

# Gender Differences in Coping Strategies of Survivors of Child Sexual Abuse: A Case of Lusaka

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## Abstract

Childhood sexual abuse is a public problem around the world. This is not only because of the ever increasing numbers of victims but also due to the detrimental effects that it has on the survivors. Most of the survivors employ different coping strategies with the hope of moving forward with life. The objective of the study was to access gender differences in coping strategies employed by survivors of child sexual abuse. Descriptive study design was used when conducting the study. Both quantitative and qualitative data was collected so as to have a holistic approach. 60 participants were part of the study out of which 50 were girls and 10 were boys. The study was conducted at YWCA in Lusaka. In this study 50.9% girls and 85.9% boys received counseling after being abused. Counselors were the most preferable people to talk to by most of the participants as 30.2% girls and 85.7% boys said they talked to the counselor with the hope that they will move on. In addition according to the results more boys, 71.4% had moved on after the abuse as compared to girls 67.9%. The findings showed that boys opened up more than girls who preferred to talk to no one. This was an indication that girls mostly engaged in emotion-focused coping strategies while boys used problem-focused strategies more. In addition, the findings showed that more boys were able to move on after the abuse as compared to girls.

**Keywords:** Gender differences, survivors, coping strategies, child sexual abuse.

## 1. Introduction

For a long time until quite recently, most of the research and discourse related to child sexual abuse has been focused on the abuse of the girl child and paid less attention on the boy victim (Finkelhor, 1990). This has contributed to girls being perceived as victims of sexual abuse and boy as perpetrators which is not the case as both girls and boys can be victims of sexual abuse. Although it has to be noted that most of the recent literature highlighted the fact that boys also at times are victims of sexual abuse, bringing to light that both girls and boys can be victims of child sexual abuse. Childhood sexual abuse is a frequent occurrence in the lives of children in the Zambian society and it has been shown to have detrimental effects on the lives of children which follows them into adulthood if not addressed.

According to the research that was done in New Zealand, it was discovered that increased levels of exposure of a child to CSA can be associated with increased rates of depression, anxiety disorders, conduct disorders, substance use and abuse as well as suicidal behaviours (Fergusson et al., 1996). In another study that was done by Wyatt et al. (1992), it was found that in a community sample of women, those who were sexually abused as children were more likely to report having short duration relationships as they encountered challenges maintaining relationships. It was also discovered during the same study that those that were sexually abused for more than one occasion had sexual dysfunctions as adults, more sexual partners and had challenges when it came to sexual adjustments.

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It is not easy to draw a line as to who is affected the most due to being sexually abused as a child between girls and boys but it can be said that both girls and boys experience and deal with the consequences of having been sexually abused. These effects can be both short and long term, and the severity may differ depending on a number of factors such as; age at which the abuse occurred, who the perpetrator was, duration of abuse, presence of other forms of abuse, availability of support systems and many others. As to the differences of the effects of child sexual abuse on the survivors depending on gender, not much research has been done as it is hard to draw the line. However, a research study conducted by Rhodes et al. (2011), concluded that sexual abuse and suicide attempts were considerably stronger for boys than girls as well as the use of alcohol, drug abuse, aggressive and criminal behaviour and truancy. Negative psychological outcomes, borderline and personality disorders were found to be more prudent in female than in male survivors.

Statistics on the magnitude of CSA in Zambia are very limited and only the VSU and UTH have CSA databases. In 1999, the VCU reported 84 cases of CSA (VSU, 2010). In the following years, VCU reported 366 cases of child defilement in the year 2000 while in 2001 the number doubled to 715 and between January and June 2003, a total of 470 cases of child defilement were reported to the police through the VCU (Mulenga and Tembo, 2003). In 2008, UTH reported having had 1079 defilement cases, of which 1049 victims were female and 30 were male. In addition 233 victims were aged between 0-5 years, 218 victims were aged between 6-10 years, and 628 were aged 11- 15 years (CSAC, 2009). Over 6000 girls are said to have been defiled between 2010 and 2013, and in 2015 alone, UTH recorded 1182 cases (Adamu, 2015). According to Kachemba (2008), 90% of the sexual offenses recorded at UTH were between a girl and an adult male, showing that there are more girls than boys who suffer sexual abuse. Furthermore, Zambia is said to have experienced a sharper increase of 248% in reported cases of defilement between 2007 and 2010 (VCU, 2010). Experts still believe that for every case reported, ten are unreported (Agency France Press, 2003), this means that the actual number of CSA cases is ten times the number provided by statistics.

