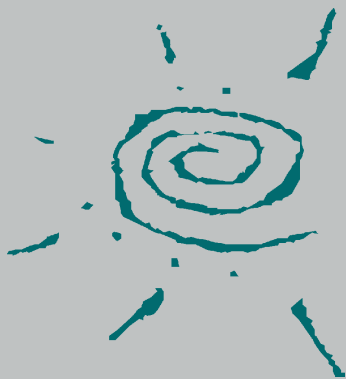


HIV Counselling Series No. 2



Counselling Guidelines on Child Sexual Abuse



CANADIAN PUBLIC HEALTH ASSOCIATION
ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE



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Counselling Guidelines on Child Sexual Abuse

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Foreword

This publication is one in a series of guidelines on counselling people who are infected with HIV, who are concerned about being infected with HIV, or who are living with or caring for people with AIDS. Each booklet in the series is designed to offer practical guidance on specific counselling issues. The publications are designed for use by volunteer counsellors, non-professional counsellors, and professional counsellors who do not have extensive experience in counselling in the context of HIV.

Each booklet is the result of a workshop organised under the SAT Programme's "School Without Walls" that brought together professional counsellors, people living with HIV, and staff of AIDS Service Organisations from Southern Africa. This edition was put together by the Family Support Trust in collaboration with the SAT Programme. The booklet reflects Family Support Trust's unique experience and takes account of its specific expertise. Further publications on different counselling issues are in production, eventually making up a complete counselling kit to be used as reference material.

The SAT Programme is a project of the Canadian International Development Agency implemented by the Canadian Public Health Association. It has been at the forefront of supporting the community response to AIDS in Southern Africa since 1991. The School Without Walls is an initiative of the SAT Programme to validate, promote, and diffuse the unique Southern African experience and expertise in responding to HIV. The SAT Programme is profoundly grateful to the volunteers and professionals who have made this publication possible and who are supporting SAT in the preparation of further publications.

The publication was edited and designed by the Southern African AIDS Information Dissemination Service (SAfAIDS), a regional non-profit trust dedicated to HIV and AIDS information dissemination in Southern Africa. In the past, the SAT Programme has assisted in the organisational development of SAfAIDS. Presently, SAfAIDS has a standing offer to provide technical support for the production of SAT Programme publications.



SAfAIDS



Counselling Guidelines on Child Sexual Abuse

Creating these guidelines

These guidelines are based on the experiences and advice of people from across Southern Africa who have extensive experience in counselling and caring for children who have suffered sexual abuse. The guidelines were produced by the Southern African AIDS Training Programme (SAT) and Family Support Trust with funding from the Canadian International Development Agency. The Southern African AIDS Information Dissemination Service (SAfAIDS) edited and designed the publication. Cartoons were drawn by Joel Chikware.

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Definition of child sexual abuse

Child sexual abuse is the involvement of a child in *any* sexual activity that occurs prior to the legally recognised age of consent.

Child sexual abuse occurs when a child is used by an adult or older or more knowledgeable child for sexual pleasure. This may include:

- actual or attempted penetrative sexual intercourse with a child;
- non-penetrative sexual activity, e.g. rubbing the penis between the child's thighs or genitals;
- fondling of a child's sexual parts, i.e. genitals, breasts, buttocks, etc.;
- oral sex with a child, i.e. mouth to sexual parts;
- masturbation between adult and child;
- displaying or exposing a person's genitals to a child (exhibitionism);
- the exploitative use of a child in prostitution or any other unlawful sexual practice;
- the exploitative use of children in pornography.

Legal terms

In legal terms, child sexual abuse is defined by a criminal act such as rape, incest, indecent assault, etc. It is important to remember that legal definitions may vary from country to country and that legal definitions do not consider the psychological trauma inflicted on abused children. Provided below are some general legal terms that are commonly used:

Rape is sexual intercourse, usually by a male with a female without her consent. Vaginal penetration, even to the slightest degree, is sufficient and ejaculation is not necessary to establish that rape has occurred.

