

Potential for Abuse in the VCT Counselling Room: A Qualitative Study

C Hamilton, D Okoko, N Kilonzo, R Tolhurst, S
Theobald, M Taegtmeier



VCT in Kenya

- Has been scaled-up rapidly
- Is regulated by guidelines and a registration system
- Is a one-stop service
- Counsellors conduct rapid testing in the counselling room
- Ensures confidentiality and private space



Basic quality assurance structures are in place

- Registration system
- Selection and training criteria for counsellors
- Support supervision of counsellors
- Client exit interviews



Objectives

- Explore potential for abuse through VCT provider's and service user's counselling experiences
- Document perceptions of best ethical counselling practice



Background to study

Two allegations: one of a client having been raped in a VCT room and one of a male VCT counsellor doing breast examinations gave the impetus for a more rigorous study in all VCT settings.



Methods

- Nov 2004 – April 2005
- Malindi, Kisumu, Nairobi
- Variety of service providers including government and NGO sector
- 80 people interviewed in 49 interviews with service providers and users



Table of interviews

Method	Group	Number	Gender
Key Informant interview	Stakeholders	13	8 female 5 male
Semi-structured interview	VCT service users	41	28 female 13 male
Semi-structured interview	VCT service providers	26	18 female 8 male



Trustworthiness of data

- Multiple methods
 - semi-structured in-depth interviews
 - paired and triad interviews
 - key informant interviews
 - observation and vignettes
- Skilled researchers
 - within the culture and context
- Triangulation of data



Positive experiences were characterized by elements of client-centeredness:

Sensitive, confidential handling of issues

Solution-focused sessions through informed choice and decision-making



Some clients had a negative experience

“The main one has been the issue of being preached at and feeling that counsellors are judgmental and too proud that they are forgetting [to listen], that they have a checklist and they have to interrogate, and they have to finish everything on the list, but they are not there for the client... and they have no time for us.”

(Service user/Kisumu/female)



Abuse of counsellors by clients was described

“For example, I had a male client who came in. When I came to the part on the condom demonstration he said, ‘Madam, I hope to show you something.’ He just sat down on that chair and he pulled out his penis I asked him why he did that now that he had come for an HIV test. And the client said, ‘If I sit near a woman I feel like having sex.’”

(VCT counsellor/Kisumu/female)



Abuse in VCT was described by counsellors in supervision sessions

“You get counsellors sharing what is happening in sites, of what VCT counsellors have been perpetrating, it has been said that they have not been to training, others were molesting some children or molesting girls who have come for the services.”

(VCT counsellor/Kisumu/male)



Sexual abuse was described by programme managers

“One of the most difficult experiences I had is when a client said she’d been raped within one of our counselling rooms ...she told me she had come to VCT and then she was told ‘You know there is another test which has to be done with my penis’. So then the counsellor put a condom on and he penetrated her and he came ... She was so confused now”

(Key informant/Nairobi/female)



Discussion

VCT interaction reflects other gendered and power norms in health services and society

“But most ladies are vulnerable in the community, be it a counsellor or client.”

(Kisumu/male)



Discussion

VCT structures may be contributing

“...because they’re vulnerable and it’s a closed room and you don’t know what’s happening in there.”

(VCT counsellor/Nairobi/female)



Discussion

The sensitive issues discussed affect both parties...

“...some clients are very furious, they come talking very nicely but deep in their heart you don't know what somebody holds.”

(Kisumu/male)

“I think there is the risk of a great deal of personal distress and burn-out on the part of VCT counsellors especially if they see too many clients or don't get appropriate support supervision...”

(Nairobi/female VCT counsellor)



Changing practice

- Windows in doors of rooms
- Mystery clients
- Notices in waiting rooms detailing the tests the counsellors may perform
- Information for the community on what exactly happens in VCT
- Same sex counsellors



Conclusion

The abuse described and documented in this study was conducted in a supposed 'safe' environment. It was primarily perpetrated against women by men.

It calls for further discussion and exchange of experiences in the current era of rapid scale-up and establishment of robust systems.



Acknowledgements

- Co-authors would like to thank the participants in interviews, the research department of Liverpool VCT Centre and the National AIDS and STD Control Programme, Kenya
- This study was conducted as a Master's dissertation for the MCommH at the Liverpool School of Tropical Medicine