Chinunda (2013) conducted a study on the analysis of the prevalence of defilement cases in Zambia. The study revealed that sexual offenses have remained very controversial in all societies. Despite the amendments of the Penal code (2005) of the laws of Zambia, reports of defilement cases continue to rank highly in relation to other sexual offences. In 2011, there were 1,339 defilement cases reported with a total of 511 convictions representing less than half of the number of the reported cases. However, in 2012 the number of reported cases of defilement increased to 2,791 with a total of 192 convictions representing less than ten percent of the number of reported cases.

A South African study conducted by Phasha (2007) investigated the school functioning of individuals with childhood sexual experiences. The study investigated 24 survivors (23 female and 1 male) of child sexual abuse with ages ranging from 15 to 23 years. The findings revealed that survivors' school functioning had been negatively affected. Their emotional reactions to the abuse were found to have interfered with their ability to concentrate in class, as their minds were preoccupied with the thoughts about the experience. It was also found that the effects of CSA on school attendance were found to likely vary with the nature and identity of the CSA and perpetrators respectively. Skipping class was found to be a common negative effect of CSA on school attendance but mostly if their disclosure was not believed by their non-abusive parents. Staying away from school for many days in succession was found to be common only among survivors of once – off rape perpetrated by non-relatives (Phasha, 2007). Hence, it is the ever increasing number of cases of child sexual abuse and the gravity of its effects on the survivors that child sexual abuse is still a public health problem not only in Zambia but also around the world.

Coping has been suggested as an important element in understanding the long-term functioning of individuals with a history of child sexual abuse (CSA). According to Lazarus and Folkman (1984), coping is defined as the cognitive and behavioral effects allocated to manage specific external and internal demands appraised as taxing or exceeding the resources of the individual. For an individual to be able to deal with the effects as well as the trauma that comes with being sexually abused as a child, they have to employ coping mechanisms. Children as well as adults that have been sexually abused need to under go therapy as it helps them cope and come to terms with the abuse they had suffered. An example of this is the outcome of abuse-focused treatment which was examined in a sample of 105 sexually abused children were 71 completed 3

months of treatment while some stayed longer. The results of the treatment were that at 9 months anxiety and post-traumatic stress continued to decrease, and at 1 year those still in treatment showed decrements in anxiety, depression, and post-traumatic stress. As a result, the relevance of children who go through traumatic experiences to receive therapy cannot be overemphasized (Sanderson, 2006).

According to Lazarus (1993), coping can be analyzed in terms of its function, which can be problem-focused or emotion-focused. Problem-focused coping changes the stressful situation by acting on the environment or on oneself; an individual engages in behaviours in an attempt to manage the problem situation. On the other hand emotion-focused coping attempts to change either how the situation is dealt with, or the meaning of what is happening. An individual employing this type of coping strategy will attempt to regulate their emotions in dealing with stress or problems at hand. If a person has employed the problem-focused coping strategy they will confront the situation, seek social support and plan on how to actively respond to the situation. Where as a person who has employed emotion-focused coping strategy will involve themselves in avoiding the situation, distancing, self-blame and controlling of ones feelings (Long and Jackson, 1993). Active problem solving also tends to be an effective strategy across a wide range of stressful situations, while emotion-focused coping is typically less effective. In other words, coping methods often are categorized as effective (e.g., directly addressing a problem) or ineffective (e.g., avoidance).

