

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES
INSTITUTE OF PSYCHOLOGY

PSYCHOSOCIAL PROBLEMS AND COPING STRATEGIES
OF FEMALE SEXUALLY ABUSED CHILDREN IN
SELECTED SUBCITIES OF ADDIS ABABA

BY
MASTEWAL MEKONNEN



JUNE, 2010
ADDIS ABABA

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SELECTED SUBCITIES OF ADDIS ABABA**

**A Thesis Submitted to School of Graduate Studies of Addis
Ababa University in Partial Fulfillment of the Requirements
for the Degree of Masters of Arts in Social Psychology**

**BY
MASTEWAL MEKONNEN**



**JUNE, 2010
ADDIS ABABA**

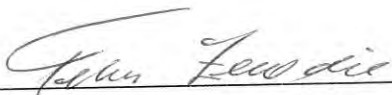
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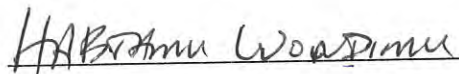
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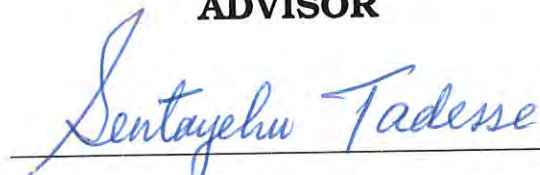
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Acronyms

AA:	Addis Ababa
AAU:	Addis Ababa University
CSA:	Child Sexual Abuse
DIC:	Dropping In Center
DSM:	Diagnostic Statistical Manual
FGO:	Focus Group Discussion
FSCE:	Forum on Street Children Ethiopia
GO:	Governmental Organization
IFSO:	Integrated Family Service Organization
NGO:	Non-Governmental Organization
NGOs:	Non Governmental Organizations
PTSD:	Post Traumatic Stress Disorder
SA:	Sexual Abused
SAC:	Sexually Abused Children
STD:	Sexually Transmitted Disease
STI:	Sexually Transmitted Infections
UNICEF:	United Nations Children's Fund
WHO:	World Health Organization

Glossary of Some Terms

Chireba:	Taking money or other materials from a customer by passers
Choleles:	A code name given for Kebele gards
Damma:	Multiple rape
Eka/Ganja:	A cover name which is given for substances like Hashish
Keffela:	Begging money and/or other materials from by passers
Laboro:	Theft (which is done by male street children
Short:	A sexual intercourse which takes a minimum of 10-30 minutes

Abstract

The main purpose of the study is to investigate the major psychosocial problems of sexually abused children in IFSO and FSCE-DIC, Addis Ababa and their coping strategies. In due course, nine female sexually abused children aged from 14 – 18 years were selected from IFSO and FSCE-DIC using purposive sampling. In-depth interview, observation, focus group discussion and document analysis were employed to generate the relevant data. The findings indicated that, all sexually abused children are faced with different problems which could be organized orderly as physical and related medical, emotional, behavioral and social problems. The results of the study revealed that isolation, discrimination, and negative attitude towards the society are the major social problems of sexually abused children. Besides, HIV, STDs, leg and wrist pain, complications of virginity loss and undue abortion, vaginal fluid, itching rectum are some examples of physical and medical related problems. The finding of the study also revealed that behavioral problems include drug abuse, smoking, quarrelling, and disobedience. The study found that sexually abused children are faced anxiety, feeling of hopelessness and anger which are common examples of emotional problems. In sum as the study indicated the survivor children are suffering from a whole range of physical, behavioral, social and emotional problems which in turn affect their personal wellbeing and social relations. However, some of the cases have not experience all problems which others faced. The severity of the problem also differs from survivor to survivor and ever from one problem to the other depending up on different factors. Nevertheless all of the sexually abused children who participated in this study are vulnerable to different psychosocial problems. The study finding also shows that different strategies which are used by sexually abused children to cope with the sexual abuse and its related problems (For example, engaging with different behaviors like smoking; having series counseling, theft, hiding themselves in some issues like education). The study could have a different result, if a research takes another design; if both sexes are involved as a participant and if the study area is changed.

Chapter One

Introduction

1.1. Background to the Problem

Human sexuality, which involves the mind (psychology), relationship (sociology) and the body (biology), is governed by a set of values and principles that could be universal in nature as well as socio-cultural and traditional norms that may differ from culture to culture (King, 1996). Some of these values are not, however, always static, they may change from time to time. Things like tolerance of teenage or premarital sex and pregnancy, use of contraceptives, and so on are, for example, rising steadily in the modern world since the 1960's and '70's sexual revolution (Notore, cited in Yemataw, 2009).

It holds universally true that sexuality could be a delight for those who are biologically matured, psychologically ready and socio-economically prepared to bear its consequence sooner or later (Byer 1999). Hence sexuality can bring satisfaction to the mind, strengthen relationships and smoothly accommodated by the body when it is undertaken with the full consent of two matured heterosexual partners in love. However, sexual experience imposes unbearable consequences on those partners, who in one way or another, are compelled to engage into such an affair in an abusive manner. The experience of child sexual abuse can leave a host of adverse behavioral, emotional, and psychological consequences (Ques cited in Yemataw, 2009).

It is only the last twenty years or so that the extent of child sexual abuse has been fully recognized. Exact figures depend on how sexually abused is defined. However, 40 million children aged up to 14 years suffer some form of abuses and neglect requiring health and social caring in the world. As WHO (2004) stated, from those forms of abuses, the most devastating is child sexual abuse.

Any sexual activity between an adult and a child or between an older child and a younger might be defined as sexual abuse. On the other hand, contact sexual activities including penetrative acts, for example penile, digital, or object penetration of vagina, mouth or anus and non-penetrative acts, for example touching and/or sexual kissing of sexual parts of child's or abuser's body; and non-contact sexual activities include exhibition, involving the

child in making or consuming pornographic material or encouraging two children to have sex together is also defined as a sexual abuse (Jones, cited in Howe, 2005).

Child sexual abuse often occurs in places normally considered safe; such as homes, schools, places for leisure activities and the like (Munro, 2000). Children lack maturity to understand, and vocabulary to report sexual abuse. They are coerced, sworn to secrecy or threatened by the perpetrators. The habitual perpetrator is usually some one who is known and trusted by the child. Sexual abuse is likely to be most harmful, especially when the abusive act involves penetration; when the abuse has persisted for some time, when the abusive figure is a father; when the abuse is accompanied by force, violence or threat; and when the response of the family is negative (Howe, 2005).

Child sexual abuse is a public health and human rights problem that can no longer be ignored. As some researchers reported that, it is a serious concern in different countries around the world. Therefore, the risk and the consequence of HIV infection, unwanted pregnancies and psychological and physical trauma draw international attention to this silent emergency. Particularly the misconception that sex with a virgin, including babies, is a cure for HIV/AIDs has dramatically increased child sexual abuse. Consequently data from some studies show that, child sexual abuse becomes a problem of girls than boys (WHO, 2004).

Similarly according to (PRB, 2001), CSA has become an alarmingly growing multifaceted problem across the globe. For instance, estimates of the prevalence of the problem range from 15% to 33% in the general female population and from 35% to 75% in female clinical samples (Polnsny and Follette; Rind, Tromovitch and Bauserman, 1998). The situation is even more tragic in developing nations particularly in Sub-Saharan Africa where one of the youngest populations is found (Yemataw, 2009).

In Ethiopia, sexual violence stands as one of the top public health problem. Though there is lack of country representative study in the general population in terms of magnitude and type of CSA, small scale studies indicate that it is on the increase. For instance, out of 214 allegedly abused children under the age of 15 reported to one government hospital (Yekatit Hospital) during a period of one year, 74% suffered from sexual abuse. Ninety three percent of these children were female. As per to the Ministry of Labor and Social Affairs' report, sexual outrage rape, and child prostitution were identified as the most

prevalent forms of sexual abuse and exploitation of children in Ethiopia (MOLSA, cited in Yemataw, 2009). According to a study conducted in Addis Ababa and Western Shoa, the prevalence of completed and attempted rape among female students was five percent and ten percent respectively out of the 72 students included in the study (Mulugeta, . cited in Ayanlem , 2006). Further a study conducted in Debarke town indicates similar trend on the prevalence and incidence of sexual violence of female students. Among the 216 female high school students, grade 9 – 11; 8.8 percent were raped and 11.5 percent had escaped the attempted rape (Worku and Addisie, cited in Ayanlem, 2006).

On the other hand in a study conducted on 198 high school students in Shashemene and Dilla towns, for example, only 36 (38.7%) reported the incidence to the police, parents, friends and school teachers out of the 93 who actually experienced sexual abuse(Azeb,2003 cited in Yemataw,2009).

The prevalence of child sexual abuse in ten sub cities of a Addis Ababa from 1996 – 1998 E.C. portrays that, in 1996 E.C. Yeka, Addis Ketema and Gulele sub cites have ranked from first to third in female child sexual abuse by 79, 63 and 48 respectively. In the same year, there were 53 in Yeka 47 in Addis Ketema and 43 in Gulele reported loss of virginity cases. In the mean time, the prevalence rate of sexually abused female children were low in Kolfe and Akaki sub cites as only 3 and 9 female children were sexually abused respectively.

In 1997 E.C. female children between the ages of 9 and 15 years were found to be more vulnerable to child sexual abuse in Nefas Silk, Addis Ketema and Bole sub cites. Numerically, it was 21, 20 and 16 respectively. In the same year, Kolfe, Gulele, Addis Ketema and Nefas Silk led other sub cites in terms of female children's loss of virginity. With regard to rape, there were 17 in Addis Ketema, 17 in Arada, 11 in Nefas Silk and 11 in Bole reported cases.

Moreover, female children were more vulnerable in all sub cites except for Ledeta, Cherkos and Arada in 1998 E.C.; in comparison with the previous years female children sexual abuse increased drastically in Kolfe sub city. On the prevalence rate of loss of virginity; Addis Ketema, Gulele, Kolfe and Nefas Silk have ranked from first to third by 36, 31 and 30 respectively. With regard to rape, Kolfe, Addis Ketema and Yeka sub cites ranked first to third by 41, 38 and 21 respectively during the same year (Hailu, 2007).

On the other hand, a study conducted on street children in Addis Ababa shows that, out of 654 patricians, 43 percent were raped. Amongst these sexually victimized street children, 23 had unwanted pregnancy, 15 had induced abortion, 26 had trauma of genitalia. Psychologically; 74 children blamed themselves for their victimization, 71 had fear and anxiety 68 had more frequent head aches, 62 had lost sexual interest, 60 had low self esteem and 35 become drug addicted (Molla in Hailu, 2007). Incest on the other hand is found to be a serious crime that its effect not only limited on the children who passed through the experience but also on the non-offending parents (Rahel, 2004).

However, the psychosocial problems of sexually abused children who are found in different rehabilitation centers and their coping strategies which are used to deal with the abuse are not well investigated.

By considering this, the present study gives emphasis on identifying psychosocial problems which are related with sexual abuse. In addition, it explores the coping strategies that are adopted by abused sexually abused children to deal with the problems.

The researcher's attention was attracted to conduct this study in two organizations, Forum on Street Children – Dropping-In-Center - Merkato Project and in Integrated Family Service Organization (IFSO). As the name implies, some sexually abused street children are temporality rehabilitated in FSCE Dropping - In -Center Merkato Project. However, until they move to another project “Safe Home”, they are in streets at night. This leads the children to health hazards of spending the night in cold corners, the physical assaults of older children and the agony of rape. In addition the children are enforced to be entrapped in prostitution or commercial sex and to street gangs. On the other hand, as the data collected from IFSO revealed, only those sexually abused children that have critical problems are provided with the organization support. Hence, these children are felt to have more information about the investigated. Besides the center's age criteria is all inclusive. On the other hand only those children between the age ranges from 14 to 18 years are accepted as beneficiaries of FSCE – DIC. Therefore, these two centers where selected as the study setting where sample cases were drawn.

1.2. Research Questions

According to the researcher's view, the social, behavioral, emotional and physical problems of sexually abused children who are found in different organizations and the children's coping strategies to deal with such problems are not well investigated. Therefore, by considering this, the study was focused on identifying these problems of SAC who are found at FSCE – DIC, and IFSO. In due course the study attempted to address the following basic questions.

1. What social problems do sexually abused children face?
2. What physical problems are faced by the children after being sexually abused?
3. What emotional problems do sexually abused children experience?
4. Are there behavioral problems experienced by the sexually abused children?
5. How do sexually abused children cope with the abuse and its related problems?

1.3. Objective of the Study

The main objective of this study is to investigate the psychosocial problems of sexually abused children who are found in FSCE - DIC and IFSO.

In its specific form the study attempted to address the following objectives.

- ❖ To explore social problems faced by sexually abused children;
- ❖ To identify physical problems faced by SAC;
- ❖ To investigate emotional problems experienced by sexually abused children;
- ❖ To explore behavioral difficulties of sexually abused children;
- ❖ To identify coping strategies adopted by the sexually abused children;

1.4. Operational Definition of Terms

Child: A female child aged from 12 – 18 years who participate in this study.

Commercial sex work: Male-female sexual relation in which a female child make business from the relation.

Incest: Sexual intercourse between a man who is relative (considered as relative and a child.

Physical contact: A body contact which involves sexual intercourse between male/males and a child.

Sexual abuse: Physical contact with sexual intercourse which is held with out a child's consent.

1.5. Significance of the Study

- The results of the study are expected to shed some light on the major problems of sexually abused children who are found in FSCE – DIC - Merkato Project and IFSO.
- The findings may enable concerned individuals or actors to be well aware on the major problems, and to take remedial actions accordingly.
- The results of the study may also serve as baseline information for those who are interested in conducting in-depth research in relation to psychosocial problems of sexually abused children.

1.6. Delimitation

The study specifically focuses on investigating psychosocial problems of sexually abused children in Addis Ketema Kifle Ketema and Yeka Kifle Ketema, Addis Ababa, FSCE – DIC and IFSO.

Addressing all psychosocial problems of sexually abused children in this study may be difficult due to different factors. Therefore, it mainly focused on and delimited in addressing the social, behavioral, emotional and physical variables.

The number of participants was also delimited to nine female sexually abused children aged from 14 to 18 years. To investigate the problems in-depth with large participants was difficult due to the study design. The difficulty of finding more willing participants for this sensitive issue was also another reason.

As children between the ages 14-18 can understand the purpose of the study and express their experiences very well; the age of participant cases is delimited accordingly. Substantiating this Santrock (1999) argues that children with mentioned age groups are more logical, idealistic, and are able to think abstractly.

Since study design is a qualitative one, the participants were selected purposively based on their experience (being sexually abused) and their willingness. Therefore, the implications of the study are not generalized to all sexually abused children. Yet, it is unsafe to generalize the findings of the study for those who are found in similar settings.

Besides, the study is delimited to only sexual abuses which involve physical contact with sexual intercourse.

Chapter Two

Review of Related Literature

2.1. Defining Sexual Abuse

Researchers have been using various criteria to define Child Sexual Abuse (CSA) and the definition varies extensively across studies. Such criteria include age of the abuse survivors, age of the perpetrator, the type of sexual act that is considered abusive and the use of force or threat to perform the abuse (Senn cited in Yemataw, 2009). Pertaining to the age of the survivors CSA has often used to refer to sexual activity before age 18. Besides, some researchers have used an age difference definition of sexual abuse, where the perpetrator should be a certain number of years older than the survivor child for an act to be considered sexual abuse.

It has also been reported that the type of sexual act that is considered abusive varies across studies. Other definitions vary according to the activities and relationship of victim child to abusers. Accordingly, sexual abuse is defined as any form of sexual activity with a child by an adult, or by another child where there is no consent, or by another child who has power over the child (Munro, 2000). According to him sexual abuse includes, but not limited, showing a child pornographic materials, placing the child's genitals, and/or perpetration of any orifice of child's body (mouth, vagina, anus) with a penis, finger or an object of any sort. Penetration doesn't have to occur for it to be sexual abuse.

Even if many definitions of sexually assault are used in the sociological and psychological literatures, all emphasis on the notion of non-consensual sexual conduct. As Schwartz (1997) suggested, these definitions vary considerably in breadth. Some researchers limit their focus to non-consensual penile-vaginal intercourse and use the term rape to describe this example of "not the way to love". Others use terms such as unwanted sexual experiences, sexual aggression, sexual abuse or sexual assault to depict a broader range of behaviors ranging from non-consensual kissing to non-consensual anal, oral and vaginal intercourse.

On the other hand, child sexual abuse is defined as the involvement of developmentally immature children and adolescents in sexual action which they can not fully comprehend, to which they can not give informed consent, and which violate the taboos of social roles

(Kempe and Kempe in Maclead and Saraga, 1988). Similarly, CSA is broadly defined as the inducement of sexual activity in children for the gratification of persons who are in more powerful positions (UNICEF, 2004).

2.2. Types of Child Sexual Abuse

2.2.1. Rape

Rape has been a matter of controversy for over centuries in that some considered it as sex but others argued that it is violence (Buss and Malamuth cited in Yemataw, 2009).

Be on date or stranger rape, researchers suggested various contributing factors to rape. Power and control, anger, sexual gratification, culture, rape myth acceptance, sexual frustration and economy are the major ones. The higher the sex role stereotyping, adversarial sexual beliefs and acceptance of interpersonal violence are the major indicators of rape myth.

Feminist and conflict theorists, on their part, contend that power and patriarchy combine to urge rape (Lindsey, 2005). Patriarchal norms not only label women as the sexual and economic properties of men but also facilitate rape incidents (Morry and Winter, in Lindsey, 2005).

The acceptance of traditional masculine gender roles in a patriarchal society is also closely connected with escalating up of violence toward women and children. Masculinity norms such as antifeminist, toughness, self reliance and aggression reinforce this fact. When men are granted permission to subordinate women in patriarchal societies, sexual terrorism is a common result (Sheffield, in Lindsey 2005). To consolidate this idea, feminists have suggested that the causes of rape are the dominant culture and its emphasis on masculinity as a learned pattern of aggression and domination. Nonetheless, we can not limit the causes of rape to socialization and inter personal relations. Additionally, an understanding of how the cultural concepts of masculinity and femininity appear in a society is necessary (Andersen, 2006).

What ever it may be the cause, rape includes unwanted sexual intercourse arising from the use of threats or force and others (Koss., cited in Schwartz, 1997). In line with the later view, rape as violence, rape is also defined as sexual intercourse with out the consent of the victim usually done by means of force, violence, duress, menace or fear of immediate unlawful body injures (Almaz cited in Yemataw 2009).

2.2.2 Incest

In contrast, incest is a special case of child abuse concerning sexual behavior. The victim usually interprets the experience as a coercive and assault. Besides, the child is powerless to do anything about it. Indeed children are powerless because parents are strong physically, children have been also socialized to obey their parents and they may be too young to understand what is happening and the like (Baca, 2005). In addition, women's powerlessness in the family and a male culture that accentuates oppressions, domination and violence are the main cause of incest (Anderson, 2006).

High level of alcohol, violence, unemployment, absence of sexual partner, considerable incidence of marital problems and sexual difficulties are considered as causes of incest (Rahel, 204). Further fathers blamed their wives or their daughter for the incest, daughters often reinforce this view by making fathers irresponsible and blaming mothers and themselves (Herman, cited in Anderson, 2006).

