

**Analysis of the Situation of child Abuse after the Outbreak of COVID-19 in
Addis Ababa City**

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Addis Ababa City**

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Approval Sheet by the Board of Examiners:

This is to certify that the thesis prepared by **Abeba Haile Getahun** entitled: **Analysis of the Situation of child Abuse after the Outbreak of COVID-19 in Addis Ababa City**; presented for the requirement for the Degree of Master of Social Work complies with the regulation of the university and meets the accepted standards with respect to originality and quality.

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DECLARATION

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

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Advisor's Approval

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

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List of Acronyms

ACPF	African Child Policy Forum
ACRWC	African Charter on the Rights and Welfare of the Child
BOWCYA	Bureaus of Women, Children and Youth Affairs
CBCPMs	Community-Based Child Protection Mechanisms
CFJ	Child Friendly Justice
CIPE	Centre for International Private Enterprise
CPU	Child Protection Units
CRC	Convention on the Rights of the Child
CRN	Child Rights Now
COVID-19	Corona Virus Disease 2019
CWCs	Child Welfare Committees
ECPAT	End Child Prostitution and Trafficking
EPHI	Ethiopian Public Health Institute
EPI	Expanded Program of Immunization
FDRE	Federal Democratic Republic of Ethiopia
FGD	Focus Group Discussion
FHI	Formerly Family Health International
FSCE	Forum on Street Children-Ethiopia
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
KI	Key Informant Interview
MOH	Ministry of Health

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MOLSA	Ministry Labour and Social Affairs
MOWCYA	Ministry of Women, Children and Youth Affairs
NSPCC	National Society for the Prevention of Cruelty to Children.
NGOs	Non-Governmental Organizations
OCSE	Office of Child Support Enforcement
SCS	Save the Children Sweden
SSA	Sub Saharan Africa
STDs	Sexual Transmitted Disease
UK	United Kingdom
UN	United Nations
UNCRC	United Nations Rights Convention on the Rights of the Child
UNFPA	United Nation's Fund for Population Activities
UNICEF	United Nations Children's Fund
USA	United States of America
WHO	World Health Organization

Abstract

The main objective of the study was to assess the effect of COVID-19 on child abuse: The case of Addis Ababa City. A qualitative research method was used and an institutional case study approach was applied. The target institutions were selected on the basis purposive sampling techniques because one stop centre for abused children is only found in three government hospitals in Addis Ababa (Menelik II Referral Hospital, Gandhi Memorial Hospital, Tirunesh-Beijing General Hospital). The abused children were also selected using non-probability purposive sampling techniques by considering the government owned institutions. Due to the COVID-19 epidemic in Addis Ababa City, the children are being confined to their homes and a large number of children were reportedly raped and experienced different forms of abuse during the corona virus epidemic. The most prevalent type of child abuse was found to be sexual abuse, especially rape. However, there are also physical abuse, psychological abuse and neglect associated with sexual abuse. Therefore, what needs to be done is to protect children from different type of abuse, responsible stakeholders should educate the community, and government must punish perpetrators severely during COVID-19.

Key Words: *COVID-19, Child Abuse, Child Protection, One Stop Centre*

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Chapter One: Introduction

1.1 Background of the Study

The corona virus pandemic has spread rapidly across the globe, causing a complete halt in daily routines, ripping through our global resources, and in some extreme cases, taking lives (Kaleab, 2020; WHO, 2020). The recent COVID-19 outbreak has put the world in panic in part due to the speed of its spread. The COVID-19 pandemic is causing stress on the health care system of all countries in the world. The Effect of the pandemic is both social and economic. This pandemic calls primarily for preventive measure, such as self-isolation and protective measures to be taken by each individual (EPHI, 2020; MOH, 2020).

Children are the future generation who should be socialized and grown in a good healthy condition because they are the future adults and development in overall the world. If the children have not necessarily been fairly treated, they shall be exposing different faces for their physical, mental, sexual and psychological abuses.

With an estimated population of 102.5 million inhabitants, Ethiopia is the world's 13th most populous country and the second most populous African country as of 2016. In 2016, the child population in Ethiopia corresponds to almost 50 million, making up thus 48% of the country's population (ECPAT, 2018; UNICEF, 2017). According to some statistical data, 48.6% of Ethiopia people are children who are below 15 years old. Among 48.6%, nearly 18% are under the age of 5 years, which means 37% of the entire below 15 years old and these have encountered to the challenges of different type of child abuse and other related problems (Nahom, 2018:33).