According to Spaccarelli (1994), over increased use of avoidance, denial and self-blame are associated with increased distress and symptomatology when it comes to attempts of coping and adjustments of sexual abuse survivors. It has to be noted that an individual that is attempting to cope with being sexually abused can employ both the problem-focused and emotion-focused coping strategies as they try to live a normal life after the abuse has taken place and address the effects that come with being sexually abused as a child. Depending on the nature, age, sex and support systems available, any individual can use one or both of the coping strategies with the hope of living past the abuse. Nevertheless, the problem-focused is more effective to use as it is more rational and yields greater results as compared to the emotional-focused coping strategy.

Futa et al (2003), for example, assessed the effects of problem-focused coping (problem-focused scale), emotion-focused coping (wishful thinking, distancing, emphasizing the positive, self-blame, tension reduction, and self-isolation scales), and a mixed problem- and emotion-focused coping strategy (seeking social support scale) in a sample of female undergraduate students who had suffered some form of either sexual or physical abuse during childhood. In the abused group, results showed lower scores on social support seeking and self-isolating and higher scores on self-blaming and wishful thinking when dealing with childhood memories which predicted poorer adjustment.

Brand and Alexander (2003) also carried out a research on this model in a sample of adult women victims of incest during childhood. A distinction between problem-focused and emotion-focused coping was used to study their influence on psychological adjustment. Emotion-focused coping sub-scales found were disengagement, self-control, avoidance, and acceptance of responsibility while problem-focused coping comprised planning the solution of the problem, seeking social support, and confrontation. Results showed that CSA victims who used avoidance strategies to a greater extent had higher scores on depression and psychological distress. However, seeking social support (a problem-focused strategy) was related to higher scores on depression and distress, whereas disengagement (an emotion-focused strategy) was related to lower scores on social disadjustment. Moreover, a similar study conducted by Frazier and Burnett (1994) found that of the 67 rape victims assessed during the study, coping strategies such as staying at home and withdrawing from others were associated with higher levels of psychological distress. Seeking social support and counseling, talking about the rape and keeping busy were found to be the most helpful coping strategies. Results from this study indicated that approach strategies may be more helpful to sexually abused individuals following an assault than avoidance-focused strategies. This study specifically looked at gender differences in coping strategies of survivors of child sexual abuse in Lusaka.

## 2. Methodology

This study used a descriptive study design to enable the researcher give a clear picture on the nature and experiences of child sexual abuse. Both quantitative and qualitative information was collected in this study in order to have a holistic approach and to compensate for the inadequacies and maximize the benefits from the advantages of both of them. The use of in-depth interviews in this case helped to bring out children’s experiences together with feelings and emotions that are attached to child sexual abuse disclosures. The study was conducted at (YWCA) in Lusaka. It is one of the centers where children who are alleged to be sexually abused are referred for counseling or shelter protection. The target population was 150 past victims of sexual abuse who had associated with YWCA. The study targeted 60 participants who had experienced their first sexual abuse before the age of 16 years. This group which was the core of the study consisted of 10 boys and 60 girls between the ages of 8 to 18 years. This age group (8 -18 years) had been targeted because research shows that this is the age group where the country has witnessed a number of defilement cases. Sixty participants were drawn from this population to participate in the quantitative research and simple random sampling was used to select the participants from the list of clients who had previously been seen by YWCA. By using this method in this study, each member of the population under study was given equal chance of being selected and the probability of a member of the population being selected was unaffected by the selection of other members of the population, meaning each selection is entirely independent of the next. The data was analyzed using Statistical Package for Social Science (SPSS). Qualitative data was analyzed using thematic analysis.

- **Ethical Consideration**

Permission was sought from the Director of Research and Graduate Studies of the University of Zambia, parents of the participants in the study and YWCA. For each of the participants recruited in the study permission was sought from the parent/s for children under 16 years before commencement of the study. Each individual was told that participation in this study was voluntary and should they decide to discontinue the study at any point, they were free to do so. The researcher avoided causing undue stress on the respondents as much as possible and if the respondent appeared to be too uncomfortable, the interview was discontinued. The researcher explained in simple terms so that the participants were fully able to understand the voluntary decisions about their participation. For this reason, the researcher intended to use both verbal and written documents to convey this message. The researcher used the languages which the children were able to understand.

