

**Addis Ababa University**  
**College of Education and Behavioral Studies**  
**School of Psychology**

**Psychosocial problems and coping mechanisms of sexually abused girls in shelter home: The case of Society for International Ministries (SIM) girl's shelter home project, Addis Ababa.**

**By: Simegn Markos**

**October, 2017**

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## **ACRONYMS**

**AIDS** = Acquired Immune Deficiency Syndrome

**BOFED** = Bureau of Finance and Economic Development

**BoWCYA**= Bureau of Women, Children and Youth Affairs

**CBOs** = Community Based Organizations

**CSA** = Child sexual abuse

**CSA** = Central Statistics Authority

**EMOH** = Ethiopian ministry of health

**GO**= Governmental organization

**HIV** = Human immune virus

**MOLSA**= Ministry of Labor and Social Affairs

**NGO** = Non-governmental organization

**PWB** = Psychological Well-Being

**SAC** = Sexually Abused Children

**SIM** = Society for International ministries

**PSS** = Psychosocial support

**UN** = United Nations

**UNAIDS** = United Nations Program for HIV and AIDS

**UNCRC**= United Nations Convention on the Rights of the Child

**UNICEF** = United Nations Children's Fund

**UNICEF**= United Nations Children Education Fund

**WHO** = World health Organization

## **ABSTRACT**

*The experience of child sexual abuse can leave a host of adverse behavioral, social, and psychological consequences. The main objective of the study was to explore psychosocial problems encountered by sexually abused girls and their coping mechanisms at Society for International Ministries (SIM) girl's shelter home, Addis Ababa. These sexually abused girls usually suffer from psychosocial problems like low self-esteem, moderate level of anxiety and poor social interaction etc., and yet, these psychosocial needs of the sexually abused girls are often unconcerned by the service providers and stakeholders; as a result a number of the girls leave the project. Therefore, to understand the significant psychosocial issues of sexually abused girls, the researcher used both quantitative and qualitative methods, and used different data collection instruments such as questionnaire. The age of the residents ranged between 9-26 years. For the present study (n=80) representative sample selected, 10 (Ten) participants interviewed and also key informant interviews were conducted with 5 (Five) participants. The participants of the interviews and key informant interviewees were selected using purposive sampling techniques. As well, descriptive statistics used for data summarization and presentation, the data collected from these respondents analyzed using the SPSS version 20 statistical program. The study revealed that sexually abused girls accessed all basic needs necessary to sustain their lives. Whereas, research revealed that majority of sexually abused girls have experienced psychosocial problems (low self-esteem, moderate level of anxiety and poor social interaction), because of history of sexual abuse, insecure parental relationship with service providers, lack of freedom, discrimination by community and lack of proper psychosocial services. Regarding to their coping mechanisms, most of the participants employed emotion focused coping mechanisms (talking to people, crying & bury feeling internally, and isolating themselves from social activities) and, problem focused coping mechanism (praying).Based on the findings, the researcher recommended that placing and expanding psychosocial services like applying counseling for girls, providing life skill training for care givers, having parental love, care and protection and employing proper coping mechanisms will be valuable to help them to return to a meaningful life in future.*

**KEY WORDS,** psychosocial problems, psychosocial well-being, sexually abused girls, Shelter, coping mechanism

# CHAPTER ONE

## INTRODUCTION

### 1.1. Background of the study

Girls play a central role in the whole activities of society. They are the backbone for every development, which takes place in all area of life. Girls carry out multiple roles such as caregivers, breadwinners, managers, administrators, etc. It is important to note that they are the basis on which the family is built. Family, as a key agency of socialization, has undergone change as a result of the developing dynamics that have happened in society. The mutual family has been one of the strongest key social supports for the family members, particularly; the vulnerable groups such as girls, widows, the isolated, aged and the ill. The collapse of the traditional joint family system has covered the way for nuclear families bringing about a change in the traditional social support network. In spite of the crucial role that girls (women) hold, they are vulnerable and experience various challenging life events in household, communities, churches, shelter homes and etc (Carter & Gold rick, 2002).

Moreover, Carter & Gold rick, (2002) argue that the vulnerable situation of women in society stops from the fact that there are various pre-existing social elements contributing to it. History has the existence of certain practices prevalent in society, which were the outcome of social, cultural and religious impacts on the dynamics of the society. Socio cultural practices led to the oppression of girls and increased their vulnerability. As the study by Dalen, Nakitende, Musisi, (2009) recommended, that ensuring education, legal protection, and psychosocial support of the sexually abused children is very important. Interventions on the children, caregivers, administrators, programmers and officials related with psychosocial issues also crucial. Services on child level to maintain the psychosocial health include counseling, life skills training,

community support and integration, rehabilitation is also very essential for children who have faced stressful life events in Child-care.

The extent of the problem and the number of children affected everywhere in the country Sexual exploitation of young people is frequently facilitated by their lack of economic power and job opportunities. In Addis-Ababa, Ethiopia, an estimated 30 percent (about 30,000) of girls ranging from 12-26 years of age had sexual abuse. As a result, they end up in child-care centers and history of sexual abuse has a severe impact on children's physical and psychological health, destroying their youth and expectations in life (MOLSA, 2005).

In 2010 the Addis Ababa BoWCYA together with Street Invest London conducted a research and identified that nine thousand victim children are living in child-care, and because of the weaknesses of the system of safeguarding thousands of them are at risk of exploitation, abuse and violence in institutions. Stanley, Riordan and Alaszewski (2005) suggested that a high number of child-care placements were related to mental health problems in the children. Addis Ababa city administration annual year plan of 2013/14 also shows that vulnerable children are one of the marginalized society groups in institutions. Because, sheltered sexually abused girls are experiencing severe psychosocial problems as a result of the violence, rape, threats, and addiction. In this regard, high numbers of victims of sexual exploitation and sexual abuse, especially girls, and that the majority of cases are not addressed. Assisting and supporting of ninety thousands children who are vulnerable to psychological and social problems and providing awareness training for two hundred fifty thousand children and other members of the dwellers through different types of mechanisms are considered to be one of the main task for the budget year (Addis Ababa, 2013/14).

According to Marriage Act 2006, the Commissions for Protection of girls (women) Rights Act, (2006) and the recent amendment to the Young Justice Act in the year 2006, migrant children who come to Addis Ababa both from rural and other urban areas, due to death of either any one of the parents combined with reluctance of the relatives to look after them, became highly vulnerable to poverty, homelessness and abuse.

In addition, another study indicated that survivors may experience long-term effect in their lives after abuse occurred. Such as, common relationships difficulties which means difficulty establishing interpersonal relationships with any one, inability to trust others, stress, chronic anxiety, tension, phobias, fear of intimacy, having destructive behaviors which means abusive relationships, feeling of confusion and feeling disorientation, experiencing guilt, shame, self-blame, nightmares, painful memory, as well, after abuse survivors usually blame themselves, internalize negative message about them and they develop self-destructive behaviors (King2009).

Some international organizations, like Society for International Ministries (SIM) and UNICEF in particular, have been committed for the last two decades to address the problem of girls (women), as well another Non-government organizations is also have been committed in this area (FSCE, 2003). However, the scope of this paper is enclosed to psychosocial problems and their coping mechanisms of sexually abused girls living in shelter home in Society for International Ministries (SIM). What incited the researcher to do research on this issue is that the prevalence of the sexually abused girls who leave (SIM) project since the project provides all basic needs.

## **1.2. Statement of the Problems**

Sexually abused girls who live at Society for International Ministries (SIM) girls' shelter home project", suffer from psychosocial problems like low self-esteem, moderate level of anxiety and poor social interaction and yet, these psychosocial needs of the sexually abused girls are often unconcerned by the shelter's service providers and stakeholders; as a result a number of the girls leave the project. Therefore, this study tried to show the existing psychosocial problems of sexually abused girls live at Society for International Ministries (SIM) girls' shelter home project". as a result, this study attempted to answer the central question of "what are the psychosocial problems of sexual abused girls in shelter home and their coping mechanisms?"

In trying to explore psychosocial problems of sexually abused girls at Society for International Ministries (SIM) girls' shelter home project; a set of questions developed to guide the research as follows;

1. What are the major problems of sexually abused girls in their day-to-day social life with their mate and care givers?
2. What kind of psychological problems do sexually abused girls face in their life?
3. What are the coping mechanisms the sexually abused girls employ?

## **1.3. Definitions of terms**

This section presents definitions of key terms used in this study.

### **A/ sexual abuse;**

For the purpose of this study the term girls sexual abuse is defined as a girl's exposure to forceful, violent, or coercive experiences that are aimed at obtaining sex or that accompanied sex that she perceives as abusive, unwanted, or coercive.

### **B/ Psychosocial consequences of sexually abused girls:**

In the present study is a devastating psychosocial condition caused by a major traumatic event of sexual abuse and it is correlated with higher levels of low self-esteem, depression, guilt, shame, self-blame, painful memory about the incident, eating disorders, somatic concerns, anxiety, dissociative patterns, repression, denial, sexual problems, and relationship problems

### **C/Psychosocial support**

Psychosocial support as an ongoing process of meeting physical, emotional, social, mental, and spiritual needs have abused child, all of which are essential elements for meaningful and positive human development.

**D/ shelter home:** living place that is prepared for sexually abused girls for the time being without their parents in Addis Ababa, at Lideta Sub-City, by Society for International Ministries (SIM) project

**E/ Sheltered (institutionalized) – girls –** refer to those girls who, were bought up to the shelter (institution) and live in shelter without their biological parents' care and support.

### **F/ care-givers (service providers)**

The term “care-givers or service providers” as used here means anybody who works or volunteers in a residential location serving sexually abused girls who are or have been in abusive interactions. This includes people in high positions, management and administration. Everyone are affected by the nature of the work and assistances from being aware of abuse changing aspects and how to help abused girls.

### **G/ Problem-focused coping**

This study focused on problem-focused coping, which was denoted by one's attempt to Problem-solve or manage a problem's source (e.g., make a plan, change someone's mind), Problem

focused coping mechanism was operationally defined as scores on the problem-focused coping and seeks social support subscales of the revised ways of coping checklist(Vitaliano, Russo, Car, Maiuro, & Becker, 1995).

#### ***H/ Emotion-focused coping***

Emotion-focusing coping was defined as using behavior or cognitions (e.g., forgetting, accepting sympathy) to manage emotional distress. Emotion-focused coping was defined as scores on the blamed self, wishful thinking, and avoidance subscales of the Revised Ways of Coping Checklist (Vitaliano et al., 1995).

### **1.4. Objectives**

#### **1.4.1 General objective of the study**

To provide holistic and comprehensive information on the crucial need of intervention of psychosocial care for sexually abused girls (women) in shelter homes. Particularly, to address psychosocial needs of sexually abused girls in shelter home in selected project in Addis Ababa with specific reference to sexually abused girls shelter project at Society for International Ministries (SIM).

#### **1.4.2 Specific objectives objective of the study**

The objectives of the study are:

- (1) To identify the types of psychosocial problems that sexually abused girls face.  
and Society in Addis Ababa.
- (2) To identify what types of coping mechanisms they employ to solve the problems
- (3) To recommend possible intervention and rehabilitation strategies

### **1.5. Scope of the study**

The study covered the Lideta Sub-City, Addis Ababa, “Society for International Ministries (SIM) girl’s shelter home project”. The stated area is the place where many sexually abused girls live. The study mainly dealt with sexually abused girls aged between 9 to 26 years. The study did not consider the other project sites of the organization. All possible means applied as far as time and resource allowed.

### **1.6. Significance of the study**

Considering the increasing number of sexually abused girls who leave or return to the place with high risk (to street) from “Society for International Ministries (SIM) girls’ shelter home project”, the study conducted with the purpose of understanding the psychosocial problems of sexually abused girls at Society for International Ministries (SIM) project. Moreover, the results of this research will be given primarily for SIM girl’s shelter home project service providers, government, non-government organizations and future researchers for the well-being of sexually abused girls (women). In addition, the study will try to identify ways of empowering the victims. It is crucial to note that the issues of the staff who work in shelter homes were never addressed too. It has been observed that the understanding of psychosocial problems of sexually abused girls has been very limited in shelter homes. These gaps led to the inadequate care and support and at times injustice to the residents who have been victims of difficult circumstances. This research aims to address these gaps, enables the care givers of the shelter homes to understand the needs of the sexually abused girls (women) and gives them an insight into the field of psychosocial interventions.

## **1.7. Organization of the Study**

This study was organized into six chapters. The first chapter begins with an introduction, which includes the background, objectives of the study, statement of the problem and significance, scope of the study and limitation of the study. The second chapter was review of relevant literature. The third chapter explores the methodological details, such as data collection methods and instruments, sample size determination and sampling procedure, and data processing and analysis. Chapter four stated about the findings of the study. In chapter five the researcher presented the discussion part and chapter six conclusions, recombination and based on the findings its implication for care givers.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1. The concept of sexual abuse**

The literature reviewed for the study includes the concept of sexual abuse, the nature and extent of the problem in the World, in Africa, and particularly the nature and the extent of the problem in Ethiopia. Sexual abuse is a complex phenomenon with multiple causes. No single factor can be identified as to why some adults behave violently toward girls (women). The World Health Organization (WHO) and the International Society for prevention of Women sexual abuse and Neglects (ISPCAN) (2006), identify multiple factors at the level of the individual, their relationships, their local community, and their society at large that combine to influence the occurrence of girls (women) abuse. At the individual level, such factors include age, sex, and personal history, while at the level of society; factors contributing to girl's sexual abuse include cultural norms encouraging harsh physical punishment of girls (women), economic inequality, and the lack of social safety nets. WHO and ISPCAN, state that understanding the complex interaction of various risk factors is vital for dealing with the problem of girl's sexual abuse.

Sexual abuse is physical, psychological and social devastation, especially by a parent or other caregivers. It may include any act or failure to act by a parent or other caregiver that results in actual or potential harm to girls (women), and can occur in a girl's home, or in the organizations, schools or communities the girls (women) interacts with. Girls (women) abuse consists of anything that individuals, institutions, or processes do or fail to do which directly or indirectly harms girls (women) or damages their prospects of safe and healthy development into adulthood (Mark & Barbara, 2001).

The American psychoanalyst Elisabeth Young-Bruehl (2012) punishment or abuse to girls (women) is acceptable by various cultures, beliefs, and it is regarded as a submission to adults, resulting in a largely unacknowledged prejudice against girls (women). She contends that such prejudice, while not the immediate cause of girl's abuse, must be investigated in order to understand the motivations behind a given act of abuse, as well as to shed light on societal failures to support girl's needs and development in general. Founding editor of the International Journal of women/ girls Rights, Michael Freeman (2006), also argues that the ultimate causes of girls (women) sexual abuse lie in prejudice against girls (women), especially the view that human rights do not apply equally to adults and girls (women). He writes,

*"The roots of girls (women) sexual abuse lie not in parental psycho-pathology or in socio-environmental stress (though their influences cannot be discounted) but in a sick culture which degrades and depersonalizes, which reduces girls (women) to property, to sexual objects so that they become the legitimate victims of both adult violence and lust".*

Girl's sexual abuse is an international occurrence. Poverty and sexual abuse are common social problems worldwide, and no matter the location, show a similar trend in the correlation to girl sexual abuse. Although these factors can likely contribute to girl's sexual abuse, differences in cultural perspectives play a significant role in the treatment of girls (women). In certain nations, the battle for equality within the sexes plays a large part in a girl's upbringing, there is conflicts regarding the traditional housewife versus the emphasis on equality within the sexes. Some girls (women) felt a considerable amount of pressure to carry out their motherly duties, obtaining an "authoritarian" parenting style, acting dominating and emotionally distant towards her girls (women) while overly involved in her own career. Many were encouraged to use more firm and

direct disciplinary methods, as well as be overbearing and overprotective of their women (Sebre, Sprugevica, Novotni, Bonevski, Pakalniskiene, Popescu, Turchina, Friedrich, Lewis, 2004).

