to build trust?

.....

What are some of the challenges you face in trying to build a relationship of trust with the child?

.....

SECTION E: Empowering sexually abused children.

Why is empowerment important when dealing with sexually abused children?

.....

Are the effects of empowerment the same when working with sexually abused boys.
(Explain)

.....

Are there specific strategies used in empowering sexually abused children of different age groups? Explain.

.....

.....

Thank You for Your Co-operation

APPENDIX C AUDIT SHEET
MIDLANDS STATE UNIVERSITY
SUPERVISOR- STUDENT AUDIT SHEET

DATE	TOPIC DISCUSSED	COMMENT	STUDENT'S SIGNATURE	SUPERVISOR'S SIGNATURE
04/09/17	Proposal	Rework		
11/0917	Proposal	Rework		
22/09/17	Proposal	Approved		
05/10/17	Chapter 1	Rework		
19/11/18	Chapter 1	Rework		
05/01/18	Chapter 1	Proceed		
25/01/18	Chapter 2	Rework		
07/02/18	Chapter 2	Rework		
18/02/18	Chapter 2	Rework		
23/02/18	Chapter 2	Proceed		
28/02/18	Chapter 3	Rework		
05/03/18	Chapter 3	Rework		
13/03/18	Chapter 3	Proceed		
13/03/18	Research instrument	Rework		
14/03/18	Research instrument	Approved		
24/03/18	Chapter 4	Rework		
31/03/18	Chapter 4	Proceed		
04/04/18	Chapter 5	Rework		
09/04/18	Chapter 5	Proceed		

14/04/18	1 st Draft	Rework		
20/04/18	1 st Draft	Proceed		
23/04/18	Final Draft	Submitted		


STUDENT'S SIGNATURE

SUPERVISOR'S SIGNATURE

APPENDIX D TURNIT IN REPORT

The screenshot shows a web browser window with the Turnitin logo and navigation tabs for 'Class Portfolio', 'My Grades', 'Discussion', and 'Calendar'. The page title is 'NOW VIEWING: HOME > DISSERTATION APRIL 2018'. A welcome message states: 'Welcome to your new class homepage! From the class homepage you can see all your assignments for your class, view additional assignment information, submit your work, and access feedback for your papers. Hover on any item in the class homepage for more information.' Below this is a 'Class Homepage' section with instructions: 'This is your class homepage. To submit to an assignment click on the "Submit" button to the right of the assignment name. If the Submit button is grayed out, no submissions can be made to the assignment. If resubmissions are allowed the submit button will read "Resubmit" after you make your first submission to the assignment. To view the paper you have submitted, click the "View" button. Once the assignment's post date has passed, you will also be able to view the feedback left on your paper by clicking the "View" button.'

The 'Assignment Inbox: Dissertation April 2018' table contains the following data:

Info	Dates	Similarity
Research project (PSY408)	Start 15-Apr-2018 2:16PM Due 01-Jun-2018 11:59PM Post 16-Apr-2018 12:00AM	0% 

Buttons for 'Resubmit', 'View', and a download icon are visible next to the assignment entry.

At the bottom right, there is a watermark: 'Activate Windows Go to Settings to activate Windows.'

Supervisor: Mr Mambende_____

APPENDIX E: MARKING GUIDE

MIDLANDS STATE UNIVERSITY

FACULTY OF SOCIAL SCIENCES

DEPARTMENT OF PSYCHOLOGY

NAME: YOLANDA ZIFA

REGISTRATION NUMBER: R147514E

	ITEM	POSSIBLE SCORE	ACTUAL	COMMENT
A	RESEARCH TOPIC AND ABSTRACT Clear and concise	5		
B	PRELIMINARY PAGES Title page, approval form, release form, dedication, acknowledgements, appendices, table of contents	5		
C	AUDIT SHEET /PROGRESSION Clearly shown on the audit sheet	5		
D	CHAPTER 1 Background, statement of problem, significance of the study, research questions, objectives, hypothesis, assumptions, purpose of the study, delimitations, limitations, definition of terms	10		
E	CHAPTER 2 Addresses major issues and concepts of the study. Findings from previous work, relevancy of the literature to the study, identifies knowledge gap, subtopics	15		
F	CHAPTER 3	15		

	Appropriateness of approach, design, target population, population sample, research tools, data collection procedure, presentation and analysis			
G	CHAPTER 4 Findings presented in a logical manner, tabular data properly summarized and not repeated in the text	15		
H	CHAPTER 5 Discussion (10) Must be a presentation of generalizations shown by results: how results and interpretations agree with existing and published literature, relates theory to practical implications Conclusions (5) Ability to use findings to draw conclusions Recommendations (5)	20		
I	Overall presentation of dissertation	5		
J	References	5		
	TOTAL	100		

MARKER.....SIGNATURE.....DATE.....

MODERATOR.....SIGNATURE.....DATE.....