

African Research Review

An International *Multidisciplinary Journal, Ethiopia*

Vol. 7 (3), Serial No. 30, July, 2013:86-95

ISSN 1994-9057 (Print)

ISSN 2070--0083 (Online)

DOI: <http://dx.doi.org/10.4314/afrrrev.v7i3.7>

Counselling Strategies for Dealing with Sexual Abuse among Primary School Children in Anambra State

Rev. Sr. Amaka Obineli, Ph.D. - Department of Guidance and Counselling, Nnamdi Azikiwe University, Awka

E-mail: amivictos@yahoo.com

Tel: +2348036053909

Abstract

The study sets out to investigate the counselling strategies for dealing with sexual abuse among primary school children in Anambra State. Many primary school children have been abused sexually. This has affected them socially, psychologically, emotionally and even has thwarted their academic performance. Sexually abused pupils exhibit persistent fear, nervousness; they are withdrawn, and so secretive. This has been an issue of concern to the society. The present study explores different counselling strategies that could be used to help the abused children to gain their self worth in the society.

Introduction

The history of child sexual abuse

Child sexual abuse has gained public attention in the past few decades and has become one of the most high-profile crimes. Since the 1970s the sexual abuse of children and child molestation has increasingly been recognized as

deeply damaging to children and thus unacceptable for society as a whole. While sexual use of children by adults has been present throughout history, it has only become the object of significant public attention in recent times. Sexual abuse is a big issue in some minority communities. In 2007, a number of Hispanic victims were included in the settlement of a massive sexual abuse case involving the Los Angeles archdiocese of the Catholic Church. To address the issue of sexual abuse in the African-American community, the prestigious Leeway Foundation sponsored a grant to develop a national online support group and resource centre for African-American sexual abuse survivors (www.blacksurvivors.org). The non-profit group was founded in 2008 by Sylvia Coleman, an African-American sexual abuse survivor and national sexual abuse prevention expert (Murphy, 2012).

The level of sexual abuse among primary school children in Anambra State is an experience that can be changed and modified by counselling. It is important for the counsellor to know and recognise this. It is also important for the counsellor to be aware that sexual abuse among primary school children is rampared and need to be corrected before secondary schools become notorious. Sexual abuse among primary school children is a very negative issue and needs to be address properly for it has an indelible mark on the students involve. It will affect them emotionally, psychologically and otherwise. Mostly, the girls who have been abused sexually tend to hate men to the extreme or may become a prostitute in future (Idowu 2012).

Sexual abuse among primary school children should be viewed as an indicator that that needs urgent attention (Green, 2002). A client will engage in counselling when they become overtly aware that they need help. The counsellor can help the client to identify that their sexual life needs to be addressed and of the need to handle it to avoid the after effect.

What is sexual abuse?

Sexual Abuse, also referred to as molestation, is the forcing of undesired sexual behaviour by one person upon another. When that force is immediate, of short duration, or infrequent, it is called sexual assault. It is also an unwanted sexual activity, with perpetrators using force, making threats or taking advantage of victims not able to give consent (Murphy, 2012).

Child sexual abuse is a form of abuse in which a child is abused for sexual gratification of an adult or older adolescent. Child sexual abuse also occurs when an adult indulges in indecent exposure (of the genitals, female nipples,

etc) to a child with the intent to gratify their own sexual desires or to intimidate or groom the child, ask or pressurize a child to engage in sexual activities, display pornography to a child, or use a child to produce child pornography.

Types of child sexual abuse

Child sexual abuse includes a variety of sexual offenses, namely:

- (i) Sexual assault - a term defining offenses in which an adult touches a minor for the purpose of sexual gratification; for example, rape (including sodomy), and sexual penetration with an object. Most U.S. states include, in their definition light, if the contact is performed for the purpose of sexual gratification.
- (ii) Sexual exploitation - a term, defining offenses in which an adult victimizes a minor for advancement, sexual gratification, or profit; for example, prostituting a child, and creating or trafficking child pornography.
- (iii) Sexual grooming – defines the social conduct of a potential child sex offender who seeks to make a minor accept their advances, for example in an online chat room (Amy & Neustein, (eds.), 2009).

