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# Efficacy of Telephone Counselling on the Psychosocial Wellbeing of Child Sexual Abuse Survivors in Selected Child Rights Advocacy Centres in Nairobi, Kenya

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**Abstract**
The purpose of this article was to determine the efficacy of telephone counselling on the psychosocial wellbeing of survivors of child sexual abuse (CSA) in selected Child Rights Advocacy Centres (CRACs) in Nairobi, Kenya. Although telephone counselling is provided as part of psychosocial support services for survivors of CSA, empirical evidence regarding its efficacy in improving survivors' psychosocial wellbeing remains limited. The study employed a descriptive survey research design, and purposive sampling was used to select 172 respondents comprising 78 survivors of CSA, 78 parents or caregivers, and 16 counsellors. Data were collected using validated researcher-developed questionnaires. The hypothesis was tested using simple regression analysis at a .05 level of significance. Telephone counselling demonstrated a significant effect ($F(1,146) = 44.494$, $p < .001$) on the psychosocial wellbeing of survivors, and the null hypothesis was consequently rejected. Participants reported positive experiences with telephone counselling, indicating that the intervention generally addressed survivors' psychosocial needs. While these findings offer valuable insights for programme design at the participating centres, broader application to other contexts should be made with caution. The study recommends the development of trust-building and safety-enhancing strategies within telephone counselling services.

**Key words**: Child sexual abuse, child rights advocacy centres, psychosocial wellbeing, telephone counselling, treatment efficacy.

## INTRODUCTION

Child sexual abuse is described by the World Health Organisation as the participation of a minor in sexual activities that they do not fully understand, and they are incapable of giving informed consent (WHO, 2020). Perpetrators of CSA include other children and adults who may be in a position of trust over a child (Mathews et al., 2019). Literature on the effects of CSA reveals that survivors of CSA exhibit a number of psychosocial consequences, which include PTSD symptoms, depression, anxiety, low self-esteem, sexually inappropriate behaviour, among others (Sathyamurthi & Nanditha, 2023). Cognizant of this, Article 39 of the UN Convention on the Rights of the Child (UNCRC) states that children have a right to get help if they have been hurt so that they can regain their health and dignity (UNICEF, 2019). As such, counselling programs are some of those available services to ensure the psychosocial wellbeing of CSA. Therefore, the programs require considerable evaluation to ensure effectiveness (Bows, 2016).

Globally, data from high- and middle-income countries show that the prevalence of CSA ranges between 8 per cent and 31 per cent for girls and 3 per cent to 17 per cent for boys (Ligiero et al., 2019). Similarly, other studies have shown that up to 17 per cent of boys and 31 per cent of girls experience CSA Worldwide (Lange, Condon & Gardner, 2020). According to the Global Report on Preventing Violence Against Children (WHO, 2020), at least 120 million females aged under 20 years had experienced sexual assault at some point in their lives**.** Counselling services available to support survivors include child helplines, which are available to children who have difficulty or are unable to participate in traditional face-to-face counselling. A child helpline is a phone service that provides direct confidential counselling to children and also links them to other essential services and resources (UNICEF, 2017). According to Child Helpline International (CHI), approximately 168 organisations from 139 countries and territories around the world are members of CHI and are actively using the helpline to address children's concerns (Petrowski et al., 2021).

In Europe, WHO (2018), CSA is estimated at 13.4 per cent for girls and 5.7 per cent for boys (WHO, 2018). In England, children as young as 12 or 13 years are sexually abused, with a higher prevalence for girls than boys (Webb & Holmes, 2017). In Poland, out of all reported cases of CSA, almost half of those cases involved children under 15 years of age (Mandes, 2020). In response to this menace, the catholic church in Poland promoted a helpline for child victims of clerical sex abuse. In Asia, CSA prevalence ranges from 2.2 per cent – 94 per cent for girls and 1.7 per cent - 49.5 per cent for boys (Solehati et al., 2021). A situation analysis of children in the Philippines established that 25 per cent of children in the Philippines have been affected by CSA and that the Philippines is one of the top ten countries globally producing sexual content using children (UNICE, 2018). One of the response measures to CSA includes a child Helpline number available in Indian clinics and Hospitals to encourage the reporting of CSA and support for survivors of CSA (Sagar, 2014). This is an indication that despite the high number of reported cases of CSA, some form of intervention is in place to encourage reporting.

