



USE OF FAMILY COUNSELLING TO CURB DOMESTIC VIOLENCE IN THE CHURCH: SELECTED SCENARIOS IN MATERO, LUSAKA

Grace Sondashi,

Libala Secondary School

Rose Chikopela

Zambia Institute of Special Education

Joseph Mandyata

University of Zambia

Daniel Ndhlovu

Institute of Distance Education, University of Zambia

Daniel L. Mpolomoka

Zambian Open University

ABSTRACT

This study established the role of Family Counselling in curbing domestic violence in selected churches in Matero. The population for the study comprised 112 respondents: 2 church administrators, 3 church counsellors and 107 church members. A descriptive research design was used and data were collected through qualitative and quantitative methods where respondents were purposively and randomly selected. The study revealed that family counselling serves as a platform for education and awareness, conflict resolution, creation of strong family bonds, value inculcation, marriage preparation, improved attraction, improved commitment, behavioural change and anger management. The study further revealed that despite, the existence of family programmes in the selected churches family counselling with regards to domestic violence was not sufficiently present as members of the family such as children and other dependents were not usually assessed and given the service instead of the assumption that they would get healing from the various programs. The study concluded that family counselling provides a platform under which domestic violence may be avoided. The study recommends that churches should provide family counselling programmes on a regular basis; provide community family programmes at a favourable price so as to increase the number of families that benefit from family counselling provided in such platforms which would in turn lead to reduction of GBV; conduct workshops to train church leaders on domestic violence counselling.





KEYWORDS: Church, Family, Family Counselling, Domestic Violence.

*CORRESPONDING AUTHOR: Daniel Lupiya Mpolomoka, Zambian Open University, Box 31925, Lusaka. Zambia.

E-mail address: mpolomokadl@gmail.com Tel.: (+260 954 591171)

INTRODUCTION

Domestic violence is a world-wide problem, encompassing a wide range of human rights abuse manifested as physical, social, emotional, psychological and economic abuse of both men and women. It has been defined as an act that results in physical, sexual or psychological harm or suffering including threats such as acts of coercion or arbitrary deprivation of liberty whether occurring in public or private life (United Nations, 2014, 1993). Domestic Violence Counselling on the other hand has been defined as a talking therapy that focuses on providing the victim with safety, empowerment, advocacy and support options (Dutton, 1992; Herman, 1992; Lutze & Symons, 2003). There is limited literature on the historical development of domestic violence counselling. However, according to Sonya (2010), domestic violence services in the United States of America started 39 years ago by women victims assisting other women (Berry, 2000). The domestic violence field was founded on the cornerstones of feminism and empowerment of women survivors helping others to survive (Berry, 2000; Wilson, 1997).

Family violence has historically been influenced by the social control of male dominated structures in societies world over. The earliest incidences of violence dates back to 750 BC in the Roman Empire during the reign of Romulus. These ancient incidences of violence are believed to have been empowered by tradition, religion and legislation. During the 15th Century the Catholic Church endorsed 'The Rules of Marriage' or 'The Law of Chastisement.' Under this Law, the husband was given rights to discipline his wife (Swisher & Wekesser, 1994; UN, 1993, 2014; WHO, 2017; UNPF, 2012; Lemon, 1996). The Common Law in England also gave a man the right to beat his wife in the interest of maintaining family discipline (Swisher & Wekesser, 1994; UN, 1993, 2014; WHO, 2017; UNPF, 2012). However, during the 18th Century research indicates that women were not the only ones subjected to abuse but children and men were victims too. As a result, France during this period came up with a rule that if it became public that a wife had beat up a man, he was forced to wear an outlanded costume and ride backwards around the village on a donkey (Davis, 2010). The research by Davis (2010) also established that child abuse is 15 times more likely to occur in families where domestic violence is present and that in over 6000 American families, 50 percent of men who frequently assaulted their wives experienced child abuse in their homes as wives consequently exerted their frustration on the children.

Despite the 1870 efforts by the first state to ban a man's right to beat his family, domestic violence continued through the late 19th and 20th centuries. A notable feature throughout this period is that violence perpetrated against women was often kept hidden in various societies across the world (Swisher & Wekesser, 1994; UN, 1993, 2014; Amanda, 2008; Edmunds, Petersen and Underwood, 2002; WHO, 2017; UNPF, 2012; Elisabet, 2014; Fareo Oluremi, 2015; Fatima, 2011). However, feminist movements during the late 19th Century





brought violence against women to the fore front of society (Lisa, 2017); it is during this wave of feminist movements that the first domestic violence shelters were established. Most of these were established to provide advocacy, counselling and support services that were to facilitate a victim's ability to engage in safety behaviours (Barner & Carney, 2011).