Effects of sexual abuse

Sexual abuse has many effects which include: guilt and self-blame, flashbacks, nightmares, insomnia, fear of things associated with the abuse (including objects, smells, places, doctor's visits, etc.), self-esteem issues, sexual dysfunction, chronic pain, addiction, self-injury, suicidal ideation, somatic complaints, depression, post-traumatic stress disorder, anxiety, other mental illnesses (including borderline personality disorder), propensity to re-victimization in adulthood, and physical injury to the child, among other problems. Victims of child sex abuse are over six times more likely to attempt suicide and eight times more likely to repeatedly attempt suicide. The abusers are also more likely to commit suicide. Much of the harm caused to victims becomes apparent years after the abuse happens.

Sexual abuse by a family member is a form of incest, and results in more serious and long-term psychological trauma, especially in the case of parental incest. Approximately 15% to 25% of women and 5% to 15% of men were sexually abused when they were children. Most sexual abuse offenders are acquainted with their victims; approximately 30% are relatives of the child,

most often fathers, uncles or cousins; around 60% are other acquaintances such as friends of the family, babysitters, or neighbours; strangers are the offenders in approximately 10% of child sexual abuse cases. Most child sexual abuse is committed by men; women commit approximately 14% of offenses reported against boys and 6% of offenses reported against girls. Most offenders who abuse pre-pubescent children are paedophiles however, a small percentage do not meet the diagnostic criteria for paedophilia (Roosa, Reinholtz and Angelini, 1999).

Psychological effects

Child sexual abuse can result in both short-term and long-term harm, including psychopathology in later life. Indicators and effect include depression, anxiety, eating disorders, poor self-esteem, somatisation, sleep disturbances and dissociative and anxiety disorders including post-traumatic stress disorder. While children may exhibit regressive behaviours such as a return to thumb-sucking or bed-wetting, the strongest indicator of sexual abuse is sexual acting out and inappropriate sexual knowledge and interest.

Victims may withdraw from school and social activities and exhibit various learning and behavioural problems including cruelty to animals, attention deficit/hyperactivity disorder (ADHD), conduct disorder, and oppositional defiant disorder (ODD). Teenage pregnancy and risky sexual behaviours may appear in adolescence. Child sexual abuse victims report almost four times as many incidences of self-inflicted harm (Levitan, Rector, Sheldon and Goering, 2003).

Prevention and treatment strategies by the counsellor

Talking to a counsellor can allow the client to explore and understand their problems, and to find the courage and strength to face and change the circumstance that they feel so overwhelmed by. The counsellor can teach them how to gain a healthy, functioning relationship without involving into sexual abuse. The counsellor will engage them in talking to boost their self-esteem so as to achieve a positive sense of self-acceptance, and find relating to others is both achievable and enjoyable (Murphy, 2008).

Teaching a client how to create their own happiness alone is a key part of building self-confidence and overcoming fears of rejection. As long as they do not believe that they can create their own happiness and enjoy life alone, then the client will be less confident and more dependent on others creating their happiness and thereby allowing herself to be abused (Murphy, 2008).

According to Murphy (2008), the feelings associated with sexual abused are a self-perpetuating cycle – the abused client feels. It is too hard for them come out and take the bold steps to break out of their abusers because of fear of being killed by the perpetrators. So, it is then harder for them to commit to change. As with changing any pattern of behaviour, it takes effort and commitment for the client to begin to move out being sexually abused.

From a counselling perspective, breaking the cycle of sexual abuse requires finding its cause. Warwick (2006) suggests that the counsellor needs to identify any existing dysfunctional ways the client deals with like hiding away, drinking alcohol and sleeping.

The next steps usually include identifying the settings and conditions under which one feels willing to communicate with others. Finally encourage them to take the ‘risk’ of contacting new people or former acquaintances, which is facilitated by the counsellors ongoing encouragement and support (Aspel, 2001).