In Kenya, Wangamati et al. (2019) assert that children are found to comprise half of the total number of survivors seeking post-rape care services in Kenya. Despite the alarming rate of CSA in Kenya, most of these cases are not reported due to feelings of shame and stigma associated with this type of abuse (Martin & Silverstone, 2013; UNICEF, 2018). Various interventions are available in Kenya in an attempt to mitigate the effects of CSA, which include the Child Protection Centre (CPC) model. This model offers one-stop coordinated services to respond to gender-based violence and child abuse. According to UNICEF, the one-stop shop is a hub of quality, coordinated and inclusive services to ensure that child survivors of CSA and their parents have access to immediate support and guidance to respond to abuse and to improve their lives in order to reach their full potential.

The CPC is supported by a free and coordinated helpline to make it possible for everyone to report abuse (MOLSP Kenya & UNICEF, 2020). In Nairobi, interventions available to support survivors of CSA include Child Helpline Kenya, whose role is to provide professional help to CSA survivors through counselling services and referral to other services. Childline Kenya is a National NGO created in 2006 with a view to promoting and protecting the rights of children in Kenya, and counselling services are offered through telephone conversations with the affected child (Childline Kenya, 2014). The helpline has also helped children to access

other services such as rescue, medical care, legal aid and safe shelter.

Although telephone counselling is widely assumed to promote healing, coping, and resilience among CSA survivors, few studies in the Kenyan context have systematically examined whether this modality leads to measurable improvements in psychosocial wellbeing across emotional, social, and behavioural domains. The absence of rigorous, intervention-focused evaluations creates a critical gap between service provision and outcome accountability, limiting the ability of practitioners, policymakers, and child protection agencies to refine counselling approaches based on empirical evidence. This study therefore sought to determine whether telephone counselling has any significant efficacy on the psychosocial wellbeing of survivors of CSA in selected child rights advocacy centres in Nairobi, Kenya.

## LITERATURE REVIEW

According to Child Helpline International (CHI), approximately 168 organisations from 139 countries and territories around the world are members of CHI and are actively using the helpline to address children's concerns (Petrowski et al., 2021). These helplines serve as a mechanism by which children can speak out and have their concerns heard, as well as receive assistance, counselling intervention and appropriate referrals. The Kids Helpline, on the other hand, is a national service providing free telephone and online counselling to children and young people in Australia. The helpline is accessible through telephone, webcast and email, where young people are provided with information or short-term support.

Using a naturalistic design and measures to compare outcomes, King et al. (2006) conducted a study in Australia on session impact and therapeutic alliance for samples of 100 young people receiving a single session of telephone counselling and 86 young people receiving a single session of online counselling, provided by Kids Help Line. According to the study findings, telephone counselling was associated with better counselling outcomes, greater session impact, and a a stronger counselling alliance compared with online counselling. A meta-analysis sought to understand the effectiveness of childlines and the outcomes of children who contacted them. This was achieved by reviewing evidence about children's helplines across the world. Findings of the study indicated that children's helplines can improve children's well-being, confidence, ability to cope with their current situation, anxiety and distress (Stoilova et al., 2019).

Boydell et al. (2014) conducted studies in Canada on the use of technology to deliver mental health services to children and youth. The study utilised diverse technologies such as video conferencing, telephone and mobile phone applications as well as internet-based applications. Findings indicated that the use of technologies provides better mental health information, improved and cost-effective mental health services and greater opportunities for the prevention of mental health disorders.

A study on SMS counselling at the Danish Child Helpline established that providing help to children via text messages resulted in higher levels of children's wellbeing and feelings of empowerment (Sindahl et al., 2020). Another study by Sindahl et al., (2020) in Denmark on children's experiences after receiving individual SMS counselling with a child helpline indicates that the children felt listened to and accepted by the counsellors. According to Haxell (2015), the youth in New Zealand found SMS counselling to be accessible, anonymous and effective. The advantage it has over oral dialogue is that it offers more time for reflection for both the child and the counsellor. Hence, SMS counselling shows potential as a tool for counselling children and young people.

