

Original Research Article

COUNSELLING PSYCHOLOGY PERSPECTIVE OF CHILD ABUSE

Hector Chiboola, Ph.D.

Principal Lecturer, Kabwe University P.O Box 80222, Kabwe, Zambia

Accepted 15th January, 2018

ABSTRACT

This article was developed based on the qualitative literature search with the intention of exploring some commonly occurring abuses experienced by children in the context of psychosocial counselling from an African perspective. Counselling children is a growing area of interest in contemporary society, especially amongst members of the counselling profession. Developmental psychologists have studied children's growth and development focusing on the effect of childhood experience in adulthood, whereas child psychiatrists have focused on mentally disturbed children. Children with learning or sociobehavioural problems who are not classified as mentally disturbed have been largely overlooked. These represent the target clientele for psychosocial counselling. Therefore, the research question was: What are some commonly occurring abuses experienced by children in the context of psychosocial counselling? The qualitative literature search shows that the commonly occurring abuses of children are: physical abuse, emotional abuse, child sexual abuse, child neglect, child labour, and child exploitation. These abuses pose psychological stresses and conflicts, behavioural challenges, and emotional instability in children. Child abuse is a global phenomenon: it occurs in a variety of types and it is deeply influenced by sociocultural values and practices.

Keywords: child abuse, psychosocial counselling, social psychology, children

INTRODUCTION

*Corresponding Author's E-mail: hectorchiboola@yahoo.com

The historical background of child abuse is as ancient as the genesis of mankind. Child abuse has been recorded in the Bible, literature, art and science dating from the ancient times. Equally, reports of infanticide, genital mutilation, abandonment and other forms of violence against children date back to the ancient times and so is the record of malnourished children neglected by their families and of children who were sexually abused (Krug, Dahlberg, Mercy, Zwi and Lozano, 2002). For lack of a platform to protect children and a loud voice to speak out on child abuse and violence, children have been a silent social group with the greatest abuses inflicted on them worldwide. The term 'battered-child syndrome' was coined in the early 1960s to characterize the clinical manifestations of serious physical abuse in young children. From that time hitherto there is overwhelming information indicating that child abuse is a global phenomenon, it presents in a variety of forms or types, and it is deeply influenced by sociocultural values and practices. The reported cases that are seen in hospitals or prosecuted in the courts of law represent only a small fraction of the tip of the iceberg. This is more with child sexual abuse which remains a hidden epidemic due to the shame and stigma for children of telling anyone about the abuse (United Nations Children's Fund (UNICEF), 2012). Therefore, solving this seemingly universal problem requires a broader understanding of its occurrence in a range of settings, as well as its causes, consequences and mitigation in those settings (McLeod, 2003).

There are many definitions of abuse with some focusing on behaviours or actions of adults while others consider abuse to take place if there is harm or threat of harm to the child. In the context of this understanding, the term child abuse may be defined as the intentional and systematic infliction of physical, psychological and emotional harm or injury, negligent treatment or maltreatment of a child under the age of twelve years by an older person who is responsible for its welfare and protection. It also refers to acts or omissions carried out with intent to cause immediate or threats of harm to the victim; and disproportionate and detrimental interaction with a child either physically or sexually or intellectually. According to the United Nations (UN) Convention on Human Rights, the upper age band of children is 18 years (and this interpretation applies to this discourse impliedly, although teenage is synonymous to adolescence which is outside the scope of this article). The basic assumptions to be drawn from these definitions are: first, the abuse is intentionally (willfully) and systematically (repeatedly) inflicted on the child by an older person who could be a parent, guardian, relative, friend or close acquaintance, or indeed, a stranger. The

abuse is willfully undertaken for a single episode or repeatedly over a period of time. This implies that most abuses are perpetrated or carried out by people known and close to the child. Second, the abuse must result in different forms or a combination of injuries such as physical (cuts, lacerations, swellings, bleeding, fracture or broken limb), psychological (stress, trauma, depression, anxiety, hysteria, mental anguish, self-blame), and emotional (detachment, isolation, feeling guilt, shame, abandonment). The actual representation is usually a combination of injuries with an underlying post-traumatic stress disorder. Systematic abuse may also accentuate feelings of helplessness, hopelessness, and despondence. Third, negligent treatment implies that the child is neglected in terms of support and care, segregated or discriminated in the manner that is treated in comparison to other siblings and dependents at household level or other children within the same locality, and denied parental love and care. Negligent treatment is common in blended-families, whereby children of one family are treated in a better way than the other family. This is a source of conflict between children from the two families that view each other as rivals in competition for parental attention and affection. Whereas a man would usually want to please his 'new' wife and her children, it is the woman who systematically maltreats children from the 'new' husband. Sometimes the maltreatment is extended to other family members residing as dependents in the house, or even visitors. This is a common occurrence in both urban and rural communities in many developing countries worldwide (Pinheiro, 2006). Fourth, the intentionality of abuse is premeditated by the abuser, that is, it is executed based on a carefully calculated plan and clear understanding of the consequences. If the plan fails, the abuser employs ego defense mechanisms of denial, threat and intimidation. He may also deploy rationalizations such as: the victim is lying or enticed him, or that he did not know what was happening because the devil prevailed over him or that he acted under the influence of alcoholic beverages and drugs. The vulnerability of children to abuse renders them perpetual victims who need maximum protection from everyone.

Child abuse constitutes a violation of the most basic rights of children which are enshrined in the Universal Declaration of Human Rights; and all young people under the age of 18 years have the right to physical, psychological and emotional integrity, and a protection from all forms of violence (UNICEF, 2009). Violence refers to the intentional use of force or physical power, either by act or threat, against another person or a group or community which causes or has potential of causing death, injury, psychological trauma, developmental disruption, disturbance or deprivation

(Krug, Dahlberg, Mercy, Zwi and Lozano, 2002). The general factors that make children highly vulnerable to child abuse are: lack of autonomy due to their young age; dependence on adults for emotional, economic and social needs; and lack of a sense of direction on how: a) to protect from the abuse, b) to put a stop to it, or c) to request for help or report the abuser. In a broader sense, the risk factors related to child abuse are many and variable: child abuse occurs as a result of these risk factors working together to impact the family (Table 1). Risk factors for child abuse can be

interpreted in many ways. For instance, maltreatment is likely to be higher in infants and young children essentially because they are small and need constant care and support from their mothers or caregivers; teenage girls and street kids are at higher risk for sexual abuse; children with physical, cognitive and psychological disabilities or chronic illnesses are at higher risk of abuse because of their compromised situation; and children with explicit antisocial behaviour are at higher risk for physical abuse by their parents or guardians.