The research conducted by Amanda (2008) established that research on domestic violence had for a long time centred on reasons why women stay in abusive relations. The research also pointed out the following areas which need further research; identifying resources and support that will help women leave abusive relationships as well as identifying resources that would be useful to women who are coping with domestic violence. According to the (World Health Organisation, 2009) agencies such as the police, health care centre's, social community shelters, counselling centre's, and initiatives such as screening tools, professional education programmes, mandatory reporting systems, multi-agency risk assessment and psychosocial interventions have been identified as care and support programmes for victims of domestic violence. Brown and Price (2001) and Montgomery and Price (2001) argue that psychosocial interventions such as counselling, sensitization and shelter provision are important resources aimed at improving safety behaviours', reduction of victimization and a way of breaking the cycle of abuse from one generation to the next.

Globally, domestic violence counselling has not been given effective attention and reports from a research conducted on women affected by domestic violence in Melbourne showed that they were dissatisfied with counselling services they received from various support groups (Seeley & Catherine, 2002). In Africa, response to addressing the vice on the continent is usually observed as silent as most victims because of tradition and religion usually opt not to report occurrence of violence (United Nations, 2014). In an event that the vice is reported, victims are encouraged to find better ways of resolving the conflict as the church, police, courts of law and other institutions often consider the vice as a private matter (United Nations, 2014).

In Zambia, statistics show that about 43 percent of Zambian women suffer from physical or sexual violence from their intimate partner in their life time and 27 percent of women suffered from domestic violence in 2014 (ZDHS, 2014). Whereas 9% of Men experienced domestic abuse between 2013-2014 (Musune, 2015). However, the response to addressing domestic violence has been influenced by traditional counselling which usually places emphasis on the need of a woman to stay silent when violence occurs (Young Women Christian Association, 2010). Most domestic violence in Zambia is among the poor of the urban areas, with Lusaka having the highest prevalence. Matero township, the study area, is among many that have seen an increase in domestic violence cases (ZDHS, 2014).

Currently, the Zambian Constitution and the Domestic Violence Act of 2011 are the policy documents used in the fight against domestic violence. The Domestic Violence Act defines some functions of police officer, labour inspector, social worker, counsellor, medical practitioner, legal practitioner, nurse, religious leader, traditional leader, teacher, employer and other persons or institutions in providing information to the victim with regard to their safety rights and behaviour.





It is against this background that the study was conducted to establish the role of family counselling in curbing domestic violence among church members in the selected churches in the study.

Objectives

- 1. To establish the nature of domestic violence existing among church members.
- 2. To establish the roles of family counselling in curbing domestic violence in the church.
- 3. To assess family counselling programmes the church has put in place to curb domestic violence.

Research Questions

- 1. What is the nature of domestic violence existing among church members?
- 2. What are the roles of family counselling in curbing domestic violence in the church?
- 3. What family counselling programmes have church put in place to curb domestic violence?

METHODOLOGY

The research design that was used in the study was descriptive. The study aimed at collecting views from respondents on their attitudes and opinions in relation to the role of family counselling in curbing domestic violence among church going households. According to Kombo and Tromp (2006), Creswell and Plano Clark (2011) and Banda et al (2017) the major purpose of descriptive research is a description of the state of affairs as it exists and also helps the researcher to report the findings. Literature on research (Pelosi, Sandifer and Sekaran, 2001; Awoniyi, Aderant and Tuyo, 2011; Bless, and Achola, 1998) point out that descriptive studies often result in the formulation of important principles of knowledge and solution to significant problems. A descriptive design involves the collection of data, measurement, classification, analysis, comparison and interpretation of data. Orodho (2003) also describes descriptive design as a method of collecting information by interviewing or administering a questionnaire to a sample of individuals. This allowed the researchers to use both qualitative and quantitative methods. The use of the descriptive design enabled the researchers to establish the role of family counselling in curbing domestic violence among selected churches. The design was useful in getting views or opinions from church counsellors, church administrators and church members. In addition, the design helped to describe and explain the respondent's views and opinions in detail for the purpose of understanding the problem comprehensively.

Population

There are a number of churches in Matero township namely Seventh Day Adventist, Catholic, Reformed Church of Zambia, United Church of Zambia, Pentecostal Assemblies of God, United Pentecostal of Zambia, Pentecostal holiness, Bible Gospel Church in Africa, Christian Missions in Many Land, Nazarene church, Apostolic Faith and Matero Holy Ghost Centre. Determining a population in this manner is in line with what literature provides (Kombo & Tromp, 2006; White, 2008). The target population were two church congregations, United Pentecostal of Zambia and Christian Missions in Many Land. The total population of the two churches is 450 members. In this study, the churches sampled were labelled as church A and B for ethical reasons. The respondents for the study included church administrators, church counsellors and



church members.