Statutory rape is sexual intercourse with a girl under the age set down by the law (this is usually either 16 or 18 years) with her consent (agreement). The question of consent is a complex one. Children and adolescents are physically and emotionally dependent on adults, and therefore they cannot be considered "free agents". True consent can only occur between equals. The law recognises this by specifying that girls under a certain age cannot legally consent to sex even though they may willingly engage in it.

Incest means the performance of any sexual act between persons who are forbidden by law to marry because they are family members. It applies not only to blood relatives, but also to sexual acts between step-parents and step-children or adopted children and their parents.

Sodomy is anal sexual intercourse.

Indecent assault is assault involving the sexual organs. It includes such actions as forced oral or anal sex, fondling, and attempted rape.

Myths and misconceptions regarding child sexual abuse

There are a number of myths and misconceptions about child sexual abuse. As a counsellor it is important to be aware of such myths and to educate people and society alike. Provided below are some of the commonly held myths and misconceptions:

❑ *The abuser is usually a stranger*

False. Up to 95% of the time, the abuser is known to the victim.

❑ *Incest is not common among civilised people. Drunks and deviants do it, but never families like ours.*

False. Incest happens in all types of families, irrespective of class, race, economic status, nationality, and religion. The saddest thing about incest is that the child is not safe in the one place he or she should feel safe, and that is in the home.

❑ *Sexual abuse never happened and the child is making it up.*

False. Society generally does not want to believe that we do this to our children and prefers to believe that children are pretending or making it up. The fact that adults do not believe them is the most difficult problem children face. Children often fantasise about positive events, but they rarely make up stories about severely traumatic events.

❑ *Men molest children when their wives are not satisfying them sexually.*

False. Men who have unfulfilling sexual relationships with their wives do not usually turn to children. Those who do usually suffer from role confusion and a variety of personality disorders.

- ❑ *Many children do not report sexual abuse because they are enjoying it.*
False. Children do not report sexual abuse for a number of reasons that may include fear, shame, or anxiety. The child is also, very often, sworn to secrecy, threatened, bribed, or blamed.
- ❑ *No damage is done by sexual abuse if the child is not physically harmed.*
False. Pregnancy, sexually transmitted infections, and genital trauma may be physical results of sexual abuse. However, a child who has been abused always suffers psychological trauma.
- ❑ *Some children are seductive and cause adults to be sexually aroused.*
False. Adults who are sexually aroused by children and who act on this arousal are confused about their own sexuality and are not able to exercise a socially acceptable level of control over their own sexual behaviour.
- ❑ *My child who was sexually abused seems fine and does not need counselling*
False. All sexually abused children need to be assessed and treated by professionals. If they are not attended to, there may be major problems later on in the child's life.
- ❑ *All homosexual men molest and sexually abuse young boys.*
False. The sexual attraction of men to other men is distinct from the attraction of men to young boys, just as not all heterosexual men are attracted to and abuse young girls.

Recognising signs and indicators of sexual abuse

Children who have been or are being sexually abused may show identifiable physical or behavioural signs. However, it is important to note that not all sexually abused children will show these signs.

As a counsellor, one must be aware of physical and behavioural indicators (signs and symptoms) of abuse. It is often very difficult for a child to talk to anyone about the sexual abuse. Indicators may alert one to the possibility of sexual abuse.

When assessing indicators of sexual abuse, it is important to consider the age and ability of a child. What may be appropriate behaviour for an older child may indicate a problem for a younger child and vice versa. The following are some indicators that may help counsellors recognise child sexual abuse:

Behavioural indicators:

- excessive crying;
- an increase in irritability or temper tantrums;
- fears of a particular person or object;
- disrespectful behaviours;
- aggression towards others;
- poor school performance;
- bedwetting or soiling of pants;
- knowing more about sexual behaviour than what is expected of a child of that age;
- sexualised play (e.g. trying to have sex with other children);
- unexpected change in a child's behaviour (e.g. a lively outgoing child becoming withdrawn).

Physical Indicators:

- unexplained pain, swelling, bleeding or irritation of the mouth, genital or anal area;
- sexually transmitted infections (sores, a discharge, frequent itching of the genitals);
- pregnancy;
- unexplained difficulty in walking;
- increase in headaches or stomach aches.