## 3. Analysis of Findings

The results of the study showed that out of the 60 participants, 66% girls and 71.4% boys said they hated the person who abused them, 1.9% girls said they loved the person, 22.6% girls and 14.3% boys said they were confused emotions about how they felt and 9.4% girls and 14.3% boys said they had no feeling towards the person who abused them.

**Table 1: Participants' Feelings Towards The Perpetrator**

	<b>Female</b>	<b>Male</b>	<b>Total</b>
Hate them	66% (35)	71.4% (5)	66.7%(40)
Love them	1.9% (1)	0% (0)	1.7% (1)
Confused	22.6% (12)	14.3% (1)	21.7% (13)
Nothing	9.4% (5)	14.3% (1)	10% (6)
Total	100% (53)	100% (7)	100% (60)

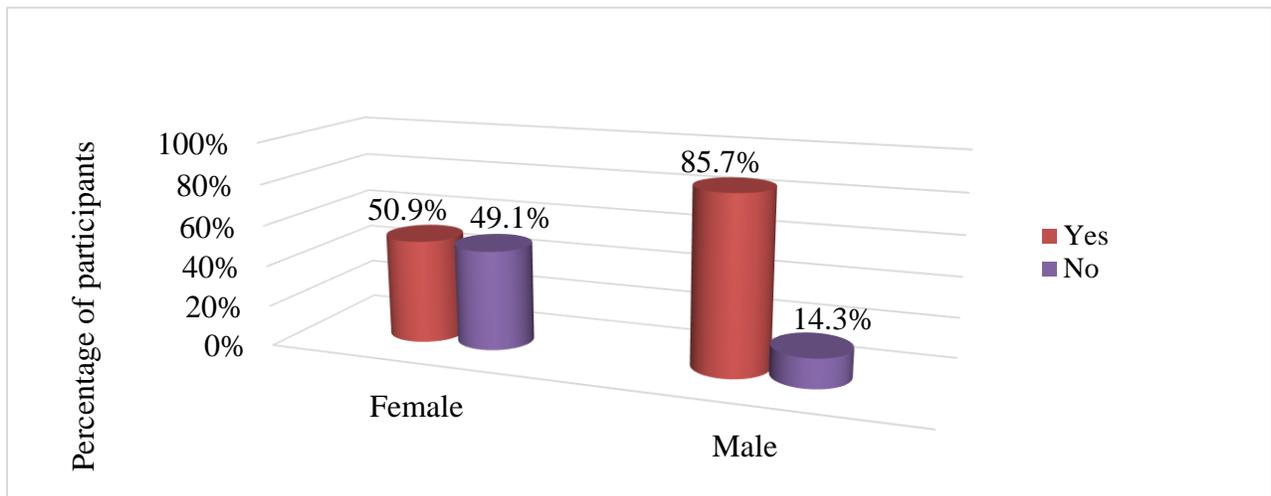
The study also collected information from the respondent’s views about whom they blamed for the abuse: 58.5% girls and 42.9% boys blamed the offender, 18.9% girls and 28.6% boys blamed themselves, 15.1% girls and 14.3% boys blamed nobody, 5.7% girls and 14.3% boy their mothers and 1.9% girls Satan.

**Table 2: Respondents Responses on Who They Blamed For the Abuse**

	Female	Male	Total
The offender	58.5% (31)	42.9% (3)	56.7% (34)
Myself	18.9% (10)	28.6% (2)	20% (12)
Nobody	15.1% (8)	14.3% (1)	15% (9)
My mother	5.7% (3)	14.3% (1)	6.7% (4)
Satan	1.9% (1)	0% (0)	1.7% (1)
Total	100% (53)	100% (7)	100% (60)

Respondents were further asked whether they had received any counseling after being abused. The data showed that 50.9% girls and 85.9% boys received counseling when they were abused while 49.1% girls and 14.3% boys said they did not receive counseling when they were abused. The results revealed that more males receive counseling when they were abused than females (Figure 1).