Sample Size

The sample size of this study comprised 112 respondents broken down as 107 church members, 2 church administrators and 3 church counselors. Of the total population 62 respondents were male and 50 were female, representing 55% and 45%, respectively. 46% of the respondents were in the age range of 17 to 25. 20% of respondents were between ages 25 to 34, 19% accounted for respondents with the age range 34 to 44. 15 percent was representative of respondents from 45 years and above. The marital status of the respondents is 48% married, 42% single, 6% divorced and 4% were widowed. Additionally, 95% of respondents had obtained training at grade twelve level and 42% of the participants were professionally trained at diploma level, 29%, 8% and 20% represent respondents who had obtained a certificate, postgraduate and other professional qualifications, respectively. Additionally, 63% of the respondents were members of church A whereas, 37% were members of church B. Unanimously, 66% of the members of church A and B indicated that they were baptized members of the church whereas 33% indicated otherwise. Table 1.0 below illustrates.

Table 1.0 Demographic Characteristics of Respondents

AGE GROUP	CHURCH	COUNSELORS	ADMINISTRATORS	TOTAL
	MEMBERS n %	n %	n %	
17-25	52 (48)	11 70	11 /0	52 (46)
25-34	22 (21)			22 (20)
35-44	21 (20)			21 (19)
45 and above	12 (11)	3 (100)	2 (100)	17 (15)
SEX: Female	48 (45)	2 (66)		50 (45)
Male	59 (55)	1 (33)	2 (100)	62 (55)
MARITAL STATUS				
Married	50 (47)	2 (66)	2 (100)	54 (48)
Single	47 (43)			47 (42)
Divorced	7 (7)			7 (06)
Widow(er)	3 (3)	1 (33)		4 (04)
Educational				
Qualification				
Grade 7	2 (02)			2 (02)
Grade 9	2 (02)			2 (02)
Grade 12	102 (96)	3(100)	2(100)	107 (95)
N/A	1			1 (01)
Certificate	33 (31)			33 (29)
Diploma	44 (41)	2 (66)	1 (50)	47 (42)
Post graduate	8 (07)	1 (33)		9 (08)

UJOE	Vol. 4 No 2		(DECEMBI	ER, 2021)
Other	21 (20)		1 (50)	22(20)
N/A	1 (01)			1 (01)
Church A	69 (64)	1 (33)	1 (50)	71(63)
Church B	38 (36)	2 (66)	1 (50)	41(37)
Membership				
1-2	23 (21)			23 (21)
3-5	22 (21)			22 (19)
5-10	18 (17)			18 (16)
Above 10 years	44 (41)	3(100)	2(100)	49 (44)
Baptism YES	69(64)	3(100)	2 (100)	74 (66)
NO	38 (36)			38 (33)

Sampling Procedure

The probability and non-probability sampling techniques were employed. This is so because the use of both probability and non-probability was to ensure that objectivity is assured in the collection of information (Kombo & Tromp, 2006). Under non-probability, purposive sampling was employed as it is a method of sampling which allows the researcher to purposely target a group of people believed to be reliable for the study. In this case, the church administrators and church counsellors were purposively selected as a group of respondents that would provide reliable information. Kombo and Tromp (2006) add that the power of purposive sampling lies in selecting rich information, in-depth analysis of the study and the fact that it is a relevant method that can be used to select samples when a researcher is dealing with sensitive issues such as abortion, prostitution or crime. Under probability sampling, simple random sampling was used to select church members. This was done to allow church members to have an equal chance of participating in the study.

Data Collection

In this study, data were collected using interview guides and questionnaires (Creswell, 2003; Kothari, 2004). Interviews were conducted with the church administrators and church counsellors whereas the questionnaires were administered to the 107 church members. Interviews helped the researcher to get deep meaning through verbal as well as non-verbal expressions. Considering the nature or sensitivity of the study the questionnaires helped to avoid the weakness that comes with interview as these were given to make respondents more comfortable when providing responses (Kothari, 2004).

Before going into the field, copies of the instrument were administered to selected members of the Bread of Life Church and corrections were made. This was done to enable the researcher to have research instruments that qualify the validity and reliability of the research. Thereafter, the researcher obtained permission letter from IDE and consent from the church administrator(s) to conduct research from the selected churches. Consent was sought with a clear explanation and information that helped the administrators to give a prior sensitization to the church members. Thereafter, the researcher distributed and collected questionnaires through church administrators. The interviews were scheduled and conducted with the church administrators and church counsellors.





