

**MALTREATMENT OF CHILDREN WITH HEARING  
IMPAIRMENT: AN EXPLORATORY STUDY**

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**BY**

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## **Abstract**

*This study attempted to explore the maltreatment of children with hearing impairment. Data were collected from five children with hearing impairment and two parents of them. All the respondents are residing in Addis Ababa. Interview guide and focus group discussion guide were developed and used to conduct interview and focus group discussions systematically. The data were analyzed exclusively qualitatively.*

*The attempt also made to describe the extent to which maltreatment affected the development of children under investigation, revealed that children who had experienced maltreatment assumed to have developed disrupted growth and development. Adverse effects have also been identified in maltreated children's physical, cognitive, emotional and social, and academic development. It could also be presumed that maltreatment had not only immediate impact but also long lasting effect on the holistic development of children with hearing impairment. Their psychosocial development could be assumed impaired greatly.*

*Poverty, stress, poor relationship among the family, having unhappy family, parental conflict and violence were hypothesized to be the major causes of maltreatment.*

*Finally, an attempt has been made to investigate whether children's hearing impairment lead them to be abused. The findings showed that the participants were maltreated due to their hearing impairment leading to infer that hearing impairment could be assumed a major causative factor for abuse.*

*Establishing sound early parent-child interaction, promoting peer interaction, providing information to enable children with hearing impairment to better prepare to resist abusive actions, and acquainting parents/caregivers with the developmental stages of children, training in sign language and the need for conducting further research are among the major points that are recommended to break the cycle of maltreatment.*

## **Acronyms**

DHHS - Department of Health and Human Services

FGD – Focus Group Discussion

HI - Hearing Impairment

NCCAN - National Center on Child Abuse and Neglect

ISPCAN - International Society for Prevention of Child Abuse Neglect

## Table of Contents

	Page
Acknowledgement .....	i
Abstract.....	.ii
Acronyms.....	.iii
<b>CHAPTER ONE                      INTRODUCTION .....</b>	<b>1</b>
1.1 Background of the problem.....	1
1.2 Statements of the problem.....	5
1.3 Objective of the study.....	8
1.4 Significance of the study.....	9
1.5 Delimitation of the study.....	9
1.6 Operational Definitions... ..	10
<b>CHAPTER TWO                      REVIEW OF RELATED LITERATURE .....</b>	<b>11</b>
2.1 Origins of child maltreatment.....	11
2.2 Forms of child maltreatment .....	15
2.2.1 The concept of neglect.....	15
2.2.2 Causes of neglect .....	16
2.2.2.1 Economic causes .....	16
2.2.2.2 Ecological causes .....	17
2.2.2.3 Individual causes .....	17
2.2.3 Effects and affect of neglect.....	18
2.2.4. The physical abuse of the children.....	18
2.2.4.1 Characteristics of the abused child .....	18
2.2.4.2. Behavioral indicators of physical abuse .....	20
2.2.4.3 Abusive parents .....	22
2.2.5 The sexual abuse of children .....	22
2.2.5.1 Profile of the abused child .....	23
2.2.6 Children at risk .....	23

2.2.7 Emotional abuse of children.....	24
2.2.7.1 The roots of emotional maltreatment .....	24
2.2.7.2 Characteristics of emotionally maltreated child....	24
2.3 Abuse and Disability .....	25
2.4 The impact of maltreatment on the developing child .....	27
2.5 Developmental effects of abuse and neglect .....	29
2.5.1 Neurological dysfunction in maltreated children .....	29
2.5.2 Developmental deficits in maltreated children .....	29
2.5.3 Psychosocial problems in maltreated children.....	30
2.6 Theories of child maltreatment .....	32
2.6.1 The medical model .....	33
2.6.2 Sociobiology .....	33
2.6.3 Structural family systems theory .....	34
2.6.4 The ecological model .....	34
2.7 Factors associated with child maltreatment .....	34
2.7.1 Caregiver characteristics.....	35
2.7.2 Socioeconomic characteristics.....	35
2.7.3 Child characteristics.....	36
2.8 Consequences of child maltreatment .....	37
2.9 Survey of local studies .....	37
<b>CHAPTER THREE            METHODOLOGY.....</b>	<b>39</b>
3.1 Research design .....	39
3.2 Participants of the study .....	39
3.3 Tools .....	40
3.3.1 Interview guide and focus group discussion guide .....	41
3.3.2 Focus group discussion .....	42
3.4 Pilot study .....	42
3.5. Data collection procedure .....	43
3.5.1 Main study .....	43
3.6 Ethical considerations .....	44
3.7 Data analysis .....	45

<b>CHAPTER FOUR</b>	<b>RESULT AND DISCUSSION.....</b>	<b>46</b>
	Case study I.....	46
	Case study II.....	56
	Case study III.....	64
	Case study IV.....	70
	Case study V .....	75
<b>CHAPTER FIVE</b>	<b>SUMMARY, CONCLUSION AND RECOMMENDATION... 83</b>	
	5.1 Summary.....	83
	5.2 Conclusion.....	83
	5.3 Recommendations.....	87
	References.....	89
	APPENDICES.....	97
	Appendix I.....	97
	Appendix II.....	99
	Appendix III.....	100

# **CHAPTER ONE**

## **INTRODUCTION**

### **1.1 Background of the problem**

Child maltreatment is a significant threat to the healthy development of children (Trocme, 2005). Understanding the scope and severity of maltreatment is critical in developing intervention and social policies to protect children at risk and to treat children who have already been victimized. Abused and neglected children are at very high risk of developing long-term social, emotional and cognitive problems.

Children of all ages who are experiencing maltreatment in their lives are increasing from time to time (Westat, 1993). It is known that abuse and neglect affect children throughout their developmental range, and the stakes are high. It is also known that abuse and neglect of all children, including children with disabilities, are under-reported (Finkelhor, Hotaling, Lewis, & Smith, 1990). For example, it has been estimated by researchers who compared reported data and population sample interview data that only 3% - 5% of all abuse cases are ever reported to authorities. Most abuse occurs in secret and is often kept skillfully hidden from teachers, therapists, physicians, and even caregivers.

Children with disabilities are over-represented in statistics on abuse (Ammerman, Hersen, & Van Hasselt, 1989). One large school district in the Midwest of United States noted that nearly 45% of its reported child abuse cases involved children who were receiving special services (Pacer Center, 1988). Information on 1,834 children nationwide in United States, taken from 35 child protective services agencies that were statistically selected to be nationally representative, revealed that the incidence of maltreatment among children with disabilities was 1.7 times higher than maltreatment of children without disabilities (Westat, 1993). There could be unidentified prior abuse which might have caused the disabilities, created new disabilities, or worsened already existing difficulties.

Sullivan and Knutson (1998) explored the association between child maltreatment and disabilities in a rigorous pediatric hospital-based

epidemiological study. Disabilities were twice as prevalent among the maltreated hospital samples as among the non-maltreated hospital controls; consistent with the hypothesis that maltreatment contributes to disabilities (Jaudes & Diamond, 1985) as well as with the hypothesis that disabilities increase the risk for maltreatment. Among abused children, behavior disorders, speech and language disorders, mental retardation, learning disabilities, and hearing impairments were the most common types of disabilities. Children with communicative disorders were at greater risk for physical and sexual abuse. Children with multiple disabilities were at the greatest risk and more likely to have experienced the most severe forms of sexual and/or physical abuse and longer durations of abuse and neglect than children with a single type of disability. Children with disabilities, like children in general, were at the greatest risk for maltreatment by perpetrators within the family. A large proportion of children of children had been maltreated most of their lives. With the majority of abused children with disabilities being treated under the age of 5, the need for early assessment and intervention services with young children is obvious.

Boys with disabilities have been found to be more likely victims of sexual abuse than boys without disabilities in the general population, and more male victims are identified in studies of maltreatment among children with disabilities (Sullivan & Knutson, 1998; Westat, 1993).

The fundamental question of why children with disabilities should be more vulnerable to abuse remains unanswered (Wescott, 1991) and involves a complex interaction of biological, familial, and sociological variables (Garbarino, Brookhauser, and Authier, 1987; Sobesky & Varnhagen, 1989). Studies have described the "social construction" of disability through disabling attitudes, behaviors, and environments (Sobsey, 1994). For example, once a disability is identified, females are at increased risk of maltreatment and abuse (Groce, 1997; Nosek, Howland, & Young, 1997). Some characteristics that are believed to make children with disabilities more vulnerable to abuse appear to be related to their dependency on others for their basic needs (Tharinger, Horton, & Millea, 1990). These children often lack control and choice over their own lives. Compliance and obedience

are instilled as good behavior and the unequal power relationships encourage children to heed the instructions of any adult (Sobsey & Varnhagen, 1989). Many of these children lack knowledge about sexualized behaviors and may not understand sexual advances by caregivers. Furthermore, their isolation and rejection by others can increase their responsiveness to attention and affection, as well as a desire to please, making them an easy target for sexual exploitation. The inability to distinguish among different types of touching, as well as problems in reasoning, impulse control, and predicting the consequences of their actions, heightens the vulnerability of many of these children.

In general, children find it difficult to disclose abuse. Sorenson and Snow (1991) found that the majority of children disclose sexual abuse accidentally or tentatively and advise that many children will not tell about abuse unless questioned directly. Children with expressive language and other communication disorders often are at even greater disadvantage in describing the acts of abuse and establishing their credibility as accurate reporters (Ammerman, Van Hasselt, Hersen, 1988; Monat-Haller, 1992). Some children lack sufficient receptive and attentional skills to even process the questions.

There is a body of research that suggests that the child's characteristics may play more than a passive role in abuse and neglect (Cohen & Warren, 1990). The "degree of disability" can affect abuse potential. For example, parental expectations are frequently higher for the more able-bodied or capable-appearing whose child disability is not easily diagnosed. Because of their expectations for normality, a parent may experience more frustration and stress and become abusive or neglectful of a child who is not easily identified as impaired or disabled. In addition, the disability may be a source of embarrassment, failed aspirations, or perceived punishment. Finally resources may be strained, increasing levels of family stress with a potential for long-term family crises that place the child at risk for longer periods of time (Morgan, 1987; Zirpoli, 1986).

The care and the treatment of a child with disabilities may require educational and care giving situations that put a child in harm's way, such

as unaccompanied bus rides to and from school and lack of close supervision in residential treatment centers. There is evidence that children with hearing impairments who are educated in residential schools are more likely to be sexually abused than children in inclusionary settings and have more difficulty finding a trusted adult in residential settings to tell about the abuse (Westat, 1993).

The demands of rearing a handicapped child can be unrelenting. Special attention must be directed toward identifying neglect and being alert to such behaviors as a parent's failure to keep appointments for their child's medical or audiological care, weight loss or failure to thrive in younger children, and poorly informed or uninterested caregivers. When these problems occur with parents who are mentally ill and/or low functioning, appropriate responses to possible neglect of a child are essential.

Although the indicators of child abuse and neglect in children with disabilities are much the same for the general population, there is an additional problem. Child behaviors that could signal abuse may be inappropriately attributed to the child's disability, and the possible abuse etiologies of such behaviors may never be explored (Horton & Kochurka, 1995). These behaviors include withdrawal, change in eating or sleeping habits, increased physical aggression, onset of sexual aggression or sexual behaviors, self-destructive behaviors, urinary or bowel problems, and sexually transmitted disease and pregnancy. For example, a young girl with developmental disabilities who wears multiple layers of clothing may be thought of as dressing inappropriately due to a lack of understanding of social norms or weather conditions, rather than the desire to protect her body from sexual assaults. Clinicians need to be aware of these "soft signs" as indicators of possible abuse, and not permanently attribute such behaviors to the child's disability.

Therefore, specific, accurate understanding of the extent of maltreatment in our society, the nature of maltreatment that occurs, and the consequences it has on children are crucial to formulate policies on child protection and to guide the design of prevention and treatment programs. This study examines how abuse and neglect affect the development of children with hearing

impairment. In doing so, it attracts attention because it justifies government intervention to stop actions by parents or caregivers that seriously harm the child. This research also reviews research on the characteristics of families that are more prone to abuse and neglect, and summarizes knowledge about the impact of maltreatment on the development of children with hearing impairment. Finally, the research also tries to answer the question why children with disabilities are likely to be abused.

## **1.2 Statement of the problem**

Child maltreatment is a pervasive societal problem that frequently exerts a devastating negative impact on children, not simply during childhood, but across the life course (Cicchetti, 1995). Children with disabilities are a distinct high-risk group for abuse and neglect, and are on average two or three times more likely to be maltreated than are children without disabilities in their homes and in institutions (Sullivan & Knutson, 2000). Yet little effort is being made to protect them from harm.

According to researchers, disability can act to increase vulnerability to abuse (often indirectly as a function of society's response to disability rather than the disability in itself being the cause of abuse.) (Sullivan & Knutson, 2000). Children with disability experience more of an emotional and social deprivation as well as neglect and rejection early in life. Related literature with children with hearing impairment portrays how psychologically damaging and challenging it is to cope with all forms of conceptions and negative attitudes held by the society (Tirussew, 2005).

The experience of maltreatment is unique to each individual child, however. Although serious consequences often result, these may depend on the intensity and frequency of the maltreatment. The child's characteristics, relationship to the perpetrator, and access to a supportive caregiver can also influence the effects of maltreatment. Workers in child protective services need a better understanding of the dynamics of maltreatment to guide their decisions regarding the degree of risk that any given situation poses to a child. Such knowledge would also provide a foundation for the development

of appropriate programs to prevent or ameliorate the effects of abuse and neglect on children.

Understanding and determining the causes, preventions and trend of abuse and neglect in the country is essential for various reasons. Among others, it is important for effective prevention and intervention efforts to be provided.

In Ethiopia, there is a general tendency to think of persons with disabilities as weak, hopeless, dependent, and unable to learn and subject of charity. The misconceptions of causal attribution added to the misunderstandings of the capabilities of persons with disabilities have resulted in a generally negative attitude and stereotyped discernment towards them (Tirussew, 2005)

A number of studies found that children with all types of disabilities are abused more often than children without disabilities. Studies show that rates of abuse among children with disabilities are variable, ranging from a low of 22 percent to a high of 70 percent (National Research Council, 2001). Although the studies found a wide range of abuse prevalence, when taken as a whole, they provide consistent evidences that there is a link between children with disabilities and abuse (Sobsey, 1994).

One in three children with an identified disability for which they receive special education services are victims of some type of maltreatment (i.e., either neglect, physical abuse, or sexual abuse) where as one in 10 non-disabled children experience abuse. Children with any type of disability are 3.44 times more likely to be a victim of some type of abuse compared to children without disabilities (Sullivan & Knutson, 2000). Various studies have reported that different types of disabilities have differing degrees of risk for exposure to violence (Sullivan, 2003).

There is no difference in the form of child maltreatment that occurs most often between disabled and non-disabled children. For both groups, neglect is the most prevalent, followed by physical abuse, sexual abuse and emotional abuse (Sullivan & Knutson, 2000).

Children are being beaten, neglected, and molested in greater numbers than ever before. Every ten seconds a child is being abused or neglected. (Boat & Sites, 2001). Granted, child abuses have existed for centuries. Thus, the

questions arise: what can be done to reverse the upward trend in maltreatment? And how can society, and more specifically the child welfare system, better protect the children at risk?

These questions can be addressed from several vantage points. It must be looked not only to raise societal awareness and increasing research into causes of abuse and neglect, but also to provide better training for caregivers.

What we are as adults are the product of the world we experienced as children. The way a society functions is a reflection of the childrearing practices of that society. Today, we reap what we have sown. Despite the well-documented critical nature of early life experiences, we dedicate few resources to this time of life. We do not educate our children about development, parenting or about the impact of neglect and abuse on children in general, children with hearing impairment in particular. As a society we put more value on requiring hours of formal training to drive a car than we do on any formal training in childrearing.

In order to prevent the adversities on the development of children with hearing impairment, we need to dedicate resources of time, energy and money to the complex problems related to child maltreatment. We need to understand the indelible relationship between early life experiences and cognitive, social, emotional, and physical health. Providing enriching cognitive, emotional, social and physical experiences in childhood could transform our culture. But before our society can choose to provide these experiences, it must be coupled with the continuing generation of data regarding the impact of both positive and negative experiences on the development of children. All of this must be paired with the implementation and testing of programs dedicated to enrich the lives of children with hearing impairment and families and programs to provide early identification of, and proactive intervention for, at-risk children and families.

The problems related to maltreatment of children are complex and they have complex impact on our society. Yet there are solutions to these problems. The choice to find solutions is up to us. If we choose, we have some control of our future. If we, as a society, continue to ignore the maltreatment of

children in general, children with hearing impairment in particular and consequences of our current childrearing practices and policies, our potential as a humane society will remain unrealized. Moreover, the damage to a child from maltreatment can range from minor to extensive physical, psychological, and behavioral problems. These problems impose severe handicaps on children and may adversely affect them as adults (Sullivan, 2003). In most severe cases, child maltreatment results in the tragic death of a child (Sullivan, 2003). In Ethiopia children with disabilities including those with hearing impairment live under especially difficult circumstances and are vulnerable as they live with negative attitudes, beliefs, labels and stigmas as that militate against them. They face challenges and problems that ordinary children do not experience. They have limited access to facilities and their fundamental rights, such as education and health, are often compromised. Most services for children with disabilities provides as charity. Even if the disability issue has gained impetus in Ethiopia (Tirussew, 2005), children with disabilities caught in a difficult situation. Thus, it is worthwhile to investigate the extent to which abuse and neglect affect the development of children with hearing impairment. For this purpose, the following research questions are formulated:

1. To what extent abuse and neglect affect the development of children with hearing impairment?
2. What are the possible factors that contribute to abuse and neglect in children with hearing impairment?
3. Does a hearing impairment by itself cause neglect and abuse?