While the nature and severity of the sexual act may cause more serious impact, many other factors may influence the degree of damage the victim experiences. Other factors may include the perspective of the individual, the individual's internal resources, and the individual's level of support. Child sexual abuse has been correlated with higher level of depression, guilt, shame, self-blame, eating disorders, somatic concerns, anxiety, dissociative patterns, repression, denial, poor self-esteem, and relationship problems. Anxiety has been the most common long-term symptom among survivors. Survivors may have difficulty in externalizing the abuse, thus thinking negatively about themselves (Harrtman, 2003).

### **2.1.1. Global Situation of sexually abused girls (women)**

The psychosocial problem of sexually abused girls (women) is a global manifestation. It exists and causes widespread damage to millions of girls in every part of the world. These sexually abused girls (women) live a temporary life style. They are exposed to psychological and social problems wherever they are. Moreover, it is no longer a secret that the numbers are increasing as the universal population and urbanization continue to grow fast (World Health Organization, 2006). According to Csáky (2009), lots of children, who live in shelter homes and other forms of residential care, are among the most exposed in the world. They are at increased risk of abuse and neglect due to the poor standard of care found in many institutions. As the Faith to Action Initiative, (2014) reported, most often shelter (institutional) settings are not skilled of meeting the developmental and frequent needs of children in spite of the fact that children need not only the physical care rather than affection, attention, security and social networks that their families and communities can provide. It is also indicated that institutional care are not capable of replacing

the loving care children got from their family and too often fail to meet the social, emotional, cognitive, and developmental needs of children.

The international community recognizes ‘violence against girls (women)’ as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychosocial harm or suffering to girls (women). Gender-based violence is violence that is directed against a woman because she is a woman. Examples include rape, domestic violence, trafficking, forced prostitution, sexual abuse, sexual harassment, female genital mutilation and forced marriage. Violence against girls includes threats of such acts, coercion or arbitrary deprivation of liberty. Violence against girls (women) can occur in private (such as in the home) or in public settings (including places of work and educational institutions). The roots of gender-based violence lie in the pervasive systems of inequality that perpetrate the domination of men and the subordination of girls (Sebreet al., 2004).

As recognized in the United Nations Development Program (2009), Violence against girls (women) is a manifestation of historically unequal power relations between men and girls (women), which have led to domination over and discrimination against girls (women) by men and to the prevention of the full advancement of girls (women). And it is one of the crucial social mechanisms by which girls (women) are forced into a subordinate position compared with men’. A girl (women) in an insecure world explores the roots of gender-based violence in social conditioning and social institutions, helping to understand the steps necessary to reverse these patterns.

Worldwide, 40-47 percent of sexual assaults are committed against girls (women) age 15 or younger. In a study in a South African hospital of girls under age 15 in whom a diagnosis of girl abuse was considered, 45 percent of the girls reported having been the target of sexual abuse.

A study in Uganda revealed that 49 percent of sexually active primary school abused girls say they had been forced to have sexual intercourse (Noble, Cover & Yanagishita 2004).

Sexual abuse takes place in both urban and rural environments. A study in a rural population of South Africa found that a neighbor, a friend, a lodger or a stranger, has abused 51 percent of girls between six months and 15 years of age receiving medical treatment for sexual abuse. Seven Studies conducted in a city in Zimbabwe found that half of reported rape cases involve abused girls less than 15 years of age and that abused girls are most vulnerable to sexual abuse by male relatives, neighbors and school teachers (Jovian & Watts 2006).

The threat of social stigma prevents young girls from speaking out about rape and sexual abuse. In Zimbabwe, rape cases are sometimes settled out of court when the perpetrator either pays compensation to the girl's father or pays a bride price and marries the girl to avoid bringing public attention and shame to the girl and her family (Sebunya, Girl abusers face mob justice: AIDS Analysis Africa 2006; 6(3):15).

All Anglophone countries have enacted laws, which directly address sexual offenses against minors. The age at which young people are protected by statutory rape laws varies in these countries, from under 13 years in Nigeria to under 16 years in Zimbabwe. Only Kenya specifically criminalizes both physical and verbal sexual harassment (The Center for Reproductive Law and Policy [and] International Federation of girls Lawyers, Kenya Chapter, 2007).

Globally sexually abused girls (women) face a number of chronic burdens after their sexual abuse in everyday life as a result of their social status and psychosocial problems in communities, institutions, churches, and etc. Evidence based studies have reported that these pressures could contribute to their higher rates to run away from their homes, institutions and

shelter homes to destitute places, because of many background reasons, such as, Apart from this, they reported difficulty in relating to others because of lack of trust, interpersonal problems, and demanding undivided attention and approval from others. Sexually abused girls (women) viewed themselves as inferior to others, lacked social skills, and were submissive with little faith in their own abilities (Nolen-Houseman, 2007).

### **2.1.2. Sexually Abused Girls situation in Africa**

Research by Save the Children South Africa (2010), shows that young girls (children) and adolescents experience two main forms of stigma and discrimination on the bases of abuse: general stigmatization and isolation by families, communities and institutions within communities (e.g., churches, shelter homes, association and etc.) and discrimination by service providers in accessing rights and services. Girls (women) earn less than men earn, and are much more likely to live in poverty. Girls (women) often face harassment in their work place. Girl's multi-task balancing time between their full-time jobs, girl care and domestic work. This role overload is said to contribute to a sense of "burn out" role strain and role burden. This increases their vulnerability in later life to various difficult circumstances. Since the problem of girls (women) is a growing problem worldwide, it is also ever increasing in African countries. As a result, psychosocial problems require urgent attention as it demands the very basics of society. Young abused girls frequently report that their early sexual experiences were forced. In a study in South Africa, 30 percent of abused girls report that their first sexual intercourse was forced. In rural Malawi, 55 percent of adolescent abused girl's surveyed report that they were often forced to have sex (Njovana& Watts, 2006).

The extent and nature of psychosocial problems of sexually abused girls (women) is possibly one of the most serious social problems in urban areas of the developing world. Like in many least

developed countries, the growing number of sexually abused girls, live in shelter homes is one of the most serious urban problems facing Ethiopia today. Because society's negative attitude towards sexually abused girls (women) includes stigma, rejection and denial. The immediate emotional effects of abused girls (women) are anxiety, low self-esteem, relationship difficulties, isolation, inability to trust others and leaving the shelter homes can be translated into lifelong psychosocial consequences(Mums, 2011). Girls abuse is something that should be avoided otherwise it has long lasting on the girls, families and societies in terms of physical, behavioral, psychological and societal consequences Jill, Marsha, Deborah, & Kristie, (2003)the consequences of child abuse have long term effect. These effects can appear in all ages until life span and harm different parts of a person's growth (e.g., physical, cognitive, psychological, and social). These effects of consequence are, low self-esteem, anxiety, attention disorders, and poor social interaction, extremely violent behavior, running away from projects, and death (Jill, et al., 2003). Violence against girls is a widespread problem in sub-Saharan Africa. Surveys conducted in sub-Saharan Africa reveal that 46 percent of Ugandan girls, 60 percent of Tanzanian girls, 42 percent of Kenyan girls, and 40 percent of Zambian girls report regular physical abuse. Violence has a significant impact on the health and life expectancy of girls. The World Bank estimates that rape and domestic abuse account for 5 percent of healthy years of life lost to girls of reproductive age in developing countries. Domestic violence can have long-term psychological effects. Studies have shown that one out of every four suicide attempts by girls is preceded by abuse. Girls in abusive households also suffer from the effects of violence, whether or not they are physically abused. According to Studies have shown sexual abuse have long-term psychosocial impact wherever they go. Girls who witness violence may experience many of the same emotional and behavioral problems that physically abused girl's experience, such as depression,

aggression, disobedience, nightmares, physical health complaints and poor school performance (Heise & Pitanguy German, World Bank, 2005).

### **2.1.3. The situation of sexually abused girls in Ethiopia**

One of the study deals with psychosocial distress mainly associated with anxiety, loss of parental love and nurture, burden of caring for the sick, impact of family dissolution, stigma, discrimination, grief and frustration (Mums, 2011). A range of factors is contributing to the ever-increasing number of the sexual abuse and exploitation of children in Ethiopia according to study conducted in Jimma, among 323 high school female students 68.7% of the girls were sexually abused, forced sexual intercourse (18%) followed by unwanted kissing (17.1%) Worku, Gebremariam, & Jayalakshmi, (2006). Women and children in Ethiopia are subjected to various forms of violence and abuse including child marriage, Female Genital Mutilation, sexual abuse, child prostitution/commercial sexual exploitation, rape, child trafficking, murder, psychological abuse etc. It was also stated that Ethiopian culture tolerates sexual abuse and violence against girls and women that enable men to exercise power (Sara, 2001; Alem, 2004). According to the different studies conducted, the primary causes identified that push the girls into sexual exploitation are socio-economic vulnerability that includes poverty, adult unemployment, family disintegration, parental death, domestic abuse & neglect, inappropriate educational opportunities, lack of alternative employment, sexual abuses, premarital sex that leads to unwanted pregnancy, peer pressure and cultural norms and values (Save the Children Alliance, 2004). In Ethiopia Harmful Traditional Practices like forced early marriage and divorce also highly contribute to the rural-urban migration. Poor families who are unaware of the sexual abuse and exploitation faced on the streets by the girl child also contribute to the problems by encouraging their children to contribute to the small family income. However, most of the girls migrating to the urban centers

do not have sufficient information about the situation there and the difficulties involved in securing a decent job in the cities. As a result, sexually abused and exploited children are therefore exposed to serious problems due to multifaceted and interactive factors such as: low level of awareness of the society (schools, community based organizations(CBOs), health institutions, religious institutions and community groups), exclusion of children from education related to their life style, lack of basic services, lack of knowledge about protective mechanisms wherever they go, lack of protection from law enforcement bodies and the community, social and economic abuse and exploitation of children (Save the Children, 2005). According to Mekuria, Nigussie, &Abera, (2015), a number of negative psychological consequences such as distress, anxiety, depression, lack of sleep and suicidal thought were reported by the victims of sexual violence among high school girls. Psychosocial support and counseling can help sexually abused girls in shelter homes and other forms of residential care free themselves from the anxiety, low self-esteem and depression and start rebuilding their self-confidence.

The problem gets increased because of families' inability to support girls. For example, parental illness, loss of parents due to HIV/AIDS and decrease in household income are. Federal Ministry of Women's Affairs Addis Ababa (2009) has described that childcare within an institution should be used as a short-term alternative care strategy and only as a last resort when all other types of options have been exhausted. Even though, many research studies have consistently described the harmful effects that living outside family care can have on children (Csáky, 2009).

## **2.2. Psychosocial problems of sexually abused girls**

Psychosocial is a broad term, which combines both the ideas of psychological and social factors interacting together in the lives of individuals. That means the psychological state of a person is highly influenced by the social environment. The absence of one or both parents is a significant

contributor and the presence of step father doubles the risk for abuse of female child (Hale, 2003). Existing studies of children's reactions suggest that they tend to show internalizing rather than externalizing symptoms in response. To such impacts depression, anxiety and withdrawal as opposed to aggression and other forms of anti-social behavior (Karrlenzza, 2008).

A psychosocial assessment of sexual abuse issues would identify other needs beyond the physical thus giving a more realistic analysis of their situation in totality (Dane, 2003). The current study sought to document and establishes psychosocial problems of sexual abuse. However, several other studies have uncovered a core set of factors that have consistently been shown to promote competence despite adversity. These factors include self-efficacy, relationships with caring pro-social others, and having good problem solving skills (Masten & Costworthe, 2001). This study explored this link by assessing the psychological and social connections and the ability to problem solve in aiding the sexually abused children to overcome their challenge. Sexually abused children have deep psychosocial disturbances. AIDS, abuse, drought have traditionally been relocated within extended family networks. However these traditional safety net systems are increasingly being eroded as whole communities fall victim to the illness and more children require care (Cluver & Gardner, 2007). Those not lucky enough to find family or community support often end up living on the streets, begging, stealing or engaging in sex work for food and money. On the streets these children are extremely vulnerable to abuse and exploitation.

The idea of psychology is that people structure and interacts with the world differently on the basis of the meaning they assign to events. While acting alone or in groups children interact. This interaction of children with the environment moulds their behavior. Besides, the interaction of children with the environment facilitates the psychosocial development of the children, resulting

in proper emotional, personal, and social behavior (Andresen,& Chen, 2002). Other scholar Puts psychosocial development as one of the three domains of development. These three aspects of development that make up the whole development are physical development, intellectual development and psychosocial development Cobb (2001).Most Psychosocial problems are often not visible, they take different forms, and they may not arise until months after the traumatic event. The abuse leaves children in a state of trauma. Many children may become withdrawn and passive or develop sadness, anger, fear, and antisocial behavior's and become violent or depressed (World Bank, 2004). Psychosocial problems are divided into three major categories these are:

### **2.2.1. Self-esteem**

According to Rosenberg, self-esteem tends to be a positive or negative orientation towards oneself; an overall evaluation of one is worth or value. Self-esteem is one component of self-concept, which has been defined as 'totality of the individual's thoughts and feelings with reference to himself as an object' (Rosenberg, 1965).However, the cognitive theories have not only considered thoughts about oneself but also ones' self-worth (Carthy, 2007). This model proposes that persons with sexual abuse likely to have a poor self-esteem. Abramson (2002), test on this model reported a strong support for cognitive abnormality for low self-esteem among children and adolescents, further suggesting a strong correlation between sexual abuse and self-esteem not only among adults but also among children and youth. Although this model was formulated for a different cultural setting, children and youth sexually abused reported to have poor self-esteem (Sengendo& nimbi, 2004; Germann, 2001).

Self esteem is a generalized evaluative attitude toward the self that influences behavior and that exerts a powerful effect on a range of personal and social behaviors(Segal, 2001).Simon and

Schuster (2001) found self esteem as a disposition to experience oneself as being competent to cope with the basic challenges of life; of being worthy of happiness by having confidence in his/her ability to learn, make appropriate choices and decisions; respond effectively to change; experience and success, achievement, fulfillment, happiness, are right and natural for him/her. It may be argued that, if one has a positive belief system about one's self, one will have a positive self-esteem. On the other hand, if one views oneself as worthless, one will have a negative self-esteem (Mazhar, 2004). Children with high self-esteem have a much closer relationship with their parents than do children with low self esteem. (Gecas & Schwalbe, 2001; Kernis, 2000).

Felson & Zielinski (2004) stated that there may be a reciprocal effect between parental support and self-esteem among children.

According to Polite (2004), low self-esteem classified as feeling sad, frustrated and hopeless about life, accompanied by loss of pleasure in most activities and disturbances in sleep, appetite and lack of concentration and energy. He also observed that internalized stress can cause low self-esteem. Thus, holding positive attitudes toward oneself emerges as a central characteristic of positive psychological functioning (Ryff and Singer, 2001). This is defined as a central feature of mental health as well as characteristic of self-actualization, optimal functioning, and maturity. This theory also emphasize acceptance of one's self and one's past life Ideas of self-love, self-esteem, and self-respect are also evident in lists of criteria goods showing parallels to sexual abuse.