**Figure 1: Respondents Responses on Receiving Counseling after Being Abused**



One 14 year old girl when talking about counseling said: *“I didn’t receive counseling when I was abused, I have a friend who is 15 years old, her she says she saw a counselor when she was abused. Maybe if I saw a counselor, it would help me forget about what happened in my life and I wouldn’t be so upset.”* According to the findings of the satisfaction with the help received by participants after disclosure, 35.8% girls and 57.1% boys said they were very satisfied with the help they received when they were abused, 30.2% girls and 28.6% boys said they were a bit satisfied, 13.2% girls said they were little satisfied, 20.8 girls and 14.3% boys said they were not at all satisfied (Table 3).

**Table 3: Respondents Views to Satisfaction with Help Received Since Disclosure of Being Sexually Abused**

Responses	Female	Male	Total
Very much	35.8% (19)	57.1% (4)	38.3% (23)
Quite a bit	30.2% (16)	28.6% (2)	30.0% (18)
Very little	13.2% (7)	0% (0)	11.7% (7)
Not at all	20.8% (11)	14.3% (1)	20% (12)
Total	100% (53)	100% (7)	100% (60)

A 17 year old girl said this about the counseling she received: *“I think my uncles should be arrested because this case has never gone to court. I will only be relieved if my uncles are arrested. Though my other*

uncle connected me to a therapist were I received counseling, it didn't work and I don't receive support from my family. But they don't really know who I am maybe it's because my parents are late, but I just have to accept that I was raped and move on with life". The responses from the participants on how they felt about themselves after the abuse where as follows; 34% girls and 14.3% boys said they felt no change, 37.7% girls and 42.9% boys said they felt better and 28.3% girls and 42.9% boys said they felt worse about themselves.

**Table 4: Participants Responses with Regards of Feelings of Self-Worth**

Responses	Female	Male	Total
No change	34% (18)	14.3% (1)	31.7% (19)
Better	37.7% (20)	42.9% (3)	38.3% (23)
Worse	28.3% (15)	42.9% (3)	30.0% (18)
Total	100% (53)	100% (7)	100% (60)

In a related experience a boy of 17 years said: "Well, I feel disgusted about myself with what I was doing. I don't even want to think about it but all I wanted was to go back to school. So I just try by all means not to think about it". Another 18 year old girl said: "I sometimes blame myself for what happened and I feel bad about it. At school, I don't really mingle much with my friends. I don't feel part of that group anymore because I am different from them. Sometimes when I see them talking and laughing, I feel as though they are talking about me hence I refrain from being with them and yet maybe they are talking about their own issues".

The results from the respondents on the issue of who they talked to after the abuse showed that 17% of the girls said they talk to their mother in order to live past the abuse, 5.7% girls said they talk to their pastor; 11.3% girls and 14.3% boys talk to their friends, 30.2% girls and 85.7% boys said they talk to the counselor, 5.7% girls said they talk to God, 9.5% girls mentioned others and 28.3% girls and 14.3% boys said they talk to no one.

**Table 5: Participant's Response as to Who They Talk With in Order to Live Past the Abuse**

Response	Female	Male	Total
Mother	17% (9)	0% (0)	15% (9)
Pastor	5.7% (3)	0% (0)	5% (3)
Friend	11.3% (6)	14.3% (1)	11% (7)
Counselor	30.2% (16)	85.7% (6)	36.7% (22)
God	5.7% (3)	0% (0)	5% (3)
Nobody	28.3% (15)	14.3% (1)	26.7% (16)
Other	9.4% (5)	0 (0)	8.3% (5)
Total count	88.3% (53)	11.7% (7)	100% (60)

On problem-focused coping strategies, participants were asked the extent to which they used a number of coping strategies dealing with social support. In seeking sympathy and understanding, the highest frequency recorded was 50.7% for the girls who said they only used it a little, while 42.9% of the boys said they used it very much. In finding a good listener 34% of the girls and 57.1% of the boys said they used it a little. On emotional-focused problem coping strategies dealing with social isolation, participants were asked how much they tried to keep feelings to themselves and 54.7% of the girls and 51% of the boys said very much. Participants were also asked on how much time they spent alone and 30.2% girls and 57.1% of the boys said very much.