Table 1: Risk factors for child abuse

Child Risk Factors	Parent/Family Risk Factors	Environmental Risk Factors
<ul style="list-style-type: none"> • Infants and young children • Children with disabilities • Teenage female children • Children with antisocial behaviour • Street-children 	<ul style="list-style-type: none"> • Low self-esteem • Depression • Antisocial/violent behaviour • Alcohol/drug abuse • Unrealistic expectations • Inappropriatediscipline • Intimate partner violence • Stressful life events • Abusive/violent parents 	<ul style="list-style-type: none"> • Social exclusion • Poverty • Hunger • Unemployment • Societal norms and rules • Weak laws and policies

Furthermore, parents or caregivers of children with disabilities or chronic illness or antisocial behaviour are more likely to experience high levels of psychological stress, depression, anger and frustration which may yield to child abuse. Alcohol and drug abuse may impair the parents or caregivers mental functioning, judgement and self-control which can lead to negligent behaviour to the detriment of children. Lack of knowledge about child development may make a parent to set unrealistic expectations about her child and mete out corporal punishment for failure to achieve the anticipated expectations not commensurate with the child's age. Social exclusion perpetuates a vicious circle of poverty and under development, particularly in rural communities which may make some parents become negligent in providing for their children's needs such as adequate food, clothing, shelter, and educational opportunities (Clayton, 1999). Poverty and unemployment can increase the likelihood of child abuse, especially in combination with family stress, depression, and social isolation (Krug, Dahlberg, Mercy, Zwi and Lozano, 2002). These issues are common not only in African countries, but in most other developing countries as well.

The manifestations of abuse suffered by children are diverse and range from physical punishment to other

forms of cruel and degrading treatment at the hands of parents and other family members, stepparents and guardians, teachers at school, persons responsible for their care in child protection facilities, work place and the church. Children placed under lawful detention may be abused by the police and prison officers. Other family members include in-laws, uncles, aunties, cousins and stepsiblings. There are also high possibilities of some people within the neighbourhood abusing children from other households. It is manifest from the foregoing categorization of possible abusers that child abuse is a very delicate and complex matter because the people who are supposed to protect the children are the ones who strike, assault, threaten, punish or abuse them. In most cases the abusers are known to the victims, a majority of their family members; physical abuse is largely disproportionate to the age of the child; and sexual abuse generally occurs when the victims (mainly girls) are aged between six and twelve years (NSPCC, 2013; Pinheiro, 2006; UNICEF, 2009). Sexual abuse is least reported, especially when committed by parents or close family members. All forms of child abuse have adverse psychological and emotional effects on the children; and measures should be taken to avoid or prevent the abuse of children. This is a desirable element in psychosocial counselling.

Family Environment

The family environment has a large role to play in the mitigation of child abuse (Table 2). In an intact family environment for instance, there is relatively a high level of stability and normalcy given that both parents (mother and father) are present and they are able to provide for the basic needs and other necessities for their children. It is plausible to argue that in a majority of cases the children are not prone to abuse, although perpetration of abuse is not selective or exclusive. If it occurs, both parties are willing to address and resolve the matter amicably or are keen to reporting the incident to relevant authorities. Children are given parental love and care, they receive adequate security and protection, they are not deprived of the basic

needs to support their growth and development, and they are offered a family environment that is relatively safe and protective. The context in divorced-families, blended-families, single-parent families and child-headed families, suggests that these are ‘problem families’ that usually are unstable, and in which children are prone to all forms of abuse. For instance, the absence of one parent in a divorced-family makes children unsure of who to blame for the break-up, their loyalties become divided, and moving home may introduce them to new environments that might be hostile and unsafe. The children are deprived of the family unity and harmony, including shared parental love and care. They can easily enter the game of exploitation by either parent who wants to prove a point that their partner was entirely to be blamed for the failed marriage and family disunity.

Table 2: Typology of family category, stability and abuse

Family Category	Contextual Factors		
	Stable	Unstable	Prone to abuse
1. Intact	✓		✓
2. Divorced		✓	✓
3. Blended		✓	✓
4. Single-parent		✓	✓
5. Child-headed		✓	✓

In blended-families, that is, a family formed after remarriage in which either partner brings to the new family children from the old marriage, the stepparents and stepsiblings have different expectations and needs. Some stepparents are cruel and abusive to their stepchildren; and this may have profound long-term psychological effects on the abused children. If the remarriage was after the death of a woman for instance, chasing away children from the home, compounds their situation and vulnerability to abuse. In single-parentfamilies, the absence of a father figure or mother figure has psychological effects to the child’s development and perception of things, including emotional attachment. The children might turn to abusing drugs or alcohol as a coping mechanism; they may become street-kids as a new form of life; and they may feel prejudiced socially or become impoverished economically.

unto death of both parents deprives the children their pillar of survival, love and support. This usually results in the children being denied opportunities to a decent life, food, shelter, school and so on. Where property grabbing is eminent, their situation is compounded further for lack of readily available sources of income or/and shelter. Thus, orphaned children are more vulnerable to all sorts of vices and atrocities such as the street-kid syndrome, criminality, antisocial conduct, commercial sex exploitation, and deprivation. The unfavourable home environment exacerbates the vulnerability of children to all types of abuse (Taylor, Repetti and Seeman, 1997). Therefore, it is the responsibility of parents and guardians to cultivate and sustain family environments that are conducive to fostering the safety, protection and health of children from all forms of abuse and exploitation (Snooks, 2009).