### **2.2.2. Anxiety**

Sexually abused survivors often experience guilt, shame and self-blame. When an esteemed trusted adult does, the abuse may be hard for the children to view the perpetrator in negative light, thus leaving them incapable of seeing what happened as not their fault. Therefore, they

often blame themselves and internalize negative messages about themselves. They tend to display more self-destructive behaviors and experience more suicidal ideation than those who have been abused (Browne & Finkelhor, 2001).

According to Beck's cognitive theory on the other hand proposes that negative view of self, the world and the future, the negative cognitive triad serve as a possible cause for anxiety in the face of negative life events. The multiple stresses and risk factors experienced by girls whose parent(s) or caregiver are died that includes fear, worrying, observing and caring for ill caregivers in pain, social stigmatization, hospital visitation, shattered hope and eventually the death of the parent(s) or care giver (Wild, 2001). These effects have the potential to cause anxiety, poor self esteem and depression (Germann, 2004).

Ratican (2002) describes the symptom of child sexual abuse survivors' body image problems to be related to feeling dirty or ugly, dissatisfaction with body or appearance, and obesity. These may be cause for somatic anxiety. A study found that women survivors reported significantly more medical concerns than did people who have not experienced sexual abuse.

Childhood sexual abuse can be frightening and cause stress long after the experience or experiences have ceased. Many times survivors (abused girls) experience chronic anxiety, tension, anxiety attacks, and phobias (Ratican, 2002). Some survivors may have dissociated to protect themselves from experiencing the sexual abuse. These may include feelings of confusion, feelings of disorientations, nightmares, flashbacks, and difficulty experiencing feelings (King, 2009), stressful life experience constitutes a potential threat to the well-being and health development of children and youth. Increasing large numbers of young people are faced with stressful experiences that include traumatic events, adversity such as the death of a loved one or both parents and the accumulation of stressful life events and daily hassles

(Garmezy&Rutter2004). Traumatic experiences that threaten the well-being of children and youth include personal chronic illness, maltreatment or neglect and cumulative life events and daily anxiety. (Cicchetti& Brnett,2003).

### **2.2.3. Social interaction/relationships**

Survivors may experience difficulty in establishing interpersonal relationships. The symptoms correlated with childhood sexual abuse may hinder the development and growth of relationships. Common relationship difficulties that survivors may experience are difficulties with trust, fear of intimacy, fear of being different or weird, and difficulty establishing interpersonal boundaries, passive behaviors, and getting involved in abusive relationships (Ratican, 2002).

According to Csáky (2009) millions of children who live in orphanages and other forms of residential care are among the most vulnerable in the world. They are at increased risk of abuse and neglect due to the poor standard of care found in many institutions. As the Faith to Action Initiative (2014 ) reported most often institutional settings are not capable of meeting the developmental and continual needs of children in spite of the fact that children need not only the physical care rather the affection, attention, security and social connections that their families and communities can provide .It is also indicated that institutional care cannot replace the loving care children got from their family and too often fail to meet the social, emotional, cognitive, and developmental needs of children .

As the severity of abuse increased, the scores measuring the ability to adjust to intimate relationships decreased. Sexual abuse often is initiated by someone the child loves and trusts, which breaks trust and may result in the child believing that people they loves will hurt them (Pearson, 1994). Survivors also experience sexual difficulties. The long-term effects of the abuse that the survivor experiences such as, depression and dissociative patterns, affect the survivors

sexual functioning. According to Maltz (2002), the top ten sexual symptoms that often result from experiences of sexual abuse are avoiding, fearing, or lacking interest in sex, approaching sex as an obligation, experiencing negative feeling such as anger, disgust, or guilt with touch, having difficulty becoming aroused or feelings sensation, feeling emotionally distant or not present during sex.

They also face social problems, which include the lack of supportive peer groups and role models, stigma and other risks in their immediate environment. Sexually abused Children(girls) suffer emotional stress; higher levels of anxiety, depression, and anger, along with the associated inactivity induced by depression; feelings of hopelessness and thoughts of suicide due to the hardships they face after a parent dies (Gilborn, Apicella, Brakarsh, Dube, Jemison, Kluckow; Smith & Snider 2006). Also they found that children who are sexually abused witness and suffered by: mental distress, depression, increased malnutrition, lack of health care and proper schooling, early entry into paid (or unpaid) labor, homelessness, exposure to further abuse and an increased risk of HIV/AIDS.

The fulfillment of the sexually abused children's social needs is very important to the processes of human development. Muller, Sen and Nsubuga (1999) report that the increased risk of, inadequate shelter services are commonly cited as the consequences of the abused child. Other common impacts include pressure to drop out of school to begin working, food-insecurity, deteriorating housing conditions and general worsening material conditions. Such exploitation and abuse contributes to an increased likelihood of anti-social behavior and criminality, which might even include commercial sex work (Schonteich 1999). Loening-Voysey (2002) argues that, whilst welfare provision in the form of financial grants for children affected sexual abuse is a vital way to address the needs of these sexually abused children; grants do not necessarily

reach them. Furthermore, it is argued that, due to welfare provision, abused children are being viewed as an economic asset, to be cared for nominally and as a means of providing financially stressed households with an additional income.

According to Furman, “no other event is comparable in psychological significance because the abuse deprives children of so much opportunity to love and be loved and confronts with a difficult adaptive task. Sexually abused Children may experience additional trauma from lack of nurturance, guidance, and a sense of attachment, which may impede their socialization process (through damaged self-confidence, social competencies, motivation, and so forth). Sexually abused Children often find it difficult to express their fear, grievance, and anger effectively. In addition, when willing to express their feelings, they may find it difficult to find a sensitive time (UNAIDS, 2001). Many sexually abused children continue to experience emotional problems and little is being done in this area of emotional support. There are several reasons. First, there is a lack of adequate information on the nature and magnitude of the problem; secondly, there is a cultural belief that children do not have emotional problems and therefore there is a lack of attention from adults. Thirdly, since psychological problems are not always obvious, many adults in charge of children are not able to identify them. However, even where the problem may have been identified, there is a lack of knowledge of how to handle it appropriately. In many cases, children are punished for showing their negative emotions, thereby adding to their pain. In schools, there is an obvious lack of appropriate training of teachers in identifying psychological and social problems and therefore offering individual or group attention (Sengendo and Nambi, 2009). Sexually abused Children therefore are at risk of growing up with unresolved negative emotions, which are often expressed with anger and depression. Adults may also experience negative emotions in times of bereavement, but, unlike children, adults have the intellectual

ability, life experience and emotional support that enable them to control their anger and depression (Sengendo and Nambi, 2009).

Research by save the children South Africa (2010), showed similar findings that children and adolescents experience two main forms of stigma and discrimination on the bases of abuse: general stigmatization and isolation by families, communities and institutions within communities, e.g., churches, institution etc.; and discrimination by service providers in accessing rights and services.

### **2.3. Consequence of sexual abuse**

Sexual abuse causes terrible pain at the time of the assault and can leave scare that linger on children's lives in a multitude of ways, threatening their physical and emotional well-being and development, their sense of self, their right to health and happiness. Sexual abuse is unequivocally associated with high level of distress and commonly profound disturbance of the child's physical, emotional, social, moral and intellectual development. The effects of abuse in the form of physical injury and psychosocial trauma are often felt into a person's adulthood and indeed throughout life (Townsend and Dawes, 2004). Social problems which correlate with CSA trauma include: conflict resolution, interpersonal sensitivity, adult attachment issues, feelings of isolation and stigma, social alienation, difficulty trusting others, child social relationship problems, relational imbalances, intimacy, tendencies toward re-victimization, personality, unstable personal relationships, the victim-perpetrator cycle, social introversion and violence Colman and Widom (2004). Sexual abuse has consequences like, low self-esteem, stress, and chronic anxiety, tension, phobias, fear of intimacy, having destructive behaviors which means abusive relationships, feeling of confusion and feeling disorientation, experiencing guilt, shame, self-blame, nightmares, painful memory, after abuse survivors usually blame themselves,

internalize negative message about themselves and they develop self-destructive behaviors(Browne & finkelhor, 2001).

Children exposed to sexual abuse are often faced with a multitude of problems that could have hazardous implications on their future. Such children are often stigmatized, neglected and isolated by most members of the society. Hence, joining with other children as well as the society at large would be difficult for them. The negative societal attitude towards sexually abused and exploited children would further result in social and psychological problems. Most of them have low self-esteem and manifest a sense of hopelessness. They do not think that there is a way and means that may help them to lead a better life in the future. They are rather developing negative attitude towards society and hatred to others outside the circle of their peers (Ratican, 2002).

In most cases, the rights of these children are unrecognized and even violated by various sectors of the society. Coupled with other interrelated factors mentioned above, these dehumanizing responses in turn result in very serious and life threatening consequences that are damaging to their emotional, moral and social stability which calls an immediate response before it becomes irreversible and unmanageable. It is anticipated, with the prevalence rate of HIV/AIDS, many of the girls engaged in the activity are HIV positive (Garmezy&Rutter2004).

There are well-documented consequences of sexual abuse for many female victims. For example, it has variety of negative reactions that can disturb the physical, sexual, social and psychological aspects of the victims' lives. Sexual abuse is more devastating to women and girls as it is linked with reproductive health issue like unwanted pregnancy, Sexual Transmitted Infection and HIV/AIDS, unsafe abortion and other pregnancy outcomes (Sara, 2001).

Fear of sexual victimization is prevalent among women and young girls and affects their lives profoundly. Kershner (2003), indicated that the 'fear of sexual assault often makes women and girls feel vulnerable and weaker than men. They grow up learning to limit and restrict their behavior in various ways, such as never walking alone in certain locations or at night' (cited in Kelly, 2010:484). Faller (2010) explained psychological impacts of sexual abuse which include sexual interactions with others, promiscuous behavior and adolescent prostitution. Sleeping problem, regressive behaviors, guilt and shame, self-distractive behaviors, depression, increased anxiety levels, low-self concept, fear of specific gender, eating disorders, running away, substance abuse, delinquent activities, suicidal behavior, problems relating to peers, school problem, changes in usual behavior (cited in Allyn and Bacon, 2001).

There are some dimensions that the hazardous effects of child sexual abuse are categorized in to. The psychological and social harm it imposes on the victims has been the concern of parents, child welfare agencies and different parts of societies throughout the world. Some of the effects of child sexual abuse may be manifested in short period after it has been perpetrated where as other effects take longer duration to be revealed in later lives of adulthood. The following section explains some of the effects that children experience as victims of sexual abuse and they will be presented as psychosocial effects. The psychosocial effects of child sexual abuse, as listed by Faller (2010), include: betrayal, traumatized feeling, stigmatization by family and society, hyper arousal, excessive masturbation, repetition of sexual acts with others, or inappropriate play with others, atypical sexual knowledge, adolescent prostitution increased anxiety, depression, low self-esteem, fear of alleged offender, fear of specific gender, role reversal in the family and school problems (cited in Winton & Mara, 2001, P.152). In addition to this, a research by Lusk & Wateman (1999), listed the psychosocial effects of child sexual abuse as: sleep problem,

regressive behavior, guilt, shame, self-destructive behavior such as: self-mutilation, suicidal thoughts and attempts, anti-social and aggressive behavior, delinquency, stealing, tantrums, substance abuse, withdrawal, are among the commonest characteristic effects of child sexual abuse (cited in HailuWorkneh, 2007).

#### **2.4. Coping mechanisms of sexually abused girls**

Lazarus and Folkman (2001) defined coping as, a transactional process, which changes over time and within its situational contexts. Pearlin and Schooler (1998, pp.30), defined coping as “any response to external life strains that serves to prevent, avoid, or control emotional distress”. They recognized that the act of coping is related to both the life strains and the state of one’s inner emotional life. Lazarus & Folkman (2006) view that even though stress is inevitable; it is the coping that makes the difference in adaptation outcomes. According to them, coping has two major functions (a) Regulating stressful emotions or Emotion-focused coping and (b) Altering the distressed person-environment relation or Problem-Focused Coping. According to (Phyllis, 2011), Emotion-focused coping deals with efforts to manage the negative emotions associated with the stressful situation which is used when events are perceived as uncontrollable, such as health situations. These coping strategies include cognitive distraction, seeking emotional support, emotional regulation and expression, selective attention, communicating with people about the situation and cognitive restructuring ( Phyllis, 2011).The other coping style is problem-focused coping which is referred to as the efforts used to change the basis of stress directly. This type of coping focuses on altering the environment, changing the external pressures, or seeking resources to help make the situation less threatening. Problem-focused coping strategies usually are used by adult individuals in work contexts (Lazarus & Folkman, 2001). Coping strategies can also be classified as being positive or negative. Some people use positive coping strategies to

manage their situation, such as positive thinking and the utilization of appropriate social supports, which include family, friends, and holy places (Perkins et al. 2004). Others may also use negative coping strategies, such as the use of avoidance behaviors, negative thinking, and substance abuse (Greeff et al., 2006; Nehra, Chakrabarti, Kulhara, & Sharma, 2005).

Psychosocial support (PSS) defined as “an ongoing process of meeting the physical, emotional, social, mental, and spiritual needs of a child”, all of which are essential elements for meaningful and positive human development. It includes, “formal and informal services that address psychosocial well-being either directly and specifically (e.g., through interpersonal moral support, counseling, spiritual support, creating mutual support group, etc.) or indirectly (e.g., school and nutritional support programs that may alleviate stress and worry)” Gilborn et al. (2006) also, social connectedness, such as having supportive relationships with primary caregivers and members of one’s cultural or faith groups and access to community resources are widely recognized as protective factors that buffer the consequences of negative experiences on children Gilborn *et al.*(2006) indicate that, although teenagers report that they feel very well supported by the adults in their lives and their religious communities, many youth do not receive the social support needed from peers and adults to effectively mitigate the impacts of the stressful and traumatic events in their lives.

For girls (women) who were in abuse situation psychological support is essential. According to Richter, Foster & Sherr (2006) it is difficult to support or promote the psychosocial well-being unless victims have not people like care givers to love, encourage, care and protect them. Then, children feel that they have people who love, care and protect them when they are in trouble, These relationships help abused children to cope better and to turn back to meaningful life, Whereas, insecure attachments can lead them to source of danger or harm (streech, Fischer,

vanderk & Kolk, 2000). In addition, without love, care and protection it is difficult for anyone to promote psychosocial well-being when they are in depression and anxiety (Meadows, 2011; Trickett, Negriff&Peckins, 2011).

Understanding psychosocial needs like providing holistic care is very crucial for women in shelter homes in order to cope up better life and to help children to return to a meaningful life in future. Abraham Maslow said that ‘human beings’ motivations to face and achieve goals in life’s challenges are based on the fulfillment of needs. The attainments of these needs are based on a hierarchy. The first and the foremost need as a human being are the basic needs that comprise physiological needs such as food, clothing, and shelter. Maslow says that “unless these needs are met human beings will not be motivated to work towards attaining of the other needs such as safety needs. This safety needs fulfill the need for security, comfort, for peace and freedom from fear”.

According to Dzuka and Dalbert (2000), psychological well-being is the overall satisfaction and happiness or the subjective report of one’s mental state of being healthy, satisfied or prosperous and broadly, to reflect quality of life and mood states. Deci and Ryan (2008) defined Psychological well-being refers to living life in a full and deeply satisfying manner. This conceptualization maintains that well-being is not so much an outcome or end state as a process, and is concerned with living well or actualizing one’s human potentials.