**Table 6: Participants Responses with Regards to Coping Strategies Used by Boys and Girls**

Coping strategy	Sex	Not at all	A little	Some what	Much	Very much
I accepted sympathy and understanding from someone	Female	11.3% (6)	50.7% (27)	11.3%(6)	7.5%(4)	18.9% (10)
	Male	14.3% (1)	14.3% (1)	0% (0)	28.6% (2)	42.9% (3)
I found somebody who was a good listener	Female	22.6% (12)	34.0% (18)	7.5% (4)	22.6% (12)	13.2% (7)
	Male	14.3% (1)	57.1% (4)	0% (0)	14.3% (1)	14.3% (1)
I tried to keep my feelings to myself	Female	5.7% (3)	11.3% (6)	9.4% (5)	18.9% (10)	54.7% (29)
	Male	0% (0)	0% (0)	0% (0)	42.9% (3)	57.1% (4)
I spent more time alone	Female	17% (9)	17% (9)	18.9% (10)	17% (9)	30.2% (16)
	Male	14.3% (1)	14.3% (1)	0% (0)	14.3% (1)	57.1% (4)

In-depth interviews also revealed some of the strategies which the participants use to cope with the abuse: An 18 year old girl said, “I keep myself busy, I study a lot and just do a lot of chores. I also try by all means not to be near my father. I spend most of my time with my friends”.

Thirteen years old girl narrated, “I used to be very active moving around and playing with my friends but after all this I stopped everything. I just prefer to be in bed sleeping than being with my friends”. When asked about some of the complaints people have made concerning their behaviour since the abuse: A girl of 14 years said, “My friends say I don’t like playing with them anymore. I just want to be alone. My teacher also complains that she doesn’t know why I became so dull”.

A boy of 18 years said, “My friends have been complaining that I have become so withdrawn and cold. Sometimes they would be talking and I behave as though I am not even listening at all”. Another 17 year old boy said, “My relatives complain that I have become hard hearted, selfish and stubborn but I just look at them”.

Several participants from the in-depth interviews expressed their needs on what is required in order for them to move on. A girl of 14 years said, “In order for me to move on, I think my mother should move me out of that neighborhood were this happened. I feel like whenever I am walking, everyone is talking about what happened to me, that it is my fault and she should also move me from that school so that I can go to another school where no one knows what happened to me. That is the only way I will be able to cope with what happened’.

An 18 year old boy said, “I think the only help I can receive is to have myself checked, that is the only way to cope with this. Otherwise the fact that I slept with my Aunt doesn’t bother me but I constantly worry on whether I am fine or not. All I think about is that, if my Aunt is sick with HIV then I am also sick. If I am sick I would rather just kill myself other than to wait until I start getting sick of something which I did not bring to myself. I would rather just follow my mother who died a long time ago.”

A 17 year old girl, “From the time this happened everybody has blamed me and said it’s my fault that my two uncles raped me. They all say it’s my dressing which is bad that made them do this to me. Everyone just says it’s not their fault, that it is what I was asking for with that kind of dressing. I hope that one day my relatives will blame my uncles for doing this to me. It’s only then that I will move on.

Another boy of 18 years said, “If I can find an alternative, someone who can help with my school, I would love this person to be brought to book. That is the only way someone can get over this,” Another girl of 17 years old, “From the time it happened people have blamed me, others have suggested that I should get married. No one has taken time to ask me how I am feeling, what my thoughts are or hear what happened to me. It is like, it has disturbed everyone in such a way that no one has time for me. And others are just interested in

marrying me off. Most of the people that are in the forefront of wanting me to get married have never been to school, they do not know the importance of school, all they think of is that, since he works for the bank they will benefit from the money that the man has when I get married to him. I just want someone to talk to, someone who can hear me out, I think that would really help”.