Data Analysis

In this study, the qualitative data were collected using interviews and open-ended questions which was coded according to themes and analyzed manually. Quantitative data were collected using questionnaires, coding was done and information was stored in Microsoft excel. The stored data was later analyzed manually. This way of analysing data was in conformity with what Kombo & Tromp (2006) stipulate.

FINDINGS AND DISCUSSION

This section begins by recalling the earlier set research questions, depicted as follows:

- 1. What is the nature of domestic violence existing among church members?
- 2. What is the role of family counselling in curbing domestic violence in the church?
- 3. What family counselling programmes have church put in place to curb domestic violence?

The research questions are presented and discussed in thematic areas, which are identified as listed below.

The Nature of Domestic Violence among Church Members

To establish the nature of domestic violence, the respondents were asked to tick the forms of domestic violence that church peers usually complain about and to tick forms of domestic violence that they had personally experienced as provided for by various situations depicting social, financial, sexual, physical, neglect, verbal and psychological abuse. Of the total 107 church members, 65% indicated that physical abuse constituted the number of cases mostly complained about by church peers. 54% indicated that they had heard of a church peer complain about social exclusion the percentage of other variables are outlined in figure 1.0.

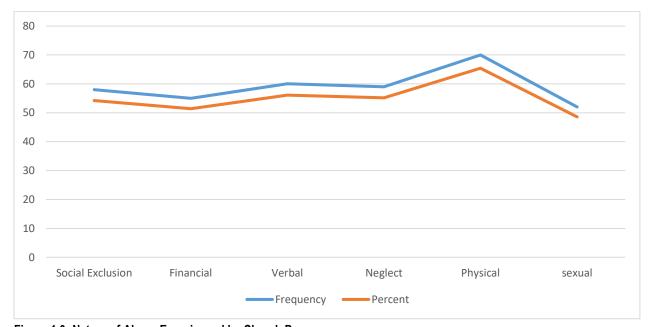


Figure 1.0: Nature of Abuse Experienced by Church Peers



Figure 2.0 outlines the forms of domestic violence that respondents had experienced. Out of 107, 34 indicated they had experienced social abuse, 18 indicated financial abuse, 25 had experienced neglect, 19 indicated sexual abuse, 32 experienced physical abuse, 51 verbal abuse and 32 indicated that they had experienced emotional and psychological abuse.

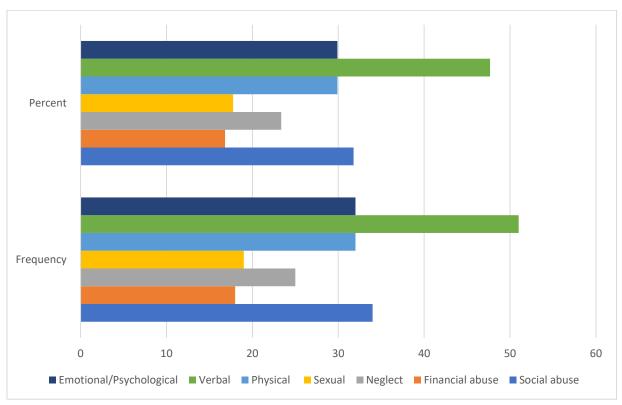


Figure 3.0. Nature of Abuse experienced by Respondents

On the one hand, from the interviews conducted with the church counsellors and administrators were they were also asked to mention the forms of abuse that the church usually handles or receives common responses were: neglect, financial abuse, and emotional abuse (resulting from unfaithful marital relations and strange behaviour). Respondents C1, C2 and C3 also added that sexual and physical abuse were rarely reported. 47% of 107 church respondents also indicated that they had not reported the abuse they had experienced, 46% indicated having reported the abuse experienced. Participant C3 also added that:

Financial abuse is a growing complaint among aged parents who usually experience financial stress of keeping adult children and grandchildren as the 'adult child' doesn't bring any money due to alcohol abuse and laziness.

The study revealed that domestic violence was present in the selected churches of Matero Township, and that social, sexual, physical, neglect, verbal, emotional and psychological abuse were present in significant levels. The study further established that the commonly reported causes of Domestic Violence were financial and emotional abuse manifested as a result of neglect, unfaithful marital relations and strange behaviour of





a family member. However, arguments by C1, C2 and C3 provided that physical and sexual abuse were rarely reported. The study shows that the majority of respondents had experienced the various forms of violence outlined and that the percentage was even greater for the abuse experienced among church peers. The findings also revealed that physical abuse was the highest form of abuse experienced. Findings by Sanjay (2013) on the nature and causes of domestic violence disagree with the current findings in that most common types of domestic violence cases reported at the Hospital counselling centre were physical abuse, mental abuse, social and sexual abuse of which physical abuse was the highest form of abuse reported. Amornrat (2006) also disagrees with the findings above. His study established that psychological, physical and sexual abuse were the commonly reported cases. Notwithstanding the above, Nontando (2009) suggest that many African women experience violence in partner relationships and that they sustain physical, emotional and economic abuse. Despite the study being conducted in a different setting, the findings by Nontando agrees with the findings of our study.