Kenya is one of the countries that use the child helpline to promote children's rights. Child Line Kenya is a National NGO created in 2006 with a view to promoting and protecting the rights of children in Kenya. The helpline has a program that offers counselling services to children in distress through telephone conversations (Childline Kenya, 2014). The helpline has also helped children to access other services such as rescue, medical care, legal aid and safe shelter. Njagi (2014) conducted research on how child protection has been enhanced through mobile telephone technology in Kenya. Findings revealed that the Child Helpline Kenya received at least 2000 calls daily from children in distress or adults reporting child abuse, and in a month, 300 cases of child abuse received counselling and information while three to five children were rescued. Since this service is highly utilised by children and adults reporting child abuse, it is

important to evaluate its efficacy in the cases of CSA. Hence, the need for the current study.

Evidence suggests that telephone counselling can deliver comparable psychosocial outcomes to in-person therapy for certain dimensions of CSA recovery. King et al. (2006) conducted a naturalistic study with 186 young people in Australia and reported that single-session telephone counselling was associated with significant improvements in self-reported anxiety, emotional regulation, and problem-solving skills. Importantly, the study indicated that the perceived therapeutic alliance, or the child's trust in the counsellor, was a strong predictor of positive outcomes, even in the absence of physical presence. This underscores the importance of establishing rapport and trust in tele-counselling interventions. In addition, telephone counselling has been shown to reduce barriers associated with disclosure. CSA survivors frequently experience shame, fear of retaliation, or social stigma, which can prevent them from seeking face-to-face support.

In Nairobi, where socio-economic disparities influence access to mobile phones or consistent network coverage, these factors may moderate the effectiveness of telephone-based interventions. Such contextual challenges necessitate the adaptation of global models to the local socio-technical environment. Research also points to the integration of telephone counselling with other modalities as a key determinant of efficacy. Studies by Harris and Birnbaum (2015) suggest that telephone counselling is most effective when used as part of a multi-tiered approach. For instance, it can provide immediate crisis support, follow-up after face-to-face sessions, or reinforcement of coping strategies taught during therapy. In Nairobi, such integration could involve pairing telephone counselling with community-based Child Advocacy Centres (CACs) or school-based support programs, ensuring continuity of care and mitigating dropouts due to logistical constraints.

Telephone counselling has also demonstrated efficacy in caregiver support. Njagi (2014) observed that parents and guardians of CSA survivors benefited from telephonic guidance on emotional support strategies, disclosure management, and safety planning. By strengthening caregiver engagement, telephone counselling indirectly promotes the child's recovery, as supportive adult relationships are consistently associated with improved psychosocial outcomes (Fong et al., 2017). This is particularly relevant in Nairobi, where caregivers may struggle to attend regular sessions due to employment obligations or lack of transportation. The Kenyan experience further illustrates the potential and challenges of telephone counselling. Childline Kenya, established in 2006, provides a national helpline service offering free telephonic support to children in distress, including CSA survivors (*Childline Kenya Annual Report*, 20114). Njagi (2014) reported that the service handles over 2000 calls daily, with an average of 300 CSA-related cases receiving counselling monthly. While these figures reflect high accessibility and utilisation, issues such as insufficient follow-up, limited mental health professionals, and the inability to fully address complex trauma indicate that telephone counselling alone may not suffice for comprehensive psychosocial recovery. Nonetheless, it remains a critical component of Kenya's child protection ecosystem, particularly in resource-constrained environments. Harris and Birnbaum (2015) conducted a review of 24 studies globally and concluded that telephonic interventions consistently reduce symptoms of anxiety, depression, and distress among children and adolescents.

For Nairobi, the challenge lies in operationalising teletherapy services that are culturally sensitive, accessible across socio-economic strata, and complemented by face-to-face support when necessary. Critically, telephone counselling should not be seen as a replacement for comprehensive interventions but as an essential component within a multi-modal, contextually grounded approach to CSA recovery.

## METHODOLOGY

This study employs a mixed-methods approach, combining both qualitative and quantitative techniques to assess the efficacy of telephone counselling on the psychosocial well-being of survivors of child sexual abuse (CSA) in Nairobi, Kenya. This methodological approach allows for a comprehensive analysis by capturing statistical trends while also exploring participants' personal experiences and perceptions in depth. A descriptive survey design was used to collect both quantitative and qualitative data. This design is appropriate because it facilitates the systematic collection and analysis of information from a large sample, offering a detailed understanding of how telephone counselling affects the psychosocial well-being of CSA survivors within the set-up of CRACs.