Child-headed families are an emerging phenomenon in contemporary society. It is not uncommon to find that both parents have succumbed to death through retroviral disease (AIDS), lifestyle diseases, road traffic accidents, or other natural causes leaving behind young children who cannot receive support from extended family members, but they have to seek means of survival and continue living. The sudden departure

Myths and Misconceptions

As indicated in Table 3, there are many myths and misconceptions about child abuse. These misconceptions reflect and mirror the society in which they occur, but they have a common interpretation. In most African countries for instance, it is believed that children must help with household chores (female

children must cook food, sweep the house, fetch water and firewood) or farm chores (male children must tend cattle and goats, plough the fields, and gardening) and economic activities (both girls and boys must be involved in selling various merchandise at the market, shop or street to support the family income). While this is good for the purpose of socialization and development of survival skills and social competences, it is the degree and level at which these children are introduced to such chores and economic activities that

is of central concern. There is also the aspect of punishment for non-performance or poor performance. When the child is denied opportunities for educational development and advancement in preference for helping out with household or farm chores and economic activities, then a case of child abuse is established. Equally, excessive punishment for non-performance or poor performance is tantamount to maltreatment and an infringement of the child's right to safety, security and protection.

Table 3: Myths and misconceptions about child abuse

<ol style="list-style-type: none"> 1. Children must help with household chores 2. Incest does not occur in civilized and affluent families 3. Child abusers are strangers (unknown people) 4. Some children make up stories of sexual abuse 5. Some children enjoy sexual abuse 6. Children provoke sexual abuse by their seductive behaviour 7. Child sexual abuse is a modern phenomenon 8. Child sexual abuse is a single episode 9. Abusers are sexually attracted to their victims 10. Children are supposed to report the abuse

It is believed that incest does not occur in civilized and affluent families. This belief is fallacious because incest is not restricted to a social class, educational level, or ethnic group (Thompson and Rudolph, 1992). In other words, incest happens in all types of families irrespective of class, race, socio-economic status, educational status, nationality and religion. This being the case, it is apparent that children are victims of circumstance and situation. Incest occurs within the home where they reside and some children are caught up in this web, much to their detriment and resentment. Given the loose nature of family ties and relationships amongst children in blended and single-parent families, it is plausible to argue that incidences of incest are prone to be high in such families. Further, it is believed that abusers are strangers (unknown people) to the child. This is simply not true. In a majority of cases the abuser is known to the victim. It has been established elsewhere in this article that the abuser could be a parent, relative, friend or close acquaintance. A majority of abusers are persons that the child loves and trusts. They capitalize on the child's innocence, dependence, and fear to gain control. The fact that children fail to report the abuse immediately does not imply that the abuser is unknown, but rather because they become overwhelmed with fear and resentment. When the abuser is in the same home or family, this compounds the situation even more. The victim is more likely to remain mute thereby abating the abuse.

Some people do not believe in child sexual abuse, others contend that some children enjoy sexual abuse or that child sexual abuse is a modern phenomenon. This cluster of misconceptions is a mere rationalization intended to underplay the growing concern of child sexual abuse, especially of the girl child at community level. Child sexual abuse, childhood prostitution and child pornography have been common from ancient times and continue to flourish in contemporary society presently (Thompson and Rudolph, 1992). Society generally does not want to believe that adults would do such 'bad things' to children and yet the reality of the matter shows the contrary. In order to hide from reality, some people propagate misconceptions that children make up these stories or that some children are seductive and entrap men into sexual activities. In a majority of cases it is rare that a child would report sexual abuse that never occurred unless an adult covertly manipulates the child to do so for ulterior motives. With modern medical technology, it is much easier and quicker to confirm a reported child sexual abuse. The make-believe story is part of the ploy to cover up the abuses inflicted on innocent, unsuspecting children that some adults want to conceal for their selfish intentions.

Adult men who are sexually aroused by female children and act on such arousal are in a state of mental disrepair and confusion (Alloy, Riskind and Manos, 2005). Some of them suffer from internal conflicts such as lacking self-respect, self-control, social morality and integrity; while others have perverted

sexual behaviour that drives them to apply inappropriate sexual power to the children. Child sexual abusers are social deviants and display antisocial behaviour, have low self-esteem and poor interpersonal relationships, or/and experience mental health and social problems in their life (Klevens *et al.*, 2000; Sidebotham and Golding, 2001). Even when there is no physical damage experienced by the abused child (e.g. genital cuts or lacerations), the child suffers psychological trauma and distress that last for a lifetime. Some children get pregnant or acquire HIV-infection or other sexually transmitted diseases. All these are traumatizing events which the child is subjected to endure with great pain and sorrow. Even when a child does not report sexual abuse, it does not imply that she is enjoying it. Many children who do not report sexual abuse fail to do so for various reasons such as age and gender, fear, shame, frustration, bribery, guilt and self-blame, including the perceived consequences of such revelation and the victim-perpetrator relationship. Oftentimes, the perpetrator threatens the child with dire consequences and makes her swear to secrecy, e.g. 'if you tell anyone, I will kill you', or 'if you tell daddy about it, he will beat you', or 'if you tell mummy about it, she won't believe you'. Besides, the perpetrator may bribe the child with sweets or money and encourage her to keep coming for more when in need, kind of being a 'good man' who offers what the child lacks, and yet only blocking revelation or perpetrating the sexual abuse.