A study by Magen (2009) on the nature of domestic violence among the working class and middle-class families established that women and men experience similar rates of both physical and emotional abuse in their relationships and that nature of spousal abuse manifested in physical, sexual, emotional, psychological, economic and spiritual abuse. This agrees with the findings of the current study in that men had a slightly higher representation and that forms of abuse experienced insignificant levels show that men too experience violence at similar levels as women.

Furthermore, the study revealed that sexual abuse had the lowest percentage. It can be stated that this did not entail that sexual abuse was not present in the church however, it shows that it is present but seemingly agrees with the responses provided by C1, C2 and C3 who argued that sexual abuse and physical abuse were rarely reported cases. It can be noted that findings point to the fact that church members are more comfortable to sharing the forms of abuse experienced with a church peer as opposed to a church leader. As depicted in figure 1.0 and 2.0 sexual abuse has a higher percentage for abuse complained about by church peer than abuse experienced by the respondent. This shows that due to the sensitivity with regards to abuse it is more likely that people would open up and share forms of abuse with friends rather than leaders. Therefore, issues of counsellor's confidentiality, trust and rapport could come in handy in creating relationships where church members find it comfortable to share forms of abuse experienced. In addition, verbal abuse was also a form of abuse that was commonly complained about and also commonly experienced by respondents.

The findings further indicate that children were not the only ones subjected to abuse by parents but children were also increasingly subjecting their parents to financial and emotional abuse. This points to the fact that different age groups within a family are likely to complain about different forms of abuse which may be overlooked. Despite people going to church and acquiring educational qualifications they still experience domestic violence.





Role of Family Counselling in Curbing Domestic Violence

Of the total 112 respondents, 98 percent indicated yes to the question: *do you think family counselling plays a role in curbing domestic violence?* Adding also that family counselling is a preventive measure for domestic violence because it serves as a platform for education and awareness, conflict resolution, strong family bonds, value inculcation, marriage preparation, commitment, behavioural change and anger management. 8 respondents did not give any answer with regards to the role of fc in curbing dv. Out of 112, 104 participants' responses classified above are further illustrated in figure 4.0 to place emphasis with regards to the number of times a theme as indicated by the respondents.

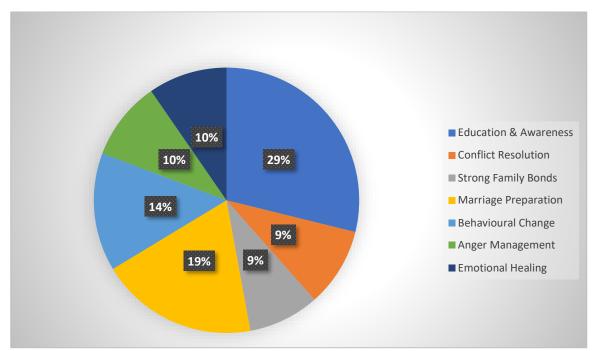


Figure 4.0: Role of Family Counselling in curbing Domestic Violence

Unanimously, all the 107 church members asked whether the church conducted family counselling to families affected by domestic violence, answered in the affirmative. Further, respondents were also asked to tick the individuals that were normally involved in domestic violence counselling. The responses were that out of the 73 respondent's that answered the question 36%, 27% 16% and 7% of respondents indicated that parents, victims, children and abusers were involved in domestic violence counselling, respectively. No one indicated the involvement of dependents in the counselling program. Responses are outlined as indicated in Figure 5.0.





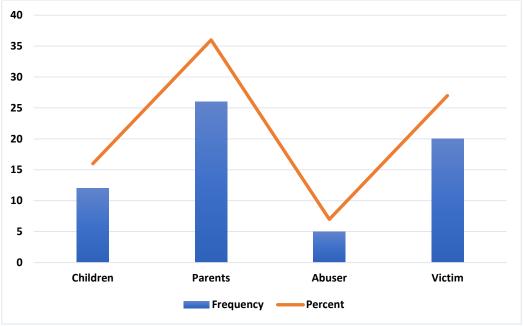


Figure 5.0: Family Members involved in DVC

Church administrators and counselors were also asked if children and dependents were involved during the domestic violence counselling. An administrator from church B(A2) provided that the church does not involve children in handling issues of violence between a wife and husband, [...] that counselling for children and other dependents would take the form of Sunday school and various programmes provided according to age groups. He also maintained that focus is on the husband and wife. An Administrator from Church A(A1) said:

the church has realized the need of involving children and dependents that come from abusive environment however, plans are under way to involve them in the counselling program".