Regardless of the number of indicators of sexual abuse, it is important to fully investigate the situation and be prepared to have the suspicion of sexual abuse either confirmed or rejected by involving the relevant professionals who may gather further relevant information, (i.e. the police, doctors, psychologists, social workers).

Basic skills for counselling sexually abused children

The language of children

The first step in counselling children is to form a trusting relationship, so that children can communicate what is on their mind and in their heart. This means that the counsellor needs to learn to speak the language of the child. Children speak three languages – the language of the body, the language of play, and spoken language.

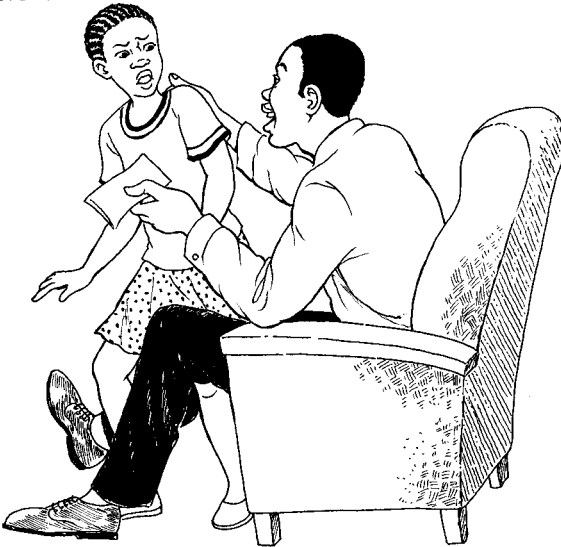
It is necessary to integrate these three “languages” into your communication with children. Children often tell their story through their play, their behaviour, and their body language. Through observing the different “languages” of children and how children express their meaning, the counsellor can learn about what has happened to the child.

When counselling children, the counsellor must also take into account their age, their maturity, and their emotional state.



Testimony 1: The language of play

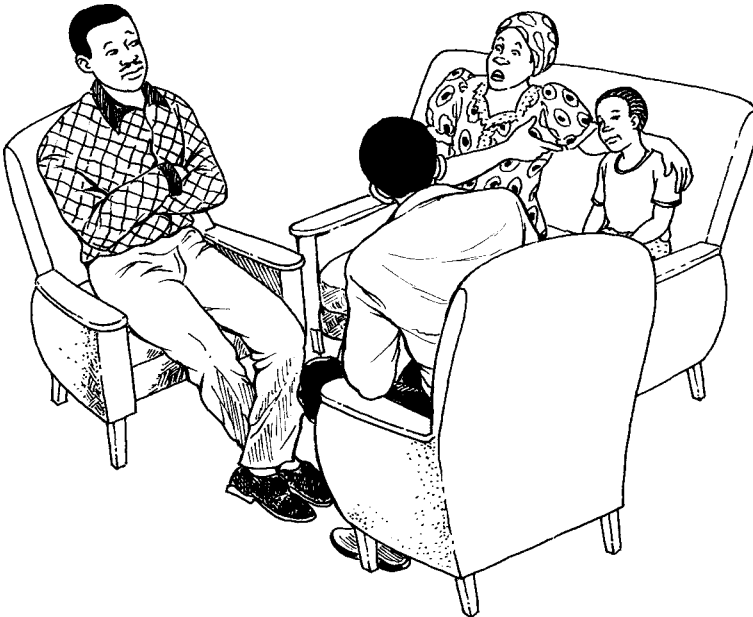
A 5-year-old girl was referred to the Family Support Trust to explore the suspicions of possible sexual abuse. The medical examination showed clear evidence that the girl had been sexually abused, yet the girl was refusing to answer any questions relating to what had happened to her. The counsellor asked the girl to choose some of her favourite animals from the toy cupboard as well as a male and a female doll. The girl picked up a rabbit and said "hello" with it. The counsellor responded with a toy cat that said, "hello, lets go to my house and play". The rabbit and cat went to the doll's house together. The rabbit (held by the girl) invited the cat up to the room saying, "I have some lovely toys for you to play with". When the cat arrived in the room, the girl took the rabbit and jumped on the cat and began rubbing the rabbit against the cat. The counsellor took the boy and girl dolls and asked, "can you show me what the cat and rabbit are doing?" The girl took the shorts off the boy doll and the dress off the girl doll. She put the boy doll on top of the girl doll with their private parts touching. The counsellor asked the girl if she knew the boy figure. The girl replied "yes, but he's not a boy, he's my uncle".