Women are usually negligent and characterized as 'passive, dependent, having low self esteem who are deprived of self-fulfillment with in the family (Dawson, cited in Rahel, 2007). As researchers view, it is this structural factor instead of mothers to be blamed for the occurrence of incest. Mothers may be aware about incestuous abuse, but they are typically powerless to stop it. They are already trapped in the patriarchal family system. A mother may become a silent by stander because her emotional and/or economic dependence on her husband hinders her from confronting the situation. In families where mothers are usually powerless as a result of battering, disability or mental illness there is an especially high risk of incest. In this situation a daughter who has taken on the household responsibilities become victim of this form of child sexual abuse. Even these daughters in this situation are still dependent on their fathers. Consequently, they often report warm feelings for their fathers, who make them feel special (Hermon and Hirschman, cited in Anderson, 2006).

2.2.3. Child Prostitution

This form of child sexual abuse is defined more or less similarly by international documents and child right activities. The United Nations defines it as an act of engaging or offering the services of a child to a person to perform sexual acts for many or other considerations with that person or any other person (cited in Yemataw, 2009). According to

some research findings, HIV infection among child sex workers is high. Child sex workers are often stigmatized and marginalized. Further, others undermine these children's status. Their engagement in this field reduced children's opportunities for declaring their needs and rights, and even for accessing education, formal employment and marriage (Smart in UNICEF, 2004). Children in these circumstances witness violence and abuse, and are themselves being violently abused. Some become pregnant at young age, become dependent on drugs and alcohol. Additionally, they find themselves trapped in a cycle of abuse and commercial sex work (UNICEF, 2004).

Child prostitutes are subjected to continue chronic experience of abuse. For example almost all child commercial sex workers encounter denial of payment beatings and multiple rapes. Being forced to intercourse with out condoms is rather common and accepted with the alarming rate and expansion of HIV/AIDS (Davis, cited in Rahmet, 2001). To consolidate this idea, Habtamu (1996) pointed out that "over 35% of commercial sex worker children explained that their client threaten, beat and sexually abuse them, 45.5% of commercial sex worker children in Addis Ababa have been raped, abused sometimes sexually and physically in their life (quoted in Rahmet, 2001).

As Miles and Stephenson (2000) phrased the ill effects of commercial sex work on the victims: they may be subjected to violence, inflicted by 'customers' and those who exploit them 'pimps' or through self harm. They may be pregnant, already have a child when they themselves are children (and are therefore at higher risk of complications in pregnancy) or they may be coerced to having an abortion to maximize their availability to make profit. Sexual abuse and exploitation may lead to use of drugs and/or alcohol. Educational opportunities may also be denied them. Often they are made to feel unwelcome even if they do have the opportunity. Similarly, 'pimps' may prevent children seeking health care because of cost and the risk of being prosecuted.

Generally, what children find in life of prostitution is usually far from what they had been led to believe made vulnerable by smooth-talking pimps, a night mare often allows drug and alcohol abuse, beating from both the pimp (or other authority) and customers. Sexual diseases, condition of slavery and many times death await the child (Barri, 1986).

2.3. Major Problems of Child Sexual Abuse

Child sexual abuse can not be “diagnosed because it is not a discrete clinical syndrome with accompanying consistent, predictable and deleterious effects. Rather, CSA may be viewed as a life event or series of life events that produce a broad range of outcomes in children (Kuehnle, cited in Bromberg and Johnson 2001). According to their review, the outcomes appear to be a complex function of pre-morbid adjustment, characteristic of the sexual events; the child victims’ appraisal of these events and degree of support offered by the child-victims family after sexual abuse has been discovered or disclosed.

On the other hand different researchers have identified several categories of its effects although it is difficult to generalize about the short-term or long-term effects of sexual abuse on children and adolescents (Calm, cited in Kelly, 2001). According to Munro (2000), the problems of child sexual abuse are wide ranging and vary from survivor to survivor depending on a number of different factors such the age of the victim, the duration of the abuse, the number of perpetrators, and the nature of the relationship with the perpetrator and the severity of the assault.

Similarly different investigators undertaking research on sexual abuse have come up with a range of short term and long-term psychological, behavioral emotional and interpersonal and/or social problems associated with CSA which have been reportedly documented in both male and female participants of college students, clinical, community and national probability samples (Beitchman, Zucker, cited in Yemataw, 2009).

However, despite the consistent finding that CSA is associated with poor psychological adjustment, it cannot be concluded that CSA causes maladjustment. The primary impediment to establishing causality is the fact that CSA often coexists with other difficult life circumstances, such as a negative home environment or other forms of abuse that might account for the poor long-term adjustment (Merrill, 2001).

2.3.1. Emotional Problems

Some research findings suggested that, CSA increased the likelihood of adults developing fearful, disorganized attachment with dissociation symptom. However a number of studies have found that the trauma of sexual abuse has to occur before the age of three or four if it is to predict dissociation (Anderson cited in Howe, 2005). There is also a growing evidence

that, the stress of serious sexual abuse results in long-term changes in the brain's and chemistry, and that those effects probably underline the symptom PTSD and other stress related disorders. In the review of related literature, Berline and Elliot (2002), identified that as many as 36 percent of adult survivors suffer PTSD. The more the individual is likely to suffer trauma. As an extension of PTSD, dissociation also appears to be a common reaction particularly when sexual abused is with physical, and incases where the victim has suffered sexual abused by more than one person. In states of dissociation, victims feel disconnected and distant from their violated bodies. This helps the child block from awareness, intense and whelming feelings of fear, pain and distress (cited in Howe, 2005).

Kandau-Tackett, Meyer-Williams and Finkelhor (1993), found that PTSD has shown to be of consistently high frequency among sexually abused children, further, PTSD is a common consequence of rape experiences with one-third of female rape victims identified in community sample experiencing PTSD at some time after the assault (cited in Yemataw, 2009).

PTSD associated with CSA is characterized by a host of symptoms which are cognitive, behavioral and emotional in nature. This includes intrusive thought, avoidance, hyper arousal and anxiety specific to the traumatic event i.e. sexual anxiety (Spaccarellie, cited in Yemataw, 2009). An increasing number of studies are consistently showing that CSA survivors develop many of the symptoms associated with posttraumatic stress disorder, although the child's symptom representation may not fully meet DSM-IV criteria (Deblinger and Lippmann, cited in Webster, 2001). Deblinger, Henry and Orvashel (1992) found that around 50% of CSA children met either partial or full criteria of PTSD. These symptoms may persist at varying levels of intensity through out the child's life time. Common symptoms seen in these children may include general agitation, behavioral disorganization, repetitive play where the abuse is shown using objects and toys, vague and frightening nightmares, or actual attempts to reenact the SA with peers and/or adults (cited in Webster, 2001). It is important to keep in mind, though, that some research also indicates about one-third of CSA victims show no immediate or identifiable emotional or behavioral adjustment difficulties (Kendall, Tackett, Williams and Finkelhor) while some only exhibit minor symptoms such as reduced self esteem or distress that are not clinically significant. What remains uncertain is whether these children are true experiencing no traumatic

emotional sequelae or whether they are in some kind of denial or shock phase during the initial stages of reacting to the abuse (cited in Webster, 2001).

The hypotheses of either denial or emotional shock receive some support from other studies showing the presence of sleeper effects for some victims. A sleeper effect refers to the situation in which the abused child shows no obviously significant or discernible emotional problems immediately subsequent to CSA. As time passes, the child survivor slowly begins to manifest increasingly more serious emotional and/or behavioral problems of unclear etiology (Mannarino, Cohen-Smith and More-Motil, cited in Webster, 2001).

Sexually abused children also experience the feelings of confusion, powerlessness, helplessness, pain, betrayal, sadness, grief, loss, feeling of dirty, shame, vulnerable, unsafe, scared, terrified, horrified, depressed, angry, numb suspicious, untrusting, tortured, sensitive, emotional, hurt, panic, anxiety and feeling of miserable. Beliefs about one's self like "I am bad, no one loves me, no one could love me, I am vulnerable, I am dirty, it is my fault, I am stupid, I should have told someone, I hate myself, I deserve to die, why do these things happen to me" are also common emotional problems associated with CSA (Elliott, cited in Munro, 2000).

In addition, Kelly (2001) identified that, survivors are confronted with overwhelming pain. In order to cope with extreme and intense emotions the details of what happened, and who hurt them, they may try to convince themselves "it was not so bad, it did not really hurt them, and others have been hurt, much more" etc. this is a form of self protection. As the form of self protection, minimizing may help slow the process down which may be what the survivor needs from time to time as a constant way of coping, however, minimization leads to self blame and self-hatred which is not helpful and hurts a great deal.

Munro (2000), suggested that, because sexual abuse is an invasion and an attack on the body, many survivors feel cut off distant from their bodies. They may view their bodies as being responsible for the abuse of at a very least intimately linked with the abuse.

On the other hand, the issue regarding whether CSA generates significant negative emotional trauma within its victims is highly disputed and, as such, has been the source of a good deal of controversy. Rind, (1998) conducted a review and meta-analysis of 59 studies involving college students who claimed to have been sexually abused as children.

The results of this meta-analysis indicated that those students who were victims of CSA were only “slightly less well adjusted than controls (cited in Webster, 2001).

The specific emotional reactions of a child who is being, or has been, sexually abused can vary widely based on genetic predisposition and temperament characteristics, socially taught patterns within the family unit and/or larger cultural group about how to express feelings as well as the degree of emotional constraints or expressiveness shown by the child (Webster, 2001).

2.3.2. Social Problems

As different researchers suggested different social problems raised in relation with sexual abuse. The sense of betrayal may result among children who find that someone they trusted on whom they depend has caused them harm. This is peculiarly true when the perpetrator of the abuse is a family member or considered as a family member. This sense of betrayal may be strengthened if the child's disclosure of sexual abuse is disbelieved or if the child is blamed for the event children often have negative reactions toward the abuser. For instance, a father's sexual misuse of his daughter is clearly an abuse of social role of father of power, and parental authority over a child. To make it worse, this often occurs in the context of a supposedly caring relationship. It is this carrying relationship that precludes any need for force in most cases. The child is not raped but reduced by the father. It is worse than an assault rather it is a betrayal. The child grows up distrusting adults and men in particular (Geiser, cited in Baca, 2005).

For a large number of CSA cases, the perpetrator is well known by the child. In fact the perpetrator may actually have assumed a role of confidante, emotional support, and/or friend with the child prior to initiating the abuse. Consequently, this personal familiarity may serve to magnify and intensify fear and emotional confusion within the child. Issues of trust, or more precisely distrust of others, and betrayal are not uncommon feelings that can emerge in these victims while they are actually being abused.

Some studies have found that adults with histories of child sexual abuse tend to be of lower socio-economic status than their family of origin. This decline is not explained as a result of educational failure, a reduced participation in the work force or a preference for part-time work. Mulen and Fleming (1998) explain that abused women in low paid jobs tend to

under estimate and seek occupations below their capacities indicating low self-esteem or are less adept at translating training and opportunity in to effective function in the work place, indicating a failure of agency (quoted in, UNICEF, 2004). On the other hand, Bromberg and Johnson (2001) argued that, socio economic status is not associated with risk of being sexually victimized.

Many studies have found that a substantial number of sexually abused children may show different social difficulties. For instance Rieder and Cicchetti (1989) concluded that these children show hyper vigilance and heightened emotional reactivity to social interaction where one might see a low level of anger present even when the behaviors shown by other people tend to be more natural rather than aggressive in nature. They may misinterpret social interactions as negative and aggressive, when in fact they are not. At times they might become disproportionately upset and distressed when they see others in conflict, and can show exaggerated reactions to these situations (cited in Webster, 2001).

Other SA children often appear to adults as being inflexible, easily distractible, or as having difficulty dealing well with changes. They may seem to be “on edge” even when they are involved in relaxed social settings. They may repeatedly visually scan their physical setting, project tension in their facial expression and physical posture, and/or interact in a guarded and cautious manner with others and especially adults (Hennessy et al., cited in Webster, 2001).

Stigmatization is also a social problem to the sexually abused children. As Kelly (2001) illustrates, stigmatization refers to the negative connotations like badness, shame and guilt that are communicated to the child by the experiences, and then such negative connotations may come directly from abuser, who wants the victim to take the blame for the activity or be reinforcing by others in the family or community who hear to the abuse. It is also found that sexually abused children are stigmatized and discriminated against by their family and by community at large. Besides, as Hailu (2007) research finding proves that, sexually abused children participated in his research are socially isolated. This is because they fear that others are discussing about them. In addition their family members and the society at large stigmatized and marginalized them. Most people undermine these children’s status. In order to forget their abusive experiences, these children choose loneliness. According to him loss of virginity is also another social difficulty.

2.3.3. Behavioral Problems

There are a whole range of behaviors that SA survivors may engage in that come from having been sexually abused. Crittendon (1992) suggested that sexually abused children have been found to show a cluster of behaviors referred to as compulsive compliance. This cluster is characterized by the abused child being highly compliant to the demand and requests of adults, tending to modify or even falsify their feelings and the truth in the presence of adults and especially their parents to gain adult approval, being highly vigilant about what to say and how to behave based on the non-verbal cueing of their parents or significant adults in their life, and tending to be highly structured to the point of occasionally having ritualistic forms of conduct in their day-to-day living routines. These behaviors made identification of the sexually abused child a delicate and highly difficult process. It can be easy for interviewers to lead a child to respond in to desired ways based on their own personal biases or presumptions during an individual clinical interview. It is equally as easy (and not uncommon) for the child to recant these allegations after leaving the interview and are reunited with their parents, even if for a brief time period (cited in Webster 2001).

On the other hand, some findings suggest that children with sexual abuse may be observed with addiction, prostitution, isolation, frequent sexual activity, avoidance of sex, over working, inability to work, high functioning, low functioning, argumentativeness, avoiding conflict, perfectionist and wanting to please others. According to Munro (2000) all of these behaviors are learned in response to abuse and served an important purpose staying sane and alive. For many sexual abuse survivors, sex becomes linked with sexual abuse. As a result, some survivors will mistake unsatisfying and uninsurable sex or even sexually abusive behavior for sex. These means that survivors can be vulnerable to being further abused.

In relation with this, some researches have shown that, child sexual survivors are observed with sexualized behaviors. Exhibiting developmentally atypical sexual behaviors is a symptom consistently found more often in abused than non-abused children (Friedrich, Pithers and Gray cited in Bromberg and Johnson, 2001). It is not uncommon for young children to engage in sexual behaviors of an exploratory nature. According to this review some children who have had sexual experiences with old persons are easily aroused and readily orgasmic. Some evidence suggests that boys experience eroticism more so than

girls. Further there is some evidence suggesting an association between a child victim experiencing sexual arousal and exhibiting interpersonal sexual behavior problems (ibid).

On the other hand, some studies have found that most sexually abused children develop self-destructive behaviors. Some of them use substances like drug, alcohol, cigarettes and even quarrel with others repeatedly. A research on south African Street between the ages of 11 and 17 years indicated, street children engage in high risk behaviors not because they are uninformed about AIDS, but because of their marginalized status, their powerlessness, and their economic and social conditions (Smart, in UNICEF, 2004). Similarly other research workers show that sexually abused children have developed delinquent behaviors. Developing hostile and aggressive behaviors with their perpetrators and significant others are also common to these children. The child as a sexual victim in the broadest sense encompasses a wide range of behaviors including physical and genital fondling, exhibitionism, pedophilia, incest, forcible and statutory rape, sexual assault and commercial exploitation of children in pornography and prostitution (Bari, 1986).

2.3.4. Physical and Related Medical Problems

The forcible acts of sexual abuse can impair children's physical and motor development, social, emotional and cognitive development and academic development. The impact on each of this developmental domain also depends on the child's age. In relation with this, Trickett and Putman (1981) highlighted the major problems of sexually abused persons according to their age groups. Preschool children who are sexually abused mostly experienced somatic problems like headaches and stomachaches. Similarly, middle childhoods are faced with physical problems, enuresis immune dysfunction and genital abnormalities in addition with other psychological and social problems. Cognitive and academic development is also in danger of being impaired. According to them the problems of adolescents and adulthood are very similar with findings in younger children. However, adolescents are very much likely to be sexually active, delinquent and in some cases depressed and suicidal (cited in, Howe, 2005).

There are also very real risks of HIV infection, physical trauma, STIS and unwanted pregnancy for children who are sexually abused. These may have long term physical and reproductive health consequences in later life. Risks are compounded if the abuse is sustained. Health risks may also increase in late life through the implantation of high risk coping strategies such as risky sexual activity, alcohol and drug abuse (UNICEF, 2004). In

addition, child sexual abuse causes early pregnancy, unsafe abortion, STIs including itching rectum, loss of appetite, suffering from Fistula, and other health complications (Meston cited in Kelly, 2001).

On the other hand adult-to-child sexually abusive relationships actually involve outright physical assault that includes various forms of sexual torture and pain ranging from the use of (digital penetration) to physical objects (sticks, bottle or electric shock as examples) inserted into various body orifices to inflict pain on the child. Most usually, these acts are restricted to the child's genital regions. This abuse often can produce actual permanent physical damage of internal organs as well as observable scars. When these kinds of abusive behaviors exist, the perpetrator often will tell the victim that they and/or their parents will be killed if the child discloses to others about their relationship. Ackerman (1998) found that coercion of the child to maintain secrecy was a significant predictive factor in the development of mood and anxiety disorders for CSA victims.

2.3.5. Academic Difficulties

Some children who have been sexually victimized exhibit significant school-related difficulties (Rowe & Eckenrode, 1999). Problems may include low-time on task secondary to anxiety, depression, or post-traumatic stress disorder, acting out behaviors and low academic achievement. In a study of children with sexual behavior problems, 84% of whom had been sexually abused, 59% of the sample was receiving special education services under the designations of specific learning disability, serious emotional disturbances, speech/language impairments, or a combination of these designations (cited in Bromberg and Johnson, 2001.)

In general many studies have shown that child sexual survivors' show generalized anxiety disorders sexualized conduct, experience serious and periodic episode of depression or have gender and identity problems. They may also have problems in sleeping, show moderate to conduct problems. Externalizing disorders or present with multiple emotional problems. They are some times diagnosed as having some type of attention deficit hyperactivity disorder. Guilt and shame often are apparent which can affect the child's capacity to develop meaningful present and future relationship with peers and other adults (Wolfe, Gentile, and Wolfe, cited in Webster, 2001).

SA children and adolescents may have a history of running away from home for no obvious precipitating causes, somatic complaints some of which are reality-based and which often involve the lower gastro intestinal or genital areas, social withdrawal, guilt and a dysphonic mood, fear of being in a bathroom or shower, sleep disturbances, which begin suddenly, and generalized fearfulness and apprehension are also not uncommon for such children (Everstine and Everstine, in Webster 2001).

Children with sexual abuse are also exposed to night mares insomnia, panic attacks, flashbacks, anxiety attacks, terror, in ability to go outside, afraid being alone and even being with other people, numerous trigger responses, headaches and physical problems such as yeast infections, bladder infections and vaginal bleeding etc (Munro, 2000).

On the other hand, UNICEF (2004) documented short-term psychological ill effects of sexually abused children as follows.

- *Re-experiencing symptoms such as intensive memories dissociative of flash backs, night mares.*
- *Hyper arousal/hyper activity symptoms such as tension, irritability, anxiety and vigilance, poor sleep and impaired concentration.*
- *Avoidance symptoms such as emotional numbing, social isolation, and lack of life progress.*

Similarly, trauma connected with child sexual abuse may have long-term effects, including self-destructive behavior, depression which encompasses.