Types of Abuse

There are many types of abuse that children encounter. A cursory review of the literature (Klevens *et al.*, 2000; Krug, Dahlberg, Mercy, Zwi and Lozano, 2002; Sidebotham and Golding, 2001; UNICEF, 2012) suggests that there are six types of abuse experienced by children: physical abuse, emotional abuse, child sexual abuse, child neglect, child labour, and child exploitation. In some instances, a child may be

subjected to multiple abuses, and at other times, it could only be a singular prominent one. High incidences of child abuse occur in families experiencing multiple problems (e.g. marital, financial, occupational, parent-child discord), families going through transitional change (e.g. moving home, both parents work, chronic illness, separation, divorce), and families that are more punitive and less empathetic (Thompson and Rudolph, 1992). The other factors that are associated to child abuse are poverty, unemployment, social isolation, socialization of men to view women as sex objects and inferior persons, and parents who were victims of abuse during their childhood. In contemporary African societies for instance, some child sexual abuses are linked to Satanism and ritualism, as well as misconceptions suggesting that having sex with a child can cure AIDS or make one rich. The latter is the basis of incest and child sexual abuse orchestrated by some traditional healers or shamans in many African countries across the continent (Austen, 1993; Pretorius, 1994).

Physical abuse refers to a deliberate physical assault or action by a person that results in or is likely to result in physical harm to a child. Harm is any detrimental effect of a significant nature on the child's physical, psychological or emotional well-being. It includes the use of unreasonable force to discipline a child or prevent him from harming other people. The disciplinary actions include slapping, punching, pinching, whipping, beating, kicking, biting, poisoning, stabbing, and shooting. The physical injuries a child may sustain include bruising, burns, welts or bite marks, fracture of bone or skull, and death. Children who have been abused or are experiencing abuse may show psychological, behavioural and physical indications which act as a barometer to suspect child abuse (Table 4). However, not all children will show similar indications at the same level; and some children may show indications of abuse while others may not.

Table 4: Indicators of child physical abuse

Psychological Indicators	Behavioural Indicators	Physical Indicators
<ul style="list-style-type: none"> • Stress • Trauma • Withdrawal • Suicidal ideations • Low self-esteem 	<ul style="list-style-type: none"> • Reluctant to go home, avoidance • Unusual aggressiveness • Temper tantrums • Poor school attendance or performance • Suicide attempt • Self-mutilation 	<ul style="list-style-type: none"> • Unexplained injury to any part of the body • Patterned injury that may have been caused by an object • Bruising in unusual places, e.g. ears, trunk, neck or

		buttocks
--	--	----------

The likelihood of physical injury to a child increases when he is living in a family environment where there is domestic violence by or towards a mother, as well as in blended-families. Physical abuse of children is a universal problem and it is perpetrated by parents at household level, by teachers at school level, by clergymen at church level, and by more elderly children at community level.

Corporal punishment is the discipline given to an erring child by a person in authority or power through acts such as kicking, punching, beating, whipping, slapping or inflicting physical injury and pain. In school and other institutional settings, the acts may include being forced to run, do homework, stand or kneel down, and so on. In a majority of cases, corporal punishment is severe because the person meting out the punishment is annoyed and frustrated. The punishment is usually disproportionate to the mischief exhibited, commission or omission by the child. Maltreatment is treating the child badly (e.g. physical violence, denying the child food, and negligent treatment) which may result in physical or psychological harm. Witnessing domestic violence among family members (e.g. between father and mother) can have a profound emotional impact on children; and domestic violence is often classified as a form of child maltreatment (Krug, Dahlberg, Mercy, Zwi and Lozano, 2002). For most children, domestic violence creates an environment of uncertainty, despondence and helplessness. Both corporal punishment and maltreatment increases the risk of developing serious behavioural and emotional disorders because they affect the child's perception of self, other people and the environment, as well as his future expectations. The UN Convention on the Rights of Children prohibits corporal punishment of children and has called for its total elimination by member countries (UNICEF, 2012). Depending on the level of occurrence and the severity of physical abuse, the counsellor would do well to devise corrective, preventive and educational mechanisms aimed at remedying the current situation and preventing future

occurrences, including strategies for the management of anger by the abuser at personal level. Counsellors must not only focus at the abused children, but also at their abusers whenever opportunities obtain, because they both need psychosocial counselling.

Emotional abuse refers to abuses that affect the mental and psychological stability of a child and includes acts such as use of abusive language, shouting, cursing, insulting, teasing, discrediting, demeaning remarks, humiliating, ridiculing, rejecting, ignoring, threatening, bullying, withholding life-sustaining nurturance, and expulsion from home. It also includes the failure to provide an appropriate and supportive environment; acts that have an adverse effect on the emotional health and development of a child (e.g. unwarranted restrictions, discrimination, isolation, abandonment); and other non-physical forms of hostile treatment such as locking the child outside the house at night. Witnessing violence between parents or guardians can have a serious impact on the emotional health and development of children in terms of their self-image, response to other people, and ability to form trusting relationships. Further, it can deny children a sense of security and safety, teach them that violence is a solution to solving problems, and make them suffer grief, pain, disturbance and psychological distress.

Emotional abuse can manifest on its own or in combination with other types such as physical abuse and sexual abuse. Table 5 shows the indicators for suspecting emotional abuse. Parents are said to be the most frequent perpetrators of emotional abuse in the home, especially mothers (UNICEF, 2009). Emotional abuse can be traumatizing, creates despondence and hopelessness, and adversely affects the functional ability of children. It has a corrosive effect on social behavior in that the child is lost as to what to do in the given circumstance and situation. Counsellors must develop a greater awareness of the subtle ways through which emotional abuse is perpetrated and be able to offer appropriate help to the affected children.