Safety and comfort

It is important that the counsellor helps to make the child feel safe and comfortable. The following are some steps that may help a child feel at ease:

- ❑ See the child in an appropriate and comfortable setting – children may feel scared by unfamiliar or threatening environments. Counsellors may decorate their surroundings with bright child-friendly pictures and have simple play materials to help the child relax.
- ❑ Get to know the child, not just his or her problem. Counsellors should ask children about their daily activities and interests (school, social life, family activities). Counsellors need to use a range of approaches to encourage communication with children, for example, drawing, play, storytelling, drama, etc.
- ❑ You cannot protect the rights and safety of the child while keeping abuse secret. Tell the child this. At the same time protect the child's privacy and confidentiality by only informing those who need to know.
- ❑ Create an atmosphere of safety and trust for the child. Accept that it may have taken the child time to be able to talk to you and that they may choose to tell some things and not to tell others.



Testimony 2: Communicating with children

During the second session, the counsellor brought in a toy crib, saying to the child that as it was a very cold day, they should tuck up the toy dolls and animals warmly into the crib. The counsellor then asked the little girl, “who tucks you in bed?” to which she replied, “Jane” (the maid’s name). The counsellor asked, “does Jane do anything else?” to which the little girl nodded her head. The counsellor asked the girl to show what else Jane did. The child took the blanket from the crib and took turns first showing what the maid did and then what the girl herself did. The girl showed the maid rubbing her private parts up against the little girl.

The counsellor asked the girl to show what else Jane did.

Understanding counselling

It is important to explain openly and honestly the purpose of counselling to the children.

- Ask children whether they know why they have come to see you, e.g. “can you tell me why you are here at the hospital?”
- Help them to understand why they are with you, and tell them about the procedures that will be taking place.
- Introduce the idea that during counselling there will be discussion about the sexual abuse.

Talking about the abuse

The counsellor must give the child an opportunity to discuss his or her experience of the sexual abuse and feelings about the event:

- ❑ The counsellor should follow the child's lead, but may at times need to sensitively introduce the topic of the sexual abuse. For example, after hearing about the child's interests the counsellor could introduce talking about the abuse with a phrase such as, "I'm really glad to hear about how much you enjoy your sport at school, and I am thinking that maybe we could now talk about what happened with you and (the name of the offender) or about how you are feeling in general."
- ❑ When working with children, you are working with their heads, hearts and imagination. When you enter the child's world, it is important to follow the child's lead. This allows the child to lead you where you need to go. In daily life it is the adult who leads. In counselling, it is important that the counsellor follow the child.

Questioning

The counsellor should keep questions open-ended and not ask leading questions. For instance, "what happened after that?" is an open-ended question, while "did you then go home?" is a leading question.

When working with sexually abused children it is important to *avoid* the following:

- ❑ stereotyped or accusatory comments – "tell me about the bad man";
- ❑ intimidating and coercive comments – "you can go after you have answered one more question";
- ❑ influencing comments – "your parents believe something happened and so do I" (when child denies) or "think real hard about what might have happened";
- ❑ motivating instruction – "I want you to try real hard to answer all of my questions";
- ❑ rephrasing the child's answer and adding new, possibly inaccurate information.

Remember **NOT** to command, direct, threaten, preach, lecture, ridicule, interrogate, blame, or shame!

Talking about sexual issues

It is difficult for children to put their experience of sexual abuse into words. Children may lack the vocabulary to describe sexual acts or events; they may feel very embarrassed or shameful about discussing sexual issues with an adult; or there may be strong cultural taboos against the discussion of sexual matters. It is important for a counsellor to be aware of the child's sensitivities and difficulties when talking about sexual issues.