- Self reproaches (also termed damaged goods syndrome, involving feelings of guilt and responsibility for the abuse or the consequences of disclosure, often reflected in self-destructive behaviors such as substance abuse, risk taking, self mutilation, and residual acts, poor provocative behavior designed to elicit punishment).
- Sense of betrayal (experience of undermining of trust in people who are expected to act as protectors and nurtures, reflected in lack of trust in others, manipulative behavior, reenacting the trauma through involvement in explosive and abusive relationships). Sense of powerlessness (perception of vulnerability and attempt at mastery, often through identification with the aggressor, reflected in dissociation, anxiety, phobias, sleep and eating problems and victimization (Faller, in UNICEF, 2004).

- Difficulties with intimacy and sexual esteem. A history of child sexual abuse is often associated with problems of sexual adjustment in adult life. This reduced “sexual esteem contributes to adult sexual relationships that are unsatisfactory.
- High-risk sexual behavior and HIV some studies suggest that adolescents who were sexually abused as children are more likely than non-abused children engaged in high-risk sexual activity. They may be more likely to engage in unprotected sex, or have multiple partners (Densenberg, cited in UNICEF, 2004).

2.4. Coping Strategies

Different studies showed that the pervasive effects of sexual abuse on the victim children are so immense. Therefore, it may raise the question on how these children could possibly cope up such stressful situation on their lives. ‘Coping is the process of managing taxing circumstances, expanding efforts to solve personal and interpersonal problems and seeking to master, minimizes or tolerate stress and conflict’ (Santrock, 1997). Victims who deal most effectively with sexual abuse trauma are those who take an active role in recognizing the abuse, disclose the incident to others, findings help, educating themselves about sexual abuse and finding support from primary caregivers, family and friends, and from their school environment and other organizations (Resource Center for Adolescent pregnancy Prevention (ReCapp), 2000 quoted in UNICEF, 2004).

In this case, children who are found at lower risk and with more developed recovery strategies of child sexual abuse are considered to have better coping strategies. First, they are clear about their own boundaries and are capable of stating them. Second, they have sufficient ability to articulate. Third, they can recognize and talk about them. Finally, they are assertive and confident in voicing their own views and concerns despite some adult opposition (UNICEF, 2004).

To conclude that researchers have identified three major categories of coping strategies. These are:

Active- cognitive strategies, which refer to coping responses in which individuals actively think about a situation in an effort to adjust more effectively. This includes being prepared for the worst; trying to see the positive side of the situation, consider several alternatives for handling a problem, etc.

Active-Behavioral strategies, which refers to some kind of action taken by an individual to improve the problematic situation. This means removing at least one of the stressing factors from life. For example, finding out more about the situation, talking to trusted relatives and professionals, getting busy with other things to keep the mind off the problem, etc.

Avoidance strategy which refers to responses that an individual uses to keep stressful circumstances out of his reach so that he/she does not have to deal with them. This strategy is identified as extremely harmful to one's adjustment because a person who represses an event cannot do it all the time. Moreover, the true results of trauma can be triggered by some events. Such a strategy can be seen as denial since it includes withdrawing from reality and refusing to acknowledge painful facts (Santrock, 1997).

Chapter Three

Methodology

As the over all objective of this study is to investigate major psychosocial problems of sexually abused children, qualitative design is most useful to explore research questions deeply.

Within the qualitative design, case study was employed. Qualitative research is a multi-method in focus, involving an interpretive and naturalistic approach to its subject matter. Besides, it is a very important method to explore such a sensitive issue using a variety of empirical materials like case study, interview, observation, personal experiences and visual texts that describe routine problematic moments and meaning in individual lives (Denzin and Lincoln, cited in, Creswell, 1998).

3.1. Data Source

The major strategy of the study is qualitative approach. Thus, the qualitative data were collected from both primary and secondary sources to triangulate the validity.

The primary data were generated from in-depth interview of the participants, FGD and from direct observation of the research participants. Additional data were gathered through reviewing of relevant documents of the participants. In due course the counseling reports, referral reports, annual individual reports, pre-counseling record formats, and different letters were reviewed.

3.2. Sample and Sampling Technique

3.2.1. The Study Area

The study specifically focuses on investigating psychosocial problems of sexually abused children in Addis Ketema Kifle Ketema and Yeka Kifle Ketema, Addis Ababa, Forum on Street Children Ethiopia-Dropping-In- Center (FSCE-DIC) and Integrated Family Service Organization (IFSO).

The rationale of choosing the two sub cites is convenience and are considered suitable for addressing the study objectives, hence the two study organizations are located in these sub cites.

The DIC is part of FSCE in which sexually abused street children temporarily rehabilitated. It is found in Addis Ketema sub city around Merkato.

In this center, sexually abused children (the number is not fixed, because they are temporarily dropped to the center, and they might leave from even in day duration), a counselor, two social workers, a coordinator and other subordinate coworkers are found.

Whereas IFSO, the indigenous NGO that focuses on mitigating the plight of children at difficult circumstances in A.A., is located in Yeka Kifle Ketema. It has the head office, counseling center and foster rooms. The study area mainly focused on the counseling center, because the study participants have a direct relation with this center.

The rationale of choosing these centers are, first of all in the two centers, the target participants are found. In addition the two centers were willing to avail the study participants for this sensitive issue.

However, in the fact that, some sexually abused children have got some services and rehabilitation in FSCE - DIC, the children are left to streets of Merkato till 4:00 pm. This condition leads them to be entrapped in prostitution or commercial sex and even to street gangs. It attracted the attention of the researcher.

3.2.2. Demographic Characteristics of the Cases

Nine sexually abused female children aged from 14 – 18 years were the participants of this study. Six of them are temporarily rehabilitated at FSCE – DIC. These children have been provided with different services from the center only for five days a week, from 6:00 am – 4:00 pm. But in week ends, and always after 4:00 pm, they all have been living in streets.

Where as, the other three were taken from IFSO, they are all sexually abused. Two of them are some how rehabilitated from some problems, but the other one is still encountering with serious problems. All of the participants from IFSO are sponsored accordingly from this center while living with their families.

3.2.3. Sampling Technique

The participants were selected using a non probability sampling technique. As the issue under study is so sensitive; it was difficult to find participants. Hence on the basis of their experience and willingness, nine sexually abused children were selected from the two centers using purposive sampling.

3.3. Methods of Data Collection

Data on major psychosocial problems of sexually abused children were gathered through employing multiple methods of data collection. Thus in-depth interview, focus group discussion, direct observation and document analysis were employed to triangulate the validity of the data.

3.3.1. In-depth Interview

In this study, in-depth interview is the dominant method for data collection; because it is the best instrument to gather descriptive data in the subjects own words so that the researcher can develop insight on how subjects interpret some pieces of their world (Bogdan, 1982). In addition it is used to get answers for questions about the participants' experience, thought process, beliefs and value systems.

As an interview is a reciprocal affair, it is advantageous for the data quality and reliability. Due to this property it is easy for participants to ask for clarification as well as for interviewer to probe for more information (Cohn, 2005).

An interview guide was prepared by the researcher, encompassing the basic questions of the study. Each interviewee was asked five guided questions and one general supplementary question which can provide the subjects an opportunity to talk about their general situations. In addition different probing questions were raised for clarification and discussion.

The interview was also made in three sessions for each participant. The time duration was different from survivor to survivor depending on their experience, however the average time duration was about 1:30hrs.

3.3.2. Observation

The researcher was involved in structured observation to watch the participants' behavior in different settings. She monitored the actions and other observable social behaviors of the participants. In due course the observed data were recorded qualitatively.

Pre-specified information was prepared in advance with the observation checklist. The observer only attended to these pre-specified aspects; every thing else was considered irrelevant for the purpose of the study.

Very useful information were obtained, as observation is proven useful in institutional settings like group homes, schools, and others to obtain first hand information of targeted individuals (Choen, 2005).

3.3.3. Focus Group Discussion

The primary data collected from survivor participants were also enriched by additional information obtained through focus group discussion. Two focus group discussions were conducted in each center. In due course the counselor, the coordinator, social workers, the community workers, the health officers and the foster room mothers were participants. The foster room mothers participated in the FGD which was conducted in IFSO. Where as, the health officer was the participant in the FGD which was conducted in DIC. On average 6 – 8 members participated in the FGD conducted in each center. The researcher facilitated the discussion by raising some guiding questions which are in line with the objective and basic questions of the study.

3.3.4. Document Analysis

To triangulate the validity of the primary data, data were also gathered from additional sources. Hence, the counseling session interviews, referral reports, annual individual reports, pre-counseling record formats, and application letters were reviewed accordingly.

The data collected from such relevant documents helped the researcher to make the analysis, and very useful information was also taken for validity checks and triangulation.

3.4. Data Collection Procedures

The data collection followed different steps. First, by asking permission from the rehabilitation centers, the files of each participant were reviewed and relevant information was recorded.

Then having received the consent of the participants and the center, the interview was held. Different techniques were applied to make the questions easy and understandable to ensure effective communication. Besides, the researcher took care not to embarrass the participants. Each participant was interviewed separately in a setting which ensures privacy. Maintaining confidentiality was also taken care of.

The interview was held in one of the offices in the center. The time of the interview was also scheduled according to the participant's preference and the centers program. The two FGDs were also scheduled accordingly.

Structured observation was also held by the researcher. The participants were unaware of being observed, to avoid artificiality. Observation check list/schedules were used and recording was made on the spot of observation. The observer only attended and recorded pre-specified aspects, as everything else was considered as irrelevant for the purpose of the study.

3.5. Data Analysis

The data which were collected from primary and secondary sources were analyzed and interpreted in line with the research questions. The data were coded and analyzed qualitatively.

The researcher read and reread her notes, interview schedules and transcripts to familiarize herself with the data. The tape recordings which were made during FGDs were also transcribed accordingly. Then she examined the qualitative data working inductively. These were identified in the form of themes, codes and categories.

First the raw data which was found in the form of notes and words made during the data collection process were reduced. This was done through summary of themes and coding to manage the data appropriately. Mean while the data was broken down into categories and

subcategories. In the process, the researcher examined, compared, conceptualized and categorized the data.

Next, the categories and subcategories were related as specifically and variably as possible to constituents in which they occur. This helped the researcher to put the data back together in a new way. Such technique not only facilitated the descriptions of the phenomenon being studied, but also it helped to create a conceptual framework by bringing bits of data together (Yalew, 2006). Further, in order to capture ideas, views and intuitions at all stages of the data collection process, field notes and tape recordings were also used.

Thirdly, selective coding for abstractions was carried out. This step elaborated the core category around which they are integrated. In due course, the descriptive overview of the phenomenon was given in short.

Finally, the data which were broken down into constituent and identified themes were brought back together. At this stage, the researcher decided how different elements related to each other and clustered to major themes of the study. Thus, five major themes were clustered as:

- ❖ Social problems
- ❖ Physical and medical problems
- ❖ Behavioral difficulties and
- ❖ Emotional problems experienced by sexually abused children. And
- ❖ Techniques which are adopted by sexually abused children to deal with different problems.

3.6. Ethical Considerations

The central theme of the study is very sensitive and talking about it might be seen as a taboo. Therefore, ethical considerations were taken into account while collecting the data.

First, the managers were asked permission to allow the researcher in conducting her research with sexually abused children currently supported by the centers. Then, after having permission, the participants were informed about the nature and purpose of the

study. They were also approached after getting their counselor and/or social worker and their own verbal and written consent.

A copy of the consent form was given for the interviewees, the care givers (social worker) and counselors to make them feel safe and confident. The interview was conducted privately and using anonymously to ensure privacy and confidentiality. The time and the setting of the interview were also scheduled based on the preferences of the children and the centers' program.

Chapter Four

Findings

4.1. Data Presentation and Analysis

The data are summarized and presented in this chapter accordingly.

The presentation is made case by case based on the variables of the study.

The detailed information which was collected from different instruments is annexed

Case No. 1 (Hiwot)

Hiwot, a 16 years old child, was raped and missed her virginity by her intimate friend. After this horrific experience she run away from her village, Gondar and started living in the streets of Merkato, Addis Ababa.

Then, to address her survival needs she has started living as commercial sex worker. In her life as a commercial sex worker, she has encountered with a range of customers. She had also exposed to group attacks and multiple rapes which in turn has broken her general wellbeing. The physical attacks of the first rape, the multiple rapes, and the forceful acts of her customers all have made her to have manifold problems.

Hiwot is infected by STD, and has a regular wrist pain, vaginal discharge and itching rectum. Due to the forceful acts of the gangs her right leg and her upper teeth are broken. Hiwot explained the physical problems she faced as *"I don't forget the first multiple rape which was made over me by six boys. Because of the forceful acts of the gangs, I was highly damaged physically; my right leg was broken and as you can see my upper teeth is conked out."*

Hiwot has also faced with different social problems. She is neglected, stigmatized and discriminated from social dealings. She has a need to approach individuals with friendliness, but she is considered as a crazy and approached accordingly. Hiwot is also disturbed by some police men in the streets of Merkato.

On the other hand, Hiwot has accustomed to different social behavioral patterns. She has been repeatedly engaged in theft, and she is a drunker and smoker. Regarding her behavioral patterns, Hiwot said that *"I overly spent money for drinking in regular basis. This is because getting highly intoxicated, insulting others and quarreling with individuals have given me*

happiness. I have also a need to be arrested as criminal. That is why I regularly engaged in insulting and damaging others."

Besides, the different challenges in her life have made Hiwot to be tensioned and unstable. She has developed anger and worried feelings for every case of her life. She has a sense of hopelessness and perception of a darkest future. In her own words, Hiwot said that *"Because of the life sufferings that I encountered, I had induced eclectic shock but unfortunately my friend saved me."*

Hiwot has also reported that she has been attending counseling in a regular basis to overcome the problems. To boot, she has adopted different coping mechanisms such as drinking, smoking, chewing and using substances to make herself free from tension and other worried feelings (see detailed information from annex 1, case 1).

Case No. 2 (Leya)

Leya was raped at the age of 10 years. After two years of her abuse, she had started commercial sex as a line of work. In her business life, Leya used to make "short" sexual intercourse with her clients. For such a "short" sex she made 40 birr and about 160 birr per day. However, the attacks in her first rape and an assortment of challenges in her business life as a commercial sex worker have resulted in different physical and social problems over her.

Leya has been infected with STD, but has never been treated due to scarcity of money to cover her medical expenses. She has also incessantly suffered from an itching rectum, vaginal discharge, wrist and abdominal pain. Leya briefly stated that *"My first perpetrator was continued with me for three years. I was forced to have anal sex and he repeatedly made it. Consequently, my anus has become highly irritable; it has been regularly bleeding; it has been too difficult to defecate and to have a proper seat. Some times it swells and seems like a hemorrhoid."*

In addition, Leya was also encountered with an unwanted and early pregnancy at the age of 14. Because of this she had faced with complication of the undue abortion. The traditional medicine she took has left her to regular stomach and head aches, diarrhea, difficulties in digestion and regular cough.

She also has no such a good life experience with her social relations. As to the social problems, Leya said that *"Members of the society have negative attitude towards me and they consider me as single being. Especially I am highly anxious towards the police members. They always rushed me and kept me away from the streets. They also have a need to make an intercourse with me. I had a sex experience with police men which can be considered as a rape. Although they want to have such an experience, they do not want to spend money for bed, for me it is unthinkable. They regularly made it in dark corners of the streets."*

Leya has developed a feeling of deep sorrow and anger. She is so tensioned and even lost basic information. She has also a sense of hopelessness and powerlessness which made her to have a perception of darkest future about life. Dropping out of school is one that also made her to have worried feelings.

To cope up with these problems and to protect herself, Leya is engaged in drinking, smoking, chewing, and using other substances like "shisha". She also used to attend series counseling sessions in DIC. In addition, she is engaged in playing with street kids and even talks a lot which is a relief from the stressed feelings (see detailed information from annex 1, case 2).

Case No. 3 (Eleni)

Eleni, a 15 years old child, had lost her both parents at her early age and used to live with her grand mother. Eleni had been raped by her elder uncle, while she was living with her grandmother in Tulubolo, The forceful rape at her 10 years old age has damaged her physically. She missed her virginity and was immersed with high bleeding. She was also unable to walk properly for about a month. During the incidence, she was so shocked and lost her sense of consciousness. Eleni told that *"My family members told me to shut my mouth about the issue. But unfortunately the information reached at the neighbor's ear. The gossip and the discrimination made me anxious and unstable. I have lost my comfort in the village. Further, as the perpetrator continued the rape, I have developed a sense of betrayal and lost my sense to be a sister or relative to any male individual."*

After a year of such experience, Eleni fled away from her village and joined the streets of Merkato in 1998E.C. In her street life, Eleni repeatedly had encountered with multiple

rapes which made her to have a minor fistula case. In most cases she had a problem to control her urination.

Eleni is has been engaged in a commercial sex work as a means for subsistence. But due to the difficult sexual practices and repeated multiple rape, she has experienced an abdominal pain and her kidneys are highly infected. The problem of controlling her urination is also another difficulty.

On the other hand, Eleni has developed a sense of resistance to go along with the society norms. Eleni said that *"Most of the people have negative attitude towards me, they neglected me simply because I am a commercial sex worker, smoker and drunker, but they have no a need to identify the associated factors for my behavioral patterns. Especially the police treated me hardly. Although we are the part of the society and have the right as every child, the do not considered us a human being. They treated us unfairly and kicked us more than street dogs."*

Eleni is also bounded with a lot of life challenges which made her to be tensioned and worried about her life. In most cases she has a need to fight with others to get relief from such feelings. While describing her behavioral patterns, Eleni said that *"I have developed aggressive behavior and I feel so happy when I disturb, insult and beat others. I become so gland when I attack others especially when I won boys. I cannot tolerate any thing and I am also disobedient to others. I have a thought that, every one is there to attack me."*

Eleni used to smoke, drink and chew. She has been also engaged in using other substances which made her forgl of the stressful life experiences temporarily. Eleni has also attended a series of counseling services in DIC (see detailed information from annex 1, case 3).

Case No. 4 (Etaferahu)

A 16 years old child, Etaferahu, was born in Gonder Gaint. She was a grade 4 student, but due to different factor she dropped out of school and now she is living in the streets around Merkato.

Etaferahu said that "my parents were divorced and I used to live with my father and step mother. My step mother has also a son who I considered as my elder brother. I grew up with him till from my eighth year. But my life was changed dramatically following my

fathers death. My step mother overloaded me with house chores. Still only a child myself, I was expected to work from day break until dusk. Yet, my life was changed to the worst Scenario when I was raped by the elder brother. I was premature, age 11, in my virginity loss. I have faced different physical, social and emotional problems due to the accidental rape".

I have felt confused why the perpetrator is unfaithful. Although I have recovered from the pains, there was a continued burning sensation in peeing. In due course, my step mother became happy and was so interested to keep the issue as secrete. As time passed, they had decided on me to be the wife of that elderly man who was about 26 years old. However, I was not strong enough to be a wife for such strong individual. I have also extremely disliked him and had lost my sexual interest. Hence, I fled away from my village. First I had started to work as a house maid in Addis Ababa, but I had left it and started living in the streets of Merkato.