The psychological impact of abused children is a neglected topic, due to the shocking financial crisis that confronts them; programs tend to focus on providing for material needs rather than counseling and other forms of psychosocial support (Foster & Williamson 2000). This section focuses on the psychosocial needs abused children. Research evidence shows that abused children face many psychosocial challenges that involve the lack of parental guidance, love, care,

and acceptance in the new families they join or the institution (Nasaba, Defilippi, Marston & Musisi 2006).

### **Avoidance**

Avoidance presumed as an Emotion-focused coping strategy that some sexually abused women use when they overestimate the solution of their situation or underestimate their own coping ability (Cubbin, 2007). Avoidant strategies may include ignoring friends & classmate by decreasing physical and emotional contact, such as not communicating and visiting them regularly and limiting their affection. People may also totally avoid sexually abused girls and cut off any type of contact (Nehra, et al, 2005). According to Lesley (2005) he said that some people who experience the same situation able to understand and listen to others but they wouldn't be able to talk to others who don't know much about it. People are frightened of the unknown.

### **Religiosity and Spirituality**

The National Alliance (2010) presumed that some sexual victims use religious and spiritual support as a means for coping with the problem. The use of spirituality is seen as a positive Problem-Focused Coping strategy (Phyllis, 2011). Spirituality may mean different things to different individuals, but has been seen to increase levels of well-being and decrease the level of stress in one's life (Rammohan, Rao, & Subbakrishna, 2002), it can be both intra-physical, such as through values and beliefs, and institutional, such as through church attendance and performing rituals. Spirituality includes seeking advice from a minister, attending and participating in church services, and having faith in God. Spirituality may also include prayer, privately and with a community (Phyllis, 2011).

## **Model of Psychosocial Support**

Psychosocial support (PSS) is defined as an ongoing process of meeting the physical, emotional, social, mental, and spiritual needs of a child, all of which are essential elements for meaningful and positive human development (Philippi Namibia, cited in Van Den Berg.2006).

Providing psychosocial support to affected girls Interventions to sexually abused girls tend to focus on the education and material needs and ignore the psychosocial needs. These needs are in most cases misunderstood and difficult to assess. Such an attitude undermines and destroys the fundamental human attachments to normal family life and youth development as observed by Foster & Jiwli (2001), Levine and Foster (2000). Sexually abused girls suffer fear and anxiety due to their abuse. These problems are further compounded by traditional tattoos surrounding discussion of abuse. Victims cannot cope without support; they need plenty of opportunity to express their feeling without fear of stigma, discrimination or exclusion (Foster & Jiwli, 2001; Levine & Foster, 2000; REPSSI, 2003). Programs addressing the psychosocial needs of survivors should be incorporated in other programs/activities. Peer support individual counseling and group approaches are needed. The school counseling and social welfare programs, faith based organizations, non-government organizations, community volunteer outreach groups, all should be sensitized and equipped to offer psychosocial support to sexually abused girls (Women). Teachers, healthcare workers and other stakeholders interested with the well-fare of women should be trained to identified signs of distress and take appropriate action (REPSSI, 2003).

According to Abraham Maslow (1999) ‘human beings’ motivations to face and achieve goals in life’s challenges are based on the fulfillment of needs. Once the basic survival needs are, met human beings move on and work towards full filling the other needs such as need to love and to

beloved by family and friends. Once the fulfillments of these needs are met an individual attempts to Work towards the fulfillment of the next set of needs known, as the attachment needs. This need is the innate desire of any individual; they need to beloved and to love, to have friends and to be friends with others.

## **CHAPTER THREE**

### **RESEARCH METHODS**

This chapter deals with the description of the research design, population and sampling , data collection instruments, data collection procedure, data analysis and ethical considerations.

#### **3.1. Research Design**

The study is descriptive in its nature, which involves correlational studies. It is descriptive since it attempts to assess the level of psychosocial problems among sexually abused girls. In order to achieve the stated objectives, the researcher employed mixed research method. The researcher also considered both primary as well as secondary sources to generate data on the psychosocial problems of sexually abused girls in the shelter home.

#### **3.2 Study Site, Population and Sampling**

##### **Study site**

To collect meaningful data, the location of the study was visited. The study was conducted in one organization i.e. the non-governmental organization of the Ethiopian, Lideta Sub City, and Addis Ababa around Tikur Anbesa Hospital at “Society for International Ministries (SIM) girls’ shelter home project”. The shelter provides basic services for sexually abused girls in the institution as well as working on reunification and reintegration of girls. The overall goal of the institution is to contribute to the ongoing efforts of improving the basic needs of sexually abused girls. The reason why the shelter home was chosen was; firstly, this institution has many years of work experience in delivering care for sexually abused girls. Secondly, the center has large numbers of sexually abused girls. Finally, this project was preferred because the researcher works in the center and data collection would thus be easier.

## **Population**

The study population contained sexually abused girls living in “Society for International Ministries (SIM) girls’ shelter home project”. Eighty (n=80) Females from girls’ shelter home project were selected. The following criteria were applied to select the participants.

- (1) The girls who are 9 to 26 years old and who have lived for at least a year in the shelter home
- (2) Should be active beneficiaries for the services at the time of the research
- (3) Abused girls who are not willing to participate in the study would be excluded from the Study

## **Sampling**

A cross-sectional survey of a convenient sample of (n=80) sexually abused girls in shelter home conducted at Society for International Ministries (SIM) project. Girl is living at the SIM girl’s shelter home project at least one (1) year, because girl’s experience (duration of time) are very important to explain their problem. The researcher used purposive sampling technique in selecting areas, which are highly concentrated with girls’ shelter home project. The researcher has taken 80 sexually abused girls using simple random sampling technique from shelter. Ten interviewees (sexually abused girls) who had previously filled the questionnaire and five key informant interviewees (service providers and representatives of the organization) were selected using purposive sampling technique.

### **3.3. Data Collection Instruments**

To obtain the required information, varieties of instruments were prepared and utilized.

- **Questionnaire**

Based on the objectives of the research and reviewed literature both open-ended and close-ended questions were prepared, as one of the method of collecting relevant and adequate information. The questionnaire prepared according to Rosenberg, 1965 self-esteem inventory (10 items), Hamilton, 1959 the assessment of anxiety (21 items) and Riff's 1995 scales of psychological well-being (18 items) manuals for sexually abused girls, which consists two sections. The first section contains five items about the socio-demographic characteristic of respondents. The second section contains 59 close-ended questions about the psychosocial problems of girls. The close-ended items of the questionnaire were designed in a form of four-point rating Scale contains almost never, sometimes, often and very often. These responses are given values 0, 1, 2, and 3 respectively. These respondents (n=80) sexually abused girls from Society for International Ministries were selected using simple random sampling technique with lottery method. This was done by using sexually abused girls list from home room caregivers.

- **Interview**

In order to obtain a deeper understanding of the issues raised, interview questions were prepared and conducted with 10 (ten) sexually abused girls who had previously filled the questionnaire. The first section contains five items (open-ended) about socio-demographic characteristic of respondents. The second section contains 9 close-ended questions about the psychosocial problems and coping mechanisms. Likewise, interview questions were prepared and conducted with 5 (five) key informant interview participants (2house mothers, 1 social worker, 1 program officer and 1 programme coordinator). The first section contains six items (open-ended) about

socio-demographic characteristic of respondents. The second section contains 11 close-ended questions about the psychosocial problems and coping mechanisms of sexually abused girls.

These respondents were selected using purposive sampling technique. Thus, they described their individual experiences and gave unique interpretations to experiences through the individual in-depth interview. An audiotape recorder was used to tape-record the interviews in order to catch the details that even the most careful field notes could not. This enabled the researcher to replay each recording several times, improving the veracity of the verbatim transcriptions. In addition, non-verbal clues were observed during the interview process, and the interviewer used probes in order to elicit a deeper understanding necessary for this study because probing encouraged a respondent to produce more information on a particular topic without the interviewer injecting his own ideas into the discussion. In the process of interviewing, an emotionally supportive environment was created to help the participants feel comfortable to participate in the interview and minimize the power balance. Relationship was developed with participants. The in-depth interview data from the sexually abused girls were enriched by triangulating the interview with the caregivers. A total of 15 in-depth interviews were conducted with 10 sexually abused girls and 5 key informant interview participants.

- **Validation of the instruments**

The main focus of the study is to explore psychosocial problems and coping mechanisms of sexually abused girls.

In order to assess factors associated with psychosocial problems and coping mechanisms in sexually abuse girl's qualitative and quantitative data collection tools were applied. Therefore data about the socio-demographic characteristics like age, gender, educational level, parents situations and some selected psychosocial effects encountered by sexually abused girls such as

self-esteem, anxiety and social interaction explored through open-ended and close-ended questionnaires and interviews.

Regarding to questionnaires the open-ended and close-ended questions was administered. Originally self-esteem inventory (10 items) developed according to Rosenberg, (1965). The assessment of anxiety (21items) developed by Hamilton, (1959). Finally scales of psychological well-being (18 items) originally developed by Riff's, (1995). The standardized sexually abused girl's psychosocial problems and coping mechanisms scales was validated and translated into Amharic language earlier by other researchers and adopted for this study (Makuria, 2015; Hawi, 2014; Solomon, 1999; Worku, 2006). It was pilot tested on 20 samples to test its reliability and validity. Internal consistency reliability of the Amharic versions of the instrument was determined for the total and for the subscales using Cronbach's alpha. The computed Cronbach's alpha coefficients were self-esteem 0.67, anxiety 0.73, and social interaction 0.71 and total psychosocial problems scales were 0.86.

With regard to data gathering tools interviews direct observation, sexually abuse girls interview, key informant interview and document analysis were the mechanisms implemented in order to obtain necessary data for the study. Open-ended and close-ended interview with sexually abused girls, observation and key informant interview guides were developed by the researcher using the researcher's experience, considering the objectives of the research and review of related literature. The content and face validity of the observation and key informant interview guides were evaluated by peers first then approved by the advisor before they used. In addition, questions that were not useful and questions that required reconstruction, finally improved based up on the input from the comments obtained.

### **3.4 Data Collection Procedure**

Data collection undertaken after permission is obtained from the respondents. Study participants asked for verbal consent before being asked for any information and written and informed verbal consent obtained from every study participants. Objective of the study explained for participants and asked to give information only after give their consent. No person forced to participate to the study without her consent. Moreover, girl's personal data, demographic, educational background, involvement in a sexual activity, indicate of health status, attitude toward society, present living situation, and their future goals are restricted.

### **3.5 Data Analysis**

As indicated above the relevant data for the study are collected using the instruments mentioned above. The data are analyzed using different statistical techniques. Descriptive statistical measures mean and standard deviation were used to see general pattern of psychosocial problems of the respondents according to age, girl's status, and grade level. T-test was computed to determine whether there is a significant mean difference among the sexually abused girls in their psychological and social problems. Person correlation coefficient was computed to provide information and to measure the degree of relationship between variables. Analyses were performed using SPSS software, version 20.

The data generated from the in-depth interviews, informal discussion, observation and different documents were narrated and thematically analyzed based on the conceptual framework of the study. For triangulation, the findings of the in-depth interviews and informal discussion were compared with the data collected from observation. Thus, the elements of triangulation are focused on the in- depth interviews, informal discussion and observation. The collective

combination of all these methods was believed to be significant to find out and clearly understand the major effects of sexual abuse.

### **3.6 Ethical Considerations**

According to Kellehea, (1993), ethical concerns include the principles of privacy, informed consent, confidentiality, protection from harm, and avoiding deception. To protect participants, names of people and places were changed to pseudonyms during transcription and analysis, and not all data would be identified: no participant details were stored with transcripts. Thus confidentiality applied to the presentation of the data, as well as recruitment. There is a personal and moral obligation on the researcher to treat participants with respect for their knowledge, experience and human rights.

## **CHAPTER FOUR**

### **RESULTS**

The main objective of the study was to explore psychosocial problems of sexually abused girls in shelter home. This chapter presents the major findings of the study. From the analysis of the quantitative and qualitative data the findings are discussed under three themes.

- (1) Background information of study participants,
- (2) Psychosocial problems of sexually abused girls in shelter and
- (3) Coping mechanism of sexually abused girls in shelter home

#### **4.1 Background information of study participants**

To find out psychosocial problems of sexually abused girls, the data were gathered questionnaire and 80 (eighty) respondents participated also, 10 (Ten) participants interviews and key informant interviews from 5 (Five) participants were conducted. The demographic characteristics of the respondents are summarized in table 1.

**Table 1: Socio-demographic characteristics of participants**

Characteristics	Category	No. of children	Percentage
Sex composition	Female	80	100%
Age	9 – 12	24	30%
	13 – 18	40	50%
	19 – 26	16	20%
Education level	Grade 3 – 6	37	45%
	Grade 7 – 8	16	20%
	Grade 9 – 12	28	35%
Place of origin	Addis Ababa	55	69%
	Outside Addis Ababa	25	31%
Parents situation	Lost both parents	38	47.50%
	Lost Mother	24	30%
	Lost Father	10	12.50%
	I don't know	8	10%

The age range of respondents was from 9 to 26 years. The data indicate that the proportion of double Orphans is found to be higher (47.5%) than single Orphans (42.5%). The remaining respondents (10%) of them don't know about their parent's situation. As shown in, table 1 the demographic information on place of origin shows that the highest proportion of sexually abused girls are from Addis Ababa (69%). The rest of respondents migrated into Addis Ababa from outside Addis Ababa; from rural and urban areas (31%). Regarding to key informant interviews socio-demographic characteristics; the age range of respondents was from 36 to 47 years; regarding to sex, three of them are female and two of them are male. Regarding to marital status

all of them are married, the occupational statuses of them were house mothers, social worker, program officer and program coordinator.

#### 4.2. Psychosocial problems of sexually abused girls

Psychosocial problem of the sexually abused girls was, examined in terms of their self-esteem, social interaction, and anxiety. Table 2 below shows the descriptive statistics for each of the three study variables and for the girls as a whole.

**Table 2: Mean and Standard Deviations of the study variables**

Variables	N	Mean	SD
Self-Esteem Total Score	80	14.45	3.31
Social Interaction Total score	80	23.43	4.17
Anxiety Total score	80	20.71	2.12

**Table 3: Presents Intercorrelations of the study variables**

Correlations	Total Self-Esteem Score	Total social Interaction score	Total anxiety score
Total Self-Esteem Score	-	-	-
Total Social Interaction score	0.197	-	-
Total anxiety score	0.197	.283*	-
Age	0.15	-0.17	-0.12

\*. Correlation is significant at the 0.05 level (2-tailed).

Results of analysis indicated that total self-esteem score ( $r = .197$ ,  $p > 0.05$ ,  $df = 80$ ) has no statistically significant relationship with total social interaction score. Also, total anxiety score

( $r = .197$ ,  $p > 0.05$ ) has no statistically significant relationship with total self-esteem score.

Whereas, total anxiety score ( $r = .283$ ,  $p < 0.05$ ,  $df = 80$ ) has statistically significant relationship with total Social interaction score. Regarding to age analysis shows that total self-esteem score ( $r = .15$ ,  $p > 0.05$ ,  $df = 80$ ) has no statistically significant relationship with total age, again total social interaction score ( $r = -0.17$ ,  $p > 0.05$ ,  $df = 80$ ) has no statistically significant relationship with total age, and finally total anxiety score ( $r = -0.12$ ,  $p > 0.05$ ,  $df = 80$ ) has no statistically significant relationship with total age score.