Counsellors need to be aware that children may use their personal words to describe genital organs. They may talk about a "stick" or a "snake" when referring to a penis. Many children do not know the common terms for genital organs. The person caring for the child should know the meaning of the words used by the child. In addition to a child's awkwardness in talking about sexual issues or abuse, children may be overwhelmed by their feelings, especially in front of people whom they do not know.

Disclosure

Disclosure is the word used when it is revealed that child sexual abuse has occurred. Voluntary disclosure is when the child reveals this information. Involuntary disclosure is when someone other than the child reveals the abuse.

It is important to remember when counselling sexually abused children that disclosure is a process. Children may be unable to disclose all the details at first. As they start feeling more comfortable with the disclosure they will begin to tell more details.

It is the counsellor's role to try to encourage – but not force or coerce – a child to disclose what has happened. Sometimes a child will not talk. It is important to acknowledge to the child that he or she may have good reasons for keeping quiet, and then take action to answer the child's fears. For example, if the child is fearful of punishment, the counsellor should discuss this fear with the parents and obtain the assurance that there will be no punishment.

There are a number of reasons that may prevent children from disclosing sexual abuse. These may include:

- feeling that they will not be believed;
- thinking that the abuse was their fault;

- ❑ fear of punishment;
- ❑ fear of hurting their parents;
- ❑ not wanting the police involved;
- ❑ worries about what people will say;
- ❑ being too young to know what is going on;
- ❑ thinking that it would not make any difference if they did tell;
- ❑ being threatened, bribed, or coerced by the offender.

Testimony 3: Non-disclosure

A 9-year old female child was referred from a paediatric ward where she was being evaluated for epileptic fits. The doctors and specialists could not find a medical cause, and asked if the girl could be evaluated for emotional problems and sexual abuse. The girl told the counsellor that she had nightmares daily, which were about a man running after her and tying her to a train with a rope around her throat. The rope would tighten and even strangle her to death. The counsellor asked her if she knew this man and if any man had ever hurt her physically or sexually. The girl answered, “no”, to all these questions. The counsellor asked her to draw a picture of her nightmares and as she was doing so she became weaker and weaker until she could no longer hold the pencil. The counsellor asked if she was tired or if something was bothering her. She replied that she was frightened of the man that she had drawn. A medical examination revealed that the girl had been sexually abused. The girl continued to deny it and upon being informed of the results screamed, and ran out of the room saying that they were all liars.

...upon being informed of the results she screamed and ran out of the room saying they were all liars

There are several steps a counsellor can take to help a child disclose. For example:

- ❑ Take time to get to know the child. Use games, activities, or easy conversation to help the child relax.
- ❑ Ask if the child would like a family member or guardian present during the counselling.
- ❑ Check if the child is hungry or thirsty.
- ❑ After you have relaxed the child and provided information about what will happen, look carefully to see if the child is still nervous or scared. If the child is showing a high level of anxiety, see if you can guess what questions he or she may have and answer them or ask a family member for help.
- ❑ Your questions may evoke subjects that the child cannot easily talk about. Ask questions that are easier to respond to. Once conversation is again established, return to the more difficult questions.
- ❑ If the child is becoming too uncomfortable with the conversation, take a break.
- ❑ Be patient and provide the child with other means of expression such as allowing to write the answers, drawing what happened, playing, etc.

Testimony 4: The sex monster

Jennifer is a 6-year old girl who was referred by her family doctor to counselling because she was soiling her pants. There were no other suspicions. When the counsellor met with her she asked Jennifer to draw a picture of the thing that made her poo in her pants. She drew a picture of a multi-coloured monster. Jennifer then started drawing a second picture, this time of a black monster. When the counsellor asked what she was drawing she replied, "this is the sex monster". The counsellor asked what the sex monster did, to which she replied "he visits daddies and makes them do things with little girls".



Practical steps for dealing with disclosure

When a child discloses any type of abuse, the information needs to be treated with the utmost sensitivity and confidentiality. Only the relevant people should be informed to ensure that the child is not traumatised any further as a result of the disclosure. The counsellor should keep the following **do's** and **don'ts** in mind:

DO:

- listen and show empathy;
- acknowledge the child's statement;
- speak to the child quietly and privately;
- stay calm, reassuring and non-judgemental;
- give the child your full attention;
- believe what the child tells you;
- let the child do the talking;
- take down the facts;
- give direct answers to the child's questions;
- tell the child that he or she is not responsible for the abuse, whatever the circumstances;
- discuss a course of action with the child – be realistic, but try not to frighten the child;
- tell the child who else you will need to tell.