In the streets of Merkato, she has started a commercial sex work for her subsistence where she has encountered with different difficulties. She has been forced to made unsafe sex which led her to be infected by STDS. She also faced with early pregnancy and had experienced different complications following the undue abortion. In this regard Etaferahu share her experience as *"my resistance to unsafe sex led me to be in danger. One day, my client was interested to made 'live' sex. But because of the responsibility to my life I had condom and refused to do it, but my client started beating me and he suddenly seized my neck and there was bleeding through my mouth. As I was fighting back, I remember him saying to me 'I can kill you bitch!' After all, 'you are just a prostitute who sells your body to earn a living' he went head to say that; 'even if I killed you no body would judge me of murder because you are nothing, but a prostitute.'*

Etaferahu has also suffered from multiple rapes and its related consequences. She was hospitalized for two months due to the multiple rapes which was made by ten boys over her. On the other hand, Etaferahu has a negative attitude towards the society due to the discrimination which has been made over her. She has also complained towards police members. Regardless of the reality, the police kicked and insulted her when she quarreled with non-street children.

Similarly, Etaferahu has experienced different emotional problems due to the life challenges that she has encountered with. She is always in confusion and has developed anxiety. Especially her fear and abhorrence towards males made her to be disturbed, tensioned and confused. But surprisingly she is so optimist for her future life.

To cope with such experiences she has engaged in drinking, and participating in night clubs. She has also stolen money and other properties to adjust her financially. In addition she has attended series counseling services in DIC (see detailed information from annex 1, case 4).

Case No. 5 (Tina)

Tina was born in Addis around a village called Asco. She was a grade 3 student, but dropped out of school and has started living around Merkato and Habte Giorgis Dildiy Streets.

Tina, a 15 years old child, has encountered with different life challenges after she faced the date rape deceived by her boy friend. First, she lost her virginity and then challenged with its related consequences like bleeding wrist, flank pain and burning sensation. Hence, she was admitted to hospital for two weeks. Yet, Tina has started tasting the bitterness of life after she was engaged in a commercial sex work. She has made about 15 'short' sexual intercourses in a day to make enough money for her existence. But in line of work, Tina has encountered with different physical and related problems. Due to the forceful acts of her customers and the multiple rapes that she has faced, she was unable to walk properly and fallen down in repeated cases. She has also faced with hernia case and could not control her urine hence she is stitched due to such problems. She has also suffered from vomiting experience and appetite loss repeatedly.

As a result, regardless of their individual difference, Tina has developed a negative attitude towards male and children. She said that *"I am happy when I am attacking male and children, especially when I able to add a kind of finery pepper on their eyes. I don not need any help even when I am defeated"*. Tina's face is full of scratched and bruise due to the fighting. However, Tina has not developed that much negative attitude towards the society except her complains towards some police members.

Although Tina is HIV negative, she has developed a great fear and anxiety about being infected sooner or later. Similarly, she has also experienced worried feelings and tension about the abusive acts and multiple rapes that she had passed through. Tina has a deep grief about her future life.

She has also accustomed with different behavioral patterns and depends on them to protect her from the thoughts and feelings that made her to be in tension. She has engaged in smoking and using substances like 'ganja'. However, she was red-handed and arrested in youth correction center for 6 months. To adjust herself financially, she has also stolen money either from by passers or her customers.

Tina said that "to make me free from all these challenges, I am interested in rejoin my family. But, I am afraid of my adopted street norms, I may be engaged in stealing and may do unacceptable doings, how could I become certain about it? Therefore, I am waiting for DIC decision. If I have a chance to be transferred to Safe home, I will be so lucky, otherwise I am a street children and I will live with different abusive acts" (see detailed information from annex 1, case 5).

Case No. 6 (Rahel)

Rahel was born in A.A. and grew up in Ambo. Her father, the bread winner, died when she was nine. As a result, life for her and the whole family became extremely difficult. In response, she began to think about the family livelihood, as the first sibling, of course she has the responsibility.

Rahel had started working as a shoe shiner. But, one morning she was raped accidentally while she was on business ie doing her work. She had lost her virginity and was irritated by the excessive bleeding. She has also encountered with a fistula case, burning sensation, white fluid discharge and appetite loss all followed after math of the rape. In addition, she has suffered from the bleeding nose and serious head ache because of the physical attack of the perpetrator.

On the other hand, the information about her rape was widely spread which had made her to be discriminated, neglected, and to be considered as impertinent child. As the gossip and

the back bit of the neighbors made her to be restless and anxious, Rahel fled away to streets of Merkato. For some time, she was able to depend on 'Keffela' (begging from by passers). But it was too difficult to continue with such kind of life. Therefore, she has started doing 'business' to sustain her life, but it made her faced with different physical and related medical problems.

She said that "my life has changed its image up side down after I had faced with multiple rapes 'Damma', I was abused by 6 boys at a time. I am so tensioned even when I think about it. During that moment I was unconscious and experienced high pain, my vagina had started bleeding and I had also made a stitch again".

To protect herself from such a multiple rape, she had had a boy friend, but it had been her responsibility to feed him when he is not lucky in 'laboro' (theft). So Rahel has been engaged in sex work repeatedly. In due course, she has experienced tension and anxious feelings about HIV infection due to the unsafe sex.

On the other hand she has a negative attitude towards others. She said that "*most of the people are my head aches*". After two years of street life, she has joined DIC Merkato Project. Here, she has received series counseling and different service. She is so encouraged and has started her education again. Nevertheless, she has gone to streets at every night and week ends. Hence 'business' is always with her for subsistence (see detailed information from annex 1, case 6).

Case No. 7 (Hagernesh)

An out standing student, Hagernesh, was a 10 years old child when her father raped her. Hagernesh, "*unexpected accident was happened to me when my mother passed the night out due to the conflict with her husband. The perpetrator came to my mattress accidentally and had started struggling with me. Even if I was not strong enough to resist him, he put a strong slap on my right face and unfortunately my right eye is damaged highly. Ato Mamo (false name) force fully raped his 10 years old daughter; it is me. During that time there was an excessive bleeding and I had experienced abdominal pain, my legs were unable to sense anything. I had passed the night with out sleep but through crying, being in tension, and sensing painful sensations through all my body. My face was so swell due to the blow and the tears which were going through it. I am also extremely damaged psychologically. There are always different questions which are going through in my mind. Is it a norm for a father to rape his 10 years old daughter? Is rape considered as a protection, affection or love from the father?*

Hagernesh's problem has been aggravated after the perpetrator was screened through Ethiopian Television, Police Program. Unfortunately this situation has created unexpected and very negative impact on her social and psychological wellbeing. All people around her have known about the issue. As a result, she has encountered with serious social problems. The gossip and the rumors of the elder women, the youngsters talk and her peers' discrimination have made her to be highly anxious and disturbed.

She said that "especially students and the youngsters were in need of understanding about my thoughts, feelings and actions, they called me by the perpetrators name. 'Mamo don't feel sorry is it your father who made such an embarrassment? Oh He was so mistaken, why don't he asked us, we would on behalf of him. The elderly women on the other hand repeatedly said, 'how a surprised! How could a father committed such kind of embarrassment and unfaithful acts ... it is so unexpected, it is unthinkable, does a father made such an action on his daughter?' These all sayings made me to bleed internally, my heart is broken extremely and even I considered my self as a cursed and dead.'

Hagernesh has collapsed psychologically and has lost her strength to carry all these burdens. She was neglected, alienated and discriminated from all social interactions. She has developed tension, anxiety and even social phobia skeptic behavior and sense of betrayal.

As a result, she has started to hide herself at home. Surprisingly, being on these all burdens, she did not dropout of school. She is an outstanding student and stood first from the whole classes at her school. Hagernesh said that *"although I have faced with uncountable and complicated problems, I am not defeated. Of course I am neglected from and I need to be far from others, I have a friend to hide my self, it makes me to be safe, it is my education. I can talk with it and I a strong relation with it"* (see detailed information from annex 1, case 7).

Case No. 8 (Selamawit)

Selamawit was raped at her 13 years old age while coming back from Wolliso to Addis. She was raped forcefully by a stranger around Legehar while searching a bus to her journey to Shiromeda.

During the abuse she had experienced an extreme pain, she was nervous and shocked due to the accident.

After the abuse, she has developed serious medical and psychological problems in most cases she was alienated from peers and even from her family members. She had also experienced severe abdominal pain, continuous vaginal fluid, itching rectum and burning sensation.

Similarly, Selamawit has faced with severe and repeated medical problems after the abuse. She has developed a Tuberculosis (TB), because of this she was dropped out of school for three years. Different symptoms of HIV/AIDS infection were observed. Therefore, by suspecting for the infection, Selamawit's parents let her for a test but with out her knowledge. Unfortunately her test result was found to be HIV/AIDS positive.

Selamawit is by now 18 years old girl but still she is unaware about her HIV/AIDS status. It is a complicated problem for her parents in particular and for IFSO workers in general. Her parents are in a paradox to tell or not to tell about her status to Selamawit. At this moment, she has faced with different related medical problems. Therefore, she should start Anti Retro viral Treatment accordingly, but how it could be possible with out her knowledge?

On the other hand, Selamawit has not experienced such a serious social problem, because the information about her rape was not disclosed to any one. Therefore she has a good interpersonal relation and she has intimate friends whether in her school or village. But she has experienced an unpleasant feeling because of discrepancy. Similarly Selamawit has not yet accustomed to different behavioral problems.

Selamawit has joined IFSO through International Clinical Laboratory. She is benefited from joining this center. She has a 200 birr allowance per month and she is also benefited from a continuous counseling follow up (see detailed information from annex 1, case 8).

Case No. 9 (Ziada)

Ziada, a pure orphan, was raped when she was 9 years old child. The rapist, a 60 years old elder person, was her step father. Her mother was alive by then, but unfortunately she died when she heard the victim's shouting for help during the sexual assault. She had left three children with no caretaker. The children together with the victim are under a very poor care of their grand mother.

The abuse caused Ziada to suffer from different problems. She was unable to walk for about three days after the incidence. There was also regular pus like discharge and painful sensations around her vagina.

The abuse let her for different complicated problems. First of all she is HIV positive because of the rape. She heard about her status from her grand mother when she was 11 years old. During that time she was in need to destroy her self. *Ziada said that "I missed my mother, and it is me who let my mother to die. I am always disturbed psychologically. I was an outstanding student before the incidence, but after it I have become hopeless and experience a regular absenteeism. It is not only due to my feelings, but actually I have faced with serious medical problem. Therefore I did not attend regular classes, even I am now dropped out of school, and I felt very sad for not attending my education".*

Ziada was a discriminated and stigmatized in the neighbors due to the related factors of the incidence. Consequently, she did not communicate properly with the neighbors and she had also developed hatred to the abuser particularly and to men in general.

She has also faced with serious medical problems. The skin lesion over her face and serious cough are the most devastating. Most of the time, she does not get enough treatment because of financial constraints.

Even though she had started taking ART, she discontinued because of the drug side effects which she couldn't with stand with out nutritious diet. Her grand mother is so weak economically, and she has not obtained even regular meals. But now, she has restarted taking ART again.

Fortunately, being on these complicated problems, she joined IFSO and have been benefiting from its programs psychologically, economically, and socially. Through series counseling service, she has got some psychological relief from serious tension about her status of being HIV positive. Ziada explained the situation as *"It is my social and interpersonal interaction made me to be free from different negative thoughts and feelings. I have a strong relation with both males and females. But unfortunately, none of them know about my status. I have developed an anxiety that if my friends know about my status they may not act accordingly with me, they may need to be far from me. They have a serious*

fear and abhor for HIV, and even for HIV positive individuals. From such a base I have developed a great fear and anxiety of disclosing the issue, to do not be neglected and discriminated. But it caused me to have a serious psychological problem".

Nevertheless, Ziada doesn't have a negative attitude towards the society as a whole. In stead she does not even need to see the perpetrator. She hate him, he is the cause for such a complicated life. She missed her mother, acquired HIV and dropped out of school.

Even though, her life is so complicated, she hopes to continue education to higher levels i.e., grade 12, and then to join university a bright future (see detailed information from annex 1, case 9).

4.2 Data Organization

The psychosocial problems of sexually abused children which are found from different sources are organized under four major themes, and the other theme is the coping mechanism. It is done according to basic questions and the objectives of the study. These are:-

- Physical and related medical problems
- Behavioral difficulties
- Social and related problems
- Emotional problems and
- The mechanisms adopted by sexually abused children

4.2.1 Physical and Related Medical Problems

As the case interviewees' accounts show, all of the sexually abused children who participated in this study are vulnerable to physical and related medical problems on one way or the other.

For example, Ziada (Case No.9) was unable to walk and Rahel (Case No.6) is unable to walk with her right leg properly even up to now. Case No.1 (Hiwot) has a gastric problem, head aches and back aches.

All of the cases have difficulties of legs, wrist pain and most of them have vaginal fluid. They have also a burning sensation when peeing. For example case No.2 (Leya), case No.6 (Rahel) and case No.5 (Tina) are suffering from pus like vaginal fluid.

Similarly, all of the cases were suffering from the difficulties which they encountered at the loss of virginity with forceful acts of rape. Hence, all of the cases did not have strength for sexual intercourse, as they were underage. All of them reported of bleeding during virginity loss, specially, Tina (Case No.5) was hospitalized for it.

As the findings show, most of the cases were also forced to unsafe sex which in turn may lead to HIV infection and other STDs. If we take Ziada (Case No.9) and Selamawit (Case No.8) are infected with HIV because of the first rape they faced. Similarly Hiwot (Case No.1), Etaferahu (Case No.4) and Leya (Case No.2), are also infected with STDs. Etaferahu (Case No.4) was also seized by her neck and was kicked when she resisted unsafe sex. She reported that there was a high bleeding through her mouth. Most of them are also suffering from “dama” (multiple sex) which resulted with different physical pains. In addition Etaferahu (Case No.4) and Leya (Case No.2) made undue abortion of unwanted pregnancy. They encountered lots of difficulties that when they made the abortion. Most of the samples who are taken from DIC are also suffering from different difficulties resulted from the forceful acts and the sexual position of their customers in their business life.

The faces and bodies of most cases are full of scars, cuts and bruises. For example, Tina (Case No.5) is injured of car accident, slashed with blade and dagger. These had made her body as a scripser board. On the other hand due to the dirty cold corners and starvation they encountered, they have physical and related problems. Leya (Case No.2) and Tina (Case No.5) have a serious cough. Hiwot (Case No.1) and Etaferahu (Case No.4) are also suffering from gastric cases. The serious medical problem is observed in the two cases who are infected by HIV. Especially Ziada (Case No.9) is suffering from different related infectious diseases.

To illustrate, as the finding evidenced, all of the victim children are vulnerable to physical and other related medical problems due to the rape and other factors, even if the severity differs from survivor to survivor.

4.2.2 Behavioral Difficulties

As the finding shows, most of the interviewees are engaged with different destructive and unexpected behaviors. Some of them use substances like drug. For example, Tina (Case No.5) is addicted with drug (Hashishi). On the other hand Etaferahu (Case No.4), Hiwot

(Case No.1), Leya (Case No.2) and Tina (Case No.5) are drinkers. But the three cases taken from IFSO are not that much engaged with such destructive behaviors.

As the finding shows, most of the participants depend on prostitution, theft and begging. Except the cases taken from IFSO, others are “prostitutes” for their existence.

Similarly, some of the cases have developed aggressive behaviors towards others. As Hiwot (Case No.1), Tina (Case No.5), and Elenie (Case No.3) reported, they enjoyed fighting, disobeying and quarreling. They also feel happy when they attack and injure others.

To sum up, most of the interviewees are engaged with different destructive behaviors. The behaviors are accidental and can cause different medical problems for them. They are also risk factors for others and the society at large.

4.2.3 Social and Related Problems

It is found that, sexually abused children are stigmatized, neglected and discriminated against the community. Most of the society members have also negative attitudes towards them. Except Selamawit (Case No.8), all of the case interviewees have been degraded, scolded and insulted by the community members. It has also a long lasting effect on the lives of abused children.

Except Tina (Case No.5), Selamawit (Case No.8) and Ziada (Case No.9) all of the victim children have also developed negative attitude towards the society. For example Rahel (Case No.6) assumes that the society has nothing in it (vacuum and excluded world) which runs only for the sake of its benefits. As she said the society members do not have any concern to street children and abused children. According to Rahel (Case No.6), most of the society members look them as raffiage. This makes her to be alienated from the society. She lives in her own world. It is a special case for Hagermesh (Case No.7). She has developed a social phobia because of the discrimination and stigmatization she has received from different individuals. According to her the rumor and the gossip of elder women made her to be anxious and disturbed. Hagermesh said that “all of the sayings from individuals made me bleed internally, my heart is highly broken. Because of these, I started to hide myself in my home. I was so neglected, alienated and discriminated from all social

interactions.” Hagemesh has also developed a skeptic behavior and sense of betrayal towards others, because of the experience that she faced.

Besides the findings show that, most of the interviewees are socially isolated. This is because they fear that, others are against them. They are undermined by others and even by themselves. They assumed that the society and community stigmatized and marginalized them. Of course as the findings asserted, they are actually stigmatized and marginalized.

In order to forget their abusive experiences and to be far from the tightened societal norms, these children choose loneliness or living with their own world. As the researcher observed all of the survivors, who have got support from FSCE-DIC, spend their time hiding themselves in DIC. However, DIC social workers have confirmed that most of these sexually abused children have family and relatives in Addis Ababa.

On the other hand, as the finding shows except the cases taken from IFSO, all of the interviewees have negative attitude towards police members. For example Rahel (Case No.6), Leya (Case No.2) and Tina (Case No.5) said that “some police members are not responsible, they disturbed us even for sexual intercourse”. Most of them said that they are unfairly treated by police, which makes them to have negative attitude towards the police and in turn it has a negative influence to their social interaction.

The study finding also indicates that loss of virginity is another social effect (of the victim children). All of the cases are deflowered by their first perpetrators and are exposed to be socially stigmatized. Most of them are also considered as a dissolute girl. For example, Rahel (Case No.6) and Hiwot (Case No.1) were encountered with this difficulty. They had runaway from their village due to the societal stigmatization and discrimination.

Their behavioral patterns, which are destructive for themselves and for others/society/, also discriminated them from societal norms. Most of the interviewees are engaged with smoking, drug abusing, drinking and other unacceptable behaviors to the societal norms. These behavioral patterns, in most cases, made the people to perceive the sexual abused children as “norm” less. As Case No.1 (Hiwot) said, she is neglected hence she is smoker and drunker. Similarly, Tina (Case No.5) is disappointed to be returned to her parents because of her behavioral patterns, which are deviated from her parental norms. Therefore her parental relationship is negatively affected.

Generally, most of the survivors are encountered with different behavioral difficulties which in turn can affect their social interactions directly or indirectly.

4.2.4 Emotional Problems

The psychosocial problems of sexually abused children are interrelated to each other. Accordingly, most of the emotional problems of the children are highly associated with other problems.

Based on the reported case interview, all of the interviewees have been left with different emotional problems like fear, anger, anxiety, and tension. For example, Rahel case (No.6) experienced shock when she was deceived by the elderly person. Similarly Etaferahu, Hiwot and Hagemesh (Case No.3, 1 and 7 respectively), were so confused and developed a sense of betrayal when they had been raped by their faithful elders.

Besides, most of the abused children are worried about the possibility of being infected by HIV/AIDS and loss of virginity. Particularly, Tina (Case No.5) became as “mad”, when she has been thought about being HIV/positive. Her resistance to unsafe sex ensures it. Similarly most of the cases are afraid of testing HIV/AIDS due to the sexual abuses and the “prostitution” they are engaged in. Hiwot (Case No.1) is a special example for this. According to her report, she has developed a great fear for HIV infection, but to protect herself from social and psychological consequences, she has not yet made a test. In relation with this, Ziada (Case No.9) is under a serious tension and anxiety because of her HIV positive status.