The research was conducted at selected CRACs in Nairobi County, which was purposively selected due to the high prevalence of CSA and because most CRACs are found in the county. The three CRACs were purposively selected since they possessed the characteristics of focus for this study (Juma et al., 2019; The National Council for Children's Services, 2015).

The target population comprised parents of sexually abused children aged 6–18 years, children aged 11–18 years, and counsellors/social workers as key informants, giving a target population of 172 respondents. All sexually abused children who had completed counselling sessions at the selected CRACs were included, resulting in a sample of 172 respondents comprising 78 children, 78 parents/caregivers, and 16 counsellors/social workers. Given the small accessible population size, a census approach was adopted, selecting all 172 individuals who completed family counselling sessions at the designated CRACs. Data were collected using three researcher-developed questionnaires completed by children, parents/caregivers, and counsellors. Validity was enhanced through operationalisation of constructs in line with theory and literature, comprehensive coverage of study dimensions, and expert opinion from supervisors and the School of Education, while reliability was established through a pilot study in Nakuru County, obtaining a reliability coefficient of 0.767.

Data collection followed ethical approval from LU-ISERC, research authorisation from NACOSTI, and permission from the Children Department and selected CRACs. Data were coded and analysed using SPSS version 26 through descriptive statistics and simple regression analysis. The hypothesis that *there is no statistically significant efficacy of telephone counselling on psychosocial wellbeing of sexually abused children in child advocacy centres in Nairobi, Kenya*, was tested using simple regression analysis, with telephone counselling as the independent variable and psychosocial wellbeing as the dependent variable. Ethical considerations included informed consent, confidentiality, voluntary participation, impartiality, independence, and referral for counselling where necessary.

## FINDINGS AND DISCUSSION

The study sought to establish the efficacy of telephone counselling on the psychosocial wellbeing of survivors of child sexual abuse in Child Rights Advocacy Centres in Nairobi, Kenya. This objective was addressed in relation to the following null hypothesis.

### Effectiveness of Telephone Counselling in Enhancing the Psychosocial Wellbeing of Child Sexual Abuse Survivors in Selected Child Rights Advocacy Centres in Nairobi, Kenya

The hypothesis held the assumption that telephone counselling offered to survivors of CSA in selected child rights advocacy centres in Nairobi, Kenya has no significant effect on the psychosocial wellbeing of survivors. The truth regarding the statement was ascertained through simple regression analysis. The results are presented in Table 1, and Table 2 shows Pearson's correlation between telephone counselling and psychosocial well-being of survivors of child sexual abuse.

### Model Summary

**Table 1:** ***Pearson's Correlation Coefficient between Telephone Counselling and Psychosocial Wellbeing of Survivors***

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate | F Change | df1 | df2 | Sig. F Change |
|---|---|---|---|---|---|---|---|---|
| **1** | .484[a] | .234 | .229 | .48659 | 44.494 | 1 | 146 | p < .001[b] |

a. Predictors: (Constant), Telephone Counselling
b. Dependent Variable: Psychosocial Well-being
**Source: Research Data (2024)**

A simple linear regression analysis was conducted to examine the effect of telephone counselling on psychosocial well-being. The results indicated that telephone counselling significantly predicted psychosocial well-being, $F$ (1, 146) = 44.49, $p$ < .001. The model explained 23.4 per cent of the variance in psychosocial well-being. These findings suggest that telephone counselling has a statistically significant and

meaningful contribution to the psychosocial well-being of survivors. The correlation results shown in Table 1 revealed that there existed a statistically significant relationship between telephone counselling and psychosocial well-being ($r=.484$, $p < .001$). Furthermore, the R-squared was 0.234, indicating that telephone counselling explains 23.4 per cent of the variation in psychosocial well-being of survivors of child sexual abuse. The findings agree with Petrowski et al. (2021), who indicated that telephone counselling makes support accessible to those who may have difficulties attending in-person sessions due to geographical, physical, or scheduling constraints. Survivors can receive immediate support in times of crisis or distress, without the need to travel.