DON'T:

- overreact or look shocked;
- push for details;
- put words in the child's mouth;
- question why it took so long for the child to disclose the abuse (if this is the case);
- make promises you cannot keep (“this can be our secret if you tell me”);
- ask “why” questions as they often sound accusatory.

In general there are five important messages to give to a child who has disclosed abuse:

- I believe you;
- I am glad you have told me;
- I am sorry this has happened to you;
- it is not your fault;
- I need to speak to other adults in order to help you and to try and make sure this does not happen to you anymore.

Consequences of disclosure

There may be a number of complicated issues that arise after a child discloses sexual abuse. These may include:

Protecting the child after disclosure

The child's safety should always come first. If someone within the family or home environment is named as the perpetrator (the person who has committed the abuse), the issue of protecting the child needs to be raised urgently with the police, social welfare department, or other appropriate agency. Ideally the perpetrator should move away from the home. However, if this is not possible, the child may be able to stay with an extended family member until the child's long-term protection is secured. If the child's safety is not secured the child could be abused again.

Counsellors need to understand that what happens to children who have disclosed abuse may not be what they want, e.g. their father may be sent away from home, prosecuted or sent to jail. Counsellors can help children to cope with this and to understand that it is not their fault.

Family Issues

Families experience different emotions at different times in response to the discovery that a member of their family has been sexually abused. Counsellors need to understand how families respond and how it affects their ability to fulfil the demands made on them (e.g. to fill out report forms, to visit the hospital, to provide detailed information in an interview).

Parents may feel aggressive, non-trusting, defensive, suspicious, and frightened. It is necessary to get parents to work with you and not against you. This is sometimes very hard. As a counsellor, you have to approach the family with the right attitude to enable this. Confrontation, accusation, and a judgmental attitude will only increase the negative emotional responses of the family.

Legal issues

In most countries in Southern Africa, it is against the law for anyone to sexually abuse a child. When a child is sexually abused there are two choices – to report to the police or not to report. It is important to report sexual abuse to the police so that the abuser can be arrested and taken to court. It is best to report to the police as soon as possible. This way they can ask the child important questions about the sexual abuse while he or she still remembers clearly and assist the police to gather the necessary evidence. Where possible keep any evidence, for example, do not wash the child, or change his or her clothes if the sexual abuse has just happened. If you have any evidence like underwear with blood or semen on them, do not wash them. Put them in a paper bag and not in a plastic bag as plastic can destroy evidence. When you report to the police, ask to discuss the sexual abuse in a private setting. If it is difficult for the child to talk to a male police officer request to see a female police officer. The police will usually request that a medical examination be done to provide any evidence of the sexual abuse (see below). After a charge has been laid the police will usually arrest the abuser (if the child can identify the abuser). The perpetrator will usually be out on bail within a day or two until the court trial. If the abuser tries to see or speak to the child, notify the police or the courts.

If there is adequate information against the abuser, the case will go to court (trial). It may take a long time before the trial happens (sometimes over a year). The child will tell his or her story (testify) at the trial as a witness and will be represented for free by a prosecutor. The police or prosecutor will tell you when the child needs to come to court. The prosecutor's job is to prove to the judge or magistrate that the child was sexually abused. At the trial, the abuser is called "the accused" and will be in court for the whole trial. The accused may be represented by a defence lawyer whose job will be to prove that the abuser did not sexually abuse the child. At the end of the trial, the judge or magistrate, who is the head of the court, will decide if there is enough evidence to send the abuser to jail. Although it is often traumatic and often a long and drawn out process to take an abuser to

court, it is important that sexual abusers are taken to court to protect children from this terrible crime of sexual abuse.

Medical examination

A sexually abused child will need a medical examination as soon as possible. This needs to be done with parental consent. Ideally, a doctor trained in the area of child sexual abuse should do the medical examination. An insensitive medical examination of a child who has been sexually abused may feel like further abuse to the child.