Most of the case interviewees are also worried, sad and have developed anger for every case of their life. Because of such feelings they have developed negative evaluation even for themselves. For example Hiwot (Case No.1) had induced a shock to kill herself of being.

On the other hand, most of the cases have also developed a sense of powerlessness. It is reflected through anxiety, phobias, sleep and eating problems, poor self confidence and fear. To exemplify, Leya (Case No.2) undermines herself and she is pessimist. Similarly, Etaferahu (Case No.4) suffered from anxiety and tension and she has developed a very low self-esteem and sense of powerlessness due to the societal negative attitude towards her. As

she said, she has no means for her future life. Hagnesh (Case No.7) is suffering from sleep and eating problems in addition to her carelessness towards her clothing.

The findings also portray that, sexually abused children lack trust on others. For example, Etaferahu (Case No.4) and Hagnesh (Case No.7) lack trust on males by considering them as all are deceivers. Hagnesh's skeptic behavior and her sense of betrayal show this fact.

The societal stigmatization and negative attitude towards the sexually abused children made them to undermine themselves or to develop low self-esteem and to be alienated from others. Hagnesh (Case No.7) is the best example. Besides the living condition, their exposure to multiple sex, to the attacks of street gangs and other social factors lead them to be emotionally disturbed.

Overall, in the interview sessions, the researcher identified different emotional feelings experienced by the sexually abused children. Most of them have developed shame, depression, anger, confusion and sadness. Leya (Case No.2) is the best example for this description. She is depressed, hopeless, confused, sad and frustrated because of her ups and downs in her life.

4.2.5 Coping with Sexual Abuse

The findings of the study demonstrate that the case interviewees have adopted different strategies to cope with the sexual abuse and its related problems which they faced.

All of the cases, though the time varies, disclosed their abusive incident for their family members, counselors and/or medical workers, social workers and the police.

According to the interviewees, disclosing the issue for such individuals was helpful for them to get relief and is considered as a coping mechanism.

On the other hand, some of the cases are departed from different social interactions, and it is used as a strategy to get relief from different problems. For example, Hagnesh (Case No.7) hide herself in her scholar. In most cases, she is devoted in her education and most of her time is given to it. She is always engaged in studying, doing assignments and/or referring related materials. Other cases also adopted strategies which can make them to far from social relations.

On the other hand, most of the case interviewees, who are taken from DIC, are engaged with different behavioral patterns like smoking, drinking, chewing and/or drug abusing to forget the stressful feelings and thoughts of the abusive acts and its related problems which encountered in their life. Hiwot (Case No.1), Leya (Case No.2), Elenie (Case No.3) and Rahel (Case No.6) are the best examples for this.

Other cases like Ziada (Case No.9) and Hiwot (Case No.1) need to hide stressful information for themselves and adopt other strategies which they consider as coping mechanisms. Even if Ziada (Case No.9) is a Muslim girl she regularly attends Orthodox Church programs and even she has passed her time in a Holy Water and Monasteries. In addition, she has a lot of social interactions to get relief from different feelings. Of course, she has not disclosed her HIV/positive status to any one except her counselor.

Some interviewees also reported that quarreling and disturbing others and even kicking and damaging other individuals are also adopted as their mechanism. Hiwot (Case No.1) and Tina (Case No.5) are best examples. As Tina reported, she is so happy when she attacks men and children.

Similarly, Eleni (Case No.3) protects herself from worried feelings by fighting with others.

Most of the cases who are taken from DIC are also engaged in prostitution to cope with financial problem. For example, Tina (Case No.5) said that “I am engaged in prostitution for subsistence, in due course I made about 15 “shorts”, in a day, which accounts 150 birr to all “shorts”.

In general, all of the cases have adopted different strategies to cope with their sexual abused and its related problems although the coping mechanisms may differ accordingly.

Chapter Five

Discussion and Interpretation

The purpose of this study is to investigate the major psychosocial problems of sexually abused children who are found in FSCE-DIC and IFSO, Addis Ababa. It also explored the coping strategies of sexual abused children.

To generate the relevant data 9, sexually abused children were interviewed, and observation was made. In addition FGD was held in both study areas and relevant documents were analyzed to triangulate and check the validity of the data collected through interview. The findings are presented and organized in the previous chapter. Accordingly, discussion and interpretation follows.

As the finding of the study reveals, sexually abused children are vulnerable to physical and related medical problems in one way or the other. All of the cases unanimously reported that, they have suffered from leg and wrist pains. Majority of the participants also assured that they have felt burning sensation when peeing. Similarly, pus like vaginal fluid discharge related problem is reported by most of the interviewees. For example Eleni, Tina, and Rahel (Case No.3, 5 and 6) respectively, encountered with fistula and hernia cases, leg and wrist pain. Not only these, most of the cases also encountered different medical problems like head aches, back aches, and other similar pains all followed the abuse experience. Similarly, all of the cases faced leg problems either in their first rape or in other abuses due to the forceful acts of the perpetrator(s). For example, Leya, Eleni, Etaferahu, Tina and Ziada (Case No. 3, 4, 5 and 9) respectively were unable to walk properly for some days or weeks following the forceful rape. In this regard, Tricket and Putman (1998) phrased that, the forcible acts of sexual abuse impair children's physical and motor development. Besides, the victims are more likely to face physical problems related to genital abnormalities and head ache (cited in Howe, 2005).

Moreover, the interviewees account illustrates that, most of the abused children's body is full of scars, cuts and bruises because of their clients threatening and beating. Etaferahu and Tina (Case No. 4 and 5) are best examples. Particularly Hagemesh has developed a dangerous eye problem due to the physical attack from her perpetrator. Similarly, Hiwot's

(Case No.1) upper teeth are broken and Etaferahu (Case No.4) neck was seized and she bled highly through her nose and mouth. Hiwot, Etaferahu and Rahel (Case No.1, 4 and 6) respectively, encountered multiple rapes by street gangs. Rahel and Tina (Case No. 6 and 5) had stitches due to damage of this multiple rape. Etaferahu (Case No.4) was hospitalized for two months due to complicated problems from the multiple rapes. They were also in a problem of controlling their urination. As a recent study showed over 35% of the child commercial sex workers explained that their client threaten, beat and sexually abuse them. 45.5% of commercial sex workers in Addis Ababa have been raped sexually and physically abused sometimes in their life (Habtamu, cited in Rahmet, 2001).

Similarly, child sexual abuse causes early pregnancy, unsafe abortion, STDs including itching rectum, consequence of HIV infection, loss of appetite, suffering from fistula and other health complications (Meston cited in Kelly, 2001). In relation with this, Selamawit and Ziada (Case No.8 and 9) have acquired HIV/AIDS because of their first rape. They have encountered with different health complications. Selamawit has been with a serious medical problem of TB and other related infectious diseases. Similarly, Ziada has developed a skin lesion and a serious cough. On the other hand, Leya and Etaferahu (Case No.2 and 4) encountered early pregnancy and went through unsafe abortion which resulted with complicated health problems. They have been also infected with STD. Hagnesh and Tina (Case No. 7 and 5) have an appetite loss. In addition, Leya (Case No.2) has encountered a serious itching rectum due to improper anal sexual practice that her client applied over her.

On the other hand, the finding reveals that, most of the interviewees are engaged in different self destructive behaviors. Some of them use substances like drug, alcohol, chat and cigarette. On top of that Hiwot, Leya, Tina and Eleni (Case No.1, 2, 5 and 3 respectively) are smokers. Particularly, Tina (Case No.5) is a chain smoker. They are also drug users and consume alcohol. It may be because the sexually abused children need to forget their horrible experiences by hiding themselves in such kind of behaviors. Munro (2000) confirms this idea. Survivors cope with the abuse by drinking, using drugs, living recklessly, avoiding intimate relationship, numbing their feelings, dissociating and becoming depressed, anxious or angry.

Except the cases taken from IFSO, all of the participants are also dependent on “prostitution”. Specifically Tina (Case No.5) is involved with frequent sexual activities. In relation with this the results of other studies show that, sexually abused children engaged in a whole range of behaviors like addiction, prostitution, isolation, frequent sexual activity, avoidance of sex, over working, inability to work and the like. These behaviors are learned may be because in response to abuse and served an important purpose of staying sane and alive. However, cases who are taken from IFSO specifically Selamawit and Ziada (Case No.8 and 9 respectively) are not frequently engaged with self destructive behaviors like smoking, drinking and using of drugs. It may be because, their living condition supports them not to be engaged with such behaviors (Munro, 2000; Smart in UNICEF, 2004; Miles and Stephenson, 2000; Bari, 1986).

Similarly, some of the cases have developed aggressive behaviors towards others. Hiwot, Eleni, and Tina (Case No.1, 3 and 5) enjoy fighting, disobeying, quarreling and attacking. A research conducted in Addis Ababa illustrates that, most of the sexually abused children who participated in the study have developed hostile and aggressive behaviors with their perpetrators and significant others (Hailu, 2007; Beitchman, Zucker et al., cited. in Yemataw, 2009).

Another finding shows that, sexually abused children have faced intimacy and sexual esteem behavioral problems with their boy friends or males. For instance, Etaferahu, Hiwot, Leya and Tina (Case No.4, 1, 2 and 5) have faced this problem. This implies that these children’s “sexual esteem” may be reduced due to the repetitive sexual abuse incidents. On the other hand, a research on South Africa street children between the ages of 11 and 17 years indicated, ‘street children engage in high risk behaviors because of their marginalized status, their powerlessness and their economic and social conditions’ (Smart, 1999 in UNICEF, 2004). This finding goes in line with most of the cases specifically with Rahel, Tina, Hiwot, Etaferahu and Eleni (Case No.6, 5, 1, 4 and 3 respectively) interview accounts. They took risks and have started street survival commercial sex work in the aftermath of their abuse because of economic conditions. However, the cases that are taken from IFSO, specifically, Hagermesh (Case No.7) have not engaged with prostitution. Instead, she highly devotes her time to her school, and she is an outstanding student. It may be because of the individual difference to perceive the sexual abuse and its problems.

Accordingly, she has adjusted a coping mechanism of hiding herself under her education instead of engaging with other destructive behaviors.

Besides, the study findings also revealed that, sexually abused children are highly stigmatized and discriminated socially. These stigmatization and discrimination has a long lasting effect on the lives of these abused children. Except Selamawit (Case No.8) all of the cases are discriminated, specifically Hagemesh's (Case No.7) is the most devastating. Except Tina, Selamawit and Ziada (Case No. 5, 8 and 9) all of the victims who participated in the study, have developed negative attitude towards the society. Besides, some of participants are also socially isolated. If we take Rahel and Hagemesh (Case No. 6 and 7), they are isolated even from peers. This may be because; they feared that others are against them. They might also perceive that, the community and society stigmatized, marginalized and undermined them. Most of sexually abused cases, who participated in a research conducted here in Addis, are socially isolated because they feared that others are discussing about them. In addition, they are also practically stigmatized and marginalized. Similarly, these children choose loneliness (Kelly, 2001; Geiser, cited in Baca, 2005; Hailu, 2007).

Similarly, some research studies showed that, different social problems have been raised in relation with sexual abuse. The sense of betrayal may result among children who found out that someone they trusted and on whom they depend has caused them harm, particularly if the perpetrator is a family member or considered as a family member. The child grows up with distrusting adults and men in particular (Geiser, cited in Baca, 2005). Some results of this study go in line with this finding. Some sexually abused children who participated in this study have developed a sense of betrayal and skeptical behaviors. For example, Hagemesh (Case No.7) said, "I do not believe any one, and I extremely hate males, I feel confused and have developed a sense of betrayal, because I am raped by unfaithful person, who is my father." Etaferahu (Case No.4) also experienced this social problem.

Except the cases who are taken from IFSO, all of the sexually abused children who participated in this study have also developed negative attitude towards police members. On top of this Tina (Case No.5) and Leya (Case No.2), reported that "the police encourage us for wrong doings treat us unfairly and have a need to abuse us sexually". But Selamawit, Hagemesh and Liada (Case No.8, 7 and 9) do not have these complains. This may be because as street children involved highly in destructive behaviors, the police may force or

control them not to act in such behaviors. And this may be perceived by the children wrongly. This is confirmed by the above three cases. These three cases do not engage much in destructive behaviors and had not also a complain towards police members. It may be also because some police members threatened, neglected and mistreated sexually abused children considering them as always destructive and delinquent.

On the other hand, most of the emotional problems of sexually abused children are associated with another problem of the victim. The finding reveals that, all of the interviewees have felt different emotions like fear, anxiety, tension, sense of powerlessness, anger, rape and the like. For example, Rahel, Etaferahu, Leya, and Hagermesh (Case No.6, 4, 2 respectively) experienced emotional problems like confusion, shocking, feeling of dirtiness. Except Rahel, Selamawit, Hagermesh and Ziada (Case No.6, 8, 7 and 9) all have developed a sense of powerlessness and hopelessness. To exemplify, Leya (Case No.2) undermines herself and she is also pessimist. Similarly, Etaferahu, Hagermesh (Case No.4 and 7) suffered from anxiety, anger and tension. Etaferahu and Leya (Case No.4 and 2) have also developed a very low self-esteem. Hagermesh (7) have developed a great deal of sense of betrayal and anger. In relation with this the findings of other studies show that, sexually abused children experience different emotional problems like feeling of confusion, powerlessness, helplessness, pain, betrayal, sadness, grief, feeling dirty, vulnerability, unsafe, scared, terrified, depressed, angry, numbs, suspicious, untrusting and others which are associated with different factors (Tackett, Williams and Finkelhor, cited in Webster, 2001; Munro, 2000).

Although Rahel, Selamawit, and Ziada (6,8,9) experienced different emotions when they were forcefully raped, as their interview accounts confirmed, they are not that much emotionally disturbed now. Instead they can help their friends with advice. The researcher also evidenced their emotional adjustment and their self confidence during the observation and interview sessions. Their emotional adjustment may be because of the counseling service they have rendered. Or, in the case of Selamawit (Case No.8), it may be because of the secrecy of the information about her abusive.

In other case, it may be because of their avoidance behavior of substances like drugs, alcohol, chat and cigarette which help them to develop self confidence. But other cases,

specifically Hiwot (Case No.1) is under a serious emotional problem. She induced electric shock to herself due to her instability.

According to the study findings, due to such related problems, all of sexually abused children, who participated in this study, have adopted different strategies to cope with the sexual abuse and its related problems. In relation with this Kelly (2001) identified, survivors are confronted with over whelming pain. In order to cope with extreme and intense emotions the detail, of what happened, and who hurt them they may try to convince themselves. This finding also goes in line with Munro (2000).

Generally, the findings of the study confirm that, all of the sexually abused children have encountered physical, social, behavioral and emotional problems which are interrelated to each other. Most of the interviewees faced physical problems and related pains due to the forceful acts of the abusive, multiple rape, cold corners of streets and the like. Similarly, they are in problems of social relations with school peers specifically and the society at large. They have been challenged with ups and downs. Most of them are also involved with different destructive behaviors, “prostitution” and other actions even for their existence. In relation with this, different investigators undertaking research on sexual abuse have come up with a range of short term and long-term psychological, behavioral emotional and interpersonal and/or social problems associated with CSA (Webster, 2001; Beitchman, Zucker, cited in Yemataw, 2009).

Chapter Six

Summary and Conclusion

6.1. Summary

The overall objective of this study is to investigate the major psychosocial problems of sexually abused children in FSCE – DIS and IFSO. Qualitative method was employed to collect the data. Qualitative data were gathered from primary and secondary data sources. In-depth interview, observation, FGD and document analysis were used. Interview guide, FGD and observation check lists were used for in-depth interview, FGD and observation respectively.

The data were presented, organized and analyzed by using thematic analysis. Accordingly the research findings are organized in to five major themes.

The research finding reveals that, the survivor children are suffering from a whole range of physical, behavioral, social and emotional problems which in turn affect their personal wellbeing and social relations. However, some of the cases have not experienced some of the problems which others faced. The research result also shows different strategies which are adopted by these sexually abused children to cope up with the sexual abuse and its related problems.

Accordingly, the major problems of sexually abused children and their coping mechanisms are summarized as follows.

Physical and Related Medical Problems: Fistula, hernia, urinary tract infections, vaginal fluid, genital injuries, itching rectum (see case No., 1, 2, 3, 5, 6, 8); scars, cuts, and bruise (see case No., 1, 5, 6); leg, wrist and flank pain (see all cases) early pregnancy and complications of undue abortion (see case No., 2, and 4), STDS (see case No., 1, 2, 3, 4, 8); HIV infection (see case No., 8, and 9); TB (see case No., 8), serious cough (see case No., 2, 8, 9), head ache, back ache (see case No., 1, 2, 6), loss of appetite (see case No., 6, 7), excessive bleeding and complications in loss of virginity (see all cases), skin lesion and related complications (see case No., 9), abdominal pain and kidney infection (see case No., 3).

Behavioral Difficulties: become dependent on drugs, alcohol and smoking (see case No., 1, 2, 3, 4, 5); intimacy and sexual esteem problem (see case No., 1, 4); dependent on alcohols (see case No., 1, 2, 3, 4, 5); quarreling, hostile and aggressive behaviors (see case No., 1, 3, 5); high risk sexual and delinquent behaviors (see case No., 1 3); change in sleep patterns (see case 7).

Social and Related Medical Problems: social isolation (see most of the cases), dropping out of school (see most of the cases, specifically case No., 2 and 9), negative attitude towards the society (see all of the cases except case No., 5, 8, 9); negative attitude towards police members (see all cases except case No., 7, 8, 9); loss of virginity and its social consequence (see all cases), extreme hatred towards males (see 6, 7), deviating from societal norms (see all cases except case No., 8).

Emotional Problems: worrying about being infected by HIV (all cases except case No., 7, 8, 9); sense of betrayal, lack of trust, confusion of love and affections (see case No, 4 and 7), due to hopelessness, powerlessness, anxiety (see most of the cases), due to disvirginity (see all cases) rage and anger (see case No., 7), feeling inferiority, low self esteem (see most of the cases, specifically case No., 3), unpleasant feelings due to the discrepancy between internal status and external out going behavior (see case No. 8, 9) worried about the consequences of HIV infection (case No., 9).

Adopted Strategies: involving in destructive behaviors like smoking, drinking, chewing and using substances (see all of the cases except case No, 7, 8, 9); engaging in prostitution (see most of the cases) beginning, theft (case No., 1), theft or “chereba” (see most of the cases); making a high social interaction, attending religious places and using Holly Water and ART (see case No., 9); deviating from social interaction and hiding themselves under some issues (see case No., 7), attending serious counseling (see all cases), quarrelling and beating other (see most of the cases, specifically case 1, 2, 3).

6.2. Conclusions

The study indicates the major psychosocial problems of sexually abused children and the adopted coping mechanisms to deal with such problems. The problems are interrelated to each other in which one may be associated in relation with the other. The severity of the problem also differs from survivor to survivor and even from one problem to the other

depending up on different factors. Nevertheless, all of the sexually abused children who participated in this study are vulnerable to the whole ranges of physical, social, emotional, behavioral and other related difficulties. Hence, SAC, adopted different strategies to cope with such problems. The strategies are also different from survivor to survivor accordingly.