#### **4.2.1 Self-esteem, Social interaction and Anxiety Differences between Single and Double Orphans**

Table 4 below presents data on Self-esteem, Social interaction and Anxiety scores of single and double orphans.

**Table 4 comparison of Single and Double Orphans**

Variable	Status of Orphan	N	Mean	SD	T	P
Self-esteem	Single	33	14.39	3.44	-0.22	0.82
	Double	38	14.58	3.54		
Social Interaction	Single	33	22.61	4.05	-0.94	0.35
	Double	38	23.55	4.37		
Anxiety	Single	33	32.78	2.09	-0.52	0.6
	Double	38	33.08	2.59		

The results showed no statistically significant differences between single Orphans and double Orphans in their Self-esteem, Social Interaction, or Anxiety. That both single Orphans and double Orphans have about the same level of Self-esteem, Social interaction, and Anxiety.

#### 4.2.2 The relationship of self-esteem with the demographic variables

Chi-square ( $\chi^2$ ) test of independence was employed to investigate the relationship between self-esteem and the demographic variables. The demographic variables that were examined are age and educational level. The results are shown in Table 5 below.

**Table 5 self-esteem categorized into low and high cross tabulation**

Demographic variables		Low and High self-esteem score			Total	X <sup>2</sup>
		Low Self-esteem	High Self-esteem			
Age	9-12	11	13	24	0.79	
	13-18	19	21	40		
	19-26	6	10	16		
	9-26	36	44	80		
Educational level	3-6	18	19	37	0.18	
	7-8	9	6	15		
	9-12	9	19	28		
	3-12	36	44	80		

The chi-square test results showed in Table 5, that there was no statistically significant relationship between self-esteem and age ( $\chi^2 = 0.790$ ,  $p > .05$ ). Therefore, level of self-esteem of sexually abused girls whether it is high or low does not depend on their age categories.

Regarding educational level, again the chi-square results showed that, that there was no statistically significant relationship between self-esteem and educational level ( $\chi^2 = 0.180$ ,  $p > .05$ ). As a result, self-esteem of sexually abused girls does not depend on their educational level.

**Table 6: self-esteem, social interaction and anxiety variables for the study analysis**

Variables	N	Mean	SD	Standard error	T	df	P
A/ Self-esteem score	80	14.45	3.31	0.37	-1.48	80	0.14
B/ Anxiety score	80	20.71	2.11	0.23	22.34	80	0
C/ Social interaction score	80	23.43	4.17	0.46	-7.66	80	0

**A/ Self-esteem score**

Table 6 above shows the mean self-esteem score of the participants and the t-test result using one sample t-test. Researcher used 15.0 as a test value in this case because 15.0 lies in the middle of the possible range of scores (i.e., 0-30) on a four point scale (which ranges from 0 to 3) for a self-esteem scale with 10 items. Besides, according to the manual (Rosenberg, 1965), scores that are less than 15 indicate low self-esteem. That is why researcher used 15 as a cut-off score or test value. The result indicates that the group mean score of 14.45 (SD = 3.31) is significantly different from the test value researcher selected (i.e., 15.0). This shows that the sexually abused girls as a group have low level of self-esteem. Therefore, According to self-esteem mean analysis on table 6, we can conclude that majority of sexually abused girls had low self-esteem.

On the other hand, the interviews the researcher conducted with the girls (qualitative data) show that sexually abused girls experienced low self-esteem, which consist sense of being unproductive and powerlessness. This means that they feel negative about themselves and like most aspect of their personality, and generally, they feel bad about who they are and how things have been changed through their life. Most of them have feeling of inferiority about themselves.

Because, of their past history of sexual abuse, isolation and stigmatization including care givers (regard them as a worthless). The researcher asked the respondent, how these psychological problems affect their current life, and most of them were responded as follows;

A 15 years old girl expressed that like this:

*“My personal life was deteriorated. I feel that I am not equal with other children in the community. I am not respected like my peers. This made me that I am out casted from the community. This led me that no one was interested to play with and create friendship. I also think that everyone had the right to upset me. So I am below or lower than those other children”.*

Girls with low self-esteem are highly feels of insecure and fear of rejection; they often feel inadequate or worthless and spend more time worrying about their shortages than appreciating their good qualities. They lack a sense of identity and do not value themselves.

An 18 years old girl said that:

*“Living without family in shelter with the people I didn't know is painful by itself because I am preoccupied with thoughts of inability to do anything as others. when I was living with my family I scored good result in school, When I realized that I am living in shelter away from my family and no one around me to love, care, share and protect me immediately my academic performance decreased dramatically”.*

Key informant interview participants stated that sexually abused girls have negative self-image, they have feeling of inferiority compared with their peers/friends and have different complain like everybody hate me, no one consider me as person, do not want to eat with me, do not sit and play with me, laugh at, make fun and cheat me.

Finding indicated that majority of sexually abused girls are preoccupied with thoughts of inability to do anything as others. Overall, both the quantitative and qualitative analyses show that most women in shelter home suffer from low self-esteem due to exploitation, abuse, isolation and stigmatization. These women have negative perceptions about themselves. They lack a sense of identity and do not value themselves. They develop negative self of themselves in the form of: I am useless, I am a bad person, I am dirty/damaged, I don't deserve anything, I am inadequate, I am a worthless person, I am a loser, I cannot do anything right, Nobody likes me.

### **B/ Anxiety score**

Table 6 above shows the mean anxiety score of the participants and the t-test result using one sample t-test. Researcher used 21.0 as a test value in this case because 21.0 lies in the middle of the possible range of scores (i.e., 0-42) on a two point scale (which ranges from 1 to 2) for anxiety score with 21 items. Besides, according to the manual (Hamilton, 1959), scores, which are equal to or less than 21, indicates moderate level of anxiety. That is why researcher used 21 as a cut-off score or test value. The result indicates that the group mean score of 20.71 (SD = 2.11) is not significantly different from the test value researcher selected (i.e., 21.0). This shows that the sexually abused girls as a group have moderate level of anxiety. Therefore, According to quantitative data, score mean analyses on table 5, the majority of sexually abused girls have moderate level of anxiety.

The qualitative data indicated that the majority of the respondents have experienced severe anxiety because of poor social life and communication with the people around them, history of sexual abuse followed by health issue, and due to lack of freedom. As many of them reported the freedom of sexually abused girls are also prohibited because of strict rule and regulation of the shelter. As majority of them explained, they are not allowed to do whatever they want to do in

the compound and outside the compound by any means even for extracurricular activities and entertainment except attending school.

18 years old, sexually abused girl explained as follows:

*“Regarding to basic needs the shelter provides all the basic services to sustain our lives such as, Food, education, clothing, shelter, medical care. However, to tell the truth we are experiencing anxiety due to not having good relationships with care givers and lack of freedom. After class and in the weekend we usually ask our service providers to allow us having Social communication with the people around us outside the compound, but they warn us if we do that they are going to fire us from the shelter, the stuffs do not allow us to go out from the shelter home in the weekend. We are not supposed to live here for a long. Always we ask them, that how can we interact with the community the problem is we do not know how to communicate with people outside the shelter”*

As majority of them explained due to absence of basic freedom such as, freedom to speak and freedom to walk around is restricted.

Another 16-year girl said that:

*“The place that we are living is like a prison, no freedom to speak, to walk around, to decide about ourselves and to play with even with our friends is restricted, and everybody including guards monitor and control us therefore we are experiencing anxiety”.*

As a result they isolate themselves from others, feeling of worthless, feeling of hopelessness, lack of motivation, experiencing anxiety lack of sleep in the night as a result of bad relationships with service providers and community and due to parental death. As well, when people talk

about health issues they are not comfortable because they worried whether they are infected by HIV/AIDS or not since it is not confirmed.

For example, a 15-year old girl had the following to say.

*“I don’t want to talk about health situation of me and others because when my friends talks about health issues I immediately think that weather I infected with HIV/AIDS or not ... immediately I became in bad mood”*

Overall, the qualitative data indicated that the majority of the respondents have experienced severe anxiety for many reasons as shown above. On the other hand, quantitative data showed that the majority of sexually abused girls have moderate level of anxiety. Therefore, the researcher concluded that sexually abused girls experienced moderate level of anxiety in the shelter because, the participants of the girls in quantitative study are many in number than participants of the girls in qualitative study.

### **C/ Social interaction score**

Table 6above shows the mean Social interaction score of the participants and the t-test result using one sample t-test. Researcher used 27.0 as a test value in this case because 27.0 lies in the middle of the possible range of scores (i.e., 0-54) on a four point scale (which ranges from 0 to 3) for a Social interaction/relationship score with 18 items. Besides, according to the manual (Riff’s (1995), scores that are less than 27 indicate low level of Social interaction. That is why researcher used 27 as a cut-off score or test value.

The result indicates that the group mean score of 23.43 (SD = 4.17) is significantly different from the test value researcher selected (i.e., 27.0). This shows that the sexually abused girls as a group have low level of Social interaction score.

The qualitative data indicated that 3 out of 10 have a comfort playing with their peer groups. Only 2 out of 10 of the respondents do not want to be alone, but 4 out of 10 hate having social interaction with other people as observed in the table 5, 1 out of 10 of the respondents are like to attain social gathering. However, they said that they were able to access basic needs, such as food, clothing, shelter, medication and education. They said that they are not happy to live in social Circumstances. This is to mean that sexually abused girls could not interact with people easily, had not interaction capacity, and had poor relationships with others. According to respondents sexually abused girls have problem toward themselves and society due to maltreatment of service providers and community attitude toward them. They have destructive behaviors for themselves and for others including society.

As majority of participants reported, they seek care, love and protection in shelter home from caregivers and stuffs, because they experienced loss of their parents and they came to shelter from various challenging situations. They had affected by abuse, most of respondents felt sad about their stay in the shelter home. The primary reason to be in shelter is they have a sexual exploitation either in the form of abuse or rape followed by reluctance of the relatives and guardians to look after them after death of either any one of the parents. In return, they expect from service provider parental attachments, love, care, and protection. However, major concern of caregivers or service providers is providing only the basic needs. As majority participants reported absence of love, care and encouragement creates on girls whole life feelings of poor social interaction, hopelessness and they felt odd about their selves specially when their peers talks how their family love, care and encourage in all area of their life. Child-service providers' attachments are extremely crucial for psychosocial well-being for sexually abused girls. Insecure attachment could be a source of danger or harm.

16 years old girl explained about the care givers and life in shelter:

*“I want to assure you that the shelter has full access in regard to basic needs such as, food, education, clothing, shelter, medical care, but to tell the truth we have not good relationships with care givers, they don’t love us and they don’t advice us even when I have trouble with my friends, as a result, at that time usually I remember and say what if my Parents were with me”*

Many participants believed that they have poor social interaction with people for many reasons, such as community’s negative attitude toward them including service providers, verbal and emotional abuse by caregivers, peers and community. That makes them to be isolated from society and creates lack of trust on community and caregivers.

**Weak social lives/relationship:** the first social problem reported by the participant was poor social contact. In order to get deeper understanding into the challenges individuals face in their social lives (social relationship and social interactions) participants were asked to tell their social life. The finding revealed that there were observable differences in their social lives. Most of the participants said that before this problem their social relationship was good and predictable.

14-year old girl explained as follows:

*“Before my parents’ gone they teach me the significance of social life. I am also very much interested in making friends and being with others. In addition, I like joke and I am joyful. However, after my parent’s death of HIV/AIDS, I am fearful of social life”.*

Another 17-year girl said that:

“Whenever we want to have fan with care givers and ask them something, they usually say that “fet ketesetechu enenteatechelum” rough translation is when you

are given good face you will not be content”, “... Staying with people who are not your parents is not easy. They don't treat you the same as your parents-there is a lot of things that devastate and remind me of my parent's...”

In relation to social relationship, the key informant interview participants stated that sometimes they do not want to have any social contact with their peers and with care givers.

*“...as much as possible I tried to have good relationship with them but some of them are not happy to have relationships with me and other care givers I think because of their history of sexual abuse. Some of them say that “...leave me alone” (house mother)”.*

This means that the sexually abused girls rarely interact with other people including their peers in the same shelter. However, they interact better with each other than with other people.

In conclusion, both the quantitative and qualitative analyses indicate that sexually abused girls had poor social interaction that is associated with history of sexual abuse and insecure attachment with other people including their peers.

#### **4.3. Coping mechanisms of sexually abused girls**

Those sexually abused girls who had reported social and psychological problems use different strategies to cope up with the problems. Majority reported that they prefer praying, crying and bury Feelings Internally, talk to people, and isolating themselves from social activities. Sexually abused girls usually respond to stressful situations because of history of sexual abuse, insecure parental attachment with service providers, lack of freedom, discrimination by community and lack of proper psychosocial services. The strategies are reported as follows.

### 4.3.1 Praying

When participants were asked what kind of mechanisms, they use to cope. Most of the research participants reported that praying is their coping strategy to face the situations. When they describe spirituality as coping efforts they even acknowledge their presence in life and get this service from the shelter is God's arrangements. As they said, they complain and shout to God for the harsh environment and become cool down after the conversation. Some speak to God to protect them from dangers and direct their future life. A few children said that they have hesitation whether God heard them or not but continued to beg him.

19 years girl said that:

*“for me God is the one who caused to be in this shelter home and he is one protected me from danger, even when I was in street, therefore, even now when I pass through hard time I pray or tell to God everything than usually I felt relief”*

The comfort the participants found in God was a component of spiritual support that helped them carry on whenever things were difficult. The relief they received from God eased the load to them:

Another 15-year girl said that:

*“When I get difficult/stressful events I go to church pray and read the holy Bible requests his support by crying and raising my hand and it really helps me in easing my shoulder. I really believe that He is with me and looking after me. Anytime I get in a tense situation, I raise my hand to God. It helps me for some reason it calms me down”.*

### **4.3.2 Crying and Bury Feelings Internally**

When the participants are asked the strategy they use to cope up with the problems, the majority said that crying is their only option to let out their bad feelings. They explained that they did not have anybody who understand them and share their problems heartedly. They prefer to bury the problem internal for themselves or to cry. At times of sadness and depression feeling, due to loss of parents and uncomfortable conditions in the shelter, they isolate and sit down somewhere else alone as reported.

A 14 years old girl expressed her coping mechanisms as:

*“When I became sad, I pass the day by crying and being alone, because in the shelter the caregivers and my classmates regard me as a bad person. Usually I remember my Mom’s and my Dad’s love and care for me.”*

### **4.3.3. Talk to people**

Some participants use communication as a coping strategy in which they share information about their thoughts and feelings; especially the social stigma. Most participants discuss and share their feeling with their friends or for those people who approached and helped them. In previous time were not much interested to share their feeling so they refused social settings and isolated themselves from people. Now they try to socialize themselves and they feel better when they are with people, talk and discuss with people.

With regard to this a 17-yeargirl said that:

*“When I share my feeling with the friends, service providers and others, become cool down after the conversation and I get relief”*

In contrary to the above idea, some of the participants were not comfortable to talk or share their feeling with friends, or any significant others. According to them, sharing feelings or ideas

resulted in backbiting, when secrets are disclosed for other people and make fun on you/exposed you for stigma. Hence, they were not interested to talk with people about their feelings. As a result, their relationship with other people/close relatives was declining from time to time.

For instance, 16 years old girl said:

*“Since I have bad experience with regard to friendship people requested me for friendship and entered with the relationship but suddenly they break up the relationship after I share my feelings, idea and background. Talking to people my feeling exposed me to stigma, it resulted in backbiting, and others make fun of me. Hence I am socially isolated and I become suspicious when I meet somebody since I anticipated what is to come”.*

#### **4.3.4 Isolating themselves from social activities**

Most of the participant's use sleeping and being alone as strategy during the worst feeling, most adolescent preferred to sleep and isolating themselves when they feel depressed and isolated.

14-year old girl explained as follows:

*“...When I depressed and isolated I tend to sleep on my bed and talk to curse my fate if at that time any one comes, talks to something I won't talk to that Person”.*

Another 15-year girl said that:

*“I hate challenges in my life every time I face a problem, relate to my present situation, I tend to sit down and think how foolish I am. Thinking that there is always away that one couldn't go such problematic situations”*

## CHAPTER FIVE

### DISCUSSION

#### 5.1. Introduction

The purpose of this study is to investigate the major psychosocial problems of sexually abused girls and the strategies adapted to cope with it. The discussion section attempts to relate the result of the analyses with the research questions forwarded at the beginning and to discuss the psychosocial problems and coping mechanisms of sexually abused girls (participants) in relation to various other related research findings.

The study revealed that sexually abused girls accessed all basic needs, such as food, clothing, shelter, medical care and education, all of which they could not afford previously. Whereas, research revealed that majority of sexually abused girls have experienced psychosocial problems (low self-esteem, moderate level of anxiety and poor social interaction), because of history of sexual abuse, insecure parental attachment with service providers, lack of freedom, discrimination by community and lack of proper psychosocial services. Regarding to their coping mechanisms, most of the participants employed Emotion Focused Coping Mechanisms (talking to people, crying & bury feeling internally, and isolating themselves from social activities) and, Problem Focused Coping Mechanism (praying).

According to the study psychosocial problems were the main matter reported as failing the wellbeing of the sexually abused girls in the shelter. Participants' descriptions revealed two major themes as discussed in the previous chapter:

- (1) The psychosocial problems of sexually abused girls;
- (2) Coping mechanism of sexually abused girls

Finally, come to conclusions and forward recommendations for the problems and for further research.

## **5.2. Psychosocial problems of sexually abused girls**

### **5.2.1. Self-esteem**

Both the quantitative and qualitative analyses indicated that the sexually abused girls experienced low self-esteem. This was a challenge of sexually abused girls which consists sense of unproductive and powerlessness. Girls with low self-esteem highly feel of insecure and fear of rejection; they often feel inadequate or worthless and spend more time worrying about their shortages than appreciating their good qualities. Data indicate that most of the sexually abused girls in shelter home have negative perceptions of themselves and other people, and feeling of inferiority about themselves. They lack a sense of identity and do not value themselves they are self-critical. Finally, Finding indicates that majority of abused girls are preoccupied with thoughts of inability to do anything as others.

This findings is in line with results that consequence of sexual abuse are, low self-esteem, attention disorders, and poor peer relations to severe brain damage, extremely violent behavior, and death (Jill, et al., 2003). Stover (2007), also showed similar finding that their sexual abuse had negatively affected their confidence in other people, the meaning they placed on their own lives. Majority of them felt that they have nobody who support them and have no option. However, few of them hope that their life will be changed and they will represent their country when they become adult.

Furthermore, study by the World Health Organization (WHO) 2006), similarly defines as following girls (child) abuse and girls maltreatment as "all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation,

resulting in actual or potential harm to the girl's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

In conclusion, the study indicated that, since sexually abused Children hate their life, they suffer with feeling of uselessness, worthlessness and hopelessness in time of their depression. Related to aspect of low self-esteem, the same results have been found and it is similar with Ethiopian context.

### **5.2.2. Anxiety**

Regarding to anxiety the qualitative data indicated that the majority of the respondents have experienced severe anxiety. On the other hand, quantitative data showed that the majority of sexually abused girls have moderate level of anxiety. As well, the research revealed that respondents have experienced moderate level of anxiety due to history of sexual abuse such as anxiety about health issues and because of insecure attachments with caregivers. Anxiety is a feeling associated with symptom of tension. Usually when fear occurs, inappropriate anxiety occurs. Finally affected their daily lives and led them to depression, mental health problems, low self-esteem, self-harm, anger and destructive behavior.

According to Mekuria et al., (2015) a number of negative psychological consequences such as distress, anxiety, depression, lack of sleep and suicidal thought were reported by the victims of sexual violence girls. Similarly another study showed that girls who have history of sexual abuse more likely experience frequent anxiety (*World Bank, 2004*). Another study indicated similar finding that, psychosocial distress mainly associated with anxiety, loss of parental love and nurture, and it leads sexually abused girls(children)to grief and frustration (Mums, 2011). The findings is in line with other studies such as, girls in abusive households also suffer from the effects of violence. According to Studies have shown sexual abuse have long-term psychosocial

impact wherever they go. Girls who witness violence may experience many of the same emotional and behavioral problems such as aggression, anxiety disobedience, nightmares, physical health complaints and poor school performance (*Heise, Pitanguy, German & World Bank, 2005*).

In addition, another study indicated similar findings that survivors may experience difficulty establishing interpersonal relationships with any one, inability to trust others, stress, chronic anxiety, tension, phobias, fear of intimacy, having destructive behaviors which means abusive relationships, feeling of confusion and feeling disorientation, experiencing guilt, shame, self-blame, nightmares, painful memory, after abuse survivors usually blame themselves, internalize negative message about them and they develop self-destructive behaviors (king, 2009).

Therefore, these problems are found to be the major psychological problems, and the same results have been found, and it is similar with Ethiopian context.

### **5.2.3. Social interaction**

Both the qualitative and quantitative research revealed that the respondents have poor social interaction because of history of sexual abuse, lack of parental love, care from people in the community and care providers could also devastation their moral values and beliefs affecting their smooth social interaction that leads to friendly life. This signifies that healthy child development joints greatly upon the continuity of good social relationships study revealed. As sexually abused girls and key informant interviewees expressed the services are more of basic necessities including, clothing, education, medication and shelter rather than the psychosocial services, as a result, influenced negatively on the participants' socialization skill. A few of respondents reported that their lives had changed due to the care and support services they have received from the shelter. On the contrary, there are also many girls who have deep-rooted hate

for the shelter home and found the services not useful. Girls also relate the stigma and discrimination with their parent's loss and sexual abuse. They have no positive relationship with the community, care-givers showed behavioral problems, attachment problems with people such as, avoiding social activities, and being oppositional is one of the behavioral problems observed among girls living in the shelter. Girls lost their positive attitude and tolerance for the people.

This research is consistent with Abraham Maslow (1999) said that 'human beings' motivations to face and achieve goals in life's challenges are based on the fulfillment of needs. Once the basic survival needs are, met human Beings move on and work towards fulfilling the other needs such as need to love and to be loved by family and friends. Once the fulfillments of these needs are met an individual attempts to work towards the fulfillment of the next set of needs known, as the attachment needs. This need is the innate desire of any individual; they need to be loved and to love, to have friends and to be friends with others.

A study conducted by Csáky, (2009) showed similar findings that lots of children, who live in shelter homes, and other forms of residential care, are among the exposed in the world. They are at increased risk of abuse and neglect due to the poor standard of care found in many institutions. The Faith to Action Initiative, (2014) reported the same findings that most often shelter (institutional) settings are not skilled of meeting the developmental and frequent needs of children in spite of the fact that children need not only the physical care rather than affection, attention, security and social networks that their families and communities can provide. It is also indicated that institutional care are not capable of replacing the loving care children got from their family and too often fail to meet the social, emotional, cognitive, and developmental needs of children.

Again, according to research (Gilbert et al., 2009), sexually abused girls do not want to meet people also; there are strong relationship between sexual abuse and psychological problems, such as, relationship difficulties, fear and inability to trust others.

The findings are in line with this research because questionnaire result and in-depth interview revealed the same result. Of course, besides the societal stigma and discrimination some participant of this study experienced self-stigma or self-discrimination. This means they want to be alone or they don't want to see people when they are in trouble.

Besides, girls who do not have a secure attachment with their caregivers, peers and community experience relationship difficulties, discrimination, and withdrawal. Moreover, they suffer from social problems characterized by problems in informing attachment to other.

Many participants believed they have poor social interaction with people because of many reasons. The finding indicated that respondents have negative attitude toward community including service providers, because they assume that community hate, undermine and against them because, community consider them as an immoral girls and they have no concern about them. Majority of respondents due to such attitude they are experienced verbal and emotional abuse by care givers, peers and community. That makes them to be isolated from society and creates lack of trust on girls the other psychosocial problem finding of the research is hostility (hate) and negative attitude of the children for human beings. The children think that people hate them and they respond the same. Some of the girls have even serious hostility for their life and expects negative events. The hostility and negative attitude for people and life is stronger on girls deceived and abused by their parents. The study also revealed that girls participated in this study are socially isolated and have poor attachment with people around them. Except few of respondents, they felt as they detached from the community and the service providers too. Their

attachment with people is not as such secured. Majority of them have no good social relationship in the community and institution since they perceived that nobody has good attitude and love for them. Most of the time girls get conflict with the staffs and the neighbor community and even with each other.

Erik Erikson's view has similar result that society, culture both challenge, and shape us that encompasses changes in our interactions with and understandings of one another as well as in our knowledge and understanding of us as members of society. Again, as some key informants explained some of sexually abused girls want to spend their time alone. They experienced feeling of loneliness, the feeling happened to them because of parental loss by death or separation and poor relationship with service providers and outside community. Abuse survivor children felt loneliness from the time enter to shelter and aggravated during their stay. Feeling of rejection and ignored by people also observed on the girls. due to such problems sexually abused girls developed anger, negative self-image, poor self-esteem, poor self-confidence, and fear about future, also, participants most of time avoid stress or anxiety use the method of keeping themselves away from social environments and self-starving. Eventually, decide to leave from the shelter to street or destitute place. Of course, besides the societal stigma and discrimination some participant of this study experienced self-stigma.

Research by save the children South Africa (2010), showed similar findings that children and adolescents experience two main forms of stigma and discrimination on the bases of abuse: general stigmatization and isolation by families, communities and institutions within communities, e.g., churches, institution etc.; and discrimination by service providers in accessing rights and services.

This study also revealed that the majority of the sexually abused girls were socially isolated and had poor attachment to the people around them the reason behind these is the strict shelter's rules and regulation of conduct which limit social interaction such as extracurricular activities and entertainment except attending school. As a result, it created bad perceptions of people among the girls, leading to lack of self-confidence and social skill. Many girls considered the shelter as prison, which has no freedom.

This finding is similar with another study said that sexually abused girls are experiencing hardships in the organizations as a result leaves the residential homes because of lack of freedom (World Health Organization, 2006).

In addition, another research explained that due to the rule and regulation for living, some girls felt that they do not have enough freedom at the institutions and others feel secured that suffer from both disturbed social interaction as well as poor relationship problems (Richter et al., 2005; Tarullo, 2007; Zhao, 2007; Atwine, 2005; UNICEF, 2007).

In this study respondents were asked about what psychological problems they experience as a result of being sexually abused. Hence, sexually abused girls experienced depression because of history of sexual abuse like need of love, care and protection. The majority of the research participants showed depression and stress due to the poor relationship with service providers, particularly caregivers, and community.

Another study showed similar finding that, Girls (women) abuse is something that should be avoided otherwise it has great impact for life long on themselves, families and societies in terms of Physical, behavioral, Psychological societal consequences. In addition, according to (Jill, et al., 2003) the consequences of child abuse have long term effect. These effects can appear in all

ages until life span and harm different parts of a person's growth (e.g., physical, cognitive, psychological, and behavioral).

In addition, this finding is in line with (Cluver & Gardner, 2007), study said that the caregiver-child relationship is central to a child's development. Most of the contextual factors concern the extent to which caregivers are available (both physically and emotionally) to protect, nurture, and care for the child during bereavement (e.g., attachment security). Without empathic caregivers to help children recognize and express grief, normal reactions to loss can go unrecognized and persist into emotional and behavioral problems. Children, therefore, are at risk of growing up with unrecognized and unaddressed grief and prolonged negative emotions that are often expressed with anger and depression. Failure by caregivers to recognize and address poor social adjustment and associated mental symptoms will aggravate the child's psychological problems. In particular, impersonal and distant involvement of adults does not support the intimate attachment relationship thought necessary for healthy human development. Their parental death and separation, grief and bereavement made them to become sad, and depressed.

The other reasons made the girls depressed and stressed are child abuse, neglect, discrimination, and bad attitude for sexually abused girls perceived and experienced. Not knowing their parents and/or relatives, abuse and neglect by parents and living for long time in shelter caused some children to have identity crisis (Cluver & Gardner, 2007).

The absence of one or both parents is a significant contributor and the presence of step father doubles the risk for abuse of female child (Hale, 2003).

In conclusion, the most significant psychosocial problems of sexually abused girls are helplessness, hopelessness, hostility and negative attitude toward community, loneliness, poor attachment and relationship, and other behavioral problems.

Therefore, this finding is similar with other findings that their loss of parents and insecure attachment had negatively affected their confidence in other people. Therefore, poor attachment and relationship problems are found to be the major social problem, the same results have been found, and it is similar with Ethiopian context.

### **5.3. Significant relationship between Self-esteem, Social interaction and Anxiety**

#### **Scores**

The analysis of the study indicated that there has no significant relationship among the self-esteem score, total anxiety score and social interaction score. While, total anxiety score has statistically significant relationship with total Social interaction score

This research is consistent with the study that low levels of self-esteem have also been correlated with negative outcomes, such as violent or antisocial behavior and anxiety (Donnellan 2003). The research is in contrast with the findings that negative social interactions have been linked with anxiety (Lakey, Tardiff, & Drew, 2008).

### **5.4. Significant relationship between Age and Self-esteem, Social interaction, and**

#### **Anxiety scores**

The t-test analysis shows that there is no significant relationship between age and self-esteem score. Again social interaction score has no statistically significant relationships with total age, and finally total anxiety score has no statistically significant relationship with total age score.

The result of this study is in contrast with the study of Rosenberg (1965) which reveals the age was a critical factor. In order to intervene and mitigate these age and sex based significance problem differences and alternative psychosocial intervention should be planned and have to be implemented for abuse survivors.

In addition, in contrast study by Compas (2001), who compared children and adults, argued that although children and adults are exposed to many psychosocial problems. Moreover, differences exist among children of different ages.

### **5.5. Self-esteem, Social interaction and Anxiety relationships between Single and Double Orphans**

The results showed no statistically significant relationship between single Orphans and double Orphans in their Self-esteem, Social Interaction, or Anxiety. That both single Orphans and double Orphans have about the same level of Self-esteem, Social interaction, and Anxiety.

This research is inconsistent with Callings (1995) found that interpersonal sensitivity measures on a Brief Symptom Inventory (BSI) were found to be statistically and significantly different when comparing single Orphans and double Orphans in their Self-esteem, Social Interaction, or Anxiety scores. In contrast another study argued that double orphans are more likely to experience behavioral and emotional difficulties, suffer abuse and low rate of trusting relationships than single orphans (Baaroy& Webb, 2008; Mikang, 2008; Qunzhao, 2010).

### **5.6. Coping mechanisms of sexually abused girls**

Coping mechanisms can be regarded as skills, activities or ways of about things that can be used to help a person cope more effectively in their day-to-day activities. The collected data are categorized the different coping mechanisms merged in two major categories which is emotion focused & Problem Focused Coping strategies.

The study found that participants were striving to cope with their problem in their day-to-day activities by themselves. Most of the coping strategies are an emotion-focused strategy, which includes crying and bury feelings internally, talk to people and isolating themselves from social activities, and the Problem focused coping strategies, which is access to spiritual support.

With regard to this scholars like Pearlin and Schooler (1998, pp.30), said coping as “any response to external life strains that serves to prevent, avoid, or control emotional distress”. In relation to the above idea Lazarus & Folkman (2001) view that even though depression is inevitable; it is the coping that makes the difference in adaptation outcomes. The study identified the above coping mechanisms, which are supported by different literature review, but the participants did not cope effectively. Since their coping mechanism is not supported by professionals. On the other hand, some participants use negative coping mechanism like isolation and crying when the situation is beyond their capacity

One of the emotion focused coping strategies of participants was search people to talk to with people and share their feelings when they face problems. Although they have challenges to get people who can listen and understand their problems, they want to talk/share their challenges. This finding is supported by the work of Lazarus and Folkman (2001), they stated that some sexually abused children cope with their situation by sharing their feelings only with their immediate care givers, and through this, receive support and understanding. In contrast to this some participants used avoidance (prefer to be alone, decrease communication, limit their social interpersonal reactions) as coping strategies.

This research is also supported by Nehra, et al., (2005) they said that sexually abused girls usually apply emotion Focused Coping strategies which include ignoring care givers, friends, etc by decreasing physical and emotional contact, such as not communicating, visiting them regularly, and limiting their affection.

Problem focused coping strategy was the second major category under the themes of cope with the psychosocial problems. Almost all participants have limited Problem focused coping mechanisms. These mechanisms are access to search spiritual support. As the participants said,

they frequently went to church when they face difficult situation. They have strong believe and hope on God's help so they have strong contact (they pray, listen preaching or religious songs) with God. They are comfortable and feel good when they are in holy places. They also said that it is the only place where they got relief.

In favor of the above findings, Rammohan, et al., (2002) said that the use of spirituality is seen as a positive Problem-focused coping strategy. Spirituality may mean different things to different individuals. However has been seen to increase levels of well-being and decrease the level of stress in one's life.

This research finding is consistent with the research by Perkins, et al., (2004) found that some sexually abused girls use positive coping strategies to manage and to help them manage their situation, such as positive thinking and the utilization of appropriate social supports, which include friends, and holy places. Participants used their coping strategies when they face external life challenges or suffer with psychological problems like stress, depression, lack of people to trust etc.

In conclusion, the study found that the burden of psychosocial concerns including poor social interaction, low self-esteem and anxiety is high on sexually abused girls. In addition to these psychosocial problems, this study shows that sexually abused girls need love, care and protection in return to parental love. As a result, absence of love cares and protection and lack of freedom, and discrimination imparted negatively on the participants self-esteem, poor social interaction and anxiety.

Besides, The result of this study revealed that, the cause of psychosocial problems experienced by sexually abused girls are history of sexual abuse, mistreatment by service providers, lack of social support, lack of freedom, stigma and discrimination. Finally, crying, withdrawal from

people, praying, sharing their feeling with friends were the main coping strategies taken up by all participants during the stay in shelter.

In conclusion, this finding is similar with other findings that majority of sexually abused girls use emotion focused coping strategies, and the same results have been found, and it is similar with Ethiopian context.

## CHAPTER SIX

### CONCLUSION AND RECOMMENDATION

#### 6.1 Conclusion

The study was executed to explore psychosocial problems of sexually abused girls. The following research objectives stated as follows. To meet the objective of the present day descriptive survey research method was used. A cross-sectional survey of a convenient sample of (n=80) sexually abused girls in shelter home conducted at Society for International Ministries (SIM) project. Ten participants interviewed and also key informant interview were conducted from 5 (Five) participants. The researcher has taken (n=80) sexually abused girls using simple random sampling technique from shelter. The participants of the interview and key informant interviews were selected using purposive sampling techniques. The data collected from these respondents and analyzed using the SPSS version 20 statistical program, which produced such descriptive statistics as mean, standard deviation, percentage and frequency. The researcher used Nominal as well as Ordinal types of measurements.

In this way psychological and social problem of sexually abused girls analyzed. Finally, descriptive statistics used for data summarization and presentation, the result revealed two overall themes (i.e. psychosocial problems and their coping mechanisms) were emerged from the questionnaire and interviews. The study revealed that sexually abused girls accessed all basic needs necessary to sustain their lives. Whereas, majority of sexually abused girls have experienced psychosocial problems (low self-esteem, moderate level of anxiety and poor social interaction), because of history of sexual abuse, insecure parental attachment with service providers, lack of freedom, discrimination by community and lack of proper psychosocial services. Regarding the second theme, most of the participants employed emotion focused

coping mechanisms (talking to people, crying & bury feeling internally, and isolating themselves from social activities) and Problem Focused Coping Mechanisms (praying).

## **6.2 Recommendation**

The determination of incidence of psychosocial problems and associated factors of sexually abused girls is important because sexual abuse causes psychosocial distress particularly victims in terms of social and psychological problems which will certainly affect their present and future life. Assessment helps in planning intervention activities for the prevention of these problems in the institutions and community.

According to results SAGs need psychosocial intervention rather than focusing only on the basic needs like:

- placing and expanding psychosocial services
- providing life skill training for care givers
- having parental love, care and protection
- employing proper coping mechanisms.

Because, the psychosocial intervention helps them to focus on improving their livelihood and self-reliance in future instead of;

- self-blaming
- engaging in self-destructive behaviors
- self-harm, anger
- negative thinking, substance abuse
- And avoiding social activities

Participants described feeling as if others did not hear them, which mean they are requesting for psychosocial support. Therefore, it is crucial that care giving professionals and society recognize that these people need to be heard in their voices. Finally, a collaborative approach is necessary between both the professionals and these people.

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**APPENDIX A:**  
**ADDIS ABABA UNIVERSITY**  
**COLLEGE OF GRADUATE STUDIES**  
**SCHOOL OF PSYCHOLOGY**

The purpose of this questionnaire is to gather information that leads to my research regarding to psychological wellbeing and social wellbeing of girls in shelter home. This questionnaire has two parts: the first part has all about respondents' personal life situation; the second part has scale of Psychological and social wellbeing.

The information you provide has a very important input to reach the goals of the study and to direct and complete of this Study, therefore you are kindly requested to be honest and careful toward all the items provided in this questioner. The information will be kept confidential and be only applied for the study.

Thank you for your kind cooperation and for investing your time completing this questionnaire in advance.

Part one background Information Direction: please indicate your answer by making (√) in the box that corresponds to your answer or to write the correct answer on blank space

1. Age \_\_\_\_\_

2. Sex    A. Male                      B. Female

3. Are you attending your education by now?    1. Yes    2. No

4. Education level: -----

5. Place of birth: -----

6. Religion:

1. Orthodox      2. Protestant      3. Muslim      4. Catholic      5. Write here if any

Other -----

7. Which one of your parent is missed?

A. Father      B. Mother      C. Both      D. I don't know

8. Where do you currently live?      A. in the institution      B. outside institution

9. If your answer for question 6 "in the institution",

A. in the institution      B. in group home with a group mother

10. If your answer for question 6 "outside institution",

A. With father      B. With mother      C. with grandparents      D. With relatives

E. With non-relatives      G. Other \_\_\_\_\_

The following set of statements deals with how you might feel about yourself and your life. Please remember that there are neither rights nor wrong answers. Put mark that best describes the degree to which you agree

0. Almost never      1. Sometimes      2. Often      3. Very often

<b>self-esteem scale items</b>	<b>Almost never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Very Often</b>
1. I feel that I am a person of worth, at least on an equal plane with others	0	1	2	3
2. I feel that I have a number of good qualities.	0	1	2	3
3. All in all, I am inclined to feel that I am a failure.	0	1	2	3
4. I am able to do things as well as most other people.	0	1	2	3
5. I feel I do not have much to be proud of.	0	1	2	3
6. I take a positive attitude toward myself.	0	1	2	3
7. On the whole, I am satisfied with myself.	0	1	2	3
8. I wish I could have more respect for myself.	0	1	2	3
9. I certainly feel useless at times.	0	1	2	3
10. At times I think I am no good at all.	0	1	2	3

<b>Social interaction scale</b>	<b>Almost never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Very Often</b>
1. I want things right away.	0	1	2	3
2. I refuse to sleep alone	0	1	2	3
3. I feel fearful without reason	0	1	2	3
4. I afraid to talk with opposite sex	0	1	2	3
5. I feel sadness and withdrawn	0	1	2	3
6. I feel worried	0	1	2	3
7. I do not want to be left alone	0	1	2	3
8. I become hyperactive	0	1	2	3
9. I have a problem to have smooth conversation with stranger	0	1	2	3
10. It is difficult to communicate a guest	0	1	2	3
11. I become aggressive	0	1	2	3
12. I create games, stories or pictures about the traumatic event	0	1	2	3
13. I bring up the traumatic event in conversation	0	1	2	3
14. I avoid talking about the trauma even when asked	0	1	2	3
15. I become fearful of things that are reminders of the traumatic event	0	1	2	3
16. I hesitate to share my experience with Others	0	1	2	3
17. Do you feel distant or cut off from other people	0	1	2	3
18. I experienced sense of loneliness	0	1	2	3

<b>Anxiety scale items for the abused child</b>	<b>Yes</b>	<b>No</b>
11. I get nervous when things do not go the right way for me		
12. Others seem to do things easier than I can		
13. I worry a lot of my time		
14. I get mad easily		
15. I feel that others do not like the way I do things		
16. It is hard for me to get to sleep at night		
17. I feel alone when there are people with me		
18. My feelings get hurt easily		
19. I am tired a lot		
20. Other children are happier than I am		
21. I have bad dreams		
22. My feelings get hurt easily when I am fussed at		
23. I feel someone will tell me I do things the wrong way		
24. I wake up scared some of the time		
25. I worry when I go to bed at night		
26. It is hard for me to keep my mind on my schoolwork		
27. I wriggle in my seat a lot		
28. A lot of people are against me		
29. I often worry about something bad happening to me		
30. My hands feel sweaty		
31. I feel sadness and depression		

## APPENDICES B:

### INTERVIEW GUIDE FOR ABUSED GIRLS

#### BACKGROUND INFORMATION

Age -----

Sex -----

Grade -----

Educational performance -----

Place of residence -----

#### The Interview questions

1. How the incident or situation of abuse was took place? What kind of relationship you had with abuser?
  - A close person
  - stranger
2. When the abuse relationship started, how often did the abuse occur?
  - frequency
  - Duration
3. How old was abuser when the abuse started?
4. What was the intention of abuser after abuse took place or is he forced you to not tell for anyone. If so, what was your reaction?
5. What kind of difficulties, effects, and emotions you faced after you have been abused?
  - Psychological effects

- Social effects

6. What behavioral change you developed and facing in your everyday life at present after abuse? In school, neighbors, with friends, with family?, Moreover, how did you respond?
7. Are there any psychological and social services given in this institution? How do you describe these services? What are the psychological and social services you have been receiving from the Shelter?
8. What kind of measures taken by yourself and by other body and are you satisfied by the measure taken?
9. What kind of action you advice or what kind of care others should take from your experience not to be victim?

## APPENDICES C:

### Interview guide for key informants (shelter workers, project coordinators and counselors)

#### Personal information

Age -----

Sex -----

Grade -----

Educational performance -----

Place of residence -----

Experience as a shelter worker/counselor -----

#### The Interview questions

1. Can you please tell me your name and your profession?
2. What kind of services or assistances your institution provides for abused girls? What is your follow up mechanism?
3. What kind of methods you use to explain the case of survivor child?
4. What are the most psychological and social consequences or difficulties you observed from the victim child?
5. Why are people including abused girls avoid to talk about abuse or violence?
6. Are all abused girls equally suffering the consequences of effects of abuse?
7. What are coping mechanics you have been using to solve psychological and social problems of abused girls? Do you give special attention/treatment for those who developed stress? If so, what was your special attention or treatment? And the change you observed?

8. How do you measure their change in their life after they join your institution (psychological and social)?
9. What kind of legal support is needed to protect children from abuse?
10. As a shelter worker or counselor what do you suggest in order to prevent or stop child abuse?
11. Generally how would you express the overall experience of abused girls?

APPENDIX D:

አዲስ አበባ ዩኒቨርሲቲ

ቤተሰብ ምርቃ ኮሌግ

የሳይክሎጂ ትምህርት ክፍል

የዚህ መጠይቅ ዋና ዓላማ በድርጅት ውስጥ ያሉ የልጅገረዶችን የስናልቦና ደህንነትን መለካት  
□ እና ማህበራዊ ግንኙነትን ለመገምገም ነው።

ይህ መጠይቅ ሁለት ዋና ዋና ክፍሎች አሉት። የመጀመሪያው ክፍል አጠቃላይ በጥናቱ  
ተሳታፊዎች የግል መረጃን የሚመለከቱ ጥያቄዎች ሲሆን ሁለተኛው ክፍል ደግሞ ስነልቦናዊ  
ደህንነትንና የማህበረሰብ ግንኙነትን በተመለከተ የቀረቡ ጥያቄዎች ናቸው።

የሚሰጡት መረጃ የጥናቱን አቅጣጫ የሚመራና ጥናቱን ለማጠናቀቅ የሚረዳ ስለሆነ በጥናቱ  
ውስጥ ትልቅ ግብአት ያለው መሆኑን ተገንዝበው በጥንቃቄና በታማኝነት □ እንዲሞሉ በትህትና  
□ □ ቃለሁ።

የምትሰጡት መልስ ይዘት የማትገመገሙ መሆኑን የማረጋገጥላችሁ ሲሆን የእርስዎን መረጃ  
ሚስጥራዊነት ለመጠበቅ ያስችል ዘንድ ስምዎን □ ና አድራሻዎን መጥቀስ አያስፈልግዎትም።

መረጃው ለጥናቱ ዓላማ ብቻ የሚውል መሆኑን በተጨማሪም የምትሰጡት መረጃ ሚስጥራዊ  
□ እና ለሌሎች ለማይሰጥ ሊታወቅ የሚችልባቸው ሁኔታዎች አለመኖራቸውን ልገልፅ  
□ እወቃለሁ።

ይህን መጠይቅ በመሙላት ለምትሰጡኝ መረጃና ለምታደርጉልኝ ትብብር በቅድሚያ ከልብ  
አመሰግናለሁ።

ክፍል አንድ: □ ቅላላ መረጽ

መመሪያ: መልሳችሁን በሳጥን ውስጥ የ(✓) ምልክት በማድረግ ያስቀምጡ በተጨማሪም ባዶ

መስመር □ ማሳደግ ቦታዎች ላይ መልሶችን የጻፉ።

1. □ እትሜ: \_\_\_\_\_
2. ነታ □: \_\_\_\_\_
3. አሁን ትምህርትሽን እየተማርሽ ነው? 1. አዎ 2. አይደለም
4. የትምህርት ደረጃ: \_\_\_\_\_
5. የትውልድ ቦታ □ \_\_\_\_\_

6. ሀይማኖት

- 1. ኦርቶዶክስ    2. ፕሮቴስታንት    3. ሙስሊም
- 4. ካቶሊክ    5. ሌላ ካለ  ብለ  -----

7. ከወላጆችሽ መካከል በህይወት የሌለው ማን ነው ?

- 1. አባቴ    2.  እናቴ    3. ሁለቱም በህይወት  ሉም    4. አላውቅም    5. ሌላ ከሆነ ይገለጽ

8. በአሁኑ ሰዓት የምትኖሪ ወያኔ ነው ?

- 1. በድርጅት ውስጥ    2. ከድርጅት ውጪ

9. ለዓ  ቁ 6 መቁሰሽ በድርጅት ውስጥ ከሆነ ምን አይነት ድርጅት ውስጥ ነው የምትኖሪው ?

- 1. ብ  ልጆች ሆነን በአንድ ትልቅ ጊቢ ውስጥ
- 2. ትንሽ ልጆች ሆነን በአንድ ቤት ከሞግዚት ጋር
- 3. ሌላ ካለ  ብለ  -----

10. ለዓ  ቁ 6 መልስሽ ከድርጅት ውጪ ከሆነ ከማን ጋር ነው የምትኖሪው ?

- 1. ከአባቴ ጋር    2. ከእናቴ ጋር
- 3. ከዘመዶቼ ጋር    4. በስጋ ከማይዛመዱኝ ሰዎች ጋር
- 5. ከአያቴ ጋር

6. ሌላ ካለ  ብለ  -----

**ክፍል ሁለት:**

መመሪያ: የሚከተሉት አረፍተ ነገሮች  እናንተ ስለራሳችሁ  እና ስለ ህ  ወታችሁ የሚሰማችሁ

ስሜት ላይ ሲያወጠነጥኑ ለየትኛውም ጥያቄ ትክክል ወይም ትክክል ያልሆነ መልስ

አለመኖሩን ተገንዝባችሁ የሚከተሉትን ዓ/ነገሮች ምን ያህል መስማማታችሁን ወይም

አለመስማማታችሁን ከተሰጡት አራት ምርጫዎች ውስጥ ምረጡ።

0. ምንም ጊዜ

2. ብዙ ጊዜ

1. አንዳንድ ጊዜ

3. በግምት ብቻ ተቆይቷል

ራስን ማክበርን ወይም መቀበልን የሚመለከቱ ጥያቄዎች	ምንም ቶ	አንዳንድ ቶ	ብቻ ቶ	በግምት ብቻ ቶ
1. በአጠቃላይ በራሴ ማንነት <input type="checkbox"/> እራሳለሁ	0	1	2	3
2. ስለ ራሴ ስብከብ ዓረፍ ሰዬ <input type="checkbox"/> እንዳለሁንኩ <input type="checkbox"/> ሰመኛል	0	1	2	3
3. <input type="checkbox"/> እኔ ብዙ መልካም ነገሮች <input type="checkbox"/> እንዳለሁኝ ይሰመኛል	0	1	2	3
4. ሌሎች ሰዎች ማንኛውንም ነገር ማድረግ <input type="checkbox"/> እንደምችሉ <input type="checkbox"/> እኔም ማትረፅ እችላለሁ	0	1	2	3
5. ብዙ በራሴ የምተማመንበት ነገር <input type="checkbox"/> እንደሌለኝ ይሰመኛል	0	1	2	3
6. <input type="checkbox"/> እኔ የማረባ ሰው <input type="checkbox"/> እንደሆንኩ ይሰመኛል	0	1	2	3
7. <input type="checkbox"/> እኔ ራሴን ከሌሎች ጋር ስያነጻጽር ዋጋ ያለኝ እና <input type="checkbox"/> ማረቅም ሴት መሆኔ ይሰመኛል	0	1	2	3
8. ከዚህ የበለጠ ራሴን ለማክበር <input type="checkbox"/> እና ለመቀበል <input type="checkbox"/> እመኛለሁ	0	1	2	3
9. በአጠቃላይ የም ያመዝነው ወደ ወድቀት <input type="checkbox"/> መስለኛል	0	1	2	3
10. ስለወጣችሁ ስብከብ መልካም ነገር ይታዩኛል	0	1	2	3

ማህበራዊ ግንኙነቶችን የሚመለከቱ ጥያቄዎች	ምንም ቶ	አንዳንድ ቶ	ብቻ ቶ	በግምት ብቻ ቶ
1. የፈለኩትን ወዲያው <input type="checkbox"/> እንዲፈፀምልኝ <input type="checkbox"/> እጠልፋለሁ	0	1	2	3
2. ብቻዬን መተኛት አልፈልገም	0	1	2	3
3. ያለበቁ ምክንያት ፍርሃት <input type="checkbox"/> ሰማኛል	0	1	2	3

4. ከተቃረን ጾታ <input type="checkbox"/> ፋር ማዬ ራትም ሆነ መሆን <input type="checkbox"/> እ <input type="checkbox"/> ረሰሁ	0	1	2	3
5. ያለበቂ ምክንያት አለቅሳለሁ	0	1	2	3
6. ማዘንና መገላል <input type="checkbox"/> ሰማኛል	0	1	2	3
7. ብቻዬን መሆን <input type="checkbox"/> እ <input type="checkbox"/> ልብሁ	0	1	2	3
8. ከሰዎች ጋር በቀላሉ መግባባት አልችልም	0	1	2	3
9. በቀላል ነገሮች ላይ ከሰዎች ጋር <input type="checkbox"/> እ <input type="checkbox"/> ልሁ	0	1	2	3
10. በቀላሉ ከሰው ጋር ለመግባባት <input type="checkbox"/> እ <input type="checkbox"/> ገረሰሁ	0	1	2	3
11. ሃይለኝነት ይታ <input type="checkbox"/> ብኛል	0	1	2	3
12. አስቃቂውን አደጋ በተደጋገሚ አስታዬ ሳለሁ	0	1	2	3
13. በሬ <input type="checkbox"/> ታ <input type="checkbox"/> መሀል ስለ አስቃቂው አደጋ <input type="checkbox"/> እናገራለሁ	0	1	2	3
14. የደረሰብኝን አስቃቂ አደጋ ብጠየቅም መናገር አልፈልግም	0	1	2	3
15. አስቃቂውን አደጋ ሊያስወሰኑ የሚችሉ ነገሮችን <input type="checkbox"/> እ <input type="checkbox"/> ራለሁ	0	1	2	3
16. ሰዎችን መጠራጠር አበዛለሁ	0	1	2	3
17. ከሰዎች ገርም ሆኔ ብቸኝነት ይሰማኛል				
18. ተቃዎሚዎቼ በርካታ <input type="checkbox"/> ናቸው	0	1	2	3

ቀዳሎ  ተ  ረ  ጉትን ጥያቄዎች በማንበብ አዎ ወይም አይደለም በማለት መልስ ስ

ዓ.ነገሩ ለአንቺ የሚሰራ ከሆነ አዎ በምለው ስር ይህን ምልክት (✓) አስቀምጭ ዓ.ነገሩ ለአንቺ የማይሰራ ከሆነ ደግሞ አይደለም በምለው ስር ይህን ምልክት (✓) አስቀምጭ::

ጭንቀትን የሚመለከቱ ጥያቄዎች	አዎ	አይደለም
1. ያሰብኩት ሳይሳካ ሲቀር <input type="checkbox"/> እ <input type="checkbox"/> ረሰሁ		
2. ከኔ ይልቅ ሌሎች የሚፈልጉትን ሥራዎች በቀላሉ <input type="checkbox"/> ሚሰሩ <input type="checkbox"/> መስለኛል		

3. ብ <input type="checkbox"/> ቱ <input type="checkbox"/> <input type="checkbox"/> እጨነቃለሁ		
4. የወደፊት <input type="checkbox"/> እቅዶቼ ተግባራዊ ይሆናሉ የሚል ግምት የለኝም		
5. በቀላሉ <input type="checkbox"/> እበሳ <input type="checkbox"/> ለሁ		
6. የምስራውን ሁሉ ሌሎች የሚቀበሉት አይመስለኝም		
7. ምሽት <input type="checkbox"/> እንቅልፍ በቀላሉ አይወስደኝም		
8. የመነጨነጭና በቀላሉ የመናደድ ስሜቶች ይታ <input type="checkbox"/> ብኛል		
9. ስሜቴ በቀላሉ <input type="checkbox"/> <input type="checkbox"/> ጭል		
10. <input type="checkbox"/> እጆቼን ያልበኛል		
11. በ <input type="checkbox"/> ም <input type="checkbox"/> <input type="checkbox"/> መኖሪያ		
12. ከኔ ይልቅ ሌሎች ደስተኛ ናቸው ብዬ አስባለሁ		
13. የማልመወደ ሁሉ አስፈሪ ነው		
14. ስጨነቅ ስሜቶቼ በቀላሉ <input type="checkbox"/> <input type="checkbox"/> ጭል		
15. ስህተቴን ሰዎች ሁሉ የሚያርሙኝ ይመስለኛል		
16. አንዳንድ ደንግጩ <input type="checkbox"/> እነሳለሁ		
17. ምሽት ለመተኛት ስዘጋጅ ጭንቀት <input type="checkbox"/> ሰማኛል		
18. ሀሳቤን ለማሰባሰብና በትምህርት ላ <input type="checkbox"/> ለ ማተኮር <input type="checkbox"/> እቸገራለሁኝ		
19. ስቀመዓ <input type="checkbox"/> እቁነጠነጠለሁ		
20. በቀላሉ <input type="checkbox"/> እረበሻለሁ		
21. ሃዘንና ድብርት ብ <input type="checkbox"/> ቱ <input type="checkbox"/> <input type="checkbox"/> ሰመኛል		

APPENDIX E:

ቃለመጠይቅ ወስባዊ ጥቃት ከደረሰባቸው ልጃገረዶች ጋር ለምሳሌ ሠራተኞች (shelter workers, project coordinators)

12.  እትሜ: -----

13. ነታ : -----

14. የትምህርት ደረጃ: -----

15. አሁን የምትኖርበት ቦታ  -----

16. ለምን ያህል ጊዜ  ደርጅት ወስጥ ሰረክ/ሽ? -----

**ቃለመጠይቆች**

1. ስምህን/ሽን ና የስራ ድርሻህን/ሽን ወይም ሙያህን/ሽ ትነግረኛለህ/ሽ?
2. ወስባዊ ጥቃት ለደረሰባቸው ልጃገረዶች ድርጅታችሁ ምን አይነት አገልግሎት ነው  ሚሊ  ዩ?  እንዴት ነው ጥቃት የደረሰባቸውን ልጆች የምትከታተሉት?
3. ጥቃት በደረሰባቸው ልጃገረዶች ላይ ያየሃቸው በጣም አስቸጋር የሆነ ማሕበረሰብ ስነልቦናዊ ጉዳዮች ምን ምን ናቸው?
4. ጥቃት የደረሰባቸው ልጃገረዶችም ሆነ ሌሎች ሰዎች ስለ ወስባዊ ጥቃት ማወራረት የማይፈልጉበት ምክንያት ለምን ይመስለሃል/ሻል?
5. ሁሉም ወስባዊ ጥቃት ያደረሰባቸው ልጃገረዶች  እኩል ስሜት ይሰማቸዋል?
6. የደረሰባቸውን ማህበረሰብ ስነልቦናዊ ጉዳት ለመቅረፍ/ ለማስወገድ ምን አይነት  ወይም መንገድ ነው የምትጠቀሙት? በጣም ለተጎዱትና ጭንቀት ወስጥ ላሉት የተለየ  እንክብካቤ ትሰጣላችሁ? ከሰጠችሁ ምን ለውጥ አያችሁ?

7. ወ  ትርፀታችሁ ከገቡ በኋላ በህ  ወታቸው ያመጡትን ማህበረሰብና ስነልቦናዊ ለውጥ  እንዴት ነው የምትለኩት?
8. ልጆችን ከወስደዋል ጥቃት ለመከላከል ምን አይነት  ህፅ ማእቀክ  ስ  ልፉል ብለህ  ምናለህ/ሽ?
9. ወስደዋል ጥቃት ከደረሰባቸው ልጃገረዶች ጋር  እንደምሰረ ሰው/ሴት ወስደዋል ጥቃትን ለመከላከል ምን መደረግ አለበት ብለህ/ሽ ትመክረላህ/ሽ?
10. በአጠቃላይ ጥቃት ከደረሰባቸው ልጃገረዶች ጋር ስትሰረ ከገኘህዬ ልምት በመነሳት ወስደዋል ጥቃትን  እንዴት ትገልጻለህ?

APPENDIX F:

የግልቃለመጠይቅ ወስባዊ ጥቃትለደረሰባቸዉ ልጃገረዶች

ቤትሙ: -----

ነታ: -----

የትምህርትደረጃ: -----

አሁን የምትኖርበት ቦታ -----

ቃለመጠይቆች

- 17. አዚህ ድርጅት ዉስጥ በመሆንሽ ምን ተሰመሽ? እንዴትስ ወደዚህ ድርጅት ልትመጭ ቻልሽ? ድርጅቱንስ እንዴት አየሽዉ?
- 18. ወስባዊ ጥቃት እንዴት አነደደረሰብሽ እና ጥቃቱን ካደረሰብሽ ሰዉ ጋር ያለችሁን ዝምድና ወይም ግንኙነት ልትነገርኝ ትችያለሽ?
  - ቅርብ ሰዩ
  - እንግዳ
- 19. ለምን ያህል ጊዜ ነዉ ጥቃት ረሰብሽ?
- 20. ወስባዊ ጥቃት ባረሰሽ ቶ  ጥቃት አድራጊዉ እድሜ ስንት ነበር?
- 21. ወስባዊ ጥቃት ካደረሰሽ በኋላ ምን አይነት እርምጃ ወሰደብሽ? ለማንም እንዳትናገሪ አስገደደሽ ወይስ ምን አደረገሽ? ለማንም እንዳትናገሪ ካስገደደሽ ያንች ምላሽ ምን ነበር?
- 22. ወስባዊ ጥቃት ከደረሰብሽ በኋላ ምን አይነት ጉዳት፣ችግር እና ስሜት ገጠመሽ?
  - ማህበረሰባዊ ግንኙነቶችን በተመለከተ
  - የስነልቦናዊ ጉዳዮችን በተመለከተ
- 23. ወስባዊ ጥቃት ከደረሰብሽ በኋላ በትምህርት ቤት፣በጎሮቤት፣ከጎደኞች እና ከቤተሰቦችሽ ፉር በለሽ በለት ኑሮሽ ላይ ወስባዊ ጥቃቱ ምን አይነት የባህሪይ ለዉጥ አመጠብሽ? ያንች ምላሽሽ ምንነበር?

24. በዚህ ድርጅት ውስጥ ማህበረሰባዊ  እና ስነልቦናዊ ጉዳዮችን በተመለከተ ምን አይነት አገልግሎት አገኘሽ?  እነዚህ ያገኘሻቸው ማህበረሰባዊ  እና ስነልቦናዊ አገልግሎቶች ምን ምን ናቸው?
25. በአንችም ሆነ በሌሎች አካላት ስለደረሰብሽ ጉዳት የተወሰደ እርምጃ ምን ነበር? እርምጃ ተወስዶ ከሆነ በተወሰደው  ርምጽ  ስተኛ ነሽ ወይስ አይደለሽም?
26. በሌሎች ላይ በአንች የደረሰብሽ ጉዳት  እንዳይደርስባቸው ምን አይነት ጥንቃቄ  እንድወስዱ ትመክራለሽ?
27. ሌላ አስተያየት ካለ ግለጭ/ጥ