Supervisors and counsellors in all settings can employ the following prevention strategies:

- (a) Ensure that counsellors receive regular and comprehensive training in identification of child sexual abuse, reporting procedures, and legal and ethical obligations;
- (b) Create awareness and prevention programmes for clients, students, and parents;
- (c) Require all counselling staff, parents, and others who provide services to children under the auspices of the counselling agency or school to participate in State and Federal Bureau of Investigation criminal background checks;
- (d) Ensure that at least two adults supervise children at all times (80% of child sexual abuse cases occur in single adult/single child situations.
- (e) Carefully monitor child safety in situation where older youth or adolescents supervise younger children;
- (f) Actively support investigative efforts by federal, state and local law enforcement agencies to combat crimes involving child sexual abuse/exploitation; and,

- (g) Regularly review national, state, and local law designed to protect children from sexual crimes like Megan's Law, Walsh Child Protection and Safety (Murphy, 2012).

Abused children also do well when counsellors work with them in groups. Younger children do well with developmental play groups, while older children and youth can benefit from activity groups as well as treatment-oriented groups. Group counselling can be especially useful with children and youth who have been sexually abused by reducing their feelings of shame and differentness and helping them to learn how to protect themselves (Wisdom, 1999).

It can also be worth encouraging a client to spend time concentrating or participating in something that really interests them, which they can enjoy as an end in itself. Focus on the pleasure it gives them and the fact that periods of time spent alone can be rewarding.

Does your client feel uncomfortable in situations such as meeting new people, speaking in front of groups, and dealing with someone who is upset, having to tell someone about a mistake, or divulging your inner feelings? Fear of rejection may underlie all of these situations. Work with the client on their self-esteem, confidence and possible self-image.

If your client experiences difficulty overcoming fear of rejection as means of overcoming their loneliness, the following can be considered:

- If you find that the client is lonely because they fear rejection, try to get them to look at themselves objectively. For example, notice some of the qualities a friend might value in them, and try to remember that they have these things to offer.
- Try to find out what things they have in common with others. By doing this they may realise they are not so different from others after all.
- If they find that someone is indifferent to them, remember that they may have something on their mind that makes them seem self-absorbed and thus it is not necessarily personal (Amy, 2008).

Small group counselling can be helpful in providing an opportunity for clients to fully realise that other people suffer difficulties which may be similar to their own. They can compare notes, offer each other support, and

learn, in a safe context, something of how other people see them. The counsellor could facilitate a self-help or psycho educational support group for example.

The prospect of joining a group can feel a bit intimidating for the lonely client initially, but it can be a positive morale booster to realise that they are not alone in your feelings; that they are not weird; that people can respond to them with warmth and understanding; and that you have things to offer other people.

Teaching the client assertiveness skills can also be an important tool. Discuss the difference between non-assertive behaviour (“I lose, you win” – passive, indirect, avoidance); aggressive behaviour. “I win, you lose” – dominating, controlling, selfish); and assertive (“win-win”- caring, calm, understanding, diplomatic, honest, but direct and firm behaviour). The most successful relationships are assertive-assertive ones (Murphy, 2008).

Teach the client how to be both an understanding listener who can communicate their own feelings in a direct, empathetic, and assertive manner to others (Amy, 2008).

In summary, teach and encourage your client to not define themselves as sexually abused persons. No matter how bad they feel, their sexually abused life will dissipate when they focus their attention on the needs they currently meet and how they can develop new ways to engage their unmet needs through the counselling.

It is important for the counsellor to understand and apply professional boundaries and ethics when working with clients from any client group. However, it is more important when working with clients who are presenting with issues or sexually abused client as they are vulnerable in terms of looking to establish social networks and relationships as a tool to their recovery from shame of being molested sexually.

The professional counsellor working with the sexually abused client needs to consider the following as boundaries in order to maintain an appropriate relationship with the client:

- The counsellor needs to *be* self-aware and understand their own vulnerabilities in terms of their social needs in order to not transfer the counsellor’s issue to the client.
- Have sound psychological health.