Table 5: Indicators of child emotional abuse

Psychological Indicators	Behavioural Indicators	Physical Indicators
--------------------------	------------------------	---------------------

<ul style="list-style-type: none"> • Mood swing • Depression • Suicidal ideation • Fear, anxiety • Distrust 	<ul style="list-style-type: none"> • Social isolation • Lying, deception • Runaway attempts • Overly compliant • Excessive neatness/cleanliness • Eating disorders • Unusual attention seeking 	<ul style="list-style-type: none"> • Regressive bedwetting or soiling • Psychosomatic complaints • Persistent headache • Persistent abdominal pain
--	---	--

Child sexual abuse is the inappropriate involvement of a child in any sexual activity that she does not fully understand and is unable to give informed consent to, or to which the child is not developmentally prepared and willing, or that violate the laws or social taboos and customs of the society (UNICEF, 2012). It is forced or coerced sexual activity with a child by an adult. The term sexual activity includes penetrative sex (vaginal, oral or anal), fondling, caressing, touching, rubbing, indecent exposure of genital organs (male or female), pornography, manipulative sex talk, and persistent intrusion on a child’s privacy, including rape and incest. Sex with a child is legally referred to as defilement, or having carnal knowledge with a minor, or rape, or indecent assault. Defilement, rape and indecent assault are all criminal offences that are prosecutable in the courts of law. Because child sexual abuse has a legal definition, perpetrators can be reported to the police for possible prosecution and, upon conviction, they can be jailed for many years. Whether or not this would act as a deterrent is open to debate. What is beyond the realm of debate is the fact that sexually abused children suffer psychological trauma for life, as well as physical and emotional pain that only the wheels of time can heal. The girl child is the prime victim. In most countries worldwide, girls are at higher risk than boys for infanticide, sexual abuse, educational and nutritional neglect, and forced prostitution (Krug, Dahlberg, Mercy, Zwi and Lozano, 2002).

Child sexual abuse is presented in two forms: contact and non-contact (Radford, 2011). Contact sexual abuse is used to describe penetrative sex (vaginal, oral, anal) or where a perpetrator makes physical contact with a victim child; whereas non-contact sexual abuse covers other acts where a perpetrator does not touch the victim such as grooming, corrupting and exploiting the child into performing sexual acts over the internet or presenting her nudity before the perpetrator. Children are most frequently sexually abused by someone they know and trust; and perpetrators of child sexual abuse are more likely to be a family friend or acquainted with the child rather than being a parent or stranger (NSPCC, 2013). Between the gender difference, girls

are at a greater risk than boys of being abused by a family member, while boys are at a higher risk than girls of being abused by a stranger (Maikovich-Fong and Jaffee, 2010). In most countries worldwide, a majority of the reported abuses are perpetrated by male abusers (Krug, Dahlberg, Mercy, Zwi and Lozano, 2002), although it is plausible to speculate that abuses perpetrated by female abusers are under-reported. Perpetrators of sexual abuse employ grooming tactics to keep the child engaged. Grooming is a premeditated behaviour intended to persuade and manipulate the potential victim into complying with the sexual activity. The tactics may include emotional blackmail, verbal or physical intimidation, seduction, and the use of enticements such as money or other gifts, or arranging special activities which further confuses the victim as to the actual motivation or likely outcome (Terry and Tallon, 2004).

There are many ways of determining whether or not child sexual abuse has happened or taken place. Child sexual abuse can be established through a combination of psychological indicators, behavioural indicators and physical indicators (Table 6). The psychological indicators are variable and may present differently, that is, either as a single dominant indication or a combination of many indications in a fluctuating fashion depending on the age band of the abused child. The tendency to withdrawal is indicative of internal mourning and grief which most abused children experience.

The behavioural indicators present actions the abused child exhibits. Younger children (up to age 9 years) may present with excessive crying and temper tantrums, as well as fear of a particular person or object; whereas older children (up to age 15 years) would tend to be disrespectful, aggressive, and engage frequently in sexualized play or talk. Regressive behaviours such as bedwetting or soiling pants and poor school performance or attendance are additional manifestations characteristic of school-age children.

Table 6: Indicators of child sexual abuse

Psychological Indicators	Behavioural Indicators	Physical Indicators
<ul style="list-style-type: none"> • Stress • Depression • Trauma • Withdrawal • Suicidal ideation • Low self-esteem • Fear, anxiety • Recurrent nightmares 	<ul style="list-style-type: none"> • Reluctant to go home, avoidance • Fear of particular person or object • Excessive fear of being touched, flinches when touched • Unusual disrespect • Excessive crying, temper tantrums • Unusual irritability • Poor school attendance or performance • Suicide attempt • Unexplained gifts, new clothes or money • Age-inappropriate sexual knowledge or behaviour 	<ul style="list-style-type: none"> • Unexplained pain, swelling or bleeding (genital organs, anus) • Lacerations, bruises, cuts, discharge or irritation/itchy genital organs • Unexplained difficulty standing or walking • Bloody stained or torn underwear • Persistent headache • Persistent abdominal pain • Psychosomatic complaints, insomnia • Sexually transmitted disease, HIV infection • Pregnancy

The physical indicators of a sexually abused child presents with unexplained pain, swelling or bleeding from the genital organ or anus; lacerations or sores and cuts, discharge and irritation or itchy genital organ; and unexplained difficulty walking or standing. A thorough medical examination may prove the presence of pregnancy or sexually transmitted disease and HIV-infection that would have occurred as a result of the sexual abuse. It would also address the issues of persistent headache, abdominal pain and insomnia. This underscores the importance of a multidisciplinary approach in working with sexually abused children. These factors are equally important for the counsellor specializing in child counselling. Therefore, it is critical for the counsellor to focus not only on detection, but also on prevention and communication through teaching children about body safety and healthy body boundaries, as well as by encouraging open education about health and sexuality for children (Ogden, 2004; Taylor, 2008).

Child neglect may be defined as the intentional failure to provide for the development of a child in all spheres regarding its emotion, health, education, nutrition, shelter, clothing, hygiene, medical care, livelihood, security and safety. The failure to provide is understood in the context of failing to use resources reasonably available to the family resulting in or has a high probability of causing harm to the child's physical, mental, spiritual, moral or social development, and the failure to properly supervise or protect children from harm as much as humanly possible (Krug, Dahlberg, Mercy, Zwi and Lozano, 2002). In other words, neglect occur when a child's basic necessities of life are not met and their physical health, development and safety are adversely affected and either harmed or likely to be harmed, including lack of supportive care on the part of parents or guardians. Table 7 outlines some possible indications of child neglect.