A counsellor from the church B (C2) also provided that the involvement of children is dependent on individual case presented as some would require the involvement of children where as other cases can be resolved without involvement of children in the program.

The preceding view was also highlighted during an interview with another counsellor from church B(C3), although A1 added the following:

Children, dependents and abuser are usually not attended to. Adding also that the church has made programmes for visitation and follow up on children coming from abusive environment which were not fully underway but to be implemented as the church had a fully equipped plan and trained manpower in the counselling department.

As a response to domestic violence counselling functions provided by the church, a counsellor from church A(C1) mentioned that:





the church conducts teaching on peace making during various church programmes like sister's fellowship and men's fellowship and strong family values practices are encouraged such as attending church as a family. Adding also that the value for family unity is strongly emphasized which was why even the sitting arrangement is done according to family lines. The focus of family teaching is to place emphasis on peace and love through sermons, counselling and prayer sessions based on of the word of God and any act that does not dwell on love and peace should be considered as sin and a person found wanting should be disciplined.

Of the total 107 respondents with regards to the ratings of the counselling provided, 33% of the respondents indicated excellently and it was rated moderate by 31% of the respondents. 36% of the respondents did not provide any ratings.

The study established that family counselling is a preventive measure for domestic violence as it leads to peaceful conflict resolution. The findings of the current study also point to the fact that when people find ways of resolving conflicts peacefully it prevents people from a build-up of emotional pains and it prevents the increase of domestic violence cases which result from emotional frustration as the process of counselling helps people to let go of their emotional grudge and pain. These findings are supported by literature which draws a connection between family therapy and conflict resolution. However, the counselling provided by the church as drawn from the findings also shows that there is a gap in dealing with resolution of conflict from a family affected by domestic violence. In that counselling is not holistically administered as other members of the family are not usually involved in the program and impact of the vice on other family members is often over looked.

It was also revealed that family counselling creates stronger family bonds and enables the family members to function as a system as it helps family members to understand and accommodate the needs and inabilities of each member. It promotes peace and better family relations. Supported by Gladding (1988) who argues that family therapy should focus on the communication and interaction patterns between family members, and that effective family therapy leads to improvement of a family functioning as a system. This is a strong agreement with the theory used in the current study which provides a link between prevention of violence and the creation of a strong bond with a 'significant other' coming from a family. It can also be noted that in as much as strong family bond only accounts for 9% of respondents that were of the view that it is one benefit of family counselling that would contribute to reduction of domestic violence, it does not mean it is not a significant factor in curbing domestic violence.

In addition, the study established that family counselling promotes the practice of good values such as peace, respect, love and loyalty as these are strongly provided to church members during pre and post marital counselling. For example, as indicated by C1 the focus of family teaching is to place emphasis on peace and love through sermons, counselling and prayer sessions based on of the word of God (these findings are supported by Davies and Dreyer, 2014) who also express similar views as they argue that the church provides





a form of pastoral care and counselling using spiritual materials such as prayer and visitation which is helpful for recovery and healing of domestic violence victims. Davies and Dreyer further provide similar findings the emphasis of their study was pastoral counselling and how it helps a victim through recovery. This was different from the current study which centred on how family counselling can help the abuser, children, dependents, parents and victim. The abuser, victim and often ignored victims that is other members of the family impacted by domestic violence.

Positive behavioural change was also another factor that was significantly established by the study as resulting from family counselling. As majority of the views provided that counselling leads to positive behavioural attitudes and responses towards family. The findings on behavioural change are supported by literature reviewed in that domestic violence counselling helps victims and families to find better methods of coping with the abuse, plan for safety, emotional well-being, change of belief and attitude, behaviour modification, build a network of support and engage in safety behaviour (Social Issue Report, 2011).

The study also acknowledged that education and awareness can be provided through family counselling as people become aware of the dangers of violence and that when people are knowledgeable, they would avoid the vice. Literature supports (Gibson, 1986) this when it argues that during family therapy, information is provided on the individual role and the duty of each member in assuring that a family functions as a healthy system.

In as much as family counselling can be provided in different sessions to family members the problem of domestic violence needs a serious assessment with regards to the impact of problem on the children, dependent, parents, victims and abuser. For example, Sunday school lessons are important for the healing process of a child, however, time to assess the impact of family abuse on a child is equally important if time is not taken, then the problem might not be dealt with from the root cause. This entails that there are still weaknesses in the involvement of all family members in domestic violence counselling situations. This is so important to avoid generational re-occurrence of violence as explained in literature reviewed earlier. The study also revealed that family counselling also provides a training ground under which families learn the skill on how to manage resources and key issues pertaining to home management, parenting, care, provision. Anger management was also identified as a key reason for the role of family counselling in curbing domestic violence.