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The COVID-19 pandemic is one of the greatest shocks to global stability since World War II. Before the pandemic, more than half of all children worldwide lived in daily exposure to different forms of violence. The measures to contain and respond to the pandemic have further increased the risks of physical, sexual and emotional violence against girls, boys and children with different gender identities (CRN, 2020). In response to the rapid worldwide spread of the corona virus, a national lockdown was announced. Day-care centers and schools were closed immediately, as were many small businesses, including restaurants and shops. Moreover, gatherings, such as sporting events and concerts, were banned. These restrictions have significantly affected the lives of children and adolescents, especially the closing of day-care centers, schools and arenas in which many children spend their leisure time, such as football fields, swimming pools and art centers. Services vital for children and adolescents' physical and mental health, such as school health services and community health clinics for children, were also closed or had reduced hours. In addition, child protection services were reduced capacity due to employees' self - isolation efforts, and that they were receiving fewer reports of abuse and neglect of children (Muladal, 2020).

Many African governments have taken measures in response to the pandemic, despite their resource constraints and weaker economic base. However, the responses have not been uniform, and the outcomes are likely to be uneven. Ethiopia is one of the countries that put bold measures in place early on, even though its approach has been an unconventional one. The country's 'sustained moderate to strong measures' strategy focused on taking bold measures early and scaling them up gradually. Preparations began in January and February, and a national

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response was declared with Ethiopia's first reported case¹ on 13 March, with tighter measures including compulsory quarantine and an increased public awareness campaign. A state of emergency was declared on 8 April (Arkebe, 2020).

All children - that is, people who are under 18 years of age - can be vulnerable to violence, abuse, and neglect. Such violations can take place in a home environment under the care of parents and other family members. All children, particularly girls are at high risk of sexual violence (UNICEF, 2020). In addition, movement restrictions, loss of income, isolation, overcrowding and high levels of stress and anxiety during COVID-19 have added a new group of invisible at risk children who are at increased risk of physical, psychological and sexual violence and neglect at home.

During the pandemic, children are lived in daily exposure to different forms of violence and the pandemic have further increased the risks of physical, sexual and emotional violence against children. Failing to prevent and effectively respond to violence against children can have life-long effects on children's health and well-being, educational attainment and development. It limits children ability to fulfil their potential and increases the likelihood that they will be perpetrators or victims of violence as adults, thus allowing cycles of violence, poverty, and inequality to continue (CRN, 2020). Therefore, this study has analyzed the situation of child abuse after the outbreak of COVID-19 in Addis Ababa City.

¹13th of March 2020, the Federal Ministry of Health of Ethiopia has confirmed its first case of a corona virus disease (COVID-19) case in Addis Ababa, Ethiopia since the beginning of the outbreak in China in December 2019.

1.2 Statement of the Problem

Although the strict guidelines and rules have most certainly had an effect on all children and adolescents, children living in households with domestic violence may be at particular risk as a result of the pandemic. In the past few months, mainstream media, non-governmental organizations (NGOs), international organizations and researchers have all called attention to the issue of child abuse and neglect as a particularly problematic consequence of social distancing and other virus control measures. Besides, end violence against children emphasizes the vulnerabilities of children during the COVID-19 pandemic (Øverlien, 2020). Since children are those who socialized in a safe and healthy environment are the adults of tomorrow and the bases for the future development of a country. Unless children are properly treated, there will be a chance to become challenging for their personal and societal development (Nahom, 2018).

The outbreak of COVID-19 and the measures put in place to contain it deeply affect the environment in which children grow and develop. Existing inequalities and vulnerabilities become exacerbated in a crisis and exposing children to increased child abuse (CRN, 2020). Children are hit the hardest by psychosocial Effect of this pandemic or COVID -19. Being quarantined in homes may impose greater psychological burden and the physical sufferings caused by the virus. Moreover, incidences of domestic violence, child abuse, are on the rise. The children from marginalized communities are particularly susceptible to the extended ill-consequences of this pandemic, such as child labour, child trafficking, child marriage, sexual exploitation and death (Ghosh et al., 2020).

COVID-19 is also making it increasingly difficult for children to access support networks, such as fleeing a violent situation, confiding in a friend, reporting the incidence of violence or seeking

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help from a teacher or other community members. This is why in some countries or some regions a decrease in official reporting on child abuse has been noted (CRN, 2020).

Children in Ethiopia have encountered to different challenges of child abuse like physical abuse, sexual abuse, psychological abuse and other related problems. Despite the fact that the Ethiopia government has launched lot policies, such as child protection policy for tackling such problems, these have still been occurring and expanding in different districts. The prevalence of such problems in Ethiopia have faced the challenges of emergencies, such as post-traumatic stress disorder, lack of educational and health accesses, mental-ill, and other physical impairment (Nahom, 2018).