Table 7: Indicators of child neglect

Psychological Indicators	Behavioural Indicators	Physical Indicators
<ul style="list-style-type: none"> • Cognitive impairment • Developmental lag • Sadness • Distrust • Withdrawal 	<ul style="list-style-type: none"> • Appears apathetic, sad, tired • Mimicry and pretence • Does not respond to affection or stimulation • Poor school attendance or performance • Forages, hoards or steals food • Reluctant to go home, avoidance • Alcohol and drug abuse • Child prostitution 	<ul style="list-style-type: none"> • Unexplained injuries • Lack parental care and supervision • Unattended health, economic and educational needs • Poor personal hygiene • Inadequate clothing or wearing torn clothes • Inadequate nutrition • Persistent hunger and poverty

Poverty, hunger and unemployment may all precipitate child neglect. It is important to note that while all children are vulnerable to neglect, some are more vulnerable than others. For instance, infants and children with disabilities or chronic illnesses may not be able to protect themselves, and are particularly dependent on adults for their well-being, livelihood and safety. This category of children is more vulnerable to all types of abuse and social neglect; they are prone to mimicry and pretence; and they are more likely to become street kids, abusing alcohol and drugs, engaging in transactional sex and gambling, among other vices. Therefore, counsellors must pay special attention to the needs of such children.

Child labour may be defined as work that deprives children of their childhood, potential and dignity, and that is harmful to their physical and mental development. The International Labour Organization (ILO) Conventions provide a normative system which guides member countries to distinguish between child labour which must be targeted for elimination and acceptable work-related activities for children that are desirable to enhance survival skills and social competences as part of the child's socialization. Child labour refers to work that is mentally, physically, socially or morally dangerous and harmful to children, or/and interferes with schooling by either depriving children the opportunity to attend school or obliging

them to leave school prematurely or requiring them to combine school attendance with excessively long and tedious work (ILO, 2004; ILO-IPEC, 2013). In its extreme form, child labour involves enslavement of children, separation of children from their families, abandonment of children to fend for themselves on the streets (the street-kid syndrome), exposing children to serious hazards or illnesses, and excessive work not commensurate with the age of a child. Considerable differences exist between the many types of work children do and the age limit permissible for engagement in such works. It is common knowledge that whether or not particular types of work can be called child labour largely depends on the child's age, the type and hours performed, the work environment, and the conditions attached to such work. The work conditions in relation to child labour are country specific.

The ILO standards contained in Conventions 138 and 182 for instance, stipulate that child labour includes the involvement of all children below 12 years working in any economic activity, those aged between 12 and 14 years engaged in more than light work, and all children engaged in worst forms of labour such as child enslavement, forcible recruitment during armed conflict, child trafficking and prostitution, and illegal activities. Therefore, the responses to child labour must be based on child-centred policies that view

children as resilient yet vulnerable, capable yet inexperienced, and active rather than passive in their social development. UNICEF proposes a protective environment for children whose aims are:

- a) Preventing all forms of child labour that are detrimental to children;
- b) Using the most ratified human rights instrument in history – The Convention on the Rights of the Child – as a guiding force on issues of child labour;
- c) Supporting other key areas of the child's development, including health, nutrition, education and sanitation; and
- d) Building alliances with other partners in ensuring a proactive response to child labour.

With the high death toll on parents and the emergence of the orphanhood syndrome occasioned by several factors, child-headed households have become common and nearing institutionalization in most developing countries. This puts limitations on the concept of child labour because, in situations of this nature, children are engaging in excessive labour as a means of survival and livelihood. Inadvertently, there is need for a clear distinction between acceptable and unacceptable forms of child labour from an African perspective. When conditions are severely unfavourable to warrant injury or harm to the child, then alternative avenues have to be explored to avert the adverse effects of child labour. The counsellor must be alight to these alternative options and provide appropriate leadership for advocacy and mitigation.

Child exploitation usually involves situations in which a child is overloaded with responsibilities or induced to perform activities that tend to gratify the person at the centre such as a parent or guardian. According to UNICEF (2012), exploitation may comprise:

- a) All forms of slavery or practices similar to slavery, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for combat in armed conflict;
- b) The use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances;
- c) The use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties;
- d) Work which, by its nature or the circumstances in which it is carried out, is

likely to harm the health, safety or morals of children; and

- e) Work done by children below the minimum age for admission to formal employment.

Working children are the objects of extreme exploitation in terms of toiling for long hours for nominal pay. This is economic exploitation of children. Their work conditions do not provide the stimulation for proper physical and mental development. For instance, millions of girl children work as domestic servants and unpaid household help which render them vulnerable to exploitation and abuse worldwide. Commercial sexual exploitation refers to the sexual abuse by an adult and payment in cash or kind to the child or a third person; and the child is treated both as a sexual object and commercial object for maximum exploitation and personal gratification or benefit (UNICEF, 2012). This type of abuse involves child prostitution, child pornography, forced or arranged child marriage, child-trafficking for sexual purposes, child sex tourism and transactional sex where a child engages in sexual activities in exchange for food, shelter, money or access to education. These activities are unethical, unacceptable and an outright infringement of the rights of children. Denying a boy child schooling in favour of keeping him to look after cattle or catching fish, or marrying a girl child at a tender age for the pecuniary advantage of a parent or guardian are typical forms of child exploitation in rural communities of most African countries. All these are important factors that help in explaining the multiple variables that increase the child's vulnerability to child exploitation specifically and child abuse generally.

Consequences of Child Abuse

The consequences of child abuse vary widely and are affected by a combination of several factors such as the child's age and developmental status; the type of abuse; the relationship between the child and perpetrator; and the frequency, duration and severity of abuse (Child Welfare Information Gateway (CWIG) Factsheet, 2013). It is common knowledge that subjected to similar abuse conditions, some children experience long-term consequences while others emerge relatively unharmed. The ability to cope with a negative experience is referred to as resilience. This is not an inherent trait, but rather develops through a combination of several factors such as positive emotional attachment, positive self-esteem, intelligence, sense of humour and independence (Shaffer, 2012). Regardless of resilience however, abused children manifest a range of physical, psychological, behavioural, and societal consequences.