### **1.3 Objective of the study**

In this research an attempt will be made to:

1. Describe the extent to which abuse and neglect affect the development of the children with hearing impairment.
2. Investigate the cause of abuse and neglect of children with hearing impairment
3. Investigate whether hearing impairment causes maltreatment

#### **1.4 Significance of the study**

Maltreatment of children with hearing impairment is a grave problem and as a result it needs serious solutions. To meet this objective, it is inevitable to know to what extent maltreatment affects the lives of children with hearing impairment. Consequently, this study is expected to contribute to:

- Identify the nature and causes of maltreatment in children with HI.
- Depict the consequences of maltreatment on the development of children with HI.
- Help the government (decision makers) to initiate strategies to keep children from possible maltreatment especially children with hearing impairment
- Help national and international non-governmental organizations (NGOs), who are engaged in various activities related to child care and service in developing more comprehensive programmes to address issues pertaining to child maltreatment.
- Help community based organizations and the communities, such as religious and community leaders in how to tackle the problem of children maltreatment in general and children with hearing impairment in particular.
- Offer possible recommendations on prevention and intervention measures to combat all forms of maltreatment to break the cycle of maltreatment.
- Serve as a basis for further and extended study in the area.

#### **1.5 Delimitation of the study**

The types of abuse and neglect are so wide that all types could not be included. For this reason, the study is limited to neglect, physical abuse, sexual abuse, and emotional abuse. The study was conducted in one Special School for the Deaf on a limited number of children of certain grade levels who were the most mature students with hearing impairment to share possible abusive and neglectful histories that are affecting their life.

## 1.6 Operational Definitions

**Development** refers to the cognitive, emotional, social and academic profile of children with hearing impairment.

**Hearing Impairment:** Hearing loss significant enough to require special education, training and/or adaptations. It ranges from mild to profound and includes both deaf and hard of hearing conditions.

**Child maltreatment** describes physical injury, sexual abuse, negligent treatment and emotional abuse of a child up to the age of 18 by a person who is responsible for the child's welfare

**Physical Abuse:** An act of commission that results or is likely to result in physical harm, including death of a child. Examples of physical abuse acts include kicking, biting, shaking, stabbing, or punching of a child.

**Sexual Abuse:** An act of commission, including intrusion or penetration, molestation with genital contact, or other forms of sexual acts in which children are used to provide sexual gratification for the perpetrator. This type of abuse also includes acts such as sexual exploitation and child pornography.

**Neglect:** An act of omission by a parent or caregiver that involves refusal or delay in providing health care; failure to meet basic needs such as food, clothing, shelter, affection, and attention; inadequate supervision; or abandonment. This failure to act holds true for both physical and emotional neglect.

**Emotional Abuse:** An act of commission or omission that includes rejecting, isolating, terrorizing, ignoring, or corrupting a child. Examples of emotional abuse are confinement; verbal abuse, withholding sleep, food, or shelter, exposing a child to domestic violence; allowing a child to engage in substance abuse or criminal activity; refusing to provide psychological care; and other inattention that results in harm or potential harm to a child. An important component of psychological abuse is that it must be sustained and repetitive.

## **CHAPTER TWO**

### **REVIEW OF LITERATURE**

#### **2.1 Origins of Child Maltreatment**

Maltreatment of children is deeply entwined with historical values and perspectives. The concept of child maltreatment has been defined and redefined throughout history. Society is slowly evolving from viewing children as property, subject to the whims of the family and society, to at least recognize that children may have rights of their own. Each period in history as well as each culture has a concept of how children should be treated (Tower, 2002).

Early in history, children were seen as the property of their families- usually headed and ruled by fathers. Children looked to their fathers for their very existence. They had the right not only to determine the manner in which their child to be cared for but if the child were to live or die (Tower, 2002).

The Bible cites Abraham's intension to sacrifice his son, Issac, to God. In early Rome, the father was given complete power to kill, abandon, or even sell his child. In Greek legend, Oedipus was doomed to death until a family retainer rescued him. In Hawaii, China and Japan, many female or disabled children were killed to maintain a strong race without over population (Tower, 2002).

Children in Ethiopia as stated by (Ringness & Gander, 1974) as cited in (Selamawit, 2001) are considered inferior to adults; respect for parents and other adults is essential, and children who displease their parents may be harshly punished.

Infanticide was practiced for many reasons. Like the Hawaiians, Chinese, and Japanese, some cultures saw the practice of infanticide as a means of controlling and regulating the population so that society's resources could be expended on the strongest and most valued. As in the case of Abraham, babies were offered to appease gods, and infanticide was in some ways

associated with religious beliefs. Attempts to limit family size or ensure financial security were also used as rationales for killing children (Tower, 2002).

In early England, as in many other cultures, infanticide was an unwed mother's solution to her act of shame (Tower, 2002)

In Germany, new born was sometimes plunged into frigid water to test their ability to survive. Some tribes of Native Americans practiced a similar ritual. The child was fit to live only if he or she surfaced and cried. Records in England in the 1620s attest to the burial of infants murdered by drowning, burning, and scalding (Tower, 2002).

Children were dependent on their families not only for their early existence but also for their later survival. The feudal system in Europe established a concept of ownership and articulated a hierarchy of rights and privileges. Children were at the bottom, and the children of poor families fared the worst. If the parents were unable to support themselves and their children, the fate of the family was often the poorhouse (Tower, 2002).

The fate of children is still dependent largely on their family constellation. Able-bodied people (those who were considered capable and were, therefore, forced to work) were sent to work. In some cases, mothers and their children were provided for at home by contributions of food and clothing but never money. Education was not viewed as a right or privileges of such families (Poppo & Leighninger, 1998) as cited in (Tower, 2002).

Describing the Ethiopian methods of child rearing, particularly of rural area (Ringness & Gander, 1974; Levine, 1965; Kebebew, 1986; Molaver, 1995) as cited in (Selamawit, 2001) wrote that a child is considered to be a "gift of God" and children are the "wealth of family".

The subject of discipline has always been controversial. Many methods used in early Western culture would certainly be open to censure today. The philosophies of our forebears, however, differ from those of most modern day

societies. Not only in the home but also in the classroom, corporal punishment was a means to mold children into moral, God-fearing, respectful human beings. Parents were expected to raise religious, dedicated, morally sound, and industrious contributors to the community. Obedience was the primary virtue to develop in children (Tower, 2002).

Theologian John Calvin was of no help to children in the treatment accorded them by their elders. Calvin spoke of breaking a child's will in the hope of saving the spirit from evil. Discipline was severe in the hope that children could be transformed into God-fearing individuals (Tower, 2002).

The use of corporal punishment as a means of disciplinary method in Ethiopia has along history and it is quite common in schools even today (Alemayehu, 2004). Some studies (Tigist and Dereje, 1997; Daniel and Gobena, 1998; Habtamu, 1998) as cited in (Alemayehu, 2004) argued that physical punishment is highly prevalent in schools.

Corporal punishment as indicated by some studies is highly prevalent, and most people use it to modify undesirable students' behavior. These conditions contradict the child human rights, and constitute human rights violation (Alemayehu, 2004).

For a short period during the eighteenth century, the treatment of children improved. Philosopher Jean Jacques Rousseau spoke of children as inherently good & encouraged educational methods that would enhance their positive development not break their spirit (Lenoir-Degoumois, 1983) as cited in (Tower 2002).

There are approximately one million substantiated cases of child abuse and neglect in the United States each year and millions more reported cases (U.S Department of Health and Human Service, 2003). Child maltreatment is not a recent phenomenon, nor is it unique to certain nations and cultures (National Adoption Clearinghouse, 2003). It appears children have always been abused and neglected. A number of studies of the history of child

maltreatment have begun with the now familiar quote by psycho-historian (De Mause, 1970) as cited in (Langer, 1973):

The history of childhood is a nightmare from which we have only recently begun to awake. The further back in history one goes, the lower the level of child care and the more likely children are to be killed, abandoned, beaten, terrorized and abused (De Mause, 1970) as cited in (Langer, 1973).

History seems to bear out De Mause. Evidence of infanticide (the practice of intentional killing of a child condoned by parents and society), for example, exists in much of ancient history. Infanticide had been an accepted procedure for disposing of undesirable children (Langer, 1973). (Robert, 1970) as cited in (Langer, 1973) notes evidence of infanticide in 7000 BC with the finding of remains of infants interred in the walls at the city of Jericho. Siculus, a Greek historian of the first century, reported the putting to death of weak, infirm and those who lacked courage. A second century Greek physician instructed midwives to examine children and dispose of the unfit. The Roman Law of Twelve Tables prohibited the raising of defective children. Infanticide, which existed as late as the 19th century in parts of Europe, was justified in two ways. First, because children were considered parental "property," parents, as property owners, were entitled to destroy that property. Second, infancy was by definition a period of time before the right to live vested (National Adoption Clearinghouse, 2003). Illegitimacy is another historical cause of child maltreatment. Many societies outlawed illegitimacy, and illegitimate children were ostracized, abandoned and killed (Tower, 2002).

In Ethiopia, according to (Tigabu, 1997) as cited in (Selamawit, 2001) the born of children with disabilities assumed to be a sign of anger and of disciplinary punishment from God towards the whole community. So, the community, excluding youth and children, will convene and pray to God not to punish them any further. For the future, each person will make an oath to himself and to his mates not to commit mistakes that may anger God and

bring such punishment on him or on the community. Disability is a sign of bad luck in the family. The family keeps the disabled hidden as much as possible...gradually the parents become subject of pity. Everyone offers suggestions saying "had it been only water in uterus (meaning a false pregnancy) they would not have been ashamed as they grow.

## **2.2 Forms of Child Maltreatment**

Child maltreatment is the general term used to describe all forms of child abuse and neglect. There is no one commonly accepted definition of "child abuse and neglect." The federal government of U.S. defines child abuse and neglect in the Child Abuse Prevention and Treatment Acts as "the physical and mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened (U.S. Department of Health and Human Services, 1998). Child maltreatment encompasses neglect, physical abuse, sexual abuse, and emotional abuse that can be discussed as follows:

### **2.2.1 The Concept of Neglect**

If one compares the literature on various types of child maltreatment, it will become obvious that there is dearth of information on the concept of child neglect, despite the fact that a large number of children are neglected each year (McCurdy and Daro, 1994) as cited in (Tower, 2002). Why has this phenomenon been so infrequently studied? Garbarino and Collins (1999) suggest that there are several reasons why neglect is not demanded, as a research topic, the attention given every other type of maltreatment. The problem of neglect is less dramatic and less obvious and therefore more difficult to see (Dubowitz, 1994; Wolock & Horowitz, 1984) as cited in (Tower, 2002). In addition, intervention is not clear-cut in many cases and certainly not short-term.

## **2.2.2 Causes of Neglect**

Polansky et al., (1991) suggest that the causes of can all be grouped within three theories:

*The economic, emphasizing the role of materials deprivations and poverty; the ecological, in which a family's behavior is seen as responsive to the larger social context in which it is embedded; and the personalistic, which attributes poor child care to individuals differences among parental personalities, particularly their character structures (1991, p.21).*

### **2.2.2.1 Economic Causes**

Proponents of the economic view suggest that neglect is a response to stress, and poverty is all-pervasive stress (Tower, 2002). Although the infantile personalities of parents as major contributor to neglect, (Young, 1964) noted that poverty was widespread among the families studied. The most overwhelming feature in Katz's (1971) observations was the extreme level of poverty of these families. (Givannoni & Billingsely, 1970) and (Pelton, 1989) concluded that poverty had a deleterious effect on the parents' ability to care for their children. It cannot be denied that these families are among the poorest. Does neglect then stem from poverty? Or is poverty inevitable, given deficits in personality structure and the ability to cope with everyday tasks?

Crittenden (1999) grappled with this somewhat deceptive correlation between poverty and neglect and pointed out some interesting observation. She comments that

*Because of its association with neglect, low socioeconomic status has been identified as a major cause of child neglect.... Low socioeconomic status, however, includes a wide range of factors associated with poverty, such as unemployment, limited education, social isolation, large numbers of children, and childbirth to unmarried adolescents. (p.48)*

She goes on to say, however, that efforts to improve the economic status of neglectful families by providing them with material goods have neither ended their poverty nor prevented them from neglecting their children. Therefore, she concludes that " ... it is unlikely that the income or the lack of material goods is primary impediment to successful parenting" (p.49).

#### **2.2.2.2 Ecological Causes**

The ecological perspective is widely favored as a sufficiently encompassing theory to deal with a form of maltreatment that has as many variables as neglect. Fostered largely by Germain (1991) as cited in (Tower, 2002), the ecological view in social work practice sees the individual as part of and interacting with the environment. From the perspective of neglect, this view would lead to several assumptions. First, the neglectful family must be seen within the context of the neighborhood, their culture and society. An understanding of cultural and racial values is vital in assessing the family's ability to function. The family is seen as a complex system and the strengths they exhibit are as important as the problems they have. And finally, the family's issues are seen in relation to the community's ability to provide resources and social supports for them (Kadushin and Martin, 1988). The ecological approach to neglectful families puts more emphasis on interventions that stress social supports.

#### **2.2.2.3 Individual Causes**

Instead of looking at the economic status of neglectful parents or how the neighborhood or societal institutions contribute to neglect, Crittenden (1999) suggests that the roots of neglect lie deep in the development of the individual parent and the way in which she/he has learned to process information. The way we process the information we receive from the world largely influences how we relate to that world and how we behave. The two types of information we receive relates to cognition and affect.

*Cognition* is information that tells us what actions will cause what effects, and this will influence the behavior that we adopt in most situations. Affect "... is experiences in feeling states that motivate protective or affectionate behavior, and when feelings of distress are low, that promote exploration and learning" (Crittenden, 1999, p.51). The process of information is so basic that we sometimes find it difficult to relate to those who do not see the world as we do.

### **2.2.3 Effects and Affect of Neglect**

Cantwell (1985) suggests that neglected children do not do well in school partly because their home environment has robbed them of the ability to understand the messages being given in the classroom.

Impaired socialization is not uncommon in neglected children (Tower, 2002). Impairment in language development manifests itself in the child's inability to conceptualize beyond the most basic level. This lack leads to poor communication with others who have the ability. Thus as the neglected child grows older, he or she feels isolated from all but those who are similarly lacking in this ability.

Another aspect of socialization is the internalization of standards (Tower, 2002). Due to the inconsistency in the home setting, the neglected child is never sure what to expect. Without defined and consistent rules, neglected children face punishment when their actions annoy the caregiver. Little attention is given to what extent is best for the child. Therefore neglected children do not develop an internalized set of standards to guide them. Instead, they respond to external stimuli. For these children, whether stealing is wrong is less important than the prospect of getting caught.

### **2.2.4 The Physical Abuse of the Children**

The physical abuse of children often results in not only injuries but also psychological damage that can have long lasting effects (Winton & Mara, 2001). The physical abuse of children is a phenomenon that can only be defined by considering the total social context with special emphasis on some specific factors (Tower, 2002). The structure of the society must be considered. For example, as part of their heritage, other cultures have practices that by Western standards would be considered abusive. It is agreed, however, that physical abuse of children refers to non-accidental injury inflicted by a caregiver (Tower, 2002).

#### **2.2.4.1 Characteristics of the Abused Child**

There has been much debate in the literature about the contribution of the child to physical abuse (Tower, 2002). Although one can hardly assume that

initially a child intentionally invites abuse, there are some characteristics that predispose a child to being abused.

Children conceived out of wedlock are particularly vulnerable to being abused because of the stress their birth created for the parents (Tower, 2002). Illegitimate children represent a variety of conflicts for their parents. The unwed mother may be seeking to produce an individual who will love her where others have failed. The pregnancy may be symbolic of a dysfunctional relationship with her parents or other intimates. Once the child is born and he or she does not meet the mother's unrealistic expectations, she may feel disappointed, angry, and hostile (Tower, 2002). Premature infants present less than comfortable parents with a dependent who needs extra care, thus putting additional stresses on the caregiver. The baby may be particularly sensitive to stimuli, cry more, be smaller, perceived as more fragile, and be generally more difficult to care for than a full term baby (Tower, 2002). In addition, the mother may perceive the child as being somehow abnormal because it is premature (Elmer and Gregg, 1967). And finally parental expectations about the behavior at specific stages may not take into consideration that a premature infant is not as developmentally advanced as a full-term child.

Congenitally malformed babies, mentally retarded babies, and twins are three types of infants that again subject parents to added stresses (Tower, 2002). Since the groups are "different," they may be perceived as an added burden.

Children conceived during a mother's depressive illness may remind the family of this fact. The parents may even see the child as the cause of the mother's disturbance. In fact, any type of trauma around the time of conception or during pregnancy can cause the child to be viewed as the contributor to the problem and therefore rejected and possibly battered (Tower, 2002). The last child born to a mother who already feels overwhelmed can also be in jeopardy.

Gold (1986) suggests that numerous factors related to specific children predispose them to being abused. Inadequate bonding impedes the

development of a positive relationship between parents and places the child at higher risk.

In later years, learning problems, whether based on sensory difficulties, neurological damage, or psychological connections, may place children at risk from parents who are unaware or misunderstand their child's behavior (Gold, 1986). And finally, the adolescent years—marked by children's striving toward autonomy, which may take on rebellious overtones, and their reliance on peer cultures, which are not always positive in their influence once again set up children to seemingly invite their parents' abuse (Gold, 1986; Monteleone, 1998; Hobbs et al., 1999).

The consensus among most researchers is that children do not actually invite abuse, but some of the reasons listed above cause them to be at higher risk for abuse (Tower, 2002).

#### **2.2.4.2 Behavioral indicators of Physical Abuse**

Children's behavior often mirrors the atmosphere at home. Abused children exhibit particular behaviors that are indicative of their dysfunctional environment (Tower, 2002). The abused children showed no expectations of being comforted by parents (Martin, 1972) as cited in (Tower, 2002). The motor development and social development of these infants are slow. The passive watchfulness is especially obvious among abused infants. As they grow, this passivity demonstrates itself in their attitude toward school work (Helfer, McKinney, and Kempe, 1976).