#### **4. Discussion**

The results revealed that 50.9% girls and 85.9% boys received counseling when they were abused. The levels of satisfaction with help received since abuse stood at 35.8% girls and 57.1% boys very satisfied, 30.2% girls and 28.6% boys a bit satisfied, 13.2% girls said they were a little satisfied and 20.8% girls and 14.3% boys were not at all satisfied. This information was important to the study because studies overall document improvements in sexually abused children consistent with the belief that therapy facilitates recovery. This information is supported by the outcome of abuse-focused treatment which examined 105 sexually abused children, 71 of whom completed 3 months of treatment or longer. At 9 months anxiety and post-traumatic stress continued to decrease, and at 1 year those still in treatment showed decrements in anxiety, depression, and post-traumatic stress (Sanderson, 2006). As a result, the relevance of children who go through traumatic experiences to receive therapy cannot be overemphasized.

The participants of this study were also asked about the person they talk to in order to live past the abusive event and most of them indicated they talk to someone. Majority of them indicated that they talk to counselors (30.2% girls and 85.7% boys) and mother (17% girls) as shown by table 23. 26.7% of the participants consisting of 28.3% girls and 14.3% boys said they talk to no one. It has been found that naming and talking about the experience allows the child to process what has happened and integrate the experience (Sanderson, 2006). In the same line, SECASA (2015) mentions one of the advantages of counseling as encouraging a victim to talk about the assault and develop a network of support which is a very important part of the healing process. In order for the children not to be compounded by the impact of sexual abuse, talking about the experience is one way of living past the traumatic event. The fact that most of the children in the study talked to someone about their experiences is a positive step towards recovery.

When they were asked about the extent to which they sought social support (this included seeking understanding and sympathy) the highest response rates recorded for the girls was 50.7% compared to boys (42.9%). This showed that boys were better adapted in using such a strategy than the girls. Participants were also asked on how much they found someone who was a good listener; 34% of the girls and 57.1% of the boys indicated they used this strategy only a little. On the other hand, majority of the participants had a positive attitude in using social withdrawal strategies such as keeping feelings to oneself (54.7% girls and 51% boys) and spending more time alone (30.2% girls and 57.1% boys) to which both boys and girls responded very much, as shown by table 24 indicating that they were not coping well with the traumatic experience.

These results were partially consistent with Futa et al. (2003) whose findings in the abused group, showed lower scores on social support seeking and self-isolating and higher scores on self-blaming and wishful thinking when dealing with childhood memories which predicted poorer adjustment. These findings were important because many studies have found that the use of emotional focused coping strategies which in this case refers to social withdrawal strategies by CSA victims is associated with poor psychological outcomes. Wright et al. (2007) for example, analyzed the present adjustment of 60 adult female CSA survivors through qualitative and quantitative analyses of their coping strategies. Avoidance coping which included social withdrawal strategies was strongly associated with more depressive symptoms and poorer resolution of abuse issues. Hence the results of this study showed that the experience of child sexual abuse can affect the coping strategy used by a child in dealing with a traumatic experience.

The above findings therefore, are of vital importance in determining how sexually abused children in Zambia will cope with sexual abuse in the long run. It is then imperative that counselors are aware of the coping strategies which their patients are using so that they can gain a deeper understanding of what is needed in counseling. Hence this brings to the attention the need for counselors to encourage children to use coping

strategies which have positive psychological outcomes. Further research may try to look at comparing coping strategies that are used by those who have not experienced sexual abuse and those who have had contact sexual abuse and determine relationship with post- traumatic stress disorder in Zambia.

Steel,Sanna,Hammond,Whipple & Cross (2004) did a study to test a model predicting the contribution of abuse-related characteristics and mediating variables such as coping and attributional style in the development of psychological sequelae in adults reporting a history of child sexual abuse (CSA).Using a quantitative study of 285 participants having a history of child sexual abuse. The results identified a number of coping strategies such as accepting responsibility, Confrontive Coping and attributions such as internalization of the abuse.