Physical consequences: The immediate physical effects can be minor bruises and cuts or severe bleeding, fractured bone or limb, excruciating pain, and death. A review of the literature (CWIG Factsheet, 2013; Krug, Dahlberg, Mercy, Zwi and Lozano, 2002; NSPCC, 2013; Tarullo, 2012) suggests that the long-term physical effects of abused children include:

- a) Abusive head trauma, caused by shaking and blunt impact inflicted injury to the head of a child. This is the most common cause of traumatic death for infants.
- b) Impaired brain development, caused by alterations in brain maturation due to physical injury. The resultant effect is impaired functionality of cognitive, language, and academic abilities which may lead to mental health disorders, mental retardation, cerebral palsy or blindness.
- c) Poor physical health, some abused children are at increased risk for diabetes, obesity, lung disease, and malnutrition. Others may acquire HIV-infection, sexually transmitted diseases, or pregnancy.
- d) There is evidence that major adult forms of illness (e.g. cancer, heart disease and chronic lung disease) are related to experiences of abuse during childhood (Anda *et al.*, 1999; Felitti *et al.*, 1998; McBeth *et al.*, 1999).

Psychological consequences: The immediate psychological or emotional effects are fear, isolation and distrust. The long-term effects may include depression, anxiety, low self-esteem, eating disorders, inability to form relationships, and post-traumatic stress disorder (Allnock *et al.*, 2009). The other effects include:

- a) Cognitive impairment, some abused children manifest severe developmental and cognitive problems, psychiatric symptoms, low academic achievement, and school-grade repetition (Krug, Dahlberg, Mercy, Zwi and Lozano, 2002). People who were sexually abused in childhood are more than twice as likely to consider or attempt committing suicide in their lifetime (Calder *et al.*, 2010).
- b) Poor emotional health, child abuse is a risk factor for borderline personality disorder, depression, anxiety, dissociation, memory impairment and reduced social functioning (Whitehead, 2011). Some abused children may also exhibit feelings of shame and guilt, self-blame, self-harm and resentment.

- c) Some abused children can manifest psychosexual trauma resulting in frigidity, fear of sex, loss of sexual enjoyment, fear of marriage, and other perverted sexual behaviours in their adulthood.

Behavioural consequences: It should be stressed that not all abused children will experience behavioural consequences as outlined below, but this list provides a basis for understanding the context of and issues in psychosocial counselling for children. There are variable behavioural effects that manifest in abused children, the most common according to reviewed literature are:

- a) Abused children are nine times more likely to become involved in criminal activities than none abused children (Gold, Wolan Sullivan and Lewis, 2011).
- b) Neglected children are more likely to engage in sexual risk-taking as they reach adolescence thereby increasing their chances of contracting sexually transmitted diseases or getting pregnant, smoke cigarettes, abuse alcohol and drugs (Felitti and Anda, 2009).
- c) More than half of youths who report maltreatment are at risk of school-grade repetition, drug abuse, delinquency, truancy or pregnancy (NSPCC, 2013).
- d) Abusive or violent behaviour in adulthood is a reflection of abusive experiences in childhood (Xiangming and Corso, 2007).
- e) Some abused children are more likely to develop antisocial behaviours; and parental neglect is associated with personality disorders, social isolation, aggressiveness, and inappropriate modeling of adult behaviour (Perry, 2012).

Societal consequences: The social interpretation of child abuse has cultural overtones, that is, different cultures have different rules about what are acceptable in parenting behaviors and practices. The role of cultural values and economic forces, inequalities related to sex and income, cultural norms surrounding gender roles and relationships, child and family policies, social protection policies, and larger social conflicts and war, can adversely affect the ability of parents to care for their children (Krug, Dahlberg, Mercy, Zwi and Lozano, 2002). Parents with less material and emotional support and who do not have positive parenting role models feel less pressured to conform to conventional standards of parenting behaviours and practices. For instance, a negligent mother may not feed her baby properly which can slow

cognitive development, or an emotionally abusive father may damage his son's ability to form trusting relationships. Frequent intimate partner violence in the home can enslave children into thinking that violence is a normal conduct in adulthood (especially couple relationships) and act likewise when they grow older. Equally important are sociocultural practices that demean girls such as pubertal initiation rituals and forced or arranged child marriages.

Abused children can perceive the world as an unstable, frightening and dangerous place; and this can undermine their sense of self-esteem and ability to cope with and adapt to their environment as they climb the ladder to maturity and adulthood. While child abuse is practically a family affair, its consequences affect the society as well in terms of provision of medical treatment and care, criminal justice systems, correctional centres for the abusers and the abused, social welfare systems, educational facilities, and human resource service. The vicious circle of poverty and unemployment has an adverse effect on children physically, psychologically and emotionally. Child abuse is a silent epidemic with far reaching sociocultural and psychological implications. Therefore, it is imperative for counsellors to devise mechanisms of providing effective and efficient psychosocial counselling services in addressing this enormous challenge.

CONCLUSION

The qualitative literature search has shown that child abuse is a global phenomenon, it presents a variety of

types, and it is deeply influenced by sociocultural values and practices. For various reasons, children suffer abuse and violence in the home, at school, in legal and child protection centres, at workplace, in the church and community. This implies that children are abused precisely in those environments or places that should offer them protection, affection, shelter and safety. Child sexual abuse is the most prominent; and in a majority of cases, the abuser is a male relative or friend of the family. In order to protect the family and abuser relative or friend, the abuse may be ignored or covered up in a variety of ways such as taking the abused child away for holiday or taking payment as compensation for the abuse; or simply stop talking about it and pretend as if nothing happened. The secrecy partly contributes to non-reporting of the cases and failure to seek early medical treatment and psychosocial counselling for the sexually abused children. This is the trend that cuts across all human societies and cultures worldwide. The other types of child abuse articulated in this article are equally universal. They pose psychological stresses and conflicts, behavioural challenges, and emotional instability in the affected children. Child counselling can prevent some problem situations from becoming more serious or severe through degeneration to delinquency, school failure, antisocial conduct and emotional disturbance. Therefore, both the child and parent may require psychosocial counselling on issues of abuse and appropriate interventions to remedy the current situation, help victims cope with the situation, and prevent future occurrence.