Martin and Beezley (1976) studied that abused children seemed old for their years (pseudo-mature); they lacked the ability to play. The most striking of these characteristics is the child's impaired capacity to enjoy life. Life for them had been unrewarding and they demonstrated this clearly in their attitudes. Low self-esteem became obvious not only at home but in the school setting as well. Children had little confidence in their own abilities, and school learning problems were the result.

Withdrawal was another characteristic of abused children (Tower, 2002). Often used as a defense to avoid further punishment, abused children carry this withdrawal into every aspect of their lives. Abused children harbor a

suppressed anger over their lack of control over their lives. In addition, they see their parents using violence as a way of handling problems and taking out aggression.

One characteristic of abused children is their unusual ability to adapt to a variety of people and settings (Tower, 2002). For these children, this ability meant survival. It has been important for them to perceive, with almost psychic ability, the needs of those around them, and adapt accordingly.

Abused children are particularly fearful of failure (Tower, 2002). Again, this quality may relate to being adaptable and not wishing to displease others. It may also be that children perceive abuse as a deserved retribution for their failure. When psychological testing is done, abused children also demonstrate difficulty attending to instructions, a behavior that carries over into school and is a frustration to both teacher and pupil. Therefore, the child's anxiety is raised. Similar situations in the school setting add to the child's learning problems.

The abused children may also demonstrate verbal inhibition (Tower, 2002). At home, talking too much can be dangerous. Verbalization is also a step in cognitive development. Organizing thoughts and conceptualizing increase in complexity as the child matures. If the child's development, self-esteem, opportunity to converse, and trust is hampered by abuse, poor language development may be the result.

Poor relationships are often marked among maltreated children (Tower, 2002). These conditions may carry into adolescence. The abuse may have been long-term, persisting throughout childhood and continuing into adolescence, or maltreatment may begin or intensify during adolescence because of the parent's own current conflicts, which are possibly brought on by the stresses of adolescence (Ziefert, 1981). The mood swings of adolescents are especially visible in the abused child. Acute hostility gives way to withdrawal as adolescents strive to cope with the abuse as well as the conflicts of development (Fisher et al., 1980; Siegel and Senno, 2000).

In detection of abuse, it is extremely important that one can be aware of the child's cultural heritage (Leigh, 1998). Cultural sensitivity also necessitates that one look at the current environment of the family (Lieberman, 1990).

#### **2.2.4.3 Abusive Parents**

Although the abusive family is a complex system influenced by sociological, cultural, psychological, and interactional variables, many researchers feel that parents who abuse demonstrate some particular personality characteristics (Tower, 2002). Low self-esteem is universal among abusive parents. These parents feel unloved and unworthy themselves. Their lives have usually been fraught with rejection and losses, with the loss of nurturing in childhood as the foundation (Cadzow et al., 1999)

Isolation from the outside – the absence of an adequate support system-is of vital importance in understanding abuse (Tower, 2002). Overwhelmed by the tasks of parenting, these parents have few outlets through which to vent their tensions. To compound these stresses, many abusive parents have rigid superegos and feel they need to tightly control their behavior and the behavior of those around them. Their inability to control themselves and other causes them great distress.

#### **2.2.5 The Sexual Abuse of Children**

Children who are victims of sexual abuse often experience a range of negative emotions and behaviors, such as anger and guilt for being victims and culpability for the sexual activity (Winton and Mara, 2001). As a result, children who have been sexually abused will often attempt to hide the abuse.

Like their children, parents typically exhibit feelings of anger, guilt, fear, confusion, and embarrassment (Winton and Mara, 2001). When the sexual abuser is a parent or relative, family disruption is virtually inevitable. Other family members often deny that anything improper occurred, and even parents and professionals may not believe that the child was sexually abused. A person can only imagine the high level of stress this disruption and denial place on a child.

It is important to differentiate between interfamilial and extra familial sexual abuse. Interfamilial sexual abuse, also referred to as incest, involves sexual abuse by family members. Extra familial sexual abuse occurs when the

abuser is not a family member. Many believe that intrafamilial sexual abuse is more traumatic and difficult to treat (Tower, 2002).

#### **2.2.5.1 Profile of the Abused Child**

Research shows that girls are more likely to report as the victim of abuse than boys (NCCAN, 1990). Studies (Urquiza and Keating, 1990) show the incidence of abuse among male children is significantly higher than reported. Porter (1986) estimates that the true ratio of sexually abused boys to sexually abused girls would be 1:1, even significantly fewer boys than girls report abuse. Urquiza and Keating (1990) suggest that until more research has been done on male victimization we cannot gather accurate statistics.

#### **2.2.6 Children at Risk**

It is difficult to determine why some children are abused while others are not (Tower, 2002). Several factors put children at risk for sexual victimization. Social isolation is one reason (Tower, 2002). Children who are left alone, are unsupervised, and who do not have the physical presence of numerous friends and neighbors are more likely to be abused (Tower, 2002). The mother has an influence on the child's vulnerability (Tower, 2002). Studies show that the mother who is absent, who is not close to her child emotionally, who is sexually punitive or religiously fanatic, who never finished high school, or who keeps herself isolated is more likely to have a child who will be abused (Sgroi, 1982 & Finkelhor, 1984a). Finkelhor suggested that the presence of a stepfather in the home made a child more vulnerable, not only for abuse by the stepfather himself but also for abuse by others. He theorized that statistically a girl, especially one whose mother had remarried, was probably exposed to a variety of men (i.e., the mother's previous boy friends) who may have had an opportunity to abuse her. Further, friends of the a stepfather may not perceive as strong a taboo against molesting the adopted daughter of a friend as against a blood relative. This perception may result from the belief that the stepfather does not have as great an emotional investment in the child (Finkelhor, 1984a).

### **2.2.7 Emotional Abuse of Children**

Emotional abuse is somewhat complicated because this form of abuse does not leave physical evidence, though they can be devastating to the child or adolescent as physical abuse, sexual abuse, or neglect (Winton & Mara, 2001). Moreover, emotional abuse often takes place in conjunction with other types of child maltreatment (Winton & Mara, 2001). In fact some argue that emotional abuse is present in all other forms of child maltreatment (Pearl, 1998) as cited in (Winton & Mara, 2001). A child who is physically abused, sexually abused, or neglected is probably also being emotionally abused. Even though multiple types of maltreatment often coexist, emotional abuse can occur separately (Winton & Mara, 2001).

#### **2.2.7.1 The Roots of Emotional Maltreatment**

The prevailing attitude of much of society that parenting is unrewarding task certainly sets the stage for emotional maltreatment (Tower, 2002). Covitz (1986) goes on to say that beyond the societal atmosphere, emotional maltreatment results from the healthy narcissistic needs of the parents not being met. Garbarino, Guttman, and Seeley (1986) contend that the emotional maltreatment is rooted not only in the dysfunctional family communication patterns but also in the societal pressures influencing the family. Family disruption, an inharmonious marital relationship, divorce, and outside stressors such as poverty, unemployment, mobility, and isolation can provide an atmosphere for this type of maltreatment (Tower, 2002). Prejudice too takes its toll.

There has always been a tendency to link emotional disturbance to maltreatment by parents. Garbarino, Guttman, and Seeley (1986) contend "emotionally disturbed children are not by definition psychologically maltreated. There are multiple possible origins for disturbed personality development" (p.5).

#### **2.2.7.2 Characteristics of emotionally Maltreated Child**

Children who are emotionally maltreated by a parent or even siblings suffer feelings of being inadequate, isolated, unwanted, or unloved. Their self-

esteem is low and they consider themselves unworthy (Jenewicz, 1983; Krugman and Krugman, 1984; Burnett, 1993; Brassard et al., 1993; O'Hagan, 1993) as cited in (Tower, 2002).

Children respond to such messages in one of two ways: They fight back, becoming hostile, aggressive, and behavior problems, or they turn their anger inward, becoming self-destructive, depressed, withdrawn, or suicidal (Tower, 2002). Some of these children also develop somatic complains (e.g., headaches, asthma, colitis, nervous habits, etc.) or sleep disturbances (Tower, 2002).

The negativity expressed by emotionally maltreated children is often pronounced. Their behavior seems designed to draw attention. Some develop eating disorders, attempt suicide, or drift into delinquency. By the time the child is an adolescent, the consequences of maltreatment have often become an integral part of his or her personality (Garbarino, Guttman, and Seeley 1986; O'Hagan, 1993).

### **2.3 Abuse and Disability**

People with disabilities are often responded to as a homogenous group of people, with 'disabilities' being seen by some as a badge of biological inferiority (Crosse, S., Elyse, K. & Ratnofsky, 1993). Children with disability have been considered to be less intelligent, less able to make the "right" decisions, less "realistic", less logical, and less able to determine their own life (Crosse, S., Elyse, K. & Ratnofsky, 1993). Rubin and Quinn-Curran (1983) as cited in (Crosse, S., Elyse, K. & Ratnofsky, 1993) believe that making the disability synonymous with an individual's identity results in an individual who is both stigmatized and dehumanized.

Children with disabilities experience child maltreatment significantly more often than their typically developing peers (ISPCAN, 2005). Permanent disabilities may occur as a result of abuse and/or neglect, increasing vulnerability to further maltreatment. The consequence of abuse may be more pronounced in children with disabilities and, since they are less likely to be identified, they are more likely to suffer longer-term abuse (ISPCAN, 2005). Research suggests that children with disabilities are 4 to 10 times

more likely to be abused than children without disabilities (DHHS National Child Abuse and Neglect Data Systems, 2000).

A number of factors that may increase the risk of abuse for these children, including increased dependency on others for personal care, caregiver attitudes toward children with disabilities and increased stress due to financial and personal care pressure related to the child's disability (DHHS National Child Abuse and Neglect Data System, 2000).

Despite variances in methodology and sample of studies, findings have been remarkably consistent. Sullivan & Knutson (2000) study found that children with disabilities were 3.4 times more likely to be maltreated than their non-disabled peers.

Among child maltreatment research literature, relatively few articles focus on children with disabilities. Lack of data contributes to the ongoing lack of awareness of maltreatment and severely limits an informed response to these issues. Children with disabilities are vulnerable to maltreatment by their caregivers and peers (ISPCAN, 2005). Family shame may precipitate abandonment, institutionalization and abuse and neglect (ISPCAN, 2005).

For children with disabilities the usual risk factors for child abuse are intensified. Their impairments may make it difficult to participate in family and community activities, leading to social isolation. They are more likely to be living outside birth families in foster care, group homes, or large institutions, which can mean they are more vulnerable to abuse. Having more caregivers provides a greater probability of encountering one who is abusive, whilst being separated from potential sources of protection. These children may be unable to protest or report when boundaries are crossed during intimate body care. Children with disabilities and their parents/caregivers often have limited access to critical information pertaining to personal safety and sexual abuse prevention (ISPCAN, 2005)

Parents/ caregivers of child with disabilities may be stressed by ongoing health needs, difficulties in finding suitable childcare, financial burdens and social isolation, along with difficulties relating to depression and marital discord (ISPCAN, 2005).

The signs of abuse demonstrated by children with disabilities are the same as those in general population of children without disabilities.

The nature of a child's disability may make discovery of the abuse extremely difficult. The child may not be able to tell what happened, or may not perceive what occurred as abuse. Sometimes abuse is not suspected until it produces undeniable physical signs (such as pregnancy, vulnerable disease, and physical injury) or obvious behavioral signs (such as re-enactment of the abuse) (DHHS National Child Abuse and Neglect Data System, 2000).

#### **2.4 The Impact of Maltreatment on the Developing Child**

Child maltreatment during infancy and early childhood has been shown to negatively affect child development, including brain and cognitive development, attachment and academic achievement (Child Welfare Information Gateway, 2001). Child abuse and neglect can have enduring physical, intellectual, and psychological repercussions into adolescence and adulthood (Child Welfare Information Gateway, 2001).

There is no doubt that child maltreatment is an enormous problem that exerts a toll on its victims, but also on society more broadly (Siegel, 1999). Child maltreatment may affect children's development of competencies not just at a single period of development, but across the life span. It is important, however, to recognize that there is considerable diversity in process and outcome associated with child maltreatment. Important new directions for research on this critical societal problem have also been highlighted (DHHS National Child Abuse and Neglect Data Systems, 2000).

Neglect, physical abuse and sexual abuse have profound immediate and long-term effects on a child's development (Siegel, 1999). The long-term effects of abuse and neglect of a child can be seen in higher rates of psychiatric disorders, increased rates of substance abuse, and a variety of severe relationship difficulties. The short and long term effects of child maltreatment have been documented. Children who have maltreated often

have trouble in school (Siegel, 1999). They may develop posttraumatic stress disorder, depression, anxiety, or anti-social behaviors (Siegel, 1999).

Few studies of maltreated children with disabilities seem to indicate that the experience of maltreatment exacerbates difficulties of their disability. Maltreated children with disabilities, not surprisingly, do poorly in school. They missed most days of the school, while non-disabled, non-maltreated children missed the least. Maltreatment appears to exacerbate an academic disadvantage of children with disabilities (Sullivan & Knutson, 2000a).

Recent brain research has established a foundation for many of the physical, cognitive, social, and emotional difficulties exhibited by children who experienced maltreatment in their early years (Siegel, 1999).

Child abuse and neglect is an inter-generational problem (Siegel, 1999). Most frequently the perpetrators of abuse and neglect are profoundly damaged people who have been abused and neglected themselves.

There are clear links between neglect and abuse and later psychological, emotional, behavioral, and interpersonal disorders (MacMillian, 2001). The basis for this linkage is the impact that abuse and neglect have on brain development. The effects of early maltreatment on a child's development are profound and long lasting (MacMillian, 2001). It is the impact of maltreatment on a child's developing brain that causes effects seen in a wide variety of domains including social, psychological, and cognitive development. The ability to regulate emotions and become emotionally attuned with another depends on early experience and development of specific regions of the brain (Macmillian, 1999).

Childhood, from infancy to adolescence, is a time of enormous neurological growth and development (Hagele, 2005). Child maltreatment- including physical, sexual, and emotional abuse; neglect; and exposure to domestic violence-represents an *extreme traumatic insult* to the developing child. Specifically, maltreatment results in disruption of the bond between child and caregiver, and it causes up-regulation of the biological stress response

system (Hagele, 2005). Chronic traumatic exposure may then lead to persistent changes in brain structure and chemistry. Current research suggests that these biological alterations contribute to long-term physical, emotional, behavioral, developmental, social, and cognitive dysfunction seen in adults who have experienced childhood maltreatment (Hagele, 2005). As described by DeBellis, the “psychological sequelae of child maltreatment may be regarded as an environmentally induced and complex developmental disorder” (DeBellis, 2001).

## **2.5 Developmental Effects of Abuse and Neglect**

Abuse and neglect can have significant effects on children with disabilities and their families. Among the major sequelae of maltreatment are neurological dysfunctions, developmental deficits, and related academic, social, psychological problems (Hagele, 2005) & (Boat & Sites, 2001).

### **2.5.1. Neurological Dysfunction in Maltreated Children**

A significant number of abused children without head injury have exhibited neurological defects. Neglect has been implicated in adverse neurological functioning, with neglected children suffering even greater intellectual deficits and language delays than abused children due to a lack of stimulation. The incidence of emotional neglect among maltreated children with disabilities is 2.8 times greater than among maltreated children without disabilities (Westat, Inc., 1993) as cited in (Boat & Sites, 2001)

Malnutrition and failure to thrive have been cited as causing irreparable damage to nervous system (Berge, 1972; Chase & Martin, 1970; Martin, 1972; Martin, Beezley, Conway, & Kempe, 1974) as cited in (Boat & Sites, 2001). A high incidence of malnutrition has been noted in children with histories of abuse and neglect.

### **2.5.2 Developmental Deficits in Maltreated Children**

Findings suggest that the casual factors for developmental deficits are rooted in the abusive environment and in the child’s resulting adaptive survival behaviors.

A number of studies support findings of impaired speech, language, and learning skills in children with histories of maltreatment. Abused children appear significantly delayed relative to non-abused peers in personal social skills, hearing and speech, eye-hand coordination performance, practical reasoning, reading skills, and verbal performance (Bladger & Martin, 1976; Oates, Peacock, & Forrest, 1984; Sullivan & Knutson, 1998) as cited in (Boat & Sites, 2001). Sites (2001) compared 22 school-age children with previous histories of abuse and neglect but without medical or neurological problems to a matched group of children who were not abused or neglected. The abused/neglected children were significantly impaired in the areas of language and reading comprehension skills. Reading and math skills also have been found to be significantly impaired for maltreated children in regular school settings (k-12) regardless of socioeconomic status (SES) (Eckenrode, Laird & Doris, 1993) as cited in (Boat & Sites, 2001).

Child neglect is considered by some to be the critical type of maltreatment associated with language delays (Allen & Oliver, 1982) as cited in (Boat & Sites, 2001). Child maltreatment has been documented as placing low-SES children at even greater jeopardy for compromised communication skills (Beeghly & Cicchetti, 1994; Coster & Cicchetti, 1993) as cited in (Boat & Sites, 2001). Martin (1976) as cited in (Boat & Sites, 2001) commented on the prevalence of low intelligence and language scores for children with histories of abuse and neglect in the absence of sufficient neurological problems. (Gray & Kempe, 1976) as cited in (Boat & Sites, 2001) noted the children's passivity and striking lack of exploratory activities and postulated that these behaviors resulted from maladaptive survival skills developed in abusive or neglectful home environments.