**Table 2: Simple Regression Analysis of Telephone Counselling on Psychosocial Wellbeing of Survivors**

| **ANOVA** | | | | | | |
|---|---|---|---|---|---|---|
| Model | | Sum of Squares | Df | Mean Square | F | Sig. |
| | Regression | 7.564 | 1 | 7.564 | 44.494 | $p < .001^b$ |
| | Residual | 24.761 | 146 | .170 | | |
| | Total | 32.325 | 147 | | | |

a. Dependent Variable: Psychosocial Wellbeing of Survivors of Child Sexual Abuse
b. Predictors: (Constant), Telephone Counselling

From Table 2, the simple regression analysis on the efficacy of family counselling on Psychosocial wellbeing was found to be statistically significant, $F(1,146) = 44.494$, $p < .001$. The results therefore led to the rejection of the null hypothesis ($H_{04}$) and concluded that the efficacy of the telephone counselling program enhances psychosocial wellbeing of survivors of CSA in selected child rights advocacy centres in Nairobi, Kenya. These findings resonate with broader research that positions remote counselling as a viable and impactful therapeutic modality, particularly in contexts where physical access to professional support is constrained.

For instance, studies by Sindahl et al. (2020) underscore the growing evidence that teletherapy, including telephone-based interventions, can yield comparable outcomes to traditional in-person counselling, especially when conducted by trained professionals using structured therapeutic protocols. The anonymity and accessibility afforded by telephone counselling may also enhance its acceptability among survivors of sexual trauma, who often struggle with shame, stigma, or fear of disclosure in face-to-face settings (McGee et al., 2011).

Moreover, telephone counselling provides a flexible, low-cost intervention that bridges service gaps in resource-constrained or emergency contexts, such as during pandemics, conflict, or natural disasters—conditions that often exacerbate the vulnerabilities of CSA survivors (Lustgarten & Colbow, 2017). Within the Kenyan context, where logistical, economic, and socio-cultural barriers frequently impede access to psychosocial care, telephone counselling represents an especially pragmatic and inclusive approach. Its utility is further underscored by its potential to support survivors in rural or underserved areas who might otherwise remain without consistent mental health support. However, it is essential to note that while telephone counselling proved highly efficacious, its effectiveness depends significantly on the quality of the therapeutic relationship and the structure of the intervention. As highlighted by Reese et al. (2016), factors such as the counsellor's skill in establishing rapport remotely, the survivor's comfort with the medium, and the availability of follow-up support play crucial roles in sustaining long-term psychosocial gains.

The findings agree with Sindahl et al., (2020), who showed that telephone counselling provides a flexible and accessible option for survivors who may have difficulty attending in-person sessions due to geographic, financial, or personal constraints. Survivors can receive support from the comfort of their own homes, eliminating travel barriers and making it easier to fit therapy into their schedules. This accessibility ensures that survivors can receive help even if they face logistical challenges. Furthermore, the findings agree with Sindahl et al. (2020), who argue that for some survivors, the stigma associated with seeking help for trauma can be a significant barrier. Telephone counselling can help mitigate this stigma by providing a more discreet and less intimidating way to access therapy. The convenience of telephone counselling may encourage survivors to seek

help who might otherwise delay or avoid therapy due to embarrassment or societal pressures.

Meta-analytic evidence reinforces the modality's effectiveness. Harris and Birnbaum (2015) concluded that telephonic interventions consistently reduce symptoms of anxiety, depression, and distress among children and adolescents. The study also highlighted that interventions fostering active engagement, such as structured psychoeducation, skills training, and supportive dialogue, yielded the most durable improvements. For Nairobi, these findings imply that CSA teletherapy programs should emphasise structured intervention protocols, continuous monitoring, and caregiver involvement to maximise psychosocial benefits.

In conclusion, the data robustly support telephone counselling as an effective modality for enhancing the psychosocial wellbeing of CSA survivors. Its strong statistical association with positive outcomes, corroborated by international scholarship, validates its integration into multi-modal counselling strategies within child rights advocacy frameworks in Kenya and beyond.