REFERENCES

- Allnock, D., et al. (2009). *Sexual abuse and therapeutic services for children and young people: The gap between provision and need*, full report. London: NSPCC.
- Alloy L. B., Riskind, J. H., & Manos, M. J. (2005). *Abnormal psychology: Current perspectives*, 9th edition. New York: McGraw-Hill.
- Anda, R., Fleisher, V., Felitti, V., Edwards, V., Whitfield, C., Dube, S., & Williamson, D. (2004). Childhood abuse, household dysfunction, and indicators of impaired adult worker performance. *Permanente Journal*, 8(1). Retrieved from <http://xnet.kp.org/permanentejournal/winter04/childhood.pdf>.
- Austen, R. (1993). The moral economy of witchcraft: An essay in comparative history. In Comaroff & Comaroff (eds.), *Modernity and its Malcontents: Ritual and Power in Postcolonial Africa*. Chicago: UCP.
- Calder, J., et al. (2010). History of abuse and current suicidal ideation: Results from a population based survey. *Journal of Family Violence*, 25(2), 205-214.
- Clayton, P. M. (1999). *Access to vocational guidance for people at risk of social exclusion*. Glasgow: DACE.
- CWIG. (2013). *Long-term consequences of child abuse and neglect*, Factsheet. Washington DC: Children's Bureau.
- Felitti, V. J., & Anda, R. (2009). The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders, and sexual behaviour: Implications for healthcare. In R. Lanius, E. Vermetten, & C. Pain (eds.), *The Hidden Epidemic: The Impact of Early Life Trauma on Health And Disease*. Retrieved from http://www.acestudy.org/yahoo_site_admin/assets/docs/LaniusVermetten_FINAL_8-26-09.12892303.pdf.
- Felitti, V. J., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14, 245-258.
- Gold, J., Wolan Sullivan, M., & Lewis, M. (2011). The relationship between abuse and violent delinquency: The conversion of shame to blame in juvenile offenders. *Child Abuse and Neglect*, 35(7), 459-467.
- ILO, (2004). *Child labour: A textbook for university students*. Geneva.

- ILO-IPEC, (2013). *Making progress against child labour: Global estimates and trends 2000-2012*. Geneva
- Klevens, J., et al. (2000). Risk factors and the context of men who physically abuse in Bogota, Colombia. *Child Abuse and Neglect*, 24, 323-332.
- Krug, E. G., Dalberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). *World report on violence and health*. Geneva: WHO.
- Maikovich-Fong, A., & Jaffee, S. (2010). Sex differences in childhood sexual abuse characteristics and victims' emotional and behavioural problems: Findings from a national sample of youth. *Child Abuse and Neglect*, 34(6), 429-437.
- McBeth, J., et al. (1999). The association between tender points, psychological distress, and adverse childhood experiences. *Arthritis and Rheumatism*, 42, 1397-1404.
- McLeod, J. (2003). *An introduction to counselling*, third edition. Berkshire: OUP.
- NSPCC, (2013). *Child sexual abuse: An NSPCC research briefing*. London.
- Ogden, J. (2004). *Health psychology: A textbook*, third edition. Berkshire: OUP.
- Perry, B. (2012). Supporting maltreated children: Countering the effects of neglect and abuse. *Adoption Advocate*. Retrieved from http://www.adoptioncouncil.org/images/stories/documents/NCFA_ADOPTION_ADVOCATE_N048.pdf
- Pinheiro, P. S. (2006). *World report on violence against children*. UN study on violence against children. Geneva.
- Pretorius, E. (1994). Traditional healers. Retrieved from www.hst.org.za/uploads/files/chapter18_99.pdf.
- Radford, L., et al. (2011). *Child abuse and neglect in the UK today*. London: NSPCC.
- Shaffer, A. (2012). Child maltreatment: risk and resilience in ages birth to 5. CW360. Retrieved from http://www.cehd.umn.edu/ssw/cascw/attributes/PDF/publications/CW360-CEED_Winter2012.pdf.
- Sidebotham, P., & Golding, J. (2001). Child maltreatment in the "Children of the Nineties": A longitudinal study of parental risk factors. *Child Abuse and Neglect*, 25, 1177-1200.
- Snooks, M. (2009). *Health psychology: Biological, psychological and sociocultural perspectives*. Jones & Bartlett Publishers.
- Tarullo, A. (2012). Effects of child maltreatment on the developing brain. CW360. Retrieved from http://www.cehd.umn.edu/ssw/cascw/attributes/PDF/publications/CW360-CEED_Winter2012.pdf.
- Taylor, S. E. (2008). *Health psychology*, 7th edition. New York: McGraw-Hill.
- Taylor, S. E., Repetti, R. L., & Seeman, T. (1997). Health psychology: What is an unhealthy environment and how does it get under the skin? *Annual Review Psychology*, 48, 411-447.
- Terry, K. J., & Tallon, J. (2004). Child sexual abuse: A review of the literature. John Jay College Research Team, *Nature and Scope of Sexual Abuse of Minors by Catholic Priests and Deacons in the United States*.
- Thompson, C. L., & Rudolph, L. B. (1992). *Counselling children*, 3rd edition. Pacific Grove, California: Brooks/Cole.
- UNICEF, (2012). *Child maltreatment: Prevalence, incidence and consequences in the East Asia and Pacific Region*. A systematic review of research. Geneva.
- UNICEF, (2009). Child abuse: A painful reality behind closed doors. *Newsletter on Progress towards the Millennium Development Goals from a Child Rights Perspective*, 9, 1-12. Geneva
- Whitehead, J. (2011). How do children cope with sexual abuse? *Protecting Children Update*, 84, 9-10.
- Xiangming, F., & Corso, P. (2007). Child maltreatment, youth violence, intimate partner violence: Developmental relationships. *American Journal of Preventive Medicine*, 33(4). Retrieved from <http://www.ajpm-online.net/article/PIIS0749379707003492/fulltext>.