The medical examination serves two purposes

1. A clinical examination – to detect and treat any physical injuries or infections.
2. A forensic examination – to gather evidence supporting the claim of sexual abuse.

A medical examination may provide evidence of sexual abuse. If the case goes to court, the doctor may be asked to give evidence regarding the findings.

Ideally, someone with whom the child feels safe should accompany the child to the medical examination. Sometimes young people prefer to be examined without someone they know being present.

Medical examinations may evoke powerful reactions from a child. It is very important that children understand why they have to undergo an examination and that they are given feedback afterwards. Before the medical examination, it is important to explain to the child that the purpose of the examination is to check for signs and symptoms of sexual abuse. It is also important to explain to the child that there may well not be any visible signs of abuse and that this does not mean that anyone thinks that he or she has lied. The results of the medical examination should always be discussed with the person who cares for the child and, where appropriate, the child.

Remember: Lack of medical evidence does not mean that sexual abuse has not taken place.



HIV testing for sexually abused children

If a child has been sexually abused there may be a risk of HIV infection, especially when penetration has occurred. There are a number of implications regarding HIV testing if a child has been sexually abused. Questions the counsellor needs to keep in mind include:

- What will be disclosed to the child?
- How much information should the child be given?
- What is the best way for a child to understand and cope with a positive HIV test result?

The counsellor must assess the parent's and the child's readiness for HIV testing and provide full information about the implications of the processes and results (young children are often very afraid of having their blood taken). The counsellor should also support the child and the family through the process of testing. The counsellor must be ready to refer the child and family to other HIV agencies.

Should children know their HIV status?

There are advantages and disadvantages in testing children and letting them know their HIV status. The counsellor should be aware of these and help people to understand them before testing. Listed below are some advantages and disadvantages that could guide counsellors helping families:

Advantages

- Knowledge of HIV status helps children co-operate with their medical schedules and other health care services that may prolong their life. By knowing their HIV status, it is easier for children to get involved in their medical treatment.
- HIV-positive children will be helped to understand the difference between them and other children who are HIV negative, for example why they must avoid unhealthy food.
- HIV-positive children may become a positive role model for other children, i.e. to show that one can be proud and live well with HIV.
- Not knowing one's HIV status can be very stressful.

Disadvantages

- If the child is too young there is a risk that the child may not fully understand what it means to live with HIV.
- The child may be depressed due to various restrictions involved in living with HIV, such as diet or medication.
- Children may need help expressing their anger and resentment.
- There is always a risk that the child is stigmatised by peers.

Should a child be informed about being tested?

The child has a right to know about the test. However, how this information is provided will depend on the age, emotional maturity, and readiness of the child to understand testing issues.

The counsellor should:

- ❑ give appropriate information to the child. This means giving information in a way the child can understand. For example, many children need to be told that a needle will be used and a sample of blood will be taken in order to perform an HIV test;
- ❑ give honest answers if the child asks a question;
- ❑ discuss with the parents what information you have given the child. Parents can repeat this same information so that the child receives consistent messages.

If a child tests positive he or she will need further support to come to terms with the situation.¹

Helping the sexually abused child

Breaking the silence is a way to recover from the trauma of sexual abuse. The first step is to talk. However, sexually abused children will have further needs. The counsellor can:

- ❑ help them to understand that the abuse is not their fault and they should not feel guilty;
- ❑ help them develop or regain their self-confidence;
- ❑ encourage them to feel good about themselves;
- ❑ provide sex education and guidance;
- ❑ show them kindness;
- ❑ encourage appropriate social behaviour for their age.

The child also needs to develop a supportive social network. The counsellor should help the child to identify people who are helpful and supportive, e.g. relatives, friends, teachers, etc.