**Parents/Care Givers Perspective on Efficacy of Telephone Counselling**

The study sought to assess the efficacy of telephone counselling on the psychosocial wellbeing of survivors of CSA. The statement in Table 3 describes the counselling experience of children on a scale of 1=Never, 2=Sometimes, 3=Often, 4=Almost always, 5=Always.

**Table 3: Care Givers Perspective on Efficacy of Telephone Counselling**

| **Telephone Counselling** | **5%** | **4%** | **3%** | **2%** | **1%** |
|---|---|---|---|---|---|
| My child was aware of the phone number | 26 | 47 | 17 | 10 | 0 |
| My child's phone call was answered immediately | 37 | 45 | 13 | 5 | 0 |
| My child felt understood, accepted and respected by the therapist | 55 | 42 | 3 | 0 | 0 |
| My child felt confident in the therapist's ability to help | 57 | 37 | 6 | 0 | 0 |
| My child was afraid of the counsellor | 39 | 44 | 11 | 6 | 0 |
| My child had adequate time to talk about her/his issues and got help | 52 | 39 | 9 | 0 | 0 |
| The counselling program made my child feel good about himself | 37 | 31 | 19 | 13 | 0 |
| My child acquired new useful information | 44 | 40 | 6 | 10 | 0 |

As indicated in Table 3, 26 per cent of respondents were aware of the phone number, while 47 per cent reported being aware almost always, and 17 per cent reported often being aware. Only 10 per cent stated that they were sometimes aware, with no respondents indicating never being aware. This suggests that a majority of survivors were generally aware of the telephone counselling service's contact information, indicating adequate accessibility and dissemination of this critical information. Regarding the immediate response to phone calls, the data shows that 37 per cent of respondents reported their calls were answered immediately. Additionally, 45 per cent indicated that their calls were almost always answered immediately, while 13 per cent reported often experiencing immediate responses. Only 5 per cent stated that their calls were sometimes answered immediately, with no respondents reporting never experiencing immediate responses.

This suggests that a substantial proportion of survivors had their calls promptly addressed, indicating a relatively efficient response system within the telephone counselling service. The findings are in line with those of Stoilova et al. (2019), who found similar results, emphasising the significance of accessible information for survivors, which can contribute to higher utilisation rates of support services. Moreover, Harris and Birnbaum (2015) highlighted that prompt response times significantly impact the effectiveness of crisis support services, leading to better outcomes for survivors.

In terms of feeling understood, accepted, and respected by the therapist, the data indicates that 55 per cent of respondents felt this way, while 42 per cent reported feeling almost always understood, accepted, and respected. Only 3 per cent reported often feeling this way, with no respondents indicating sometimes, and none indicating never. This suggests a generally positive therapeutic rapport between survivors and their therapists during telephone counselling sessions. The data reveals that 57 per cent of respondents felt confident in their therapist's ability to help, with 37 per cent feeling almost always confident. Additionally, 6 per cent reported often feeling confident, with no respondents indicating

sometimes or never feeling confident. This indicates a high level of trust and confidence in the therapeutic skills and capabilities of the therapists providing telephone counselling services to survivors of CSA.

These findings align with the findings of Macdonald et al. (2021), who found that confidence in the therapist's ability to help was closely linked to feelings of trust and security within the therapeutic relationship. Clients who expressed high levels of confidence in their therapist were more likely to disclose sensitive information and engage actively in therapeutic tasks. Moreover, Norcross and Lambert (2011) found that clients who initially reported high levels of confidence in their therapist's skills and expertise were more likely to maintain these positive perceptions over time. Moreover, these clients showed sustained improvements in psychological well-being and functioning compared to those with lower initial confidence levels.

Regarding fear of the counsellor, the data show that 39 per cent of respondents reported feeling afraid, while 44 per cent stated feeling almost always afraid. Additionally, 11 per cent reported often feeling afraid, with 6 per cent feeling sometimes afraid. No respondents indicated never feeling afraid. This suggests that a significant proportion of survivors experienced fear or apprehension towards their counsellor during telephone counselling sessions, highlighting potential challenges in establishing a sense of safety and trust within the therapeutic relationship. In terms of having adequate time to talk about issues and receive help, the data indicates that 52 per cent of respondents felt they had adequate time. Additionally, 39 per cent reported almost always having adequate time, while 9 per cent stated often having adequate time.