In Ethiopia, unfortunately, there is a little or no research related to the effect of the COVID-19 on child abuse in Ethiopia in general and Addis Ababa in particular. Therefore, the researcher's intention is to fill this gap as well as to recommend for effect of COVID-19 on child abuse and policy intervention in which challenges and problems of child abuse due to COVID-19 will be mitigated. Therefore, the study focuses on an institutions-based study which are service providers for abused children during COVID-19 i.e., Addis Ababa Police Commission, Menelik II Referral Hospital, Gandhi Memorial Hospital, Tirunesh-Beijing General Hospital, and Addis Ababa City Attorney General Bureau, Integrated Family Service Organization and Addis Ababa Women and Children Affairs Bureau.

Thus after the prevalence of child abuse reported during the COVID-19 from Child Protection Units of Addis Ababa Police Commission, this study has assessed the situation of child Abuse after the outbreak of COVID-19 in Addis Ababa City.

1.3 Objective of the study

The main objective of the study is to assess the situation of child Abuse after the Outbreak of COVID-19 in Addis Ababa City. Specifically, the study is aimed at achieving the following objectives:

1. To identify contributing factors of for child abuse during COVID-19 in Addis Ababa City.
2. To examine the consequence of child abuse during COVID-19 in Addis Ababa City.
3. To analyse the measures that are undertaken to minimize child abuse during COVID-19 in Addis Ababa City.

1.4 Research Questions

This study has tried to answer the following research questions:

1. What is the extent of child abuse after the outbreak of COVID-19 in Addis Ababa City?
2. What are the contributing factors for child abuse during COVID-19 in Addis Ababa?
3. What are the effect of child abuse during COVID-19 in Addis Ababa City?
4. Were the child abuse and its effect are minimized during COVID-19 in Addis Ababa?

1.5 Significance of the study

The study is basically concerned with 1. To assess the situation of child abuse after the outbreak of COVID-19 in Addis Ababa. Therefore, the study is useful in providing relevant information for policy makers and practitioners related to COVID-19 and child abuse. Moreover, the recommendations could be helpful as an input for those who may be interested in

undertaking further studies and researches on the issue of child abuse and the outbreak of COVID-19.

1.6 Delimitation of the study

The scope of the study basically concerned with the situation of child Abuse after the Outbreak of COVID-19 in Addis Ababa City. The spatial scope of the study included the case study from selected institutions of Addis Ababa. The study also assessed the situation of child Abuse after the Outbreak of COVID-19 in the city of Addis Ababa at large by assessing the secondary data.

1.7 Limitation of the study

The issue of child abuse is very sensitive especially related to legal aspect and the abused children and their parents felt insecurity and this was the major shortcomings that the researcher encounters during the execution of the study. Besides, getting the right people at the right time with fresh perspectives in the institutions is another major challenge that was facing during data collection. To minimize the aforementioned limitations, the researcher has prepared consent form and letter of permission to keep confidentiality of the issue.

1.8 Definition of Terms

Child: A 'child' is a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger (UNICEF, 2020).

Child Abuse: Child abuse is when a parent or caregiver, whether through action or failing to act, causes injury, death, emotional harm or risk of serious harm to a child. There are many forms of child maltreatment, including neglect, physical abuse, sexual abuse, exploitation and emotional abuse (CRN, 2020).

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Physical Abuse: Physical child abuse is physical injury inflicted upon the child with cruel and/or malicious intent. Physical abuse can be the result of punching, beating, kicking, biting, burning, shaking, or otherwise harming a child physically (CRN, 2020).

Sexual Abuse: Sexual abuse is unwanted sexual activity, with perpetrators using force, making threats or taking advantage of victims not able to give consent (CRN, 2020).

Emotional Abuse: Also known as psychological or verbal abuse, it is the most common form of child abuse. It can include constant rejection, hostility, teasing, bullying, yelling, criticism and exposure to family violence (CRN, 2020).

Child Neglect: Child neglect refers to the failure of a parent to provide for their good development: health, education, affection, nutrition, shelter, and safe living conditions (CRN, 2020).

COVID-19: COVID-19 is a disease caused by a new strain of corona virus. 'CO' stands for corona, 'VI' for virus, and 'D' for disease. Formerly, this disease was referred to as '2019 novel corona virus' (WHO, 2020).

Rape: To commit sex exploitation force that the kid does not need to and is not ready to defend himself/herself (UNICEF, 2020).

Attempted rape: Trial to own non-consensual intercourse with a child wherever she/he was having an opportunity of escaping the try (UNICEF, 2020).

Chapter Two: Literature Review and Conceptual Framework

2.1 Definition of Child Abuse

Any global approach to child abuse must take into account the differing standards and expectations for parenting behaviour in the range of cultures around the world (Estroff, 1997; Korbin, 1991). Different cultures have different rules about