¹ see *Counselling guidelines on children affected by HIV or AIDS, 2001, Harare: SAT (also in this series).*

Testimony 5: How counselling helped me

“My name is Tendai and I am a 15-year old boy. I came to Harare from Mutoko to raise money for my school fees. I did my form 4 but could not write my exams because I didn't have money for the exams. I was offered a job by a minibus operator from Mutoko who said that I could have the job provided that I found my own accommodation in Harare. The first two days I was in Harare, I slept in the operator's garage. I then met this man who said he was willing to share his room and rental with me. After my second night there, the man came home drunk and started sodomising me. I was sleeping and only realised what was happening when the act was almost completed. I was so ashamed when my counsellor asked me what happened but she listened and did not laugh at my story. She was the only one who knew what happened to me. I met with my counsellor four times and through talking she has helped me to talk more freely. She has also helped me to find a direction in my life. Although it has been very painful to talk about what happened, I now know that what happened was not my fault. I was so fearful that I had become infected with HIV and after several discussions with my counsellor, I decided to undergo an HIV test. My first test result was negative, which was a huge relief. However, my counsellor has explained that a second test in three months time would be more conclusive. My counsellor has also helped me to report the incident to the police and although my perpetrator is still at large, the police are looking for him.”

Although it was painful for me to talk about what happened, I now know that it was not my fault...

Short and long term effects of abuse

It is important for counsellors to understand that the effects of abuse on children are both long and short term. Therefore, even if the abuse happened a long time ago it may still be affecting how a child (or adult) feels and behaves. These are some of the effects on a child:

Short-term Effects:

- feelings of powerlessness;
- anger;
- fear;
- increased anxiety;
- phobias (fears of specific objects, places, or people);
- nightmares;
- difficulty concentrating;
- flashbacks of the event;
- frequent vigilance of one's environment for fear of confronting the perpetrator.

Long-term Effects:

- psychological problems (depression and anxiety);
- psychosomatic problems (continual unexplained illnesses);
- difficulties with trust and intimacy in relationships;
- re-victimisation (e.g. becoming a victim of domestic violence or further sexual abuse as a child or adult);
- suicide or suicide attempts;
- substance abuse (alcohol/drugs);
- delinquency (stealing, breaking the law, etc).

Childhood sexual abuse can alter the child's view of the world as they grow up. Trauma makes children aware that dangerous events happen in the world and that bad things happen to them. The sense of safety that non-abused individuals have is shattered for abused children. Therefore, counsellors must be aware that they may not only be dealing with the immediate consequences of child sexual abuse, but also with the effects of that abuse years later.

Issues for the counsellor

As counsellors we need to look carefully at our own feelings and experiences and how they influence our behaviour. Understanding one's own motives for working with sexually abused children is an important part of knowing yourself. Knowing yourself makes it easier to be honest and straightforward with children.

Controlled emotional involvement is important for any counsellor dealing with child sexual abuse. As counsellors we need to be there for the child and to control our responses of shock, horror, anger, etc. We need to separate our feelings from those of the child.

As counsellors we need to be aware of our responses to the stories that sexually abused children tell us. We need to watch our body language as we hear these stories, and to resolve our feelings about what we hear.

It is helpful to talk about child sexual abuse with other counsellors to create a network of support. If counsellors do not have anyone to talk to, they can begin to feel overburdened by the awfulness and become unable to listen to more details from children who experienced sexual abuse.

Other suggestions:

- Take time out when needed.
- Acknowledge your feelings.
- Use pause of silence in the counselling sessions to catch up with your own emotions.

Testimony 6:

The effects of working with sexual abuse

“I have worked as a professional counsellor for the past twelve years and have dealt with a number of difficult problems over this time including HIV, AIDS, domestic violence, etc. For the past three years I have been working with sexually abused children and it has taken me some time to realise the effects that working with such children has had on me personally. My family has for a long time said that I have become “different” – that I don’t laugh as much as I used to; that I am angry more often, that I have become impatient and intolerant. I have always laughed at their suggestion that it was as a result of my work. However, I have recently begun to make the connections between my work and my personal reactions/family life. I now realise how much anger I have contained inside me – anger towards people (or should I say monsters) who have deliberately inflicted pain, suffering and even HIV on innocent, trusting and vulnerable children. I have myself started to see a counsellor who is helping me to deal with my emotions. As I am a counsellor myself, I always thought that I could deal with my own problems and emotions. I now know that I too need someone to rely on and help me cope with all the terrible stories that I hear.”

My family has for a long time said that I have become “different”.