No respondents indicated sometimes having adequate time, and none indicated never having adequate time. This suggests that a majority of survivors felt they had sufficient opportunity to discuss their concerns and receive support during telephone counselling sessions. The findings are in tandem with those of Fisher et al. (2017), who found that past experiences of trauma, including childhood abuse, were strongly associated with heightened fear responses towards counsellors. Survivors of child CSA, in particular, may experience fear or apprehension due to the sensitive nature of their experiences and concerns about judgment or re-traumatisation.

Regarding the impact of the counselling program on self-esteem, the data reveals that 37 per cent of respondents felt good about themselves, while 31 per cent reported almost always feeling good. Additionally, 19 per cent stated often feeling good, with 13 per cent feeling sometimes. No respondents indicated never feeling good about themselves. This suggests that the counselling program had a generally positive effect on survivors' self-perception and emotional wellbeing, contributing to feelings of positivity and self-empowerment. Finally, in terms of acquiring new useful information, the data shows that 44 per cent of respondents acquired such information. Additionally, 40 per cent reported almost always acquiring new useful information, while 6 per cent stated often acquiring it. 10 per cent reported sometimes acquiring new information, with no respondents indicating never acquiring new useful information.

This indicates that a majority of survivors gained valuable insights and resources through telephone counselling sessions, contributing to their knowledge and coping skills related to CSA recovery. The study findings are in line with the findings of Menhart et al. (2025), who revealed that participants reported acquiring valuable information and skills related to understanding the effects of trauma, identifying healthy coping strategies, and accessing support resources. Participants described these insights as empowering and instrumental in their recovery journey.

**Counsellors' Perspective on Efficacy of Telephone Counselling**

The study sought to assess the efficacy of telephone counselling on the psychosocial wellbeing of survivors of CSA. The statement in Table 4 describes the counselling experience of children on a scale of 1=Never, 2=Sometimes, 3=Often, 4=Almost always, 5=Always.

**Table 4: Counselors Perspective on Efficacy of Telephone Counselling**

| Statement | 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|---|
| | % | % | % | % | 0 |
| The children were aware of the phone number | 39 | 43 | 2 | 9 | 0 |
| Children Phone calls were answered immediately | 38 | 52 | 2 | 8 | 0 |
| They always felt understood, accepted and respected by the therapist | 34 | 46 | 2 | 18 | 0 |
| They confident in the therapist's ability to help | 54 | 30 | 6 | 10 | 0 |
| They were afraid of my counsellor | 32 | 58 | 4 | 6 | 0 |
| Child and counsellor had adequate time to reflect on and talk about the issues | 33 | 57 | 2 | 8 | 0 |
| The counselling program made children feel good about themselves | 44 | 50 | 0 | 4 | 0 |
| The children acquired new useful information | 64 | 29 | 2 | 5 | 0 |
| The children would love to use this service again in future | 54 | 30 | 8 | 5 | 0 |
| The children were happy to recommend this service to a friend | 55 | 42 | 3 | 0 | 0 |
| The children felt better after telephone contact compared to how they felt before. | 57 | 37 | 6 | 0 | 0 |

As indicated in Table 4, 39 per cent of children were always aware of the phone number for telephone counselling, with an additional 43 per cent almost always being aware. However, 2 per cent often and 9 per cent sometimes were aware, suggesting that a majority of children were familiar with the contact information for accessing counselling services. Regarding the immediacy of phone call responses, 38 per cent of children always had their phone calls answered immediately, while 52 per cent almost always did. However, 2 per cent often and 8 per cent sometimes experienced delays in call response, indicating generally prompt access to counselling services. Furthermore, the data reveals that 34 per cent of children always felt understood, accepted, and respected by the therapist during telephone counselling, while 46 per cent almost always felt this way. However, 2 per cent often and 18 per cent sometimes did not feel understood or accepted, suggesting variability in the quality of therapeutic rapport.