### **2.5.3 Psychosocial Problems in Maltreated Children**

The quality interpersonal relationships and scope of participation in socio-cultural activities which entail a degree of acceptance, love, care, and respect, as well as the range of involvement in the main stream socio-cultural activities are very critical for personality development. These are basic psychosocial components that deserve special treatment. The

developmental needs and the interplay between the individual and the environment at different stages are qualitatively different but highly interwoven and interdependent. For instance, the consequences of love and affection and the quality of interaction during infancy and early childhood period have a long lasting influence on the subsequent years of personality development in the child. These elements need to be scrutinized against the context of the child's social settings at family, neighborhood and community levels. The inspection of these components can be done in terms of the extent and degree of environmental child friendliness which may be expressed in terms of appreciating diversity, inclusiveness, accepting, caring and giving love and support. (Tirussew, 2005)

It is unfortunate to note that most children with disabilities in Ethiopia are deprived of such a conducive child-friendly environment in the earliest years of development Tirussew (2005). Children with disability experience more of an emotional and social deprivation as well as neglect and rejection early in life.

Lack of acceptance and support from the family, limitation in the range of participation with peers in the neighborhood and the community activities put children with a disability at more risk to develop additional psych-social malfunctioning (Tirussew, 2005).

It is particularly important to underscore that if the nature of interaction at the family level is endangered, the corollary on the personality development of the child will be most critical in terms of subsequent school performance and interpersonal relationships (Tirussew, 2005).

Psychosocial impediments to learning have been demonstrated in maltreated children. Martin and Beezley (1977) described nine behavioral characteristics that were prevalent in more than half of physically abused children aged 2-13 years. Characteristics included chronic mild depression and impaired capacity to enjoy life; behavioral symptoms such as enuresis, tantrums, and hyperactivity; and low self esteem. The behaviors were rated independently by clinicians, parents, social workers, and teachers of the

children. Five environmental factors were related to the severity and frequency of the rated behaviors: (1) the number of changes experienced; (2) the child's permanence in his/her present home; (3) the instability of the home (such as poor household management); (4) the use of punitive practices and excessive physical punishment in the home; and (5) the presence of parental emotional disturbance. The abused child's development appeared to be related to the nature of the environment and adaptive behavior the child used to survive in the environment.

The adaptive behaviors exhibited by children from abusive and neglectful environments have an impact on both their current and future social interactions. Doren, Bullis, and Benz (1996) as cited in (Boat & Sites, 2001) found that children with serious emotional disturbances who demonstrated low personal and social adaptive skills were more likely to experience victimization at some time in their school careers than were those with other disabilities. Cicchetti (1984) as cited in (Boat & Sites, 2001) noted that 70% Of the abused children he studied exhibited anxious-avoidant attachment to their mothers. Cicchetti attributed this problem to maternal rejection that resulted in the children being conflicted – both wanting their mother's attention and fearing their mother's rejecting responses. He hypothesized that the children would generalize this expectation to other adult relationships.

As this review indicates, there are no distinct disabilities associated with children histories of maltreatment and no disability profiles that are definitely correlated with the potential for maltreatment. However, research points to relationships between maltreatment and disabilities and supports screening of children with disabilities for possible trauma and maltreatment.

## **2.6 Theories of child maltreatment**

Numerous books and other publications have been written on the theories of child maltreatment. However, as the scope of this research is not to show all these theories extensively, an attempt has been made to include only those that are related to this study.

Theories used to explain the causes and consequences of the child abuse and neglect can be classified in various ways (Winton & Mara, 2001). For the purpose of this research, some of the major theories will be explored

Child abuse and neglect is explored from several sociological, psychological, medical and criminological perspectives to better understand the dynamics of child maltreatment (Winton & Mara, 2001).

Azar(1991) suggests that professionals analyze models of child abuse by examining the definitions of child abuse, the assumption made about its origins, the levels of analysis (e.g., individual, family, and culture), the complexity of the model, and the structure of the model. In addition, (Azar, 1991) suggests that professionals examine how these theories are applied to reduce and treat child abuse and neglect. The complexity of child abuse and neglect can be understood only with an increased knowledge of human behavior.

### **2.6.1 The Medical Model**

The medical model is based on the premise that biological causes for deviant behavior are symptomatic of an underlying mental illness. According to Conrad and Schneider (1992),

The medical model of the deviance locates the source of deviant behavior within the individual, postulating a physiological, constitutional, organic, or, occasionally, psychogenic agent or condition that is assumed to cause the behavioral deviance. (P.35)

### **2.6.2 Sociobiology**

The sociobiological model is closely related to the medical model because it assumes that social behavior is rooted in biology (Kenrick, 1987 & Wilson, 1978). Social factors influence the biologically preordained behaviors. Describing the sociobiological approach, Hall (1985) as cited in (Tower, 2002) states, "The key to our individual destiny requires acceptance of a dynamic interplay between our own biology and the socio-physical environment that supports us" (p.304)

### **2.6.3 Structural Family Systems Theory**

The structural family approach focuses on the interactions and organization of the family (Hanna & Brown, 1995, Jurich & Myers-Bowman, 1998, Minuchin, 1974) as cited in (Winton & Mara, 2001). The family is viewed as a system of interrelated parts in which change in one part will lead to changes in other parts. Instead of focusing on individual pathology, the family is defined as the problem; dysfunctional family patterns occur when the structure of the family fails to meet its needs.

### **2.6.4 The Ecological Approach**

The ecological approach focuses on the relationships between the individual, family, community, and society (Belsky, 1980; Dubowitz, Black, Starr, & Zuravin, 1993; Garbarino, 1982) as cited in Winton & Mara (2001). Ecological factors (e.g., poverty, unemployment, and social isolation) may lead to stress and then child abuse and neglect (Ammerman, 1990).

The aforementioned theories used to investigate and explore the impact of maltreatment on the development children with hearing impairment with their social interaction, with their family's members, and with their peers in their respective communities and its implication on their development.

## **2.7 Factors Associated with child maltreatment**

Understanding the factors that contribute to maltreatment and that shape its consequences for children is crucial to the development of prevention and treatment approaches (English, 1998). For instance, the likelihood that an individual child will experience abuse or neglect may be influenced by characteristics of the parent or caregiver, the family's socioeconomic situation, or the child. Caregiver characteristics such as psychological impairment, experience of child abuse or domestic violence, and attitudes toward parenting contribute directly to the occurrence of maltreatment. Aspects of the family's social and economic situation (such as unemployment, poverty, or social isolation) affect maltreatment both directly and indirectly, through their effects on parent's psychological well-being

(English, 1998). Finally, characteristics of the child (such as age and gender) may increase the potential for abuse and or re-abuse, or may intensify the harmful consequences of maltreatment (English, 1998).

### **2.7.1 Caregiver Characteristics**

A wide variety of characteristics of the child's parents or caregivers have been linked to an increase likelihood of child abuse and neglect. For instance, individual attributes such as low self-esteem, poor impulse control, aggressiveness, anxiety, and depression often characterize maltreating parents or caregivers (National Research Council, 1993). Inaccurate knowledge of child development, inappropriate expectations of the child, and negative attitudes toward parenting contribute to child-rearing problems, as well. However, because cultural groups differ in the child-rearing and disciplinary practices they consider appropriate, cultural norms must also be factored in when judgments are made about child maltreatment and responses to it (English, 1998).

Domestic violence involving the child's caregiver is a problem that is more likely to contribute to physical abuse than neglect. Data from a 1985 national survey indicated that between 1.5 and 3.3 million children in the United States witness domestic violence each year (Straus, 1990). Not only is the experience of witnessing violence likely to be more psychologically harmful, but several studies have found that male batterers are more likely than other men to physically abuse their children (Giles-Sims, 1985). Women who are victims of domestic violence are more likely to be reported for maltreating their children (English, 1998).

Substance abuse by the parent or caregiver is strongly associated with child maltreatment. Current estimates indicate that 50% and 80% of families involved with child protective services are dealing with a substance-abuse problem (English, 1998).

### **2.7.2 Socioeconomic Characteristics**

From the earliest history of child protection, concerned citizens have identified poverty as an environmental factor that contributes to child

maltreatment (English, 1998). In recent times, researchers have focused on the relationship between child maltreatment and both poverty and single parenthood (Besharov, 1989) as cited in (English, 1998). Although child abuse and neglect occur in families of all income brackets, cases of child maltreatment are drawn disproportionately from lower-income families (Gelles, 1992) as cited in (English, 1998). Studies suggest that sexual abuse and emotional abuse, specifically, are not closely related to socioeconomic status (English, 1998). However, the 1993 National Incidence Study found family income correlate of incidence across categories of child maltreatment. Poverty was especially related to serious neglect and severe violence toward children (English, 1998).

No one fully understands the links between poverty and maltreatment. The stress and frustrations of living in poverty may combine with attitudes toward the use of corporal punishment to increase the risk of physical violence (English, 1998). For instance, researchers have found unemployment can lead to family stress and to child abuse (McCurdy, 1994) as cited in (English, 1998). When a family lacks the basic resources needed to provide for a child, neglect is likely, although researchers suggest that dynamics over and above poverty (such as disorganization and social isolation) differentiate neglecting families from others. Indeed, most poor people do not mistreat their children. The effects of poverty appear to interact with other risk factors such as unrealistic expectations, depression, isolation, substance abuse, and domestic violence to increase the likelihood of maltreatment (English, 1998).

### **2.7.3 Child Characteristics**

Studies suggest that younger children, girls, premature infants, and children with more irritable temperaments are more vulnerable to abuse and neglect. Girls are more likely to suffer from sexual abuse than are boys, but other types of maltreatment affect both sexes about equally (English, 1998). Maltreatment infants and young children are significantly more likely to be reported.

## **2.8 Consequences of Child Maltreatment**

Consequences of child maltreatment may be physical in nature, such as damage to the central nervous system, fractures, injury to internal organs of the abdomen, burns, malnutrition, and trauma to the head. Other consequences reap havoc on the heart and in the mind of a child, with abuse resulting in long-term emotion trauma and behavioral problems (English, 1998).

Another possible consequence of being abused is to become disabled. Some children who had never had a disability before become disabled due to abuse (Dowd, 1994) as cited in (English, 1998)

## **2.9 Survey of Local Studies**

Local researchers that were conducted on the impact of maltreatment on the development of children with hearing impairment were very scanty. Most of these studies focused on the problems and challenges of these children with respect to their social, academic and communication conditions; none have found to give attention to abuse and neglect.

Azalech (2005), Solomon (2005), and Tesfaye (2004) revealed the major social, academic and communication conditions of children with HI. They failed to give attention with respect to maltreatment. And accordingly, they recommend that to minimize if not eliminate such problems of these children, families, teachers and community at large must be provided with seminars, workshops, and short-term trainings etc to acquaint them with the above-mentioned problems those children with HI faced. Nevertheless, local researchers did not in detail treat the problems such as maltreatment and its impact on their development.

It is worth mentioning that these were some attempts to study disability and abuse. Tirusew (2005) stated that children with disability experienced more of emotional and social deprivation as well as neglect and rejection early in life.

All of the stated studies were conducted basically to identify the problems and some how shed light on the challenges of children with HI. However, the

present study focuses on the impact of maltreatment on the development of these children. Consequently, maltreatment is looked at in a more extended way.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Research Design**

This chapter presents the research design, and tools of the study, the procedure used to collect the data, steps undertaken for the organization and analysis of the data.

This study aims at examining maltreatment on children with hearing impairment. The research methodology is carefully designed to elicit detailed, reliable and investigative information on maltreatment on children with hearing impairment.

Considering the very nature of the study, an in depth qualitative approach has been adopted so that reliable and detailed data can be collected. (Gall, 1989) as cited in (Law et al., 1998) stated that one of the main characteristics of qualitative research is its focus on the intensive study of specific instances that is cases of a phenomena and the same holds true to the present study, too.

#### **3.2 Participants of the study**

Participants of the study were five children with hearing impairment and two volunteer parents of them. Out of five children with hearing impairment children, three were females and two of them were males. Four of them were postlingually deaf and one was hard of hearing. They were taken from different grades. These children were chosen because they are matured enough to respond to the questions and based on the belief that they would be able to reflect the reality under investigation representing the other children. All participants were from the same school. The researcher has been told not to mention the name of the school by the principal of the school. Therefore, it is not mentioned in this research. The research site was selected due to the following reasons: -

- The participants' accessibility is the major reason for selecting the site. This was because more than the required number of possible participants could be identified.

- The research site is situated relatively in closer proximity of the researcher's residence and work place that helped him to collect the data easily.
- The researcher had a chance to work on a term paper on this school as a result many of the teachers were expected to be cooperative in gathering information from the participants.

The criteria set by the researcher to select children were the following: -

1. Children with hearing impairment should volunteer, available, and matured enough to explain the abusive experience they have undergone.
2. The abusive experience the children undergone should be frequent.
3. The children should show one or more indicators of child abuse and neglect.

Having considered the above mentioned criteria, the school principal, teachers and audiologist jointly selected the students and their mothers because they were well aware of those students who had undergone abusive experience and met the criteria set by the researcher. They also believed that the selected students would provide valuable information needed for the study. The researcher subsequently had used his judgment as to the appropriateness of the participants with respect to the research objective. Moreover, the researcher gets convinced that the selected respondents met the criteria of selection. Therefore, the method used to select the participants can be described as purposive.

### **3.3 Tools**

In order to elicit the necessary data from the respondents, interview guide and focus groups guide were developed. Using these tools important for various reasons:

- They would provide the researcher a better picture of the required information
- A result that may be obtained in one method may be lacked by other

### **3.3.1 Interview Guide and Focus Group Discussion Guide**

An interview guide is a list of questions or general topics that the interviewer wants to explore during each interview. Although it is prepared to insure that basically the same information is obtained from each person, there are no predetermined responses. Interview guides ensure good use of limited interview time; they make interviewing multiple participants more systematic and comprehensive; and they help to keep interactions focused. In keeping with the flexible nature of qualitative research designs, interview guides can be modified over time to focus attention on areas of particular importance, or to exclude questions the researcher has found to be unproductive for the goals of each research (Lofland and Lofland, 1984) as cited in (Law et al., 1998).

Based on the above argument, the researcher developed items, which reflects the possible abuse and neglect in children with hearing impairment. Interview guide and FGD guide were designed in terms of the nature of the research. The same type of interview guide is prepared for both children with HI and their parents/caregivers because of the sensitivity of the issue i.e., the content of the interview guide is similar. It contained items that thought to divulge the issue under consideration. The items are made in the form of guide to make the respondents disclose their situation in detail. The contents of the interview guide have been divided into five major categories that reflect the previously mentioned objectives of the research. The interview was conducted in line with interview guide. The FGD guide is also prepared containing the same content for all respondents. The items in this guide were particularly relevant to crosscheck the information collected using interview guide and to elicit some information that was not mentioned during the interview session. The items were developed from various literatures in the following manner: -

1. The interview guide and FGD guide were prepared in English by the researcher and given to academic advisor for the approval. Five major items were listed and under each major item other sub-guides which ranges from four items to eight items were also included.

2. The items in both interview guide and FGD aimed at answering the questions why these were children abused and neglected.
3. The researcher took the necessary corrections and comments and made modification.
4. The items prepared in English were translated into Amahric by the researcher
5. Finally, both the Amharic and English given for experts for further scrutiny.

### **3.3.2 Focus Group Discussion**

Focus groups are formal method facilitating of group discussion of participants on a topic of interest. These methods are useful when multiple viewpoints or responses are needed on a specific point/issue. Multiple responses can be obtained through focus groups in a shorter period of time than individual interviews. A researcher can also observe the interactions that occur between group members (Law et al., 1998).

### **3.4 Pilot Study**

Piloting has paramount importance for taking out difficult, vague and ambiguous items and concepts as well as techniques of conducting the interview. According to Robson (1993) as cited in (Law et al., 1998) pilot study helps a researcher to make some modification before going a step forward.

After a thorough discussion with academic advisor and preparation of interview and FGD guide were done, then it was tried out in a pilot study. The pilot study was done on the same research site and the same children who were selected to participate on the main study.

Upon the arrival of the research site, the researcher made contact with the school principal. The mission of the researcher and the aim of the research work were briefly explained to the school principal. He sent the researcher to the coordinator of research activities. The coordinator after taking a look at the guides prepared by the researcher, he assigned a teacher who had some exposure to the study under investigation. The researcher made an

appointment to select students who met the requirements set by him. During the next meeting, the coordinator suggested the researcher to make some modification as to the wording of the Amahric version since the students have limited vocabulary. Taking the comments into consideration, some vague words were replaced by clear words that were simple to understand by the students. The students were selected and pilot test was carried out

Some of the modifications were the following: -

1. The interview items were stated as clear as possible, i.e., the items were made simple, short and precise.
2. Some of the items were general. The researcher made them specific and to the point under the study
3. Additional items were also included which were important to the study.

### **3.5. Data Collection Procedures**

#### **3.5.1 Main Study**

The rapport that the researcher has already, established with the respondents was very much helpful in collecting data retain the relationship alive. Moreover, maximum precautions have been taken to make relationship alive. This is to mean that all ethical considerations that applied to the participants of the actual study were considered. The researcher then used the following steps in collecting the data

1. Authorization held from the school emphasizing on the confidentiality of the data
2. Then the interpreter who was assigned by the school principal contacted all the selected participants to make sure that all were volunteered to participate in the study.
3. The researcher, the interpreter and the selected children made a consensus to make an interview with them at their convenience.
4. Before the interview was conducted, rapport has been established. This was because of the sensitivity of the issue under investigation.

5. Accordingly the interview was held turn by turn with all children and their parents/caregivers. The students were volunteered to bring their parents with them at the time of interview.
6. FGD was made in-group with both children with HI and their parents/caregivers. Each FGD took one hour on average. Parents were more interested in FDG than individual interview.
7. Since all the participants of the study agreed, the interview and FGD was conducted in the school compound.
8. The interview and FGD were not tape-recorded. This was due to the fact that the participants and the interpreter did not allow for the researcher to record anything. Rather short note was taken during the interview and the full account of the story was written immediately after the interview session. Therefore, their interest was well respected.
9. The researcher conducted the interview and wrote the participants reply. Each interview on average took 50minutes.