All of the sexual abused children who participated in this study were suffering from the complications of loss of virginity. Similarly all of the cases are also encountered with leg problem, wrist pain and most of them have vaginal fluid due to the force full acts and the physical attacks of the perpetrators. In addition some of the cases are infected by STDS, HIV and unwanted pregnancy and they were suffering from complications of undue abortion.

On the other hand sexual abused children are faced with different difficulties in their social interaction. They are discriminated and stigmatized against the community. Most of the cases participated in the study are socially isolated they also have developed negative attitude towards the society.

Besides, the cases have experienced different emotional problems like fear, anger, anxiety and tension. Most of them also have a sense of powerlessness, betrayal and they also lack trust to others in general and to males in particularly.

In relation with this, most of the cases are engaged with different behavioral patterns like smoking, drinking, chewing, and/or drug abusing to cope with the stressful feelings and thoughts of the sexual abuse and its related problems.

6.3. Recommendation

- ❖ The results of this study have indicated that sexually abused children are faced with different problems which need to be tackled accordingly. The psychological problems of these children can be addressed through series counseling. Therefore, the counselors should apply different counseling techniques in order to help children cope up with their problem which in turn calls for providing refresher training to the counselors.

- ❖ Currently, FSCE – DIC, is providing temporarily services. This makes the support incomplete and leads children back to streets. As a result, the effort of the center improving the life condition of victims couldn't bring about major change. Therefore, the center should design its program in such a way that it provides regular and continuous support to the children.
- ❖ In addition to the service it renders, FSCE – DIC should also focus on reunifying/reintegrating (rejoining) the children to their family.
- ❖ Solving the problems of sexually abused children mainly requires building their capacity. Hence, proper emphasis should be given by the two centers to skill training so as to empower the children.
- ❖ Although sexually abused children have adopted different strategies, some of the mechanisms have negative impacts on their wellbeing. Hence, the coping mechanism like smoking drinking chewing and using with different substances should modified accordingly by the help the counselors and other social workers.
- ❖ Cooperation of different initiatives is imperative to solve the problem of sexually abused children in a sustainable manner. Therefore, the researcher believes that the GOs, NGOs, the community and other actors should integrate and coordinate different activities undertaken in relation to the problem of sexually abused children in particular, and to all children in general.
- ❖ The researcher also believes that strategies like awareness training through different means should be designed by concerned bodies in order to prevent sexual abuse and its related problems

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Annex 1

The detailed descriptions about the participants is presented here

Case No. 1 (Hiwot)

Hiwot, a 16 years old child, run away from her family (aunt), Gondar and lived about 2 years in prostitutions here in Addis.

The child has slept on streets waiting for a business. She understands her situation and bitterly hates the work she is engaged. She is now looking for the way out.

Hiwot performs a hazardous activity of prostitution with a fee of 40/50 birr per a day if she is lucky for a customer. The working place for Hiwot is also to hazardous. She stays outside or on streets even with out sleep. She is also highly exposed to physical assault by police members and to group attacks.

She is engaged in business to have her basic needs. As her documents analysis asserts, she repeatedly visit the DIC counselor because of her destructive behaviors. She intimidate and beat children in the center, fight with fellow friends. She is engaged with homosexual behavior with the children in the center. Especially she loves Rahel (false name). She also regularly disturbs the silence of the compound.

She is a drunker, smoker and has a childish behavior; she is not patience and has also a communication problem. Hiwot is physically strong and have a boyish character.

She has a gastric problem, head aches and back aches due to different contributing factors (The food "bulie" she eats, the place where she sleep, the cold corners of streets and the group attack). Although she uses condom in her business affairs, she is infected by STDS and even currently she experiences the symptoms of STDS. Of course, she has received treatments. But she did not attend the treatments (medicine) as per the schedule.

The interview with Hiwot was held with in three sessions for 1:50hrs. Her life encounters are explained in such a way by her own words.

I used to live with my aunt in Gondar because of my father death. I do not know any thing about my mother, but my father was died of illness when I was a little child.

There in Gondar and even here in Addis, I have confronted with different difficulties. My aunt hardly treated me in my childhood period. She was beaten me regularly with an easy mistakes that I made. I was over loaded with a lot of house chores and even I had not joined my elementary education early. My aunt never gave me affection. Unfortunately I was raped by my intimate friend, who is the son of our neighbor. My aunt made me to be anxious due to the rape. The neighbors quarreled, and I was also neglected in the village because of the disagreement made due to the rape.

These all factors made me to run away from Gondar. In 1999 E.C., I came to Addis and started living in streets. Here in the streets, I am faced with different difficulties. The streets around Merkato are full of challenges.

The agony of rape and the cold corners of streets with out food are highly problematic. These challenges made me to be hired as a cooker in a bar. But, even here the work load was out of my capacity. Then again I joined the streets. But here, rape awaits me. Of course, as I said, rape is not my first time, I was missed my virginity when I was 13.

Although I have passed with different negative experiences due to the rape, and I afraid to have sex in males, I have started to made business. I remember that in my first day, I was paid 70 birr. This reinforced me and I perceived it as a better profession to change my despondent life. But, finding a customer in regular basis is so difficult and in most cases I lack money even for my food in a day. I had passed a lot of days with out food.

The hopeless life in the streets, the group attacks that I have encountered made me to be tensioned and unstable. To protect my self from such a tension, I have engaged with different behaviors like smoking, chewing chat, drinking and using substances. When I made business, I mostly spent the money for drinking, chat and cigarettes. I became addicted to drinking and smoking.

In most cases, if I am not out for a business, I have passed the nights in the streets and I am faced with multiple rapes. Especially, I do not forget the first group attack by six

boys. They highly kicked me and twisted my hands and made what they want. I was damaged physically. My upper lip was scratched and my right leg also broken. As you see, my teeth are also broken. It is because of the forceful acts that the gangs made over me.

Here in the streets and in the life of prostitution, I have accustomed with different behaviors. I overly spent money, in most cases I am highly intoxicated with drinking. I insult others and quarreled with individuals especially when I lack business. I have also a need even to dismiss my self, and to damage others. I have a desire to be arrested as a criminal. That is why I regularly engaged with insulting and damaging others. But, I was only passed 24hrs in a police station repeatedly the police did not let me to go into behavior correction centers.

I repeatedly made theft and "chireba" (taking money or other resources from the customer when he is intoxicated or slept).

In prostitution, my business life, I encountered with different hazards. Most of the time I faced with intoxicated customers and with individuals who need unsafe sex. Even, there are also others who cut condoms with out my knowledge. Some of the customers also have a need to took the money, which they give, when I slept or if I am intoxicated.

There are also others who paid over to have a sex with different sexual practices in addition with anal and mouth sex. Some of them are also happy with a forceful sexual intercourse.

These all contributed to the development of different health problems. I am infected with STDS, I have a regular wrist pain, vaginal discharge and itching rectum. I am also highly tensioned and irritated for every thing around me. I have developed a great fear for HIV/infection. But of course, to protect me from social and psychological consequences, I have not made a test. But there are a lot of possibilities to be infected by it.

In the street life, most of the people consider me as a rubbish. I have a need to approach individuals with friendliness, in turn I need to obtain affection. But most of them consider

me as a crazy and they do not approach me accordingly. They have not any concern for us even when we are falling on streets as leaves. Rather they have a negative attitude towards us. Similarly, most of the policemen around Merkato streets are not responsible. Some of them have a need to share the money which is obtained from business or "Chireba". Others also have a need to make sex with me without payment.

In general, when I faced with problems, I do not need any one to share or discuss, I have been kept it for my self. Although I am a grade 6 extension student at May Day Primary School, I never think my life will be changed. I am going to live in prostitution with a multiple effect for the rest of my life.

I am worried, sad and developed anger for every case of my life. Because of such feelings I had electric wire (attempted suicide) to end or kill my self of being. But unfortunately, my friend saved me.

Case No. 2 (Leya)

Leya, 18 years old girl, is living around Merkato streets. At her 10 years of age, she was raped and passed some years with commercial sex work.

Because of her life situation she dropped out her education from grade 2, and now she is leading the worst life. In relation with the forceful rape and other life challenges she has a full of sorrow experiences.

Leya is so thin and weak; it was difficult even to listen her words during the interview sessions. The interview with Leya was made for three sessions for about 2:00hrs. She explained her life experiences accordingly. The presentation is made here after.

I am brought up with my grand mother, after my father death of car accident at my age 2. My mother is alive, but she does not have love and care about me. Of course, she is not such a 'normal' woman.

In my early life, I was hardly treated physically and/or psychologically. I was kicked, scolded, and over loaded with a house hold chores. I have not obtained enough food and sleep. I have developed different health problems. I repeatedly faced with an anxiety, mostly when others talk to me with strong words, and it is changed in to a heart failure.

The income for my grandmother obtained from bed and/or wall rent. I was forced to sleep near to the strangers when all space was occupied. The strangers where disturbed me regularly to have sex, but in most cases, I shouted and passed the abusive acts. But I have developed a great fear towards males.

Mean while, when I was 8, my grand mother passed away and I started living with my step mother. But here, the life changed its image. I faced with different difficulties. My step mother over loaded me and she regularly left me with an empty stomach. My heart failure had become so strong and I was damaged easily even for every minor things. And therefore, I joined the streets of Merkato and have started living here.

Here in the streets, I am faced with a lot of problematic encounters. One day, when I was asleep, I was raped and I became highly irritated and worried. Not only psychologically, I was also damaged physically. I was unable to walk properly, because of the forceful acts of the perpetrator. There was a high bleeding and my heart failure let me to be admitted in a hospital for two weeks duration. Then after, I started drinking and using substances as a mechanism to forget my stresses.

Of course, here in the streets or in the life of prostitution, there are full of life challenges that I have passed. The hunger, the cold corners of streets, the street gangs, the society and even the policemen are all the sufferings that led me to be hired in the "Shisha" house as a seller. Here in this work setting, I was faced with different abuses and I had engaged highly with smoking, using "Shisha", drinking and chewing. These all contributes to the increment of my heart failure and changed into attack. These conditions made me to change my work and to be hired as a waiter.

Here, I had started commercial sex work officially as a profession. Especially I used to "short". It is a kind of intercourse which might take 10 – 15 minutes. For a short I could make 40 birr and 160 birr in a day. I did not make an agreement for overnight. Because I have developed a great fear towards customers behaviors.

In my life, especially after the abuse and in business life the customers forceful acts, and the hazards are unforgettable in the life of prostitution. Some of the customers are not easily satisfied (not easily reach for orgasm). Others are also engaged in pinching and squeezing during the intercourse. There are also customers who are interested in different sexual practice (positions).

To protect damages from such practices, I did not use drinking, chewing or smoking if I am out for business. But, of course, it let me to become highly weak. I had not had a long history in commercial sex work. I had "baluka" and he forced me to left from business life. He forcefully awaited and raped me for about three years. Now I am alone and am living in streets.

Although I have only a short time experience as a commercial sex worker, the attacks in my first rape and the experiences in my business life have left me with different hazards which affect me both physically and psychologically.

I am infected with STDS, but never treated. There is an itching rectum, vaginal discharge and wrist pain in regular basis. The individual who raped me for the first time was continued with me for a long period. He was also interested to have anal sex and he repeatedly made it. My anus has become highly irritable, there is a regular bleeding and it is also highly difficult to defecate and to have a proper seat. Even now, at this moment, there is a bleeding and I am sensing heaviness around it. Sometimes it highly swells and seems like as a hemorrhoid, because of this I am facing with a regular itching rectum.

In addition there were customers who need to have unsafe sex. In relation with this, I was encountered with unwanted and early pregnancy at my 14. But it was not continued. I asked advice from my peers and they suggested me to had an over doze anti-malaria

pills. I took it as their suggestion, but the fetus was not discontinued for the time being. However I was negatively affected by the overdose.

The fetus made me highly uncomfortable in addition with my miserable life. Therefore, I took another traditional medicine. Even if the undue abortion was made accordingly, there was high bleeding. And it has left me to the increments of my heart failure. The traditional medicine let me to have a regular stomach ache, diarrhea, difficulties in digestion, regular head aches and it also left me with a regular cough. The abortion made me to have faced with a regular wrist and abdominal pain.

Even at the present time, I have an experience of stomach ache, and cough. I am not that much interested to take food because of the stomach ache and the diarrhea after the intake. Of course it makes me some how lucky, because I have not an income to have the diet.

Generally, my life is so full of stress; I also have not such a good experience with the social interaction. According to my perception most of individuals in the society are not emphatic towards me. They have a negative attitude towards me. They consider me as a separate being I have a need to obtain affection and to interact and approach others accordingly but most of them are not such interested.

In most cases, every individual ordered me to do different tasks which are out of my capacity. When I refused their order, they scolded and kicked me as a street dog. But I regularly passed it with patience.

Especially, I am highly anxious towards the police members. They always rushed me and kept me away from the streets. They also have a need to make an intercourse. I had a sex experience with policemen which can be considered as a rape. Although they want to have such an experience, they do not need to waste money for bed, and (for me it is unthinkable). They regularly made it in dark corners of the streets.

To sum up, I am such a highly tensioned and worried individual. I am encountered with a lot of life challenges that might not even think of it during such developmental stage.

I always feel a deep sorrow (sadness). Because I lack affection, acceptance or approval from family members in particular and from the society in general, I am also abused sexually in regular basis and it made me to be faced with multiple problems. The psychological and physical abuses let me to have health problems. Because of the multiple problems, I have developed anger and tension. In most cases, I lost even necessary information; that is I am highly forgetful individual. I also always perceive a dark future. Generally almost all of my life experiences are so miserable.

To avoid these all feelings and to protect me sane I am engaged with drinking (about seven or more glasses of bear or draft) a day), smoking, chewing and using other substances like "shisha". I also used to play with street kids and talk a lot. But, I am considered as a crazy due to these all destructive behaviors. I know that these behaviors might affect my health status negatively, but it is so difficult to stop such habits.

Most of the data collected from other instruments also confirmed this presentation.

Case No. 3 (Eleni)

Eleni, a 15 years old child, had lost her both parents at her early age. She was taken by her grandmother, who was in Tulubolo. Here, living with her grandmother, she was raped by her elder uncle.

According to the data found from her counseling sessions document, she constantly blame others and she has complex behaviors to communicate, she regularly fights and can't live in harmony with DIC members and with the children in the center.

Eleni is a 5th grade extension student and she is some how good with her scores/education). There are three attached warning letters with her personal file from DIC coordinator because of her destructive behaviors. Her full life experience, obtained through direct interview, is presented as follows. The information obtained from the document analysis also confirmed the first hand information.

I was born in Tulubolo. When I was 3, I lost my mother and at 5th my father. Therefore I started living with my grand mother in the same town.

Once up on a time, unfortunately, my grand mother went some where. My elder uncle Mamo (false name) came suddenly and gaged my mouth with a piece of cloth. Although I were not that much physically strong, he hang up my legs with a rope, and he forcefully raped me. At that time I was 10 and he was 18 or else by guess. I missed my virginity and was immersed with high bleeding. My legs were unable to walk for about a month. I was highly shocked and I was missed my sense of being and for about a day or for two days, I was lost my consciousness.

Then, my family members made me to shut my mouth about the issue. But unfortunately the neighbors had received the information. Therefore I had lost my comfort in the village. My grand mother started worried about the situation and made me to be disturbed. The perpetrator also continued the rape. The gossip and the discrimination from the family, and the neighbors made me to anxious and unstable. The discrimination was so high even from my peers.

I passed a year in Tulubolo with such experiences. But there were multiple problems which are overlapped over me. These conditions made me to ran away from Tulubolo.

In 1998, when I was 12, I joined the streets of Merkato. At that time, I perceived the streets as free from challenges, and suitable for my future life. But here in the streets, all of the life circumstances are so hazardous. I repeatedly had encountered with a group attack (multiple rape) which made me to have a minor fistula case. In most cases I have a problem to control my urination.

Commercial sex work is the means of life for majority of female street children, that is why I am also engaged with this profession. We have not any means to obtain our basic needs. Of course we may be hired as a maid servant, but there are also other burdens in such kind of life.

When you are engaged in business life, you are encountered with full of challenges. There are customers who are in need to have a problematic sexual practice. I am not physically feat to do as they like. The problem to control my urination is also another challenge for my business life.

I am now suffering from different hazardous situations. A white vaginal fluid has been discharged, which makes me to be ashamed and embarrassed even to tell you.

By chance, I have joined DIC and have got two meals a day and other services. The series counseling has given me some strength and I have started my education, I am a grade 5 extension student now.

Even if I have started my education, my life is meaningless to me. I have feeling of inferiority and also I feel as if I lost my goal. I am so tensioned because I assume as I am not equal with others. So it hinders me from equal participation in a discussion or playing. I have a great fear especially for boys and my elder uncle. I lost my sense of being as a sister or relative for any male individual. I am a smoker, drunker and also use other substances to forget all stressful life experiences.

I have developed aggressive behavior and I am so happy when I disturb, insult and beat others, I become so glad when I quarreled with others especially when I won the boys. I can not tolerate anything. I am also disobedient to others. I have a thought that, every one is there to attack me.

For me, respecting others and go along with the societal norms is unthinkable. Hence we are commercial sex worker, most of the people in the society have negative attitude towards us. Most people are failed to understand their weak sides (badness). The people's thought is that "all CSWs and street children are aimless and destructive". In return I have also developed a negative attitude towards the society. I do not like to respect any of the societal norms. Most people neglected me, simply hence I am a smoker and a drunker, but they do not need to identify the associated factors for my behavioral patterns.

Life as a commercial sex worker is so hazardous and difficult. Due to the difficult sexual practice and repeated multiple rape, I have an abdominal pain and my kidneys are highly infected which is my serious health problem.

I am hardly treated psychologically and/or physically by every individual. Especially the polices in Merkato streets are so problematic. They do not treat us fairly. Although we are part of the society and have the rights as every child, the polices do not consider us as a human being. They kicked us even more than animals.

Generally I am so boredom in prostitution and in street life, but what can I do? I am so surrounded with a lot of difficulties. I am always perceived a darkest future. I have not any hope for a better life. I am always worried about my future. I need to fight with others to protect my self from such feelings.

The researcher also evidenced some behavioral pattern and interpersonal relations of Eleni through direct observation. It is described as follows.

Eleni, a careless child to her hygienic, needs to be alone and has a poor interpersonal relation. She does not obeyed for interactions. She was also in need of quarreling with the researcher. But through different techniques she had shared her experience.

She is also out of group norms in the organization. Her acts and styles are similar with that of aggressive boys.

As the observation data asserts, she likes quarrelling now and then. She is in need of insulting and beating others. Her face is full of scars here and there. She is so aggressive and does not even obeyed for the supervisors properly. Eleni does not have a need to respect others and she also undermines herself, in addition, she has a negative attitude towards others.

The data collected from the FGD also confirmed most of Eleni's experiences. The counselor Wo. Almaz (false name) one of the FGD members said that "Eleni is a disturbance child, she fights with fellow friends repeatedly. She always disturbs the peace

of DIC compound. Repeated counseling is given to her accordingly. But, in most cases, she can't modify her behaviors she likes to intimidate and beat the children in DIC. She is also exposed to drugs, alcohol and other substances. She was also infected with STDs, but had received treatment. Of course, as Eleni said, she is engaged with such behaviors to protect herself from stressful thoughts and feelings."

Case No. 4 (Etaferahu)

A 16 years old child. Etaferahu, was born in Gondar, Gaint. She was a grade 4 student. But due to different factors, she dropped out of school and is living in the streets around Merkato.