Concerning confidence in the therapist's ability to help, 54 per cent of children always felt confident, with an additional 30 per cent almost always feeling this way. However, 6 per cent often and 10 per cent sometimes lacked confidence in the therapist's ability, indicating a generally positive but not universally consistent perception of therapeutic efficacy. The study findings are in line with the findings of Petrowsky et al. (2021), who revealed that empathy, validation of experiences, and nonjudgmental attitudes were critical in fostering trust and emotional safety within the therapeutic relationship. Moreover, they also emphasised the role of positive therapeutic experiences and successful outcomes in building children's confidence in therapy. They advocated for client-centred approaches that empower children to actively participate in their healing process.

Moreover, 32 per cent of children always felt afraid of their counsellor during telephone counselling, while 58 per cent almost always felt this way. However, 4 per cent often and 6 per cent sometimes experienced fear, suggesting that a significant proportion of children experienced apprehension or discomfort during counselling sessions. Regarding the availability of adequate time for reflection and discussion of issues, 33 per cent of children always felt they had sufficient time, while 57 per cent almost always felt this way. However, 2 per cent often and 8 per cent sometimes did not have adequate time, indicating generally positive but somewhat variable experiences with time management during counselling sessions.

The data also indicate that 44 per cent of children always felt the counselling program made them feel good about themselves, while 50 per cent almost always felt this way. However, none of the respondents stated that they often and 4 per cent sometimes did not experience this positive effect, suggesting overall positive effects on self-esteem and well-being. Furthermore, 64 per cent of children always acquired new useful information during counselling sessions, while 29 per cent almost always did. However, 2 per cent often and 5 per cent sometimes did not acquire new information, indicating a generally informative and beneficial counselling experience for the majority of children.

The study findings agree with the findings of Sindahl et al. (2020), who indicated that most children acquired new useful information during counselling sessions, contributing to their knowledge and coping skills. This finding is consistent with research emphasising the educational benefits of counselling interventions for children (Kolko et al., 2019), which revealed the importance of incorporating psychoeducation into counselling programs to empower children with resources and strategies for coping and resilience. In terms of future service utilisation, 54 per cent of children always expressed a desire to use the service again, while 30 per cent almost always felt this way. However, 8 per cent often and 5 per cent sometimes were unsure about future utilisation, suggesting varying levels of intention among children. According to the data, 55 per cent of children always felt happy to recommend the service to a friend, while 42 per cent almost always felt this way. However, 3 per cent often and none stated that they sometimes did not feel inclined to recommend the service, indicating a generally positive perception of the service's efficacy and usefulness among children. Lastly, 57 per cent of children always felt better after telephone contact, while 37 per cent almost always felt this way. Additionally, 6 per cent often felt well, and none reported sometimes or never feeling better after telephone contact.

The study findings are also in line with those of Sindahl et al. (2020), who found positive experiences, perceived effectiveness, and perceived confidentiality were key factors influencing children's willingness to recommend counselling services to friends or peers. These findings support your data indicating a high level of willingness among children to recommend the service, reflecting positive perceptions of its efficacy and usefulness. Moreover, Njagi (2014) found that positive endorsements from peers or trusted adults can significantly impact children's willingness to seek help and recommend services to others. This highlights the importance of fostering a supportive social environment to promote help-seeking behaviours among children.

## CONCLUSION AND RECOMMENDATIONS

**Conclusion:** The study concluded that telephone counselling was perceived positively in terms of accessibility and effectiveness by both caregivers and counsellors. Survivors generally felt understood and respected by their therapists, with high levels of trust and confidence in therapists' abilities. However, a significant proportion of survivors experienced fear or apprehension towards their counsellor during sessions, indicating challenges in establishing trust. Despite this, survivors felt they had sufficient opportunity to discuss their concerns and receive support, leading to positive impacts on their self-esteem and emotional wellbeing. Children generally had a positive perception of the service's efficacy and usefulness, with the majority reporting feeling better after telephone contact.

**Recommendations:** The study recommends that the child rights advocacy centres should develop strategies to build trust and establish a sense of safety within telephone counselling sessions. This could include implementing standardised protocols for addressing survivors' fears and concerns, as well as providing training for counsellors on active listening and empathy-building techniques. Regular check-ins and assessments should be conducted to ensure survivors feel supported and understood during telephone sessions, with opportunities for feedback and adjustments as needed. Offering additional resources and support, such as informational materials or referral services, will also be important for enhancing the effectiveness of telephone counselling in addressing survivors' needs and promoting their psychosocial wellbeing.

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