Ullman & Filipas (2005) examined gender differences in disclosure, social reactions, post-abuse coping, and PTSD of adult survivors of child sexual abuse (CSA).Female students reported greater prevalence and severity of CSA, more distress and self-blame immediately post-assault, and greater reliance on coping strategies of withdrawal and trying to forget than male students. Women were more likely to have disclosed their abuse to others, to have received positive reactions, and to report greater PTSD symptom severity, but were no more likely to receive negative reactions upon disclosure than men. Women delaying disclosure had greater PTSD symptom severity, whereas men's symptoms did not vary by timing of disclosure. Additional regression analyses examined predictors of PTSD symptom severity and negative and positive social reactions to abuse disclosures.

Feiring, Taska, And Lewis (1997) did a study on gender differences in children's and adolescents adaptation to sexual abuse. Using a sample of 169 participants Adolescents compared to children report a higher level of depressive symptoms, negative reactions by others, and lower levels of self-esteem, social support, and sexual anxiety. Girls compared to boys report higher levels of intrusive thoughts, hyper arousal, sexual anxiety, personal vulnerability, and perceiving the world as a dangerous place and lower levels of eroticism. These findings suggest the importance of considering individual differences in age and gender for understanding patterns of symptom expression. Treatment strategies need to reflect these individual differences in adjustment, such as targeting issues of sexual anxiety for girls and self-esteem for adolescents. Futa, Nash, Hansen & Garbin(2003) examined coping strategies associated with women who have sexual abuse history and those that have non-sexual abuse history. For example, a salient finding was that persons with both a physical and sexual abuse history used a wider array of coping strategies than persons with an abuse history in a one domain (i.e., sexual abuse, physical abuse) or persons without an abuse history. Perhaps the combined trauma of the two abuses warrant an increased use and variety of coping strategies. Women with histories of sexual abuse were found to use more of emotional focused coping strategies such as worrying, getting angry and taking tension out on others.

## **5. Conclusion**

On the coping strategies, majority of the participants said they talk to someone to live past the abuse while 28.3% girls and 14.3% boys said they talk to no one. Despite most of the participants saying they talk to someone to live past the abuse, majority of the participants showed a negative attitude in using strategies dealing with social support such as finding a good listener. The highest response rates recorded in finding a good listener was 34% for the girls and 57.1% for the boys to which the respondents indicated that they only used this strategy a little. On the other hand, participants indicated they used social withdrawal strategies (keeping feelings to oneself) very much with the highest response rate recorded at 54.7% for girls and 51% for the boys. The results on coping strategies revealed a positive attitude by the participants in using social withdrawal strategies showing a negative adaptation to their traumatic situation while majority of the participants showed negative attitude in using strategies dealing with seeking social support which are strategies supposed to lead to positive psychological out comes in the long run.

The study also showed that there are limited support groups for children to turn to and discrimination against survivors of CSA affects the rate at which the children are able to move on long after the abuse. The

fact that the perpetrators are still not convicted and that in some cases still live with the victims also contributes to them not being able to move on. It can be said based on the findings of the study that mostly girls, 67.9% had challenges moving on while for boys, 71.4% of the boys had moved on. In addition, when it comes to counseling more boys were reported to have gone for counseling after the abuse than girls. According to the findings, only 50.9% of girls received counseling where as 85.9% of boys received counseling. This is an indication that more boys employed problem-focused coping strategies as compared to girls who mostly employed emotional-focused coping strategies and thought that keeping things to themselves would be the best way to cope with their situation.

With such findings at hand it is recommended that awareness has to be made on CSA to both children and the community at large. Also accessibility to counseling services has to be increased, as well as parents, teachers and religious leaders have to create a welcoming environment for victims to be able to confide in them without fear of judgment and being blamed for the act as well as providing the survivors with the much needed support and encouragement so that they could be able to live past the abuse. Last but not the least the statistics showed that less than 10% of the reported cases of sexual abuse end with the perpetrator being arrested hence the need to revise the law so that such acts don't go unpunished as that is the only way that we can prevent such acts from happening continually.

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