The interview with her was conducted in the counseling room of DIC. The interview took over 1 hour and 40 minutes in three sessions. She described her life history as follows.

My parents were divorced. I used to live with my father and step mother. My step mother had also a son, who I considered as my elder brother. I grew up with him till from my fifth year.

But my life condition was changed accidentally, followed my father's death. My step mother made me as her servant. She also always kicked and scolded me. Still only a child my self, I was expected to work from day break until dusk, preparing the food, fetch water, carrying wood, generally doing all the chores of the house. I was overloaded and very exhausted. But I was accepted it because of lacking choice.

My life changes its image to the worst scenario. One day when my step mother went to lamentation, her son came at unexpected time. He was observed with unusual manner. He was aggressive and unstable at that moment. I became very shocked, started and frightened. Suddenly, he touched and kissed me. I started shouting, but he gagged up my mouth. I could not resist him. He raped me forcefully. I was premature, age 11, when my virginity was lost. There was a lot of bleeding. For the time being, I was unconscious. Then all my body seemed disconnected. I perceived as my wrist was cut down. I felt with

confusion of perpetrator's unfaithfulness acts. After some days, I recovered from some pains but there was a burning sensation in peeing.

In due course my step mother became happy, but she was interested to keep the secrecy which was done by her son. I was so angry by her happiness and action she took. I was also kept the secret, because of my childhoodness and by afraid of them. After time passed, they decided on me to be a wife of that elderly man. He was about 26 by guess. It was another injustice and worst thing committed on me. He was very strong and older than me. But I could not have strength for sexual intercourse. I was also developing a hate red towards him, and I have lost sexual interest. In addition, his mother loaded everything over me.

My sufferings were increased from day to day, hence I decided to escape away. One day, when they went out, I stole money, which was reserved, and fled away from my village Gondar. It was the cursed day on my life. After three days journey, I reached to Addis. First I was started to work as a nursemaid for a boy sitting. But the house owner highly mistreated me. Then, I went out to streets. This was also the worst moment of my life.

The life in streets is very horrible. Especially, until you familiarize yourself, it is so worst. Before I started "business", I had eaten "grimbi" (do you know "grimbi"? it is a rubbish food which is collected from the corners of streets).

However, doing "business" or engaging in prostitution is the worst scenario for me; but it is also a must for existence in the streets. So, I started doing it for existence and due to the forceful advice and pressure of female street gangs but engaging in prostitution lead me to different life challenges. Its problems are so multidimensional.

Firstly, I have lost my interest to sex because of the forceful rape which was done on my childhood. On the other hand, as you see me, I am so slim even to cope the forceful acts of the clients physically. In the life of prostitution, you can faced with uncountable problems even which made you in difficulty to figure out. For example I did not forget one experience. I was made an overnight agreement with a customer. But he was so

interested to have unsafe sex and said as he wanted to make 'live' sex with me and can pay 100 Birr. But because of the responsibility to my life, I had condom, which I got from DIC. So, when I refused to do a 'live' sex he started beating me. But I started shouting and suddenly he seized my neck. As I was fighting back, I remember him saying to me, "I can kill you bitch! After all, you are just a slut who sells your body to earn a living" he went ahead to say that, "even if I killed you, nobody would judge me of murder because you are nothing but a prostitute."

But at that moment, when he seized my neck, there was high bleeding through my mouth and nose. The guard, who listened my first shouting came and rescued me. Then I went to clinic, of course the man was arrested for the moment.

The street gangs are also other risks. They need to have sex with me. I can't withstand them. To prevent me from such problems having a boy friend is highly advisable. Of course I have not yet a boy friend. Therefore I am the one who suffers from multiple rape. In addition, "baluka" is an other problem in street life. (Do you know baluka? It is a name given for big and strong girl). "Baluka" do not made sex for the sake of existence. But they depend on the money which they get from us. They served as a "pimpy". I have a "baluka" but with out my interest, and she always takes over half of the cost which I got from "business". So for the sake of her profit she always forced me to made a repeated "business" even in a day. I have a perception, as she is my husband but with out having a sexual relation.

Although I fled away due to unconsensual sex, I do it repeatedly even in a day for subsistence. It highly affects my physical and psychological wellbeing. I made also undue abortion due to unwanted and early pregnancy. I was in a worst situation when I made it. It also makes me anxious even when I think about it. I have been also infected with STD, and I am now, under medical follow-up. I have also additional responsibility, helping my disabled friend who is in street. My friend Almaz (false name) is unable to make "business" like us. So, I should do another additional "business". The serious gastric which I repeatedly experience is also my difficulty. I have developed such problem because of the "grimbi" that I have eaten or it may be the result of starvation. I am

starved a lot especially before joining DJC, and even in the nights, Saturday and Sunday now.

“Dama” or multiple sexes is the worst from all these challenges that I have encountered. But it is also a norm for street gangs. One day 10 boys came to me. Although I am not capable, I started fighting, but they kicked and raped me turn by turn. As you see, my body is full of scars due to their damage. Hence I was hospitalized for two months due to that rape. And my legs were unable to walk properly for some duration. I had also faced a problem of controlling urination.

On the other hand, the problems which I encountered in the big social world are so anxious. The people in the society are mostly against us. They do not have any concern about street children (us). Most of the people insult, degrade and consider us as a raffiage. Per my thought, the society does not consider the responsibility which we will take from. We may be changed accordingly and will take over the responsibility of our country. But due to the disdain, scolding, degradation and other societal influences, I bleed internally and filled with dismay. These all break the back of my resistance. I became so anxious and tensioned. I also consider my self as a raffiage and feel a very low self esteem, I repeatedly undermine myself.

In addition, the police do not also understand our emotional or other situations. They do not bother about our difficulties. You see, when we quarrel with unstreet children, regardless of the reality, the police kicked us a street dogs. I am always in confusion and develop anxiety due to their actions.

The big difference of the living situation compared with non street children, on the other hand, makes me to perceive my self as inferior. Non street children have balanced diet, family affection and encouragement, they are also attended their education in “good” schools. But, as I mentioned we street children are depend on rubbish food particles which are thrown from them for our existence. We are on cold street corners and abused sexually even with a multiple sex. Not only these, we are also abused physically and psychologically. Nevertheless we are premature. So, I have always degraded my self and

develop anger. How could I compare me with them? It is unthinkable I have exposed myself to different behavioral patterns which seem good to me. According to my perception engaging in such actions make me sane.

But in most cases, the behaviors could let me to another accidents. But I am forced to do so. I am a drunker girl, and have been participated in night clubs. I am also a high "cherabi" or thief. Especially I do it repeatedly, when I am out for business of course I theft from streets also. I had stole about 5 mobile phones, and 1500 birr up to now from which I remembered. One mobile was the latest with video camera. However, one day I was caught red handed and kicked seriously by the police. It was another dangerous situation for me.

Generally life is so horrible in streets. Of course, I have a hope up to now, I am not so pessimistic. I have a high interest to go away from streets. I have a plan to restart my education. But I have no means. I also think to return back to my village, Gondar. Otherwise, how could I tolerate and go along with the sufferings, agonies, and chaotic of street life? Especially my fear and abhorrence towards males make me so disturbed even to describe. Life facing with frightened and hate red gangs are so anxious and difficult. What can I say!?

The researcher also observed Etagegn in different situations. Even if she is neat, she is so confused and she is also under medical treatment due to STDs. She is so uncertain or hesitated for every thing.

Most of the data collected from FGD's and document analysis go in line with the presented data.

Case No. 5 (Tina)

Tina, a 15 years old child, was born in Addis Ababa, Asco. She was a grade 3 student. Tina fled away to streets in 1996 E.C. she has lived around Autobis Tera and Habte-Giorgis Dildiy street.

The interview was conducted in the social worker office of DIC. The overall interview took 90 minutes in three sessions. She describes her life encounters / experiences as follows.

I used to live with my parents, who are in a good socio-economic status. I am the only child for them. My mother was on and off merchant to Arab countries. For one journey, she passed about 1 year there. Hence I started quarreling with the maidservant repeatedly.

Especially, after I saw when she had made sex with my father, I became so angry. She also scolded and kicked me always.

Subsequently, on my journey to school, there was a street boy who loved and nagged me to be his girl friend. These two situations made me in between. So I dropped out from school and I escaped away and joined the streets. Then I started testing the bitterness of street life. My father was in search of me for about two years, but now he believed that as I died.

For the time being, I met with the boy and started living in a rented room. But one day, the boy was very intoxicated of alcohol. I was so shocked and very frightened. He started to deceive me with the words of love. But I refused and started crying. He did not bother about my begging /nagging/. Instead he became angry and laid down me forcefully to mattress. Then, he deflowered me. I encountered with a lot of difficulties. At that moment my wrist and flanks seemed to be cut down.

There was also high bleeding. Hence I was hospitalized for two weeks. Even if the boy was along with me, I disliked, hate red and frightened him. I was immersed in grief. But he did not leave me. I started living with him in the streets. His means of existence was "laboro" (thief, for male). I also used to work with him. But unfortunately he was caught and arrested when he had stole 2400 Birr. I was free from "business" and "damma", when I had lived with him.

Then after, I started tasting the worst life. I begin to work "kumulign" which means I engaged in prostitution for subsistence, and to help my friend to be released from prison.

I had made about 15 "shorts" (sex in a day time for about an hour), 10 birr for each. After two months I reserved about 1,800 birr. I gave it as a bail for the court and my friend had released from.

However, in these two months, I was encountered with different unforgettable risks. For example the clients who I made "business" with them have different behaviors and interests. Some of them were in need of unsafe sex. Others also need different sexual position. How could I withstand all these? Especially, my resistance to unsafe sex had fall me in danger. I am afraid of being infected with HIV/AIDS. I was repeatedly kicked and abused in "live" sex. Even if I refused. Of course "choleles" saved me in repeated cases. (Choleles are kebele guards, for whom, we street girls paid 5 birr monthly for this purpose).

On the other hand, I have been faced with different physical and related problems due to the repeated sex work that I had engaged. Both my two legs were unable to walk and I became dizzy or faint repeatedly. There was also a repeated experience of vomiting and loss of appetite. I was also faced with a case of hernia and could not even control my urine. Due to this I am stitched. Although I recovered from some pains, there is continuous pus like fluid up to now. Similarly, I had inured by car accident, when I was in a way for "business" and hospitalized for two weeks. It has left a scar on my face.

I have developed different behaviors and depend on them to protect my self from the thoughts that made me to be in tension. The behaviours, according to my assumption, may not be expected from a female individual I am a smoker, but by the counseling that I got from DIC, I reduced the number. I used to also "ganja" for about one year. However I was caught and arrested in youth correction center for 6 months and I quit it. The life over there was so good. I was provided with good meals, education, advice and clear rooms. There is no any sexual abuse or harassment. So I was happy of being there. But I released from. I planned something to return back and I fought with a girl and slashed

her face with a blade. But it did not let me to that center; instead, I was only kicked, and arrested in a police station for some days.

Regardless of their individual difference, I have developed a hate red towards males and children after the repeated abuse that I encountered. I am happy when attacked them. Especially I am so glad, when I am added a kind of fiery pepper on the eye of others. I do not need any help even when I am defeated. As you see my body is damaged, and there are full of scars here and there.

On the other hand, I do not have that much negative attitude towards the society. It is my mistake which left me for rape, other abuse either psychological or physical and even for other difficulties. Nevertheless, I have developed hate red to youngster males and my boy friend. He is the one who made my life to be worst, it was because of his nagging that I left from my parents.

I am also highly surprised with some police you know? One day I stole 200 birr and a mobile. I put it under my hair and made a good style (she has a long hair). But I had caught and took to the police station. A female police touched me roughly and took me to a room. She said "if you stole, tell me the truth!" I told her the truth. I was surprised that, she took 100 birr for her and returned back the remaining for me. Then, she reported as I did not steal any thing. For the time being I was happy. But I always think about it. The police forgot her responsibility for a matter of 100 birr and she was also encouraged and reinforced me for additional wrong doings. Some other police are also misbehaved, they need to have sex with us. In some cases I refused and resisted, but I did it repeatedly because of the forceful acts and aggressive behavior of them. The police insulted us, but by hiding them selves with the name of police, they are also thieves.

Although, I am HIV negative for the time being, I am highly tensioned and anxious for being HIV positive. I become as mad when I thought about HIV/AIDS. How could I live if I got HIV/AIDS? Similarly, I am tensioned about the abusive acts and multiple rapes. I have developed a deep sorrow about my status and futurity. I have also a home sickness,

of course I have been repeatedly seen my father in his shop around St. Michael church in Kuasmeda.

Generally, to be free from all these, I have an interest of coming back to my family by the help of someone but I am afraid of my adopted street norms. So, I am thinking over how could I adjust myself with the norm of my family or with the community? I may be engaged in stealing and do unacceptable behaviors. How could I become certain about it? Because of this uncertainty, I am highly confused. To do not flee again, I will wait to DIC decision. If I am transferred to "safe Home" I am so lucky, because I will receive different skills through training and have a proper living condition. Therefore, my life will be changed. Otherwise, I am street children and sex worker. I will live with different abusive acts.

The data collected from other instruments confirmed that, Tina is tensioned and confused girl, quarreled repeatedly with her peers. She is also careless for hygiene.

Case No. 6 (Rahel)

Rahel was born in Addis Ababa and grew up in Ambo. She is a 15 years old child. Her father, the bread winner, was died when she was nine. As a result, life for her and the whole family became highly difficult. In response, she begun to think about the family livelihood, as the first sibling, of course she has a responsibility.

The interview was held in FSCE, DIC social worker office in three sessions. The sessions took a total of 1 hour and 30 minutes. Rahel describe her life experience as follows.

The sexual abuse happened to me before 4 years when I was 11. To support my family, I started working as a shoe shiner. One day in the morning unexpected accident was happened to me. A person who was on physical exercise, asked me to help him in carrying wood. He told me that, he could give me birr instead of coins I used to get from shoeshine. As, I was in need of money I accepted his idea and went with him to the nearby forest. But, suddenly, he gagged up my mouth with a pieces of cloth. I shouted loud, but he proceeded on tying my legs making V-shaped.

Then, he raped me and went away. I lost my virginity. I can't describe what I felt during the situation. I only remember the first shock when he gagged up my mouth. For the time being, I was fall down unconsciously. Due to the damage and excessive bleeding it was so difficult even to walk. I did not remember how much time was passed. But I started walking when I woke up. I was very irritated by the excessive bleeding. I felt a burning sensation. And the effect of the accident left me with a fistula case. There has been also a vaginal white fluid discharging since the rape. Besides, I had lost my appetite for some days.

I did not accuse the perpetrator, even if I have faced different problems. It was due to my consciousness level and lack of witness.

Although I am HIV negative, I have faced with a lot of problems. I fall with nose bleeding because I was shouted a lot before the perpetrator gagged my mouth. And it has been my serious problem up to now. The nose bleeding has also caused a serious and repeated head ache. My right leg doesn't walk properly up to now. Due to this, I can't run also.

After some months, I fled away to streets of Addis Ababa forced by stigmatization of the community in addition to my mother's death. I was neglected, considered as impertinent child. The gossip and back bit of the neighbor made me restless and anxious.

I have been living in the streets of Autobis Tera since then. I have faced with different problems. First of all I need food to exist, but to have food I had to do something. For the time being I depend on "keffela" (begging from by passers). Then, I started doing "business" or engaged in prostitution forced by my friends. Of course, it is an acceptable norm in streets and a work to sustain. However, things went from bad to worst when street gangs need sexual intercourse at a time ("damma' or multiple sex is the habit of gangs). I was raped/abused by 6 boys at a time. I am so tensioned even when I think about it. I was unconscious, I felt a high pain to my legs, my vagina started bleeding and I had also made a stitch again.

To prevent the problems of multiple rape, it is a must to have a boy friend. Therefore, I have had a boy friend. But it has been my responsibility to feed him when he is not lucky in 'laboro' (theft). So, I have been doing repeated "business" even in a day. In due course, I have been so anxious being infected by HIV/AIDS. After two years, I have joined to DIC Merkato project. As I have become more involved in the center's activities and received counseling and different services, I have been encouraged and started my education again. Now I am a grade four extension student in Mayday School. Nevertheless, I have left out to streets at night and week ends. Hence, "business" is always with me for subsistence.

On the other hand the society is another headache for me. I assumed it as nothing. The people in the community are always running for their benefits. Hence we are raped and the street children, the people discriminates us.

According to her counselor, Rahel is stable and confident. Besides, she interact and participate in peer groups discussion, she acts as a co-facilitator for the supervisor. Rahel is proposed to be transferred to another branch of FSCE "Save Home" because of her positive changes.

Case No. 7 (Hagernesh)

An outstanding student, Hagernesh, was abused by her father in September 3, 1998 E.C., she was a 10 years old child when her father committed this violence on her.

Even though she is so outstanding student, it does not help her to be happy and free of tension. She is so silent and did not volunteer even to share her experiences. However through building a series rapport, she shared her experiences and presented as follows. The interview with Hagnesh was conducted in the counselor's offices. It took a total of 2hrs.

I am now a 14 years old child. But I was raped at my 10 years age. At this moment, I am living with my mother and elder brother around CMC.

There was a repeated conflict between my father and mother. But one day it was serious and my mother decided to left away and passed the night out from the home. My father, my brother and me were in home. Surprisingly, my father was so careless for missing his wife, he simply asleep with out saying something.

My elder brother and me as slept together as usual. After some discussion about our mother, but at mid night unexpected accident was happened. My father came to us and started struggling with me. Of course, I was not capable to with stand him. At that time he put a strong slap on my right face, unfortunately my right eye was highly damaged. Ato Mamo (false name) forcefully raped his 10 years old child; it is me. During that time there was high bleeding, and abdominal pain, my legs were unable to sense any thing. He completely missed my virginity.

After that time, I did not a slept, the night was passed through crying, shock, tension, strong painful sensations around my vagina, face and through all my body parts. I was sensing these all problems being alone at a corner. I was carried over all these burdens, at that night, my face was so swell due to the blow and the tear which was going through it for the whole night.

At the morning, my mother came with other two neighbors, and made an agreement with her husband. However, my mother was unhappy with the situation, because I was alone at one corner and I was in a deep sorrow, she repeatedly asked about it. Even if I falsified for the time being, I did not kept the secrete. I passed over all of the information to my mother because of her repeated request. She was so shocked and angered, all of the things were so disturbed and confused; but after some time, when she cooled down, she directly went to Woreda 6 Police Station and reported the case. Then my father was caught and was sentenced to be a 16 years prisoner.

However my fathers judgment as a criminal did not adjust my disturbed life situation. I was over damaged, and have no words to express, it is not measurable. There is always a difficult and complex question inside me, is it a norm for a fathers to rape his 10 years old child? Is it a protection, affection or love from fathers? All these questions are always

going through in my mind. In addition to this, there was another issue which aggravates my problem. My father was screened through Ethiopia Television, in police program, as a criminal who committed a rape on his 10 years old daughter.