Despite the many benefits that family counselling would have in the prevention of domestic violence the existence of significant levels of domestic violence in the selected churches point to the fact that family counselling for domestic violence situations leaves much to be desired and that if the weaknesses identified are addressed then it would possibly lead to prevention and reduction of domestic violence.





CONCLUSION

The basis for providing family counselling is not just to resolve a day's conflict but deep rooted in addressing the impact of a problem on a family as a system. As it centres on the holistic needs of each family member whether one is a dependent, child or any other member leaving in an environment where a problem of domestic violence affects the interaction patterns of a family as a system. This is achievable when a counsellor uses a relevant model that addresses a problem holistically. Family counselling plays a vital role in ensuring that a family functions as a healthy and peaceful system. The study concludes that if holistically administered family counselling provides a platform under which domestic violence may be curbed and that family counselling for domestic violence situations was not sufficiently conducted in the selected churches.

Recommendations

- The Church should reduce the admission price for family outings or programmes to increase the number of people that benefit from family counselling provided during such platforms so as to reduce domestic violence.
- 2. The Church should administer family programmes on a regular basis to create stronger family bonds so as to increase the number of people that conform to acceptable behaviour.
- 3. The Church should attach each child to a mentor so as to develop in the child the trust of sharing problems, as a way of instilling the culture of counselling, thereby reducing cases of violence resulting from a build-up of emotions.
- 4. The Church should conduct regular workshops and trainings for church counsellors, Sunday school teachers and youth leaders so as to improve their skills in domestic violence counselling.

REFERENCES

Africans Unite Against Child Abuse (AFRUCA) (2012). Promoting the Rights and Welfare of African Children. What is physical Abuse.www.afruca.org.

Amanda, J.G. (2008). Domestic Violence Against Women: A Literature Review. Stockton: Pacific University.

Amornrat, S. (2006). Domestic Violence Against Pregnant Women: A Thai Perspective. Griffith University.

Awoniyi, S.A., Aderant, K., & Tuyo, A.S. (2011). Introduction to Research Methods. Ibadn: Ababa Press.

Barner, J. & Carney, M. (2011). Interventions for intimate partner violence: A historical review. *Journal of Family Violence*, 26(3) 235-244.





- Banda, S., Mpolomoka, D.L., Mbono, D. & Sampa, R.L. (2017). Use of questions in qualitative research: How questions guided our study, *International Journal of Development Research*, 7, (12).
- Berry, D.B. (2000). *Domestic Violence source book*. (3rd ed.). Los Angeles, CA: Lowell House.
- Bless, C.M., & Achola, P. (1998). Fundamentals of Social Research Methods: An African Perspective. Lusaka: Government Printer.
- Brown, M.C. and Price, B.H. (2001). Neuropsychiatry of frontal lobe dysfunctional in violent and criminal behaviour: a critical review. *Journal of Neurology, Neurosurgery and Psychiatry*. 71(6) 720-726-
- CSO (2014). Zambia Demographic and Health Survey, 2013-2014. Central Statistical Office. Lusaka, Zambia.
- Creswell, J.W. (2003). Research Design: Qualitative, Quantitative and Mixed Methods Approaches. New Delhi: Sage Publications.
- Creswell, J. & Plano Clark, V. (2011). *Designing and conducting mixed methods research (2nd ed.)*. Thousand Oaks, CA: Sage.
- Davies, P.J. & Dreyer, Y. (2014). A Pastoral Psychological Approach to Domestic Violence in South Africa, HTS Teologiese Studies/ Theological Studies, 70(3), Art 2802, 1-8.
- Davis, R.L. (2010) Domestic Violence-related deaths. *Journal of Aggression, Conflict and Peace Research*, 2(2), 44-52.
- Dutton, M.A. (1992). Empowering and Healing the Battered Women: A Model for Assessment and Intervention. New York: Springer Publishing Company.
- Edmunds, C., Petersen, D. & Underwood, T. (2002). *Violence Against Women: A Review of Impact and Practices.* Topeka, K. S Joint Center on Violence and Victim Studies. www.wasbum.edu/ce/jcvvs.
- Elisabet, L.R. (2014). The role of African Christian Churches in dealing with Sexual violence against women. Cape Town: Stellenbosch University.
- Fareo, D. Oluremi (2015). Domestic Violence Against Women in Nigeria. *European Journal of Psychological Research. Vol 2(1) 2057-4794*
- Fatima, S. (2011). Domestic Violence in the Africa North. Morocco: University of Fez.