- *Be* open-minded and objective with what the client is disclosing regardless of any level of resistance. Sensitivity to any cultural racial or ethnic factors which may exist in the way the client seeks social contact i.e. not appropriate to teach Muslims to use eye contact to engage people as it's not a positive communication strategy in this religion.
- Apply a level of professional competence in order with the ethical standards of the profession (see Australian Counselling Association – www.theaca.net.au – for a copy of these).
- *Be* trustworthy. Counsellors who exhibit qualities such as reliability, responsibility and predictability safeguard their client's disclosures; respond with energy and dynamism with regard to the client's problem.
- *Be* interpersonally attractive to the client. This occurs when the client perceives the counsellor to seem similar to them. It is not appropriate to achieve this with self-disclosure by the counsellor building rapport, establishing and applying an empathic relationship with the client.
- Keep your professional development and supervision up. Debrief. The lonely client's problem will be multi-faceted with loneliness being both a cause and outcome. As such, it can be difficult for a counsellor who hasn't directly worked with this client group to work professional supervision –peer, individual or group will assist the counsellor to overcome any ethical dilemmas opt treatment/process issues.
- Ensure you as the counsellor understand what the client's expectations and purpose (goals) of counselling are to ensure the therapeutic relationship is assisting the client appropriately and consistently with regards to their needs.

Be aware of and possibly revise the stages or steps in the counselling process. If the counsellor follows these steps, then appropriate boundaries are more likely to be maintained than if a counsellor has no structure:

1. Relationships building – establishment of rapport and therapeutic relationship

2. Problem assessment – assessing or defining of the presenting problem/ issues/ concern with the client.
3. Goal setting – Identifying and setting of client goals by also taking into account the clients expectations of the counselling process.
4. Counselling Intervention – The counsellor selecting and indicating the appropriate intervention i.e. CBT, SFT etc.
5. Evaluations, termination or referral – this step involves evaluating the process with respect to achievement of the clients goals negotiated in Step 3. Introducing termination of the process, follow-up of the client post-counselling termination. If counselling of the lonely client is not able to be undertaken by the counsellor then a referral should be made and facilitated for this client. (Hackney and Cormier, 2005)

Conclusion

This paper has attempted a definition of sexual abuse especially in children. The overt traits exhibited by abused victims were also discussed. To get out of these, the counsellor's services are needed. The paper has also discussed extensively the processes and procedure a counsellor must adopt in treating the issue of sexual abuse. Apart from creating boundaries in order to maintain an appropriate relationship with the client, the counsellor should be able to teach them, find out the cause(s) of sexual abuse, break the circle, and establish group counselling among others. It is expected that these counsellor's services can allow the client to explore and understand their problems, help them find the courage and strength to face and change the circumstance that they feel so overwhelmed by.

References

- Amy, T. & Neustein, U. (eds.) (2009). *Tempest in the Temple: Jewish Communities and Child Sex Scandals. Brandeis Series in American Jewish History, Culture, and Life.* Waltham, Massachusetts: Brandeis University Press.
- Amy, T. (2008). *Child Sexual Abuse.* Medline Plus, U.S: National Library of Medicine.
- Hackney, H., Cormier, S. (2005). *The professional counsellor – a process guide to helping.* Boston: Allyn & Bacon.
- Levitan, R. D., Rector, N. A. Sheldon, T., & Goering, P. (2003). “Childhood adversities associated with major depression and/or anxiety disorders in a community sample of Ontario: Issues of co-morbidity and specificity.” *Depression & Anxiety; 17*, 34-42.
- Martin, J., Anderson, J., Romans, S., Mullen, P., & O’Shea, M. (1993). “Asking about child sexual abuse: methodological implications of a two-stage survey”. From the NSPCC.
- Murphy, Joe (2012). “*Baroness Warsi: Some Pakistani men think young white girls are “fair game” for sex abuse-Politics – News – Evening Standard.*” Pakistan.
- Roosa, M.W., Reinholtz, C., Angelini, P. J. (1999). “The relation of child sexual abuse and depression in young women: comparisons across four ethnic groups.” *Journal of Abnormal Child Psychology* 27 (1): 65-76. PMID 10197407.
- Schmidit (2002). Archives of sexual behaviour. “Child molester is a pejorative term applied to both the pedophile and incest offender”.
- Wisdom C.S. (1999). “Post-traumativ stress disorder in abused and neglected children grown up,” *American Journal of Psychiatry; 156(8):1223-1229.*