Unfortunately it created unexpected and very negative impact on my social relation and psychological wellbeing. All of the people around me have known about the issue and even the information was spreaded over to my school. All my class mates had known about the truth, and then they all neglected and discriminated me from all peer relations. The students in the school, the youngster and elder women in the village all made me to be anxious, intentionally or unintentionally. Especially students and youngsters were in need of understanding about my thoughts, feelings and actions, they were considered me as a special creature. They repeatedly called me by the perpetrators name (Mamo). They said for me "Hagernesh do not feel sorry, is it your father who abused you?, Oh ... he was so mistaken, why he asked us we could on behalf of him? I do not know why they consider me as special creature. When I am in the village the gossip and rumor of the elder women made me so anxious and disturbed. They repeatedly said that "how a surprise? How could a father committed such kind of embarrassment and unfaithful acts" These all sayings made me to bleed internally, my heart was highly broken, and even I was considered my self as dead.

I became highly collapsed psychologically, and lost all my strength and hope to carried over all these burdens. Instead, I started to hide myself in my home and did not need to go out from it.

I was so neglected, alienated and discriminated from all social interactions. Due to this I have developed tension, anxiety and even a social phobia. Even now I am so shocked to be with others. What can I say? In general, I hate red my self.

But of course, to your surprise, being on these all burdens, I did not drop out of my education. Because, I know that, it is my means to go out from all these challenges. However I am abandoned from and am always in need to keep silent. I am so skeptic for

every thing and need to be far from any social interaction and situation. I have not a need to approach any one, but of course, there is no any one who is in need to approach me.

I extremely hate red males, even I do not need to see them, but, how could it possible, it is difficult to be blind folded. Especially when I listen children saying "my father, dad ..." I bleed internally. I am highly tensioned and anxious even when I heard the name of the perpetrator.

I am so confused and have developed a sense of betrayal because of the unfaithfulness of the father. I have a depressed feeling to rage the perpetrator, and I am angered for it. But how it could be, I do not know how?

In addition there is always a burden from my grand parents. It is so a complicated conflict and even they need to kill me and my mother. They considered us as a cause for their son to be in a prisoner for 16 years. They said me as "it is you who mislead and accused our son, we will kill and destroy you, you are not the only child who is raped by the father, but you are the only cursed girl who accused and dropped the father in a jail for 16 years, you disclosed all of the secretes of our son, he is neglected from social values, norms in the village and for these all things your mother and you are the questionable, therefore we will kill you". These makes me, to led my life in a tensioned manner.

In relation with this I am living in high socioeconomic crisis. The perpetrator was the daily laborer and the only bread winner for our family. Starting from the first day he was caught as a criminal, we are in economic crisis and starvation. My mother was a house wife and she was not prepared for such unexpected problem, so that it leads us to live with such a hazardous life. My mother is now struggling with different challenges.

It is my rape which caused these all disturbances. But being in this all risks, I thanks my God for my negative status to HIV/AIDS and other STDs. Except my eye problem, I am some how okay in my other medical conditions. If I have a strength to withstand the social problems and going on my education, I will have a bright future.

I am also so sensitive and need to cry even for simple issues. I do not need any one to talk with me, even my mother. To tell the truth, my choice is to be silent and being alone any where. In addition I have not care for my clothing, of course my mother always follows up me I also have lost my appetite starting from my rape.

It was being on these problems, Yeka Police Station made me to join with IFSO. I am so benefited from and have got different advantages from IFSO. First of all, the series counseling service made me to have some relief. In addition I have 200 birr allowance per month from it.

In general, the serious problem in my life is the negative attitude that I have developed towards the people. I am so challenged and faced with different difficulties in my interpersonal relation. I am highly neglected from peers whether in the school or in my village. Even elder mothers do not need me to be with their daughters. From all these situations I have developed hate red to every individual around me.

The peoples' attitude towards me makes to reach with such a conclusion as my father is so shameful from other fathers and it aggravates my situations. The people around me always say that "it is so surprise, it is so unexpected, it is unthinkable, does a father make such an action on his daughter?" Because of this, I have reached in a conclusion that it is new thing which is happened to me, the perpetrator is a cruel father, I should not be interact with others, because I am a cursed child.

Of course, when I joined IFSO, I have shared similar experiences from others. It is not only me who is abused by a father but there are also others. I concluded that my perpetrator is not a special creature, and the only person, but there are also others who committed such an embarrassed issue. Of course acquiring such information does not make me to be free from different challenges. But it reduces some burdens, I know as I am not the only child who is abused by a father but there are others too.

Although I have faced with uncountable and complicated problems, I am not defeated. Of course I am neglected from and I need to be far from others, I have a friend to hide my self and it helps me to escape from different problems. It is my intimate friend and

relative that make me to be safe, which is my education, I am highly depend on it. I am a grade 8 student. I am devoted and I have given all my time and effort to it. I can talk with it. I can listen and observe a lot of things from it. I am always engaged in my studies, doing home works and referring different materials, I am dedicated on my scholar, missing classes is unthinkable for me. In most cases, I used it as a mechanism to protect my self safe from different problems. I have a strong relation and I consider it as my intimate friend and relative.

I have developed a serious eye problem because of the physical attack which was done by the perpetrator during the rape. I have faced with a difficulty of continuous reading and it needs a conducive situation. I can't read any where. Of course I have received a treatment, but there is no any positive change rather it is aggravated from day to day. I have also developed an anxiety and strong fear that it may be lead me to be partial blind. There is always a continuous tear from it. That is why I afraid about it.

On the other hand, I am so tensioned and am always with anticipating anxiety about my father's release. It is also my mothers problem. We are always with a great fear about the future. When the perpetrator releases from, he may dismissed all my hopes, make our life to be disturbed and confused because his parents will push to do so. They perceived me as a cause for their son to be in a jail for 16 years. Especially I have a great fear to my mother, of course he might not repeat the same mistake to me, but he might kill my mother. These all thoughts make me to b in a disturbed and confused situation. But what can I do? Of course I have a bright future if it is not faced with such an obstacle.

Most of the data collected from other instruments also go in line with the interview data.

Hagernesh's counselor in FGD, confirmed that, even though 4 years duration is passed after Hagernesh's rape, she is always engaged in thinking about it. I am so afraid that it might be changed in to PTSD. She has also developed a skeptic behavior and sense of betrayal.

Although, Hagernesh is surrounded with such a bitter life, she is so wonderful and intelligent with her academic status. She is the first ranked student from the whole

classes. Of course, it is also my unanswered question, how it is possible to be effective? At the back of her strength, she is so loaded with serious social, psychological, economical, physical and other related problems.

But being on these risks, she is standing on the difficulties. Her education is the condition where she used to hide her self from these all difficulties.

In conclusion, even though Hagermesh is bounded by a lot of difficulties and problems, she is so successful in her education and has a bright future, standing on her problems, she has a far sight and attainable goal.

Case No. 8 (Selamawit)

Selamawit was raped at her 13 years old age. The incidence was happened in her return from Welliso to Addis. She was going there to visit her aunt and during her return unexpected accident was happened.

She shared some of her experiences accordingly. Of course most of the data were collected from FGD and document analysis. The interview with Selamawit took only 1hr duration.

At my return from Welliso, I was searching a bus around Legehar for my journey to Shiromeda. At that moment, an elder person by guess at his 30's, called me and asked series questions like "what you want? Where are you going? I will help you, please come with me. I will made you to have a bus". His repeated and hurry requests made me to believed and followed him. At that time I did not think or perceive any thing. But he took me to dark corners of a road and we reached to a hotel. I asked him a repeated question, but I lack answers instead he kicked and abused me physically as you see I have a scar on my face because of his scratch. When we were reached to his room in a hotel, he forcefully pushed me to a bed room. But I was shouting highly and begging him to left me safe, he did not give any concern. Not only the perpetrator, but also the waiters and other individuals were not concerned, they were attending the situation when the perpetrator forcefully dropped me to a room. But they did not in need to give any attention.

The perpetrator raped me forcefully. I lost my virginity at my 13 years of age. There was an excessive bleeding and I was sensing an extreme pain. But being in that crisis, the perpetrator let me to go out of the room at night. I was nervous and shocked, but what can I did? I made a phone to my parents and met with them at that night, but they were so nervous and angered about the accident. They started to caught the perpetrator, but they did not found him, he was escaped from the hotel.

After the abuse, I have developed serious medical and psychological problems. First of all, I were in serious psychological problem. I was highly depressed and experienced a feeling of loneliness. In most cases I was in need of being far from peers and even my family members. There were also a serious abdominal pain, continuous vaginal fluid, itching and burning sensation.

I also have developed a Tuberculosis (TB) and because of this I dropped out my education for three years. But after a series follow-up and treatment I have got some relief. I have found a very good care and support from my parents, especially from my mother. Being on poor socio-economic status, my parents fulfill all my needs accordingly.

I do not experience such a serious social problem, because the issue about my rape was kept under secrete. There was no any one who disclosed about my rape. There fore I have a good interpersonal relation and have also intimate peers whether in school or village. But of course I have an unpleasant feeling because of the discrepancy of internal self being and my superficial personality. I have experienced a night mare and day dream about the abuse incidence.

I have joined IFSO through International Clinical Laboratory. I am so beneficiary from joining this center. I have a 200 birr allowance per month and continuous counseling service.

Selamawit is an HIV/AIDS victim girl. Because of the abuse, she has acquired the HIV virus. But she is unaware about her status. The data about this issue were collected from

the document analysis and from FGD. The data collected from such instruments is presented below accordingly.

Counselor: *Selamawit has faced with serious and repeated medical problem after the abuse. Different symptoms of HIV/AIDS infection were observed before her test. Therefore by suspecting for the infection, Selamawit's parents let her for a test but with out her knowledge at her 14 years old age. Unfortunately her test result was found to be HIV positive. For the time being her mother had lost her being, became hopeless and she was in need of killing herself. But, other family members made her to cool down and gave advice to took care for her victim daughter.*

The medical doctor and her family members discussed about and reached a conclusion to do not disclose her status to Selamawit. For the time being, all the family members accepted this decision and kept the secrete as a serious case. They all have been given a very good follow up and support for her. But, when time passed, now there is a serious problem which is faced in the family. Selamawit is now a 18 years old girl and a grade 7th student. Therefore she may have developed a need to have a boy friend or the boys may need her to be their girl friend. It is so complicated problem for her parents. They are also in a strong conflicting issue to tell or not to tell her status to Selamait. Selamawit is now encountered with different related disease. So, accordingly she should start the ART (Anti Retro Viral Treatment), but how it could be possible with out her knowledge.

Selamawit's medical doctor also advised her parents to do not disclose the status for her, because of other similar experience he was encountered. A 10 years old child Almaz, died accidentally when she heard about her HIV positive status. So because of such experience he is not interested to tell the truth for Selamawit.

These conflicting ideas made her parents especially her mother to be in a serious problem. Even we, the workers of IFSO, are in a confusion to tell or not to tell about her status because of different related impacts with this issue. Keeping the issue as a secret has advantages and disadvantages to Selamawit. Even if she sometimes experiences some night mares and day dreams about the abuse, Selamawit is free of different problems, and she is so happy and neat girl. The only problem is her HIV positive status. Therefore

having no knowledge about this issue is so advantageous for her. Disclosing the issue may be devastating for her and may hurry up her death.

But of course, it is unethical, and not knowing about the issue has also different disadvantages.

Any ways, we are in a serious idea conflict and confusion to disclose or not disclose her status to Selamawit. In general saying, Selamawit, neat, happy and an average student, did not develop behavioral problems because of her parental support and follow up.

Case No. 9 (Ziada)

Ziada, a pure orphan, was raped when she was 9 years old child. The rapist, a 60 years old elder person, was her step father. Her mother was alive by then, but unfortunately she died when she heard the victim's shouting for help during the sexual assault. She had left three children with no care taker. The children together with the victim are under a very poor care of their grand mother.

Ziada shared her life experience by her own words as follows. The interview was held in the counselor's office. It took, a total of 1:50mns.

I was living with my mother, step father and other three siblings. One evening my mother and the siblings were out of the home but my mother was around.

At that moment, I were doing my assignments, but suddenly my step father entered and shouted on me, by saying "where is your mother?" I dropped my book and stood up from my seat. He shouted again, "Do not you listen? I am talking with you, bring me water" I do not know why I developed such a feeling, I were so shivering to go near to him. Therefore, planned to run away, but unfortunately, he caught, kicked and pushed me to the bed. I were shouting for the moment, but he gagged up my mouth and missed my virginity. He was waiting for about 30mns with a forceful sexual intercourse. It caused me to suffer from different problems. I were unable to walk for about three days after the incidence. There was also a regular pus like discharge and painful sensations around my vagina.

The abuse let me for different complicated problems. First of all I am HIV positive because of the rape. I heard about my status from my grand mother when I was 11 years old. During that time I was in need to destroy my self. I missed my mother, and it is me who let my mother to die. I am always disturbed psychologically. I was an outstanding student before the incidence, but after it I have become hopeless and experience a regular absenteeism. It is not only due to my feelings, but actually I have faced with serious medical problem. Therefore I did not attend regular classes, even I am now dropped out of school, and I felt very sad for not attending my education.

There was a discrimination and stigmatization in the neighbors due to the related factors of the incidence. I did not communicate properly with the neighbors and I had also developed a hate red to the abuser particularly and to men in general.

I have also faced with serious medical problems. The skin lesion over my face, and serious cough are the most devastating. Most of the time I do not get enough treatment because of financial constraints.

Of course, previously I started taking ART but stopped because of my feeling of fearness and general illness that I were experienced during that time. Because I was taking it with out a good diet. My grand mother is so weak economically, and I have not obtained even regular meals. But now, I have started taking ART again.

Fortunately, being on these complicated problems, I have joined IFSO through Woreda 6 Police Station. I am so beneficiary from joining this center even psychologically, economically, and socially and I am so advantageous. I have a 200 birr allowance per month in addition with a regular counseling follow up. Through series counseling service, I have found some psychological relief. Of course I am under a serious tension about my status of being HIV positive. There is no any one who knows about my status except my families and the counselor. So I have a great fear that if the information is disclosed to my peers and other individuals, I may be neglected and discriminated from my strong relation. It is my social and interpersonal interaction made me to be free of different negative thoughts and feelings. I have a strong relation with both males and

females. But unfortunately, none of them know about my status. I have developed an anxiety that if my friends know about my status they may not act accordingly with me, they may need to be far from me. Of course this anxiety or tension is not developed from a vacuum. I have inferred my friends attitudes towards HIV positive individuals in different circumstances. They have a serious fear and abhor for HIV, and even for HIV positive individuals. They talk that even as they do not need to shake an individual if he/she is HIV positive. From such a base I have developed a great fear and anxiety of disclosing the issue, to do not neglected and discriminated. But it caused me to have a serious psychological problem. I am unstable and have unpleasant feelings because of the discrepancy between my internal status and external out going behaviors.

However I do not have a negative attitude towards the society. In stead I do not even need to see the perpetrator. I hate red him, he is the cause for such a complicated life. I missed my mother, I acquired HIV and due to his I dropped out from my education. Also I am living with a poor family in a complicated economic crisis. Being HIV positive, I do not have balanced food and support from my parents. I am suffering from serious problems.

Even though, I am in a such complicated life I have a hope to continue my education, grade 12, and joined to university. I have a bright future.

For the time being, I have a mechanism to adjust myself. First, the counseling service which I found from IFSO is my strength. In addition, I have a strong social relation even with males. But of course during the abuse and almost for 4 or 5 years, I were developed a hate red for males, but now I have such feeling only for the abuser.

In most case, I used to pass my time in a wholly water, in Monastery's and Orthodox Churches, even if I am a Muslim girl. In addition I have a bright hope to have a good husband with a similar status as me. My medical doctor repeatedly asked me to meet with a boy friend from his HIV positive clients. Therefore I will have a good family, and I can be a mother, now I am 18 years old girl.

Most of the data collected from other instruments confirmed this interview data.

Annex 2

ADDIS ABABA UNIVERSITY
COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES
INSTITUTE OF PSYCHOLOGY

INTERVIEW SCHEDULE

Date _____

Time _____

venue _____

Introduction and Consent Statement

This study is conducted to identify the major social, behavioral, emotional and physical problems of sexually abused children who are found at FSCE "Drop-In-center-Merkato project" and to suggest possible solutions.

It is your experience which helps the researcher to identify these problems. Therefore, I kindly request you to share your true experience frankly.

Of course, because of your privacy, anonymity is maintained and the information you provide is kept confidential. You have also a right to do not participate in the interview.

So, are you voluntary to participate in this study?

Yes _____

No _____

Thank you very much for your participation.

Section 1: Personal Data

1. Age _____ case No _____ pseudo name _____
2. Place of birth _____
3. Level of Education _____
 - 3.1 Never was a student _____ drop out _____
 - 3.2 Attending class/grade level _____
4. Family situation

	Alive	Not Alive
5.1 Father	_____	_____
5.2 Mother	_____	_____
5. Average monthly income _____
6. Source of income _____ (mention)

Section 2: Interview Guide Questions

1. Are there any physical and related problems you faced after the abuse? (If so, describe).
2. What behavioral patterns have you experienced since then?
3. How do you describe your social relations after the abuse?
4. Could you tell me your emotional states that you experienced?
5. What strategies did you adopt to deal with different problems that you encountered?
6. Any other additional comment will be appreciated.

Annex 3

Observation Checklist - 1

Pseudo Name _____ case No _____

Date of observation _____ Duration _____

Place of observation _____

Observer _____

S/N	Social Relations which could be observed	Observed	Not observed	Remarks
1	Intimacy with: - Girls / other SAC - Others			
2	Playing with peers			
3	Interacting with others			
4	Loneliness			

Observation Checklist -2

Pseudo Name _____ case No. _____

Date of observation _____ Duration _____

Place of observation _____

Observer _____

S/N	Behaviors which could be observed	Observed	Not observed	Remarks
1	Neatness/cleanness - Hair - Clothes			
2	Aggressiveness			
3	Quarrel with others /now and then			
5	Chat chewing			
6	Drunk			
7	Hyper activity			
8	Passiveness/passivity			

Annex 4

FGD Checklist

Focus Group discussion with selected workers of FSCE – DIC and IFSO

Date _____

Time _____

Venue _____

Introduction and Consent Statement

This study is conducted to identify major social, behavioral, emotional and physical problems of sexually abused children who are found in FSCE – DIC and IFSO. In addition it expresses the coping strategies that the children adopted to deal with associated problems of sexual abuse. In due course the study suggests possible solutions.

The researcher believes that your participation is vital to have additional information, opinion, feeling and thought from other sources to validate the data.

The researcher also informs you that, if you are volunteer to participate in this FGD, the nature of your information and identify will be tape recorded while participation. However, anonymity is maintained while reporting the results of the study. Therefore, you are the one who decide to participate in this FGD. Nevertheless, since your true experiences are very crucial, I kindly request you to participate in the FGD.

Do you agree to participate?

Yes _____

No _____

Thank you very much for your participation.

Section 1: General Information

S.N.	Name	Sex	Level of Education	Organization	Position	How long Have you been in the organization
1						
2						
3						
4						
5						
6						
7						
8						

Section 2: Checklist

Problems of sexually abused children

- What problems are you observed from sexually abused children while they are in your organization or other settings?
 - social
 - behavioral
 - emotional
 - physical /medical, others

Coping with sexual abuse

- What strategies are adopted by sexually abused children to cope up with the sexual abuse and its related problems?
 - attending a series counseling service
 - being in a social interaction
 - changing behavioral patterns
 - engaging in prostitution
 - theft, begging
 - having medical treatment
 - disclosing personal information
 - quarreling and/or damaging others
 - damaging themselves, others


- Any other additional comment will be appreciated.


DECLARATION

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

Declared by

Confirmed by





Candidate

Advisor