- Gibson& Mitchell (1986). Introduction to Counseling and Guidance. New York: Macmillan
- Herman, J. (1992). *Trauma and Recovery. The Aftermath of Violence from Domestic Abuse to Political Terror.*New York: Basic Books.
- Kombo, D.K. & Tromp, D.L. (2006). *Proposal and Thesis Writing: An Introduction*. Nairobi: Don Bosco Printing Press.
- Lemon, Nancy (1996). Domestic Violence Law. A comprehensive overview of cases and sources. San Francisco, CA: Austin and Winfield.
- Levitt, Heidi, M. & Kimberly, W. (2006). Anything with Two Heads is a Monster. Religious Leaders Perspectives on Marriage equality and domestic violence. *Violence against Women* (12)1169-90.
- Lisa, Y.P. (2017). Perceptions of Women Receiving Services from Domestic Violence Advocacy and Counseling Programs. Walden University.
- Lutze, F.E & Symons, M.L. (2003). The Evolution of Domestic Violence Policy through Masculine Institutions: From discipline to protection to collaborative empowerment. *Criminology and Public Policy*, *2*(2), 319-328.
- Magen, M. Mutepfa (2009). Spousal Abuse in Zimbabwe, Nature and extent across Socio Economic Class, Gender and Religiosity. Zimbabwe Psychological Association.
- Montgomery, C. B & Price B.H. (2001). Neuropsychiatry of Frontal Lobe dysfunction in violent and criminal behaviour: a critical review. *Journal of Neurology, Neurosurgery and Psychiatry* 71(6) 720-726-
- Mpolomoka, D.L., Kanduza, E., Sichali, C. & Sampa, R.L. (2016). Academic Counselling in ODL: Experiences of the Zambian Open University. *International Open & Distance Learning Journal 2016 Special* Issue, pp. 1-8: http://www.iodlj.zou.ac.zw/ejournal/index.php/journal/issue/view/15/showToc
- Musune, J. (2015). Female Domestic Violence Against Men: A Case Study of Lusaka and Chongwe Districts. Lusaka: University of Zambia.
- Nontando, J.M. (2009). The perceptions and experiences of African women in violent partner Relationships: An exploratory study. Cape Town: University of Stellenbosch.
- Orodho, J.A. (2003). Essentials of Educational and Social Science Research Methods. Nairobi: Masola Publishers.
- Pelosi, M., Sandifer, T. & Sekaran, U. (2001). Research and Evaluation. New Baskerville:





Lehigh Press.

- Sanjay, D., Puranik, A.K., Saroshe, S., Gupta, G., Sirohi and Rohit, B. (2013). A Study of the Nature and Causes of Domestic Violence Among the Attendees of a Domestic violence Counselling Center of a Tertiary Level Hospital of A city of Central India. Doi:10.5455/ij msph.070520133.
- SAT. (2001). Counselling Guidelines on Domestic Violence. Southern African AIDS Training (SAT) Programme. Zimbabwe: Harare.
- Seeley, J. & Plunkett, C. (2002). Women and Domestic Violence Standards for Counselling Practice.

 Australia: Salvation Army Crisis.
- Social Issue Report (2011). *Empowering Victims of Domestic Violence*. Boston: Root Cause, 11 Avenue de Lafavette.
- Sonya, V.C. (2010). How Counseling Helps: An In-Depth Look at Domestic Violence Counseling. Chicago: Loyola University.
- Swisher, K. & Wekesser, C. (1994). Violence Against Women. San Diego, CA: Greenhaven Press-
- The United States Department of Justice (USDJ) (2013). Office on Violence Against Women. Retrieved from http://www.ovw.usdoj.gov/index.htm
- United Nations Population Fund (UNFPA) (2012). A Mapping of Faith-Based Reponses to Violence against women and Girls in the Asia-Pacific Region.
- United Nations (1993). Declaration on the Elimination of Violence Against Women. New York: UN.
- United Nations (2014). Guidelines for producing statistics on violence against women. New York: UN. Wilson, K.J. (1997). When violence begins at home: A Comprehensive guide to understanding and ending domestic abuse. Alameda, CA: Hunter House Publishers.
- World Health Organisation (2009). Violence prevention the evidence: Reducing violence through victim identification, care and support programmes. Geneva: WHO Press.
- World Health Organisation. (2014). *Health care for women subjected to intimate partner violence or sexual violence*. Geneva: WHO Press.
- World Health Organisation. (2015). Strengthening the Medico Legal response to sexual violence Geneva: WHO Press.





World Health Organisation. (2017). *Multi country study on Women's health and Domestic Violence Against Women*. Geneva: WHO Press.

Young Women Christian Association (2010). Annual Report, Lusaka: YWCA.