### **3.6 Ethical Considerations**

As the focus of the study is on most sensitive issues, the researcher considered the rights, welfare, and best interest of the children and their families while collecting data. The following are the ethical consideration taken into account

- The researcher attempted to fully inform the children and their families as to the nature and purpose of the study
- Any risk or benefits of the study were explained.
- Participation in the interview was entirely voluntary
- Since the participants did not show interest on recording devices, the researcher relied on written notes.
- Excerpts of interview were part of the final research report, but under no circumstances would names or identifying characteristics be included in the report.
- The interview was kept strictly confidential and the data would be available only to members of the research team and the names of

respondents have changed to protect their identity and maintain anonymity.

- The name of the research site in which the participants of the study were selected would be kept confidential.

### **3.7 Data Analysis**

The collected data were organized and broken into manageable units in a way it could give a meaningful link with the research questions. In addition, the data were presented in the form of case histories. Thus, each presentation was followed by its discussion and interpretation of the data. The researcher also attempted to synthesize and search for patterns of data and discover what was important and what to be learned. Then, the data was analyzed by relating all the findings with relevant literature and necessary discussion. All the data collected analyzed exclusively qualitatively. Finally, relevant conclusions were drawn and pertinent recommendations have been given.

## **CHAPTER FOUR**

### **RESULTS AND DISCUSSION**

This section deals with the presentation and analysis of the case stories of the participants in the study. The objective of the study is to collect data from those children with hearing impairment that experienced maltreatment in their childhood period.

Data were collected from five children with hearing impairment and two parents of them. All the information gathered through in-depth interview and focus group discussions were utilized to make the analysis comprehensive. Interview guide and FDG guide were adopted and used to conduct interview and FGDs systematically. The data were analyzed exclusively qualitatively.

Finally, the names of children in the following case studies have been changed to protect their identity and maintain anonymity.

#### **CASE STUDY I**

Name: Ferehiwot

Sex: Female

Age: 18

Family status: Divorced and father died

Present Status: Now staying with her aunt

Ferehiwot was born in Debremarkos, Gojjam and grew up there mostly. She was the first daughter for her parents. She was 18 while this research was conducted. She became deaf at the age of 5 due to unknown reasons. Consequently, she faced various problems. Her problems began at home. Her mother abandoned the whole family without saying a word when she was 6 years of age. Then she was forced to live with her father only. According to her, her mother's disappearance exposed her to different abuse. Ferehiwot presumed that their parents were separated after one year she became deaf. They were constantly blaming each other while they were

together instead of taking her to the hospital. Her father used to blame her mother for the cause of their daughter's hearing loss.

After the separation of her parents, every burden of life came to her shoulders. Her father was a farmer and not a caring father. He spent all his earnings on drinking and gambling. He did not give enough money for his family. This was one of the major reasons that he divorced with his wife. Thus, it was not uncommon for her to spend all day long without having either lunch or breakfast. Moreover, he was ashamed of having a daughter with hearing loss. At the time when she became deaf, they did not take her to hospital. Rather they simply believed that the hearing power would be back sometime, as their friends and neighbors believed that it would be the case. But that could not be true. At the stage she realized that she lost her hearing power forever, Ferehiwot became disappointed and desperate. She also became hopeless. She developed a feeling that she was worthless. She did not have any idea on how she would face the world ahead of her.

For her, it was very difficult to understand and communicate with anyone. She used common finger symbols to interact with her families and neighbors. And hence, nobody cared for her. Her father did not even want to see her. She had no friends at all to tell what happened to her. After her mother left the whole family, her father came late at night taking too much alcohol. Ferehwot did not remember a single day that her father came home without getting intoxicated.

One night, at that time she was 10, her father came toward her bed and ordered her to give him something to eat. While she woke up to prepare food, he pulled her toward him and requested her to sleep with him. She firmly refused to do so, and then all of the sudden he jumped out of his bed and slapped on her face and she became passed out. She did not exactly remember what happened next. When she got back to her conscious, she found bleeding beneath her underwear. She felt extremely uncomfortable, sick and fatigued. Her father instructed her not to tell anyone what was happening in the previous night. And he had given her something to swallow saying that she would get relieved from her bleeding. Thus, she remained

silent. As Ferehiwot became very fearful and tense, did not tell anyone about her situation. She felt anger and bitterness when she recalled her father's action. At first, she convinced herself that her father's wrong doing was due to the drink he had taken and believed that her father's abuse was not intentional. She believed him implicitly. However, after that night on her father used to come to her bed frequently. She was hurt, confused and angry with her father. And she asked, "How could a father do that to his daughter when she trusted him?" She described her father's action as not fitting the picture. Ferehiwot felt very confused, as she could not believe that an adult she considered a father figure would hurt her. She also felt very scared and betrayed.

Furthermore, she suffered from sleep disturbances. She recalled that most of the time she was obsessed with the thought of what had happened and felt like crying. She also felt badness, shame and used. "I do not know why, but I just figured myself ugly," said Ferehiwot. When she lost her father by accident, she was freed from the exploitation.

Her aunt, her mother's sister, brought her at the age of 12 to Addis Ababa after the death of her father. She then joined a school for the deaf after two years. She hoped that here no one would find out what happened to her. Now after all had gone, she hopes to live a peaceful life.

### **Discussion**

The birth of a child with a disability has been recorded as a source of shame, disagreement as well as divorce among some families (Tirussew, 2005). Ferehiwot's case story was in consistent with the above findings. As she clearly put during the interview, her parents particularly her father was ashamed of having a child with hearing loss. Moreover, they were in great disagreement. These, in turn, led them to divorce. Besides, he did not give enough money for the family. Rather he spent his money on drinking and gambling instead of helping them. Her mother left the whole family without even saying a word where she had gone. Related literature (Winton, 2000) also indicated that the high incidence of separation and divorce make children become the innocent victims of psychological warfare between their

feuding parents. Certainly dissolution of the parental union has an impact on children in any case. Parents who are caught up into their own anger and bitterness inflict additional psychological abuse upon their children. These parents may be unaware of the daily needs of their children. As Ferehiwot clearly indicated her parents did not take her to the hospital at the right time thinking that she would be okay in the near future. Regarding this (Tirussew, 2005) stated that it is not uncommon to observe minor impairment growing to major disabilities because of the lack of early intervention. Ferehiwot's families did not try to help her to get treatment before her impairment reached a stage where a cure became impossible. Parents were not financially capable of taking their children to hospitals (Moges, 2006). Moreover, the most sensitive and critical years for both medical and educational intervention elapsed without getting tangible support. This made subsequent intervention efforts difficult. This, in conjunction with the traditional beliefs and negative psychological reactions towards impairments, may lead to permanent sensory, physical, cognitive and psychomotor disability which otherwise would have been arrested if proper early intervention was in place (Tirussew, 2005).

The other thing that Ferehiwot mentioned was that "her father was not a caring father". This implies that she did not receive much attention in the family. The interaction among at the family level was so poor that she was not given the proper attention. (Tirussew, 2005) indicated that the consequence of love and affection and the quality of the interaction during infancy and early childhood periods have a long lasting influence on the subsequent years of personality development in the child. It is unfortunate to note that most children with disabilities in Ethiopia are deprived of such a conducive child friendly environment in the earliest years of development. That is, children with disability experience more of an emotional and social deprivation as well as neglect and rejection early in life. Lack of acceptance and support from the family put the children with hearing impairment to develop additional psychosocial malfunctioning. In addition, Ferehiwot had no friends at all to tell what happened to her. Limitation in the range of participation with peers in the neighborhood and the community activities

put the children with disability at more risk to develop additional psychosocial malfunctioning. Ferehiwot case story revealed that nobody has ever cared for her. Accordingly, it is possible to infer that if the nature of the interaction at the family level is endangered, the corollary on personality development of the child will be most critical in terms of subsequent school performance and interpersonal relationships. Ferehiwot, due to her family's negligence and carelessness, became hopeless, disappointed and desperate. Drug and alcohol abuse is related to child abuse and neglect in various ways. According to (Kerpenske and Howard, 1994) as cited in (Tower, 2002), "Estimates suggest that 50 to 80 percent of all child abuse and neglect cases substantiated by Child Protective Services (CPS) involve some degree of substance abuse by the child's parents" (p.xiii). It is logical to think that Ferehiwot's father abused his daughter sexually under alcohol intoxication. As she said, he came to her bed more than once. Her father's actions at the time of abuse involved two actions: physical and sexual. He did what he wanted using force. As she described he jumped out of his bed and slapped on her face and she became passed out. His action of forced sex is categorized as sexual abuse. Ferehiwot found herself bleeding beneath her underwear due to the penile penetration of vagina.

Research findings also noted that children from alcoholic families are ignored, under-stimulated, neglected by intoxicated parent (Kelly, 1992) as cited in (Tower, 2002). Some abusive action or form of neglect in the home prevented the infant or child's appropriate development. Often these infants and children were malnourished and lacked an appropriate attachment to their caregivers. Some of the parents had drug and alcohol addictions. Likewise, Ferehiwot stayed without having her lunch or breakfast since her father did not give her enough money. Rather he spent a considerable amount of money for drinking and gambling. This implies that he did not care whether she gets food or not. This adversely affects their father-daughter attachment. (Fontana, 1996) as cited in (Tower, 2002) points out that this type of neglect is often based on a disturbed parent-child relationship. Stress, poverty, mental illness, substance abuse, and lack of parenting skills are seen as major causes of this type of neglect (Fontana,

1996; Lopez, 1997). (Morrow, 1987) as cited in Tower (2002) contends that psychological abuse can be the natural by-product of alcoholism. "Children in alcoholic families suffer all forms of abuse, but they feel most keenly the emotional deprivation, alienation from their parents, and their own social isolation" (p.115). Children in alcoholic and drug-addicted families are not only subject to possible emotional abuse by their parents but also suffer a second hand emotional abuse in the form of shame and humiliation. Therefore, it is logical to presume that Ferehiwot had suffered a lot due to her father's action. She felt anger and bitterness. Besides she was obsessed frequently and she felt like crying all the time. Moreover, she did not tell anyone about the abuse as she became very fearful and tense. Many researchers also observed that children who are the victims of sexual abuse often experience a range of negative emotions and behaviors, such as anger and guilt for being victims and culpability for the sexual activity. As a result, children who have been sexually abused will often attempt to hide the abuse.

A number of reasons could be assumed for causes of Ferehiwot's abuse. Some of them are her mothers' departure, her gender, her father's poor outlook towards her, her impairment and divorce. Consistent with the above findings, various literatures divulge that girls were more likely to be sexually abused than boys (Sedlak & Broadhurst, 1996) as cited in (Tower, 2002). The risk factors for sexual abuse that have been found to occur within the family are as follows (Finkelhor, 1993; Finkelhor & Baron, 1986):

- age of the victim (Preadolescent)
- gender of victim (female)
- having a stepfather in the home
- the absence of one or both natural parents in the home
- the absence of the mother due to disability, illness, or employment
- poor relationship between victim and parents
- the presence of parental conflict and violence

These risk factors also may be the consequences of sexual abuse. In addition, (Finkelhor, Hotaling, Lewis & Smith, 1990) as cited in (Tower, 2002) reported the following risk factors:

- having unhappy family life
- for women, having inadequate sex education.

These risk factors relate to individual, family, and social variables. In sum, the relevant variables are age, gender, family composition, parental illness, employment situation, family conflict, geographical location, and lack of sexual education.

Her father's sexual abuse could be assumed due to marital problems. This problem in turn made her father alcoholic. Taking too much alcohol led him to abuse his daughter sexually. (Gordon, 1989) as cited in (Tower, 2002) reported increased drug or alcohol abuse, marital problems, and poverty among biological fathers who sexually abused their daughters. For incestuous families, (Saunders, Lipovsky, & Hanson, 1995) as cited in (Tower, 2002) reported increased social isolation, increased levels of family control, higher moral-religious emphasis, sex and marital problems, and decreased emphasis on personal independence.

Ferehiwot did not disclose her father's sexual abuse for long time. This is because unlike physical abuse or neglect, the signs of child sexual abuse may not be readily apparent. For example, in cases involving long term, intrafamilial sexual abuse, the child may not disclose the occurrence of ongoing sexual abuse to an adult for many years. And unless an act causes overt bodily harm, sexual abuse usually leaves few physical signs; in fact, less than 5 percent of sexual abuse cases involve physical evidence (Faller, 1993) as cited in (Tower, 2002).

It is obvious that sexual harassment and abuse have an impact on girls' education and health (Alemayehu, 2004). The occurrence of sexual violence and harassment in school is highly disruptive to girls' education. It frequently results in intimidation, poor levels of participation in learning activities, forced isolation, low self esteem or self confidence, dropping out of education or from particular activities or subjects or other physical, sexual and/or psychological damage (Alemayehu, 2004)

Ferehiwot also disclosed during the interview that she suffered from sleep disturbances after her father's sexual abuse. Concerning this statement, a host of indicators that correlate with sexual abuse or with other clinical

diagnoses have been reviewed in the literature. Some of these symptoms include sleep problems, enuresis, regressive behaviors, guilt or shame, self-destructive behaviors, depression, impulsivity, increased anxiety levels, low self-concept, fear of alleged offender, fear of a specific gender, withdrawal, cruelty to animals, role reversal in the family or pseudo mature behavior, eating disorders, running away, substance abuse, delinquent activities, suicidal behaviors, problems relating to peers, school problems, and changes in usual behaviors (Faller, 1993; Sgroi, Blick, & Porter, 1982; Wallace, 1999) as cited in (Tower, 2002). Family indicators include social isolation, high levels of stress, dysfunctional family, and poor parenting skills.

### **Effects from Sexually Abusing Family**

Finkelhor and Browne (1985) cite four major categories of trauma resulting from child sexual abuse: betrayal, traumatic sexualization, stigmatization, and powerlessness.

#### **Betrayal**

Trust is a fundamental issue for the sexual abuse survivor. Betrayal of this trust is often devastating, confusing and hurtful (Tower, 2002). Ferehiwot describe in the interview session that the sexual abuse of her father did not fit the picture of her assumption. She was hurt, and confused and angry. She bitterly said how he could do that when she trusted him as her father. As a result of sexual abuse she developed a sense of mistrust, anger, grief and often depression. She felt not only unable to trust but inadequate to judge who is trustworthy.

#### **Traumatic Sexualization**

Traumatic sexualization refers to the child's premature indoctrination into adult sexuality and the confusion this process involves (Tower, 2002).

Ferehiwot was sexually abused at her earlier age. (Russell, 1986) as cited in (Tower, 2002) found out that women who had been abused were more likely to reject sexual advances and, as a consequence suffer more sexual violence, especially rape in marriage.

### **Stigmatization and Self-esteem**

The child who was sexually abused incorporates deep feelings of guilt, shame, and “badness” in his or her self-image. As an adult, the individual has harbored the secret for sometime. This need to guard the secret at all costs, compounded by the isolation necessary to feel safe in keeping it, makes the adult feel negatively toward himself or herself (Kinzl and Biebl, 1992; Salter, 1995; Russell, 1999) as cited in (Tower, 2002). In consistent with the findings, Ferehiwot felt badness, shame and used. “I do not know why, but I just figured myself ugly,” said Ferehiwot. Ferehiwot also kept the secret of abuse for sometime. As a result of which, she developed a sense of damaged, marred, and detestable. The image of the body becomes distorted; it is seen as deformed, too fat, too thin, or ugly (SgROI, 1982; Goodwin, 1982; Maltz, 1991) as cited in (Tower, 2002).

### **Powerlessness**

Feeling out of control or powerless becomes a major problem for the past victim of sexual abuse. Fears permeate his or her life. Nightmares, phobias, and attacks of anxiety keep the individual ever mindful of the abuse and of the terror or pain associated with it. Decisions become difficult. Survivors describe feeling vulnerable. There is, in fact, a high risk of future victimization for those who feel powerless to avoid or protect themselves from it (Finkelhor and Browne, 1985) as cited in (Tower, 2002). Ferehiwot’s father abused her sexually more than once. This showed her inability to protect herself. She was also angry over being robbed of childhood by her father. Moreover, her sleep problem could be attributed to her fear of repeated sexual abuse.

Therefore, based on the above discussions, it is possible to put that Ferehiwot had experienced neglect, emotional abuse, and sexual abuse. Consequently, she suffered from disappointment, desperation, hopelessness, worthlessness, pessimism, anger, confusion, betrayal, obsessions, lack of self-efficacy and self-esteem, shame, bitterness and sleep problems. These, in turn, have adverse effect on her academic, cognitive, social and emotional

development. Ferehiwot preferred keeping silent to telling others as means of her coping strategy.

## **CASE STUDY II**

Name: Banchigizie

Sex: Female

Age: 17

Family Status: Both mother and father died

Present Status: Residing with her brother and his wife

“I did not know how I could tell you the troubles that I went through,” said Banchigizie tearfully during the interview session with the researcher. She further stated that she had been treated in an evil way from the moment she began to live with her brother and his wife.

Banchigizie was the youngest daughter for her family and had one older brother whom she had been living with since the death of parents. She was then only 10 years old. She started schooling at the age of 15 after she came to Addis Ababa. According to her statement, she did not start schooling early due to the reluctance of her parents and the distant location of the school from her village. She became deaf at the age of 6 due to illness. Her parents took her to several places, however all their attempts were failed.

Banchigizie recounted her experience of living with her brother and his wife. She vividly remembered when exactly the abuse began after she started living with them.

Although her brother and his wife tried to give birth for many years, they failed. Due to this, her sister-in-law was particularly so upset and she could not accept the reality. It was at this very moment that Banchigizie came to live with them.

One sunny day, after spending the whole day on tiresome work without having breakfast and lunch, Banchigizie felt exhausted and ate something late afternoon in the absence of her brother's wife. Coming back home and seeing that Banchigizie eating something in her absence, the sister-in-law went so furious and yelled at her saying “how dare you took and ate food without my permission”. She immediately snatched the food from Banchigizie and gave it to a dog. Furthermore, she started hitting her with

everything around her. From that moment onwards, she kept on abusing her regularly without having a reason at all. She got slapped on her face, shouted at her, called names, and kicked. She was made to do all household chores such as cleaning utensils, washing clothes, sweeping and mopping floors, fetching water and filling up the water drums. Her day started at 6 in the morning and ends only 12 in the night, during which she hardly got rests. For this hard labor, she got nothing but curse and insult. Everyday as she tries to finish the long list of tasks assigned to her, she also gets to hear threats from her bother's wife, such as – "I will pour hot water on you", "I will burn your finger's with fire", "I will kill you", especially on days when gets a little late in waking up in the morning or when she does not do the work the way she wants her to. Her brother's wife forbade her playing with her fellow friends and kept her behind curtain. She was also banned from communicating with the relatives who were visiting them. Her brother's wife imposed firm rules in order to control her. Banchigizie knew she had nowhere to go, and her brother's wife knew this very well too. However, Banchigizie told the researcher that she had no intention to live with them. Even her brother could not protect her from his wife's exploitation. She had ran away several times from home and went on to live with her brother, whose working place was out of Addis Ababa. Nevertheless, her brother advised her to be good and return home to live with his wife again. When her brother came from his fieldwork, they fought each other on several occasions due to the disagreement arose because of Banchigizie's matter. They exchanged bad words before her. They always fought because of her. She became disturbed seeing them fight because of her. Once, her brother hit his wife so badly that she had to be hospitalized. Whenever she observed their fight, she always cursed the day that she came to them. In general, the unrest made her worried. Although Banchigizie knew she did nothing wrong, she decided to improve her behavior more and became nicer to her brother's wife than before. Despite her relentless attempts to make her brother's wife please, she failed to avoid the abuse of beating, leaving Banchigizie bruised and wept. She recalled the years she spent with them leaving untreatable scars in her whole life.

Banchigizie told the researcher that her school results were dropping from time to time, her concentration decreased and her overall attitude towards life became negative. Finally, Banchigizie resentfully said to the researcher that she desperately led her life. Her agony was multifaceted. She had been insulted and punished by throwing things at her regularly.

Considering her situation, the researcher asked the school coordinator how far they knew their student's problem. He responded that she tended to isolate herself from others--she had no intimate friends and all her acquaintances remained shallow. She had withdrawn over years from her relatives, friends and turned down social invitations. She spent considerable time alone. He said that the whole school staff knew her problem. She missed class almost frequently. She always came to school late. The director of the school informed all these to her bother repeatedly, though no progress was shown up.

### **Discussion**

Banchigizie's case story shows that her brother's wife physically abused her leaving scars on her body. Her brother's wife was under stress due to the fact that she did not give birth. Winton and Mara (2001) indicated that poverty, stress and lack of social support are the major risk factors for physical abuse. Her brother and his wife fight exacerbate the abuse. Accordingly, the abuse pursued. Literatures also indicated that living in a violent environment increases the risk of experiencing various forms of personal violence and engaging in violent behavior (Winton and Mara, 2001). Moreover, corporal punishment has also been investigated as a form of abuse. Despite the relentless effort of to make her brother's wife please, beating and bruising did not stop. As a result of which, she suffered a lot. Several researchers report the following findings on the effects of corporal punishment:

1. Short-and long- term negative effects (Giles-Sims, Straus, & Sugarman, 1995) as cited in (Winton and Mara, 2001)

2. higher levels of psychological distress and depression (Straus, 1994; Turner & Finkelhor, 1996) as cited in (Winton and Mara, 2001).
3. increased antisocial behavior (Straus, Sugarman, & Giles-Sims, 1997 as cited in (Winton and Mara, 2001).
4. increased suicidal ideation (Straus, 1994) as cited in (Winton and Mara, 2001).

An accumulation of research indicated that corporal punishment has negative short-term and long-term effects. Parents often report that when others tell them not to spank their children, they fail to represent alternative discipline techniques. This is another area that could be addressed by a variety of social institutions (e.g., media, schools, community centers) (Winton and Mara, 2001). During the focus group discussion with parents, they revealed that they punish their children to protect them from being rude. Otherwise, according to them, it would be very difficult to modify their behavior. Banchigizie's brother had beaten his wife on several occasions because of Banchigizie's matter. They exchanged bad words before her. They always fought because of her. Whenever she observed their fight, she always cursed the day that she came to them. In general, the unrest made her worried. Besides the fight between her brother and his wife did not give solution for the abuse rather aggravated. Supporting this issue, Barnett, Miller-Perrin, & Perrin (1997) stated that witnessing violence might traumatize children; in fact, a variety of negative effects have been reported for children who observe parental violence. Banchigizie's case story also proved that she witnessed violence between her brother and his wife and she was disturbed seeing them fighting because of her. The research indicates that spouse abuse increases the risk for child physical abuse Edleson (1998) & Ross (1996). Additionally, mothers who are abused by their current partners are at increased risk for abusing their children (Coohey & Braun, 1997) as cited in Winton & Mara (2001). Violence in relationship also increases the risk for child neglect (Smolinski, 1997) as cited in (Winton & Mara, 2001). In addition to its effects on the treatment of children, the observation of violence between spouses or partners makes children more likely to behave aggressively (Kerig, 1998) as cited in (Winton & Mara, 2001).

Because the cycle of violence has multiple paths (e.g., witnessing family violence, experiencing physical abuse or neglect), screening for other types of family abuse and neglect is always necessary. Once Banchigizie's brother hit his wife so badly that she had to be hospitalized. Here, it is possible to conclude that the conflict between Banchigizie's brother and his wife has increased the abuse made on her.

Furthermore, findings indicated that females were more likely to be emotionally maltreating their children than males. Banchigizie's case story indicates that her brother's wife maltreated her. Females were more likely to be victims, and older children were more likely to be emotionally maltreated (U.S. Department of Health and Human Services, 1998). Banchigizie was the victim of the abuse. The higher rates of offense by women are often explained as result of women because women spending more time with children in care giving roles. This holds true in this particular case study. Banchigizie missed class almost frequently. She always came to school late. She spent most of the time with her brother's wife. Then, it is also possible to conclude that since both of them spent most of their time together, the abuse pursued.

Banchigizie also told the researcher that she had been insulted several times. This situation, hence, created psychological problem. Moreover, Garbarino, Guttman, and Seeley (1986) describe psychological maltreatment as a "concerted attack by an adult on a child's development of self and social competence" (p.8). Banchigizie experienced at least three forms of psychological abusive acts. She was rejected, isolated and terrorized. According to Garbarino, Guttman, and Seeley, (1986) and Pearl (1998) rejecting behaviors include abandoning the child, failing to acknowledge the child, scapegoating the child, and verbally humiliating the child. This indicated that Banchigizie was humiliated, rejected and insulted by her brother's wife for what she did all day long without rest. Instead of appreciating her for what she was doing, she received curse and insult. She was not only exposed for psychological abuse but also for physical attack. Consistent with this incidence, (Brassard et al., 1993) reveal that psychological abuse can occur along with sexual abuse, physical abuse, and neglect. Banchigizie's case story indicated that the psychological abuse come

first and then physical abuse next. Claussen and Crittenden (1991) report that psychological abuse is present in many cases of physical abuse-verbally assaultive statements precede physically abusive acts. Insult, curse, and negative attitude have a negative effect on the life of children with HI. This is because the negatively loaded words focus on children's inability rather than ability. This, in turn, has adverse effect on the individuals' development and self-esteem (Tibebu, 1995) as cited in (Tsigie, 2004). Furthermore, Vissing, Straus, Gelles, and Harrop (1991) found that verbal aggression is related to high rates of physical aggression, delinquency, and interpersonal problems. A situation involving both psychological and physical abuse is often marked by at least one, probably more, of the following: parents making negative statements to the child, child rejecting the parents, child having poor self-image, child being overly clingy or avoidant, conduct disorders, regressive behaviors, poor parenting skills, dysfunctional family units, domestic violence, and alcohol/drug addicted families.

According to Garbarino, Guttman, and Seeley (1986) and Pearl (1998) isolating behaviors focus on keeping the child away from a variety of appropriate relationships. Banchigizie's brother wife forbade her playing with her peers, and kept her behind curtain. Even she did not have the access to communicate with relatives of them when they came to visit them. This implies that her interaction is very limited. This lack or limited interaction with her relatives and peers could affect her ability to communicate, to adapt with the community and promote serious social deprivation. Lack of opportunity to play with her peers has tremendous impact on her emotional, social and physical development (Tsigie, 2004). Terrorizing is another problem that Banchigizie faced. Terrorizing includes threatening and scaring the child. Everyday as Banchigizie tries to finish the long list of tasks assigned to her, she also gets to hear threats from her brother's wife, such as - "I will pour hot water on you", "I will burn your finger's with fire", "I will kill you", especially on days when gets a little late in waking up in the morning or when she does not do the work the way her sister-in-law wants her to do. Ignoring involves parents or caregivers who do not respond to the child Garbarino, Guttman, and Seeley (1986) and Pearl (1998).

Banchigizie's repeated appeal to go away from her brother's wife gave no attention at all. Rather she was forced to live with her brother's wife. The sum of all the aforementioned psychosocial abuse could lead her to develop low self-esteem, negative view of the world, anxiety, depression, suicidal thoughts, impulsivity, feelings of inferiority, withdrawal, apathy, and learning problems Grabarino, Guttman, & Seeley (1986), Pearl (1998) & Rohner (1991). Consistent with this, Banchigizie tended to isolate herself from others. She had no intimate friends; just acquaintances and these relationships were shallow. She had maintained withdrawn over years from her relatives and turned down social invitations. She spent considerable time alone. Moreover, impaired socialization is not uncommon in neglected children. Impairment in language development manifests itself in the child's inability to conceptualize beyond the most basic level. This lack leads to poor communication with others who have the ability. Thus as the neglected child grows older, he or she feels isolated from all but those who are similarly lacking in this ability.

Regarding her education, Banchigizie was told the researcher that her school results were dropping from time to time, her concentration decreased, and her overall attitude toward life became negative. Supporting her statement, Cantwell (1985) suggests that neglected children do not do well in school partly because their home environment has robbed them of the ability to understand the messages being given in the classroom. Moreover, Merga (1999) as cited in (Alemayehu, 2004) attempts to indicate grade repetition among female students is due to lack of study time and parental support. Parental direction and involvement in child's schooling has been observed to be important in a number of ways. It includes emotional and personal aspects in addition to school like activities.

Banchigizie had run away several times from home and went on to live with her brother, whose working place was out of Addis Ababa. Regarding moving out of home, research findings noted that it is not uncommon in neglectful homes for older children to strike out on their own at an early age. Thus early emancipation through moving out, running away, or becoming pregnant often sets the cycle of neglect in motion once again. Neglected

children with unmet needs are isolated from those who have learned to compete in society. They seek out others with similar backgrounds and begin the pattern again with their children.

### **Effects from Physically Abusing Parents**

#### **Trust**

Isolation, based largely on inability to trust others, is a significant problem for both abusive parents and for the past victims of physical abuse (Tower, 2002). In an instant, a loving mother or father would instead scream, hit or threaten. Therefore, to trust was to become even more vulnerable. To be cautious and anticipate the abuse, the child would hide and try to avoid the situation that seemed to stimulate the abuse. Banchigizie's case story also indicated that she tried to make some amendment considering as if she was the cause for everything happened. But her attempt made her even more vulnerable to further abuse.

#### **Anger**

Survivors may feel powerless because of their inability to protect themselves, to perceive reality accurately, or to demonstrate competence (Tower, 2002). But they may feel powerless to control their anger. The anger stems from being used or victimized, being out of control or vulnerable, and being unprotected. Banchigizie's brother could not protect her from his wife exploitation. Therefore, it is possible to conclude that Banchigizie felt powerless as a result of being unprotected.

Based on the above discussions, it is logical to say that Banchigizie had experienced neglect, physical abuse and emotional abuse. As a result, she suffered from the following problems such as desperation, withdrawal, loneliness, lack of concentration, poor school performance, and poor social interaction. These, in turn, have tremendous impact on her emotional, cognitive, social and academic development.

### **CASE STORY III**

Name: Zelalem

Sex: Male

Age: 18

Family Status: Mother died and Father alive

Current Status: Residing with father and stepmother

His hair was uncombed, appeared dirty, tattered sweater and trousers. After school, he stayed home depressed, and he was a very miserable young boy. His name was Zelalem. He was 18, and was born with normal hearing but suffered a profound hearing loss at the right ear at the age of 7 after the teacher slapped at his face. He also lost his left ear hearing power at the age of 16 due to illness. Therefore, he was classified as having post lingual severe hearing impairment. On an Audiometer test, he showed a hearing loss of 112dB at the right ear and 114dB at the left ear. Fortunately, Zelalem learned to talk normally before his hearing loss and had developed good speech ability.

Zelalem resides with his stepmother and father. He was born in Wollega, a place 400 km away from Addis Ababa. His father brought him to Addis Ababa to educate him. His father was a civil servant and his stepmother was a housewife. Zelalem was raised with his father's two children. His stepmother was not happy with his arrival to live with them. Since the beginning of his arrival, she mistreated him. He was severely beaten, by his stepmother and her children. Moreover, he was insulted and made fun of him. He was also given very little food, which led him to weakness and illness. Zelalem has many incidents to narrate that indicate that his woe and worries are far from being over. He recalls countless times when he has been scolded, called names, and insulted. He gets called by degrading names such as "Donkoro" and "Duda" more often than by his real name – Zelalem. This made him think that there was something wrong with him. The sum of all these abusive action made him feel unloved and unwanted. He stated also that their action indicated their hate and disrespect for him. He narrates a particular incident that happened about two months ago. His stepmother

accused him of stealing precious articles from the house. That was not true. Instead, it was her child who stole that precious article. Then he had been told that he stays there only because of her generosity and that otherwise he would have been thrown out of the house long ago. He remembers numerous times when he has been told what a mistake it was to let him into the house. This led him to a lot of stress and resulted in psychological problems. On some other day, he has drunk dirty water that he was seriously ill and had to taken to the nearby clinic. At that time too, his stepmother refused to bear his medical expenses and made their neighbors pay for the treatment. Due to his illness, he considerably lost his body weight. When he was asked why she was did this to him, he replied she believed that it is senseless to spend money on a child with on use. However, he was determined to live with them as he had a great ambition to overcome challenges in life through education. Thus, Zelalem accepted every burden imposed on him to get better education staying in Addis Ababa. His father fought many times with his wife because of her severe maltreatment towards Zelalem. But his stepmother's exploitation exacerbated rather than lessening. After each fight with her husband, she revenged on him. His daily life changed from bad to worst. In spite of all the abusement he was suffering, Zelalem did not want to be the source of the fight between his father and stepmother. Accordingly, he preferred to be silent, and he decided not to utter a single word about his condition to anybody including his father. He made this decision based on two reasons: one because he does not want to be the source of their conflict and the other reason was he was determined to overcome life challenges through education. Due to the above two major reasons, he decided to take everything inward. Zelalem preferred the aforementioned strategies because he believed that he could not change anything by himself. In the mean time, Zelalem was reluctant to tell his story. It was after a painstaking effort that he agreed for the interview. He told his story with his eyes filled with tears. Taking this in mind, the researcher made more than three contacts with Zelalem before the actual interview was conducted.

Zelalem had not been in school at his school age. He joined first grade while he was 15. He had no friends either in school or in his village. When he was

asked why he had no friends, he replied that all children made fun of him. Therefore, he did not want to get closer to anyone. He also developed self-hatred, frustration and depression. Regarding his health condition, he was sick for long time but no one had taken him to hospital. Consequently, he strongly blamed his father for everything happened to him. This is because his father did not fully take his responsibility as a father. As result of which Zelalem felt a sense of being betrayed by his father

### **Discussion**

In general, the case story of Zelalem indicated that he had passed through great trouble. Zelalem's stepmother often screamed at him, called him degrading names, and threatened to expel him from home. Zelalem had nobody to talk his problem, did not have friends in his school or neighborhood, and has lost a lot of body weight. Besides Zelalem grew thinking there was something wrong with him. Children who are emotionally maltreated by a parent or even siblings suffer feelings of being inadequate, isolated, unwanted, or unloved. Their self-esteem is low and they consider themselves unworthy (Jenewicz, 1983; Krugman and Krugman, 1984; Burnett, 1993; Brassard et al., 1993, and O'Hagan, 1993). Zelalem was severely beaten, by his stepmother and her children. Consistent with this, Sibling physical abuse has received little attention in the professional literature and the media Winton and Mara (2001). In addition to the lack of research on sibling abuse, various experiences indicate that many people believe that sibling abuse is less serious than abuse by an adult. Although some might argue that sibling fighting is part of growing up, there are reports of severe and very severe injuries from sibling violence. Children respond to sibling violence in one of two ways: They fight back, becoming hostile, aggressive, and behavior problems, or they turn their anger inward, becoming self-destructive, depressed, withdrawn, or suicidal. Some of these children also develop somatic complaints (e.g., headaches, asthma, colitis, nervous habits, etc.) or sleep disturbances (Tower, 2000). Zelalem responded in the second way. Zelalem had nobody to talk his problem, did not have friends in his school or neighborhood. He was depressed and withdrawn. In

addition, his daily life changed from bad to worst. Zelalem wanted not to be the source of their fight. Thus, he preferred to be silent. He promised for himself to utter a single word about his condition neither to his father nor to other. This particular condition implied that he kept his anger inward. The other thing that could be observed from the above interview was that Zelalem had been verbally abused. Verbal violence towards persons with disabilities in a form of stereotyped derogative terms and figurative expressions was found to be common in the language of the general public. These disparaging verbal attacks were invariably used against both gender with different types of disabilities. The derogative words and figurative expressions seem to be generally used out of lack of knowledge not to deliberately offend persons with disabilities. However, there are people who deliberately affix a label or use derogative terms to attack persons with disabilities. These are highly offensive terms and figurative expressions with discriminatory content denoting incompleteness of the individual, imperfect physique and motor performance as well as inferior cognitive and language proficiency Tirussew (2005). As Zelalem indicated it is possible to conclude that he was intentionally insulted and verbally abused. His stepmother and her children used derogative words frequently. Zelalem recalls countless times when she has been scolded, called names, insulted and compared with her children. “Donkoro”, “Duda” which are literally means that [one cannot understand and tongue tied as cited in Trussew (2005)] and “Dedebe” which means also [cannot understand, stupid] as cited in Tirussew (2005)]. He gets called by these names more often than by his real name – Zelalem. Use of these offensive and abusive terms has serious psychological implications for persons with disabilities. It is an expression of degradation and hostility, a forceful factor of distancing persons with disabilities from the mainstream society. Studies also indicate that a single powerful label can devalue the persons as a whole Wright (1983) as cited in Tirussew (2005). Therefore, the need to be sensitive in semantic formulation and selection of words while addressing persons with disabilities should be given due consideration to avoid humiliation and unwanted consequences. Such an understanding is a

sign of honor and respect to humankind and paves the way for a tolerant, harmonious and inclusive society (Tirussew, 2005).

Little attention is given to what is best for neglected children. Likewise, very little attention is given for Zelalem. He was given very little food, which led him to weakness and illness. He has also drunk dirty water that he was seriously ill and had to be taken to the nearby clinic. At that time too, his stepmother refused to bear his medical expenses and made their neighbors pay for the treatment. Due to his illness, he considerably lost his body weight. Accordingly, Tower (2002) stated that poor motor skills and language development delays appear in neglected children. Continued lack of attention to diet as well as to emotional needs creates a child with poor skin and dull hair. Regarding Zealem's health condition, he was sick for long time but no one had taken him to hospital. Severe malnutrition creates the distended stomach and emaciated limbs that are associated with children from countries experiencing famine. Lack of emotional stimulation promotes flat affect or extreme passivity. It is also possible to conclude Zelalem has not received proper emotional stimulation.

### **Effects from the Neglecting family**

#### **Trust**

The personalities of all types of maltreatment survivors exhibit difficulty with trust. Trust is a basic aspect of socialization, and the development of our ability to trust begins in the first years of life Tower (2002). Parents of neglected children provided little, or at least inconsistent, nurturing and support. Accordingly, Zelalem condition proved the above finding in that his parents gave little attention to him. His parent did not provide at least the basic needs.

#### **Anger**

Anger often creates problems for the survivor. Feeling of robbed off childhood, betrayed, and powerless, the child reacts to the injustice with anger, which can become an intense rage (Tower, 2002). Anger turns inward

results in depression and self-abusive tendencies (Tower, 2002). Accordingly, Zelalem preferred to be silent, and he decided not to utter a single word about his condition to anybody including his father. In the mean time, he was also reluctant to tell his story. Therefore, it is possible to conclude that Zelalem had taken everything happened to him inward. He made this decision based on two rationale: one because he does not want to the source of their conflict and the other reason was he was determined to overcome life challenges through education. Due to the above two major reasons, he decided to take everything inward. The other thing that can be deduced from the case story is that Zelalem preferred the aforementioned strategies because he believed that he could not change anything by himself. Thus, it is also possible to infer that he felt powerless. And finally Zelalem blamed his father for everything happened to him. This is because his father did not fully take his responsibility as a father. As result of which Zelalem felt a sense of being betrayed by his father. The cumulative abuse and maltreatment made him depressed for a long time.

In general, from the above discussion, Zelalem had experienced neglect, emotional abuse and physical abuse. Consequently, he suffered from stress, depression, illness, poor self-esteem and self-efficacy, self-hatred and frustration. These, in turn, have negative implication on his emotional, cognitive, social and academic performance of. Taking things inward was his coping strategy.

#### **CASE STORY IV**

Name: Mulugeta

Sex: Male

Age: 18

Family Status: Father alive and mother died

Current Status: Residing with his father and step mother

Mulugeta was one of the volunteer students with hearing impairment participated in this study. He was 18 years old and 8<sup>th</sup> grade student.

He told his story to the researcher with an interpreter. It was learnt that the student was living with his father and stepmother. His father was a civil servant. He had two brothers and two sisters from his stepmother. Since his stepmother was a housewife, their father's income could not support the whole family. Therefore, Mulugeta was forced to involve in daily labor work. He mainly covered all his costs such as the school fees, transportation and clothing on his own. He fetched water for his neighbors and for his family from the remote area, and he used to earn sixty Birr per month. He recalled that his father for the last time bought him clothes while he was 5 years old. His neighbors and some aid organizations used to give him school materials such as exercise books, pens, pencils, etc.

His father ignorance made him attend the regular class up to grade 5. He frequently repeated grades. While he was attending regular class, his teachers and his friends knew that he was deaf. However, they did not give him any kind of help. It was only because of the support he received from an aid organization that he secures a chance of getting admitted to the school for the deaf.

As to the cause of his impairment, nothing was known. As he presumed, however, at about the age of 5 he found his ears covered with pus while he woke up from the sleep he had on under the scorching sun. From that moment onwards, he lost his hearing power. He immediately told the case to his family but no one gave him attention and took him to hospital as a result of which the problem remained permanent.

Regarding his relationship with his family, he said that since his family did not know sign language, their interaction was limited. In his family, nobody showed interest to know about this language. They did not even care whether he understood them or otherwise. He always thought that there was no one by his side. Moreover, he had no friends in his village or school. When he got closer to them, they ridiculed and insulted him. Consequently, the sum of all these made him to be alone and felt outcast.

Mulugeta bitterly said that he did not get food properly. He used to wake up early in the morning and went to the nearby cafeteria to eat something when he had money. He does not also eat lunch since his stepmother does not prepare for him. The researcher observed that at all time that he met with him; he did not bring lunch like his classmates. Thus, he stayed all day long without having breakfast and lunch. His father did not know this problem. If he informed his situation to his father, he knew that the whole family would be in great trouble. He narrated one out of the several incidents.

"I do not forget the day that I ran way from home," said Mulugeta. He remembers the full extent of the abuse that he had gone on in his life when she was 16. "It was as if my stepmother turned into a mad woman," recounted his experience staring his eyes into the distance. "We never got along too well, but one day she caught me drinking a milk without asking permission and she spaced out. She took a strap and started hitting me and hitting me. She wouldn't stop! I was really afraid of her!" Then he ran away from home to live on the street. Mulugeta said it was not only his stepmother action that made him run away from home but also he said firmly that he knew from his early years that he was unplanned and unwanted. His father paid little attention to him unless he required errands to be run. It was the sum of these led him to live on the street of Addis. When he answered to the question "why you did not ask permission before you drink?" he replied that if he asked her permission, she would not give him. That's why he took the milk and drunk it. While he was in the street, he used to steal and drink various alcohols and getting intoxicated in many occasion. He also smoked cigarette that was thrown by others. After three months of street life, his father found him and returned home to live with him. Even if he found living

with stepmother difficult, he determined to accept everything happened to him.

### **Discussion**

Since Mulugeta's family size was larger, he was obliged to work extra work to cover all expenses including school fees. This took much of his time. As a result his performance in school was poor. As Cantwell (1985) stated the neglected children do not do well in school partly because their home environment has robbed of the ability to understand the messages being given in the classroom.

A good number of children with special educational needs have been going to regular school with children without disabilities Tirussew (2005). Likewise, Mulugeta also attended regular class because of his father's, in particular, negligence. As a result he repeated one class more than once. Consequently, he consumed all of his time. He was deprived of attending school regularly for the need money for transportation. Otherwise, he missed class. Even if he got money, he could not attend his education with full attention. This was because he might not eat anything. Supporting this idea, Tirussew (2005) stated that most children with disabilities seem to be left without any educational support. They often suffer from psychological and academic difficulties and are destined to leave the school early in life without success.

Tirussew (2005) indicated that some male with disabilities spent most of their time in manual labors. This may have tremendous ramifications in their school performance and self esteem. Mulugeta began work at an early age, shoulder responsibilities such as fetching water from distant areas and working for long hours with no rest, with little or no remuneration, work at mercy of his neighbors.

Regarding his relationship with his family, he said that since his family did not know sign language, their interaction was limited. In his family, nobody showed interest to know about this language. They did not even care whether he understood them or otherwise. Since parents or caregivers had no training in sign language for communication with their children with HI, big communication would be created between children with HI and their

families (Moges, 2006). Then, these children became upset, frustrated and felt they could not at all be understood due to their loss of hearing (Moges, 2006). If children with HI failed to be understood by their mothers or fathers or any member of the family, they tended to feel they were neglected, unloved, unwanted, hopeless and even deprived of everything given to their brother and sisters (Moges, 2006)

Moreover, he left no time to play with his peers. Studies indicate that peer relationships can also provide feelings of support, belonging, acceptance and caring. They give children the opportunity to acquire appropriate social roles, and they provide the sensitivity required to build and maintain meaningful relationships. They enable the internalization of values, attitudes, and perspectives and goals needed for responsible decision-making and long-term friendships that provide assistance in adult life (Porter Gordon et al., 1991) as cited in Tirussew (2005). The participation of young children with their peers in community based informal playgroups, in play activities with children in their neighborhood, or in organized group programs in the community constitutes an important element of a child's life Guralnick (1997) as cited in Tirussew (2005).

Mulugeta has run away from home because his stepmother caught him drinking milk without asking permission. Consequently, she beat him. Moreover, he knew that he could not get what he wanted. Therefore, he preferred to get what he wants by taking without permission. Tower (2002) stated that due to the inconsistency in the home setting, the neglected child is never sure what to expect. Without defined and consistent rules, neglected children face punishment when their actions annoy the caregiver. Therefore neglected children do not develop an internalized set of standards to guide them. Instead, they respond to external stimuli. For these children, whether stealing is wrong is less important than the prospect of getting caught. Along with this impaired thinking goes a need to "have it now." Neglected children are never sure if their pleasures or prizes will be available tomorrow. Therefore, the children learn to take it when it comes. Thus, these children develop an inability to delay gratification, which in turn results in impulsive behavior, stealing, promiscuity, and a variety of other frustration. These

findings are consistent with Mulugeta's status. He did what he wants without considering its consequence. He was not sure whether he got that milk tomorrow.

"Even if he found living with stepmother difficult, he determined to accept everything happened to him."

In general, from the above discussion, it is logical to conclude that Mulugeta had mainly experienced neglect, physical abuse and emotional abuse. As a result, he suffered from the following problems such as feeling of unplanned and unwanted, delinquency, health problems, and loneliness. These, in turn, have profound influence on his emotional, cognitive, social and academic development. Taking everything inward was his coping style to deal with the problems he faced.

## **CASE STUDY V**

Name: Ferezer

Sex: Female

Age: 15

Family Status: Mother and father died

Current Status: Residing with her uncle

Ferezer is a young girl who became hard of hearing with 55dB at the age of eight years old. At first, her parents did not recognize the predicament but after sometime they were aware of it. This became obvious while they called her and she could not respond until they increased the level of their voices. Ferezer was then a grade one student. Her mother discussed her problem with teachers, and they allowed her to sit at the front desk where she could hear well. This support from the school gave her courage, confidence and determination to pursue her education.

Her life changed totally at the age of nine when she lost her mother who had better understood her status and never neglected her. Ferezer was devastated at the death of her mother. She thought to the extent of killing herself. She felt as if it was the end of the world as her mother proved herself to be always by her side.

Fortunately enough, her uncle decided to take her to live with him. One year after her mother's death, she felt sick. She did not know the kind of illness she was suffering and it decreased her hearing ability. Her uncle could not help her as he had his own family to support. But as she grew up, she became aware that her uncle did no care about her. She was forced to stop her education and became a baby sitter to the uncle's children. This continued for about two years. However, she insisted to start her education. Her uncle and his wife did not accept her proposal, as there was no one who could look after her children. From that day onwards, they made her busy by giving too much chores. Her uncle's wife began to insult, curse, and belittle her as if she was the cause of her mother's death. Ferezer had to deal with her uncle's family that had very little to offer. The neighbors considered her hearing loss as if it originated from evil spirit. Hence, the abuse pursued

for years. Ferezer does not forget what her uncle says when she asked him to start school. He said that let alone the deaf girl; the hearing people could not bring any change. He also said "you better stick to the job that we have given you. Even if you go to school you cannot get a job better than taking care of children." This incident broke her heart and made her lose hope. As a result of which, Ferezer developed a stereotype that this world did not belong to her. It was not hers to explore, conquer, and enjoy. Her childhood experience taught her how hard it was for the deaf children to succeed in school and in life at all. She felt anger, despair and helplessness which resulted in disinterest to life and led her to attempts of suicide.

### **Discussion**

Early quality interaction between a caregiver and child helps children to develop feelings of self-confidence and endows children with the basic skills as well as the motivation or "appetite" for learning which serve as the basis for successful schooling and adjustment in later life Tirussew (2005). Ferezer's early life was so good that her parents encouraged facing her the world ahead of with courage. But this support of her mother came to the end because of death. As a result her dream and bright future shattered. Ferezer was deprived of access to education, the affection and support of her caregivers. Because of this, she could not be able to live productive, independent life and take part in the life of the community.

As gender stereotyping, negative attitudes toward women, is very common in a patriarchal traditional society (Fellows, 1993) as cited in Tirussew (2005), this negative bias is also assumed to be true for women with disabilities. Consistent with Ferezer's uncle remarked that a girl like her should not go to school since that could not bring any change. Her uncle's statement can be seen from two perspectives: her being women and hearing impaired. Studies confirm that although men and women with disabilities are subject to discrimination, women with disabilities are at further disadvantage because of the combined discrimination based on gender and discrimination based on disability (Traustadottir, 1990) as cited in Tirussew (2005). Reports indicate that women with disabilities are doubly marginalized by their

communities and organizations at the national and international level, and indeed are worse off than men with disabilities. This gender and disability based discrimination has brought up a “doubly disability” for women with disabilities (Abu-Habib, 1997) as cited in (Tirussew, 2005).

The other thing that can be learnt from Ferezer’s case story is the perception of her uncle’s towards disabilities. He sends a message that children with hearing impairment cannot do anything even if they get education. Perception of “otherness” have generated “reactions of pity, helplessness, distrust, uneasiness, and fear” in members of the non-impaired population, which in turn serve as potent barriers to the participation of disabled persons in many forms of social activity. Accordingly, her uncle’s statement demoralized her. The cumulative effect of their bad treatment adversely affected her psychological and social development. She hated herself. That was why she attempted suicide. The expectations and attitudes of significant others may have a profound impact on a child’s level of self-esteem (Tirussew, 2005). Low self-esteem is the ultimate source of poor academic achievement and self-destructive behavior (Bowlby, 1992; Dulgokinski and Allen, 1996 and Apter, 1997) as cited Tirussew (2005). Low self-esteem may affect the personal growth of the person as well as his or her role and status in the society at large. The type of self-esteem the child holds is by and large dependent on his her social milieu (Apter, 1997) as cited in Tirussew (2005). However, Ferezer’s care givers hold a negative attitude toward her. As a result of which, she develop a sense despair and hopelessness.

In general, from the aforementioned discussion, it is logical to conclude that Ferezer had mainly experienced neglect and emotional abuse. As a result, she suffered from hopelessness, stereotype, anger, despair, helplessness, disinterest and suicidal thoughts. These, in turn, have impact on her emotional, cognitive, social and academic development.

### **Parents’ disclosure**

During the focus group discussion with parents of children with hearing impairment, they were asked to reflect their opinion about taking children to the hospital. They revealed that they were unaware about their children’s

developmental problems at their early age. They had unrealistic expectations regarding their child's progress and behavior. They assumed that their children would hear through time. Consequently, these mothers did not take their children to hospital as they did not give due attention for their children's difficulty. Since they were in poor living conditions, they became unaware of the nature of their children's delayed development. The reason for this was that they were giving more attention to daily life. As a result, the child's hearing problem was not noticed early and effective help was not provided. Accordingly, the best years of learning language and communication skills have lost.

It is also noted that parents did not take their children to the hospital because of two major reasons: one was because of extra demand on time and more medical appointments. Since their income is very low, they do not want to waste their time either by staying long hours or by going repeatedly to the hospital.

In general, it is learned that parents who have poor economical status did not give due attention to their children's development. Their concern is on their daily life. They attributed that poverty is the major problem that affects early identification and intervention.

Experience and treatment during infancy and early childhood can result in best effect on children's overall developmental potentiality. Therefore, their early age is crucial if mothers are aware to help and treat their children particularly in more scientific manner. If parents think that their children communication is not developing, they can help them learn. Parents, however, believed that only someone with professional training could help their child. But as a parent, they can make a big difference in their children development.

Regarding their children's health condition, in most cases their children's show low level of resistance to diseases. Since their children do not get food properly, fever and cough affect their children severely and frequently. Moreover, no medical treatment was given to the child.

The mothers of the children also report that their children disappear whenever they let them play outside home and hence they did not allow

them to get out of home to play with their peers. As a result, the children have less exposure and lack of experience to ordinary activities. Consequently, their language development was inhibited due to environmental influence to a greater degree than the impairment itself. Consequently, effective communication results in enhancing social development. However, the children who were included in the study were prohibited from playing with their peers and had lack of being exposed to the outside world. Parents gave less attention for playing. However, play helps all children including children with HI understand their own emotions, feel proud of what they can do, and develop a sense of who they are. As they play, they learn to follow directions, cooperate, take turns and share. Failure to do so shows considerable delay in language development. It is also found that due to their failure to interact with their peers, children with HI exposed for rejection. During focus group discussion, parents mainly focused on the disappearance of their children if they let their children play with their peers outside. They gave less attention for children's social skills. However, all children including children with HI develop their social skills as they relate to each other, learn about themselves, and consider other people's feelings. Having social skill is important for everyone. To be part of any group- whether a family, a group of friends, or even a class at school- it is necessary to have social skills. Their ability to get along with other people will help them to be less isolated. Lack of communication affects the social well being of the individual. Besides, speech and language development facilitates learning and enhance cognitive ability. On the other hand, it is believed that communication difficulty interferes in learning.

Since these children have been prevented from interaction from their surrounding, their cognitive development lags behind their age peers. Lack of interaction between the children and their environment affected their integration in the community and social acceptance. As a result, rejection and ignorance arises within the community in which these children live. Such social influence including poor childcare of the family is more likely to develop behavioral problem among these children. Behavioral problem arises especially when children with HI and their parents not able to communicate

well with each other. When children misbehave, it may be difficult to explain how they should act. They may become frustrated and misbehave even more. Parents may leave a child who misbehaves a lot alone. Therefore, children with HI need extra help learning how to communicate, how to cooperate with each other, and how to control their behavior. Therefore, it is very important to develop their language and communication. This, in turn, enhances their ability to think. That is why it is very important for parents to help children with HI learn a language as early as possible. With a language, children can also develop their mental abilities.

According to parents' statement, their children develop behavioral problems, since they are neglected and rejected by their siblings, parents, and peers. This indicates that how environmental influence affect the behavior and social development of children. Rodals et al., (1999) noted that family climate, care giving style and environmental conditions are significantly related to temperament of children.

The mothers experienced severe psychological problem due to their loved children being labeled as Duda [one who cannot understand and tongue tied]. The stress, in turn, could negatively affect the relationship towards their children. Accepting the reality related to one's own children is not an easy task particularly to mothers. Inappropriate guilt and disappointment arises because of inability to accept the impairment of their children.

Parents of children with HI have not only challenged by their children's conditions but also from negative societal reactions. Giving birth to children with HI even affect their marriage life. The mothers reported that they have lost their husband's love and respect. To mention, Ferehiwot's mother's marriage divorced for giving birth to child with HI. The mothers reported that their neighbors discriminate against them for having children with HI. The community believed that HI is the result of attack by evil spirit, or evil eye. Some believed that it to be the punishment of God. Hence, they lost their attachment.

It was also reflected in the FGD that parents lack awareness in the recognition of abusive actions. They believed that corporal punishment as a

crucial means of disciplining their children. They do not want to consider as an abusive action.

In the FGD, an attempt was made to explore what they felt of having children with HI. They felt disappointment. They considered as their dreams shattered. As a result of which, they developed feelings of frustration, anger, loss of dream, helplessness, fear and anger.

Coleridge (1996) mentions that traditional belief based on culture or religion defines disability as punishment of God or retaliation by demon. This belief affects the whole family members. Societal negative reactions in turn could negatively affect the mother's adjustment and readiness to support their children in all possible ways.

Discussion with parents revealed that they believed that there is no need to educate particularly children with HI. They further explained that let alone children with HI, those who are hearing do not change their conditions. Therefore, it is a waste of time and resources try to educate these children. Therefore, they prefer to keep their children behind curtains. They also strongly believed that education could not make a difference in the children's life. Hence, it is possible to conclude that the negative attitude of parents emanated from lack of awareness. All children including children with HI have a right to education. Children who get an education have more opportunities to learn about the world, develop skills, and find jobs. Education, especially, important for children with HI because it allows them to develop their thinking ability, to communicate with other children with HI and hearing children and to make friends. And with the skills they gain children with HI will be able to live productive, independent lives and take part in the life of community.

According to FGD, it was learnt that parents do not consider the importance of communicating with their children. They do not show any interest to know sign language. None of them, who participated in the study, know sign language. They said that there is no need to study sign language that is a disgusting one. However, the importance of spoken or sign language is far beyond what parents think. If children with HI cannot learn a language, they cannot develop their thinking or communication. They have no way to

become the part of the community and get left out. Therefore, children with HI need help to learn skills like saying simple words or depend on simple communication, like taking turns. In general, language enables children to think, to plan, to understand the world around them, and to be a part of a community. Without language, children cannot develop their minds.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

This chapter mainly encompasses three sub-sections: summary, conclusions and recommendation.

The summary part focuses mainly on the brief review of the entire thesis. The next section deals with the conclusion based on the data collected from the participants of the study. And finally, the last section forwarded some recommendations based on the findings.

#### **5.1 Summary**

This study aimed at exploring maltreatment on children with hearing impairment. Various literatures, research results, and theoretical perspectives have been gone through to assess the condition of children with hearing impairment related to study under investigation. Research questions were formulated. Data were collected from five children with hearing impairment and two volunteered parents residing in Addis Ababa. In-depth interviews were conducted with the respondents or participants using interview guide. Then, the data collected were analyzed using exclusively qualitatively method.

The findings revealed that adverse effect have been identified in maltreated children's physical, cognitive, emotional, social and academic development. Moreover, the findings also indicated that hearing impairment found to be the major causative factor for maltreatment.

#### **5.3 Conclusions**

Based on the data collected from the participants of the study and from the analysis and interpretation thereof, the researcher has drawn the following conclusions. Conclusions made based on the research questions under investigation.

Ferehiwot's case study story indicated that her parent's negligence led her to a lasting hearing loss which otherwise would have been arrested if they took her to the hospital at the right time. Thus, it is logical to hypothesize that

she has been neglected in physical health care provision. Moreover, as Ferehiwot left without a conducive child friendly environment in her earliest years of development, she suffered from emotional, social, and interpersonal relationships problem. These, in turn, assumed to result in poor school performance and have along lasting on impact on her personality development. On the other hand, the lack of appropriate affection and care her father put her at more risk for additional sexual abuse. As a result of which, it possible to infer that Ferehiwot developed negative emotions and behaviors such as anger, guilt, mistrust, grief and often depression. As to the cause of her being maltreated, poor relationship among the family, having unhappy family, the presence of parental conflict and violence were presumed to be the major risk factors.

The major risk factor, in Banchigizie's case story, was stress of her caregivers. As shown in presentation, she has been beaten, insulted and punished by throwing objects at her. This type of physical and psychological punishment was damaging resulting in low self-esteem, sadness, shame, depression and humiliation. The psychological violence including humiliating or degrading treatment and threats are found to hurtful to her. In addition, the strongest message, usually unintended, that physical punishment sends to the mind of the child is violence is acceptable behavior that is all right for the stronger to use force to coerce a weaker one. This could be assumed to lead to perpetrate a cycle of violence in the family and in the society.

Zelalem's arrival to live with his father and stepmother did not welcome by them. This led him to feelings of being unloved and unwanted. Consequently, he experienced emotional problems such as anger, depression, and withdrawal. He also turned his anger in ward. This assumed to make him feel depressed and withdrawn. This, in turn, assumed to inhibit the development of social skills needed to form healthy relationships with peers and adults. Besides, he developed lower self-esteem and he considered himself unworthy.

The other participant in the study was Mulugeta. Based on the data collected, it is logical to hypothesize that he did not perform well in his school activities. This was because of two reasons:

- In most cases he went to school without having food. This, therefore, reduced his attention span.
- The other one was that he spent much of his time manual labors.

As a result of the above two reasons, could have tremendous effect on his self-esteem and school performance. Thus, he presumed to be suffered from psychological and academic difficulties.

Moreover, he left no time to play with his peers. This, in turn, led him to impaired socialization. As a result of which, he assumed to develop poor communication with others. This put him at more risk to develop additional psychosocial malfunctioning.

Since Ferezer's hearing problem was not identified earlier, her chance of receiving better treatment lost for good. This adversely affects developing good communication skills; appropriate behaviors, satisfying social relationships, child parent interaction as well as overall development of him.

In general, Children who are maltreated assumed to experience disrupted growth and development. Adverse effects have been identified in maltreated children's physical, cognitive, emotional, and social development, and these adverse effects accumulate over time. The impact of maltreatment has an adverse short and long term effect on the holistic development of children with hearing impairment: their psychosocial development impaired greatly.

According to this study, children who are living with stepmothers and non-biological parents were more likely to experience maltreatment. Moreover, females found to be more likely to be the perpetrator in neglect, physical abuse and emotional abuse.

Stress, poor relationship among the family, having unhappy family, parental conflict and violence were found to be the major risk factors for child maltreatment.

An attempt also made to assess the impact of maltreatment on children development. Therefore, the findings revealed that language enables children to think, to plan, to understand the world around them, and to be a part of a

community. Without language, children cannot develop their minds. Thus, it is very important to develop their language and communication. This, in turn, enhances their ability to think. Lack of communication affects the social well being of the individual. Besides, speech and language development facilitates learning and enhance cognitive ability. On the other hand, it is believed that communication difficulty interferes in learning. Those children with HI who have been prevented from interaction from their surrounding, their cognitive development assumed to lag behind their age peers. Children who have less exposure to outside world and lack of experience to ordinary activities, consequently, their language development was inhibited due to environmental influence to a greater degree than the impairment itself. Consequently, effective communication results in enhancing social development. Experience and treatment during infancy and early childhood can result in best effect on children's overall developmental potentiality. Hence, it is possible to presume that maltreatment has adverse effect on psychosocial development of children with HI.

Generally, in this study an attempt has been made to investigate whether hearing impairment lead to abuse. Therefore, the findings showed that all the participants of the study were hypothesized to be abused due to their hearing impairment. Therefore, it is logical to hypothesize that hearing impairment leads to abuse.

Finally, a variety of theories and models have been developed to explain the occurrence of abuse within the families. The most widely adopted explanatory model in this study is found to be the ecological model. As applied to child abuse and neglect, the ecological model considers a number of factors, including the characteristics of the individual and his or her family, those of the caregiver or perpetrator, the nature of the local community, and the social, economic and cultural environment.

### **5.3 Recommendations**

Based on the findings and the conclusions drawn, the following recommendations are forwarded:

- Parents/caregivers should establish sound early quality interaction with their children so as to promote their children psychosocial development.
- Parents/caregivers were given less attention for peer interaction. Therefore, it is highly recommended to promote a healthy child-to-child relationship to avoid developing psychosocial problems.
- Sign language training should be given for parents/caregivers if positive and desirable psychosocial developments are expected from those children with HI.
- Children who were participated in this study did not disclose their problems to anyone. Therefore, children with HI should be made to have better knowledge about the types of child maltreatment and methods for disclosing abuse and neglect. This enables children to be better prepared to resist abusive individuals or helps them recognize the importance of telling trusted adults when they are being abused or have been approached.
- Parents/caregivers should be informed to avoid violent norms. This includes ending neglect, emotional abuse, physical abuse, and sexual abuse.
- Parents/caregivers should be acquainted with the developmental stages of children. Knowledge on these subject save them from great deal of worry and frustration.
- National and international non-governmental organizations (NGOs), who are engaged in various activities related to child care and service should work together make the communities safer places in which children can grow.
- To combat maltreatment that adverse affects on the development of children with hearing impairment, various governmental and non-governmental working in childcare should prepare public

awareness, advocacy and intervention program to break the cycle of maltreatment.

- Further research should be conducted on multiple causes and consequences of maltreatment on the development of children with hearing impairment.

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## APPENDICES

### APPENDIX I

**Addis Ababa University  
School of Graduate Studies  
Department of Psychology  
Special Needs Education**

#### Interview Guide For Children With Hearing Impairment and their Parents/Caregivers

##### Background Information

Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Age of Onset \_\_\_\_\_

Types of HI \_\_\_\_\_

Causes of HI \_\_\_\_\_

##### Family Background

- Size of the family
- Education of the family
- Occupation of family
- Income of the family
- Relationship between father and mother
- Relationship between each family member

##### Living Condition

With both mother and father

With mother only

With father only

With siblings

##### Neglect

- Overall Supervision
- Physical care
  - Food/Nutrition
  - Clothing & Hygiene
  - Housing
- Recreation
- Provisions of health care
- Educational care

##### Physical Abuse

- Discipline
- Discipline Techniques
- Physical Punishment
- Nature and frequency of Physical Punishment

### **Sexual Abuse**

- Sexual knowledge
- Sexual advancement by others
- Sexual experience
- Sexual Transmitted Disease
- Commercial sex worker
- Pregnancy

### **Emotional Abuse**

- Verbal assault
- Close confinement (Tying or binding and other forms)
- Parental acceptance
- Parental rejection
- Accusation and blessing

### **Effects on Psychosocial Functioning**

- Self concept
- Effects on daily life
- Feelings/Attitudes towards family members
- Feelings/Attitude towards intimate relationship
- Effects on interaction with significant others
- Effects on school performance
- Effects on communication
- Effects on language development
- Effects on cognitive development
- Effects on motor development
- Emotional Adjustment

### **Coping Strategies**

- Prepared for the most horrible
- Setting various alternatives to deal with the problem
- Thoughts that create of better feeling
- Accepted it, nothing could be done
- Talking to professions/relatives/friends
- Making oneself busy to forget the problem
- Social withdrawal
- Depression
- Keeping to oneself
- Thinking of suicide

## APPENDIX II

**Addis Ababa University  
School of Graduate Program  
Department of Psychology  
Special Needs Education**

### **FGD Guide for Parents/Caregivers**

#### **Background Information**

Age \_\_\_\_\_

Educational Background \_\_\_\_\_

Occupation \_\_\_\_\_

Income \_\_\_\_\_

Marital Status \_\_\_\_\_

Number of Children \_\_\_\_\_

#### **Parent/Caregivers relationship with child**

- Parental supervision of children
- Provision of educational needs, health care, physical care
- Parental punishment
- Parental Discipline technique
- Family sexual relations
- Venereal disease
- Teenage pregnancy

APPENDIX III

አዲስ አበባ ዩኒቨርሲቲ  
የድህረ ምረቃ ትምህርት ክፍል  
የሳይኮሎጂ ትምህርት ክፍል  
የልዩ ፍላጎት ትምህርት

የቃለ መጠይቅ ቅደም ተከተል  
መስማት ለተሳናቸውና ለወላጆቻቸው

አጠቃላይ ሁኔታ

እድሜ \_\_\_\_\_

ጾታ \_\_\_\_\_

ክፍል \_\_\_\_\_

- መስማት የተሳበት ጊዜ
- የችግሩ ዓይነት
- የመስማት ችግሩ መንስኤ

የቤተሰብ ሁኔታ በተመለከተ

- ቤተሰባችሁ ብዛት
- የትምህርት ሁኔታ
- የሥራ ሁኔታ
- የገቢ ሁኔታ
- የእናትና የአባት ግንኙነት
- በቤተሰቡ መካከል ያለው ግንኙነት

የኑሮ ሁኔታ

ከእናትና አባት ጋር  
ከእናት ጋር ብቻ  
ከአባት ጋር ብቻ  
ከዘመድ ጋር

መዘንጋትና ችላ ማለት በተመለከተ

- የቤተሰብ አጠቃላይ ቁጥጥር
- ምግብ
- ንጽህና
- መጠለያ
- መዝናኛ
- ትምህርት

አካላዊ ጥቃትን በተመለከተ

- ልጆች የሚታነጹበት ሁኔታ
- ልጆች የሚታነጹበት ዓይነት
- አካላዊ ቅጣት
- የአካላዊ ቅጣት እና ድግግሞሽ

**ወሲባዊ ጥቃትን በተመለከተ**

- ወሲባዊ እውቀት
- የወሲብ ጥያቄ
- ወሲብ መፈጸም
- የአባላዘር በሽታ
- ወሲብን ገንዘብ ለማግኘት መንገድ መጠቀም
- እርግዛና

**የስነ-ልቦና ጥቃትን በተመለከተ**

- ስድብ
- ልጆችን ማሰር/የተዘጋ ቤት ትቶ መሄድ
- ልጆች በቤተሰቦቻቸው ያላቸው ተቀባይነት
- ምስጋና
- ወቅሳና እርግማን

**ከላይ በተዘረዘሩት ጥቃቶች ያመጡት ስነ-ልቦናዊ እና ማህበራዊ አሉታዊ ተጽእኖ**

- ለራስ ያለን ግንዛቤ
- በእለት ተእለት ኑሮ
- በቤተሰብ አባላት ላይ ያለ አመለካከት
- ልባዊ ግንኙነትነት
- ሌሎች ላይ ያለን አመለካከት
- በትምህርት ላይ
- ከሰዎች ጋር መግባባት
- በቋንቋ እድገት ላይ
- በእስተሰሰብ ላይ
- በአካል ላይ
- ራስን ከተፈጠሩት ጥቃቶች ጋር ማዛመድ

**ጥቃቶችን ለመቋቋም የተጠቀሙበት ዘዴ**

- ለከፋ ጥቃት ራስን ማዘጋጀት
- ጥቃቱ ለመከላከል መፍትሄ መፈለግ
- እራስን ደስተኛ ማድረግ
- በጸጋ መቀበል
- ለባለሙያ፣ ጓደኛ፣ ለዘመድ ማማከር
- ራስን በሥራ በመወጠር
- ራስን ከማህበርዊ ግንኙነት ማግለል
- ስለጥቃቱ በማሰላሰል (ጭንቀት)
- በዝምታ
- ራስን ለማጥፋት በማሰብ

## Declaration

I, the undersigned, declare that this thesis is my original work and has not been presented for degree in any other university, and that all sources of material used for this thesis have been duly acknowledged.

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## Advisor's Approval

This thesis has been submitted for examination with my approval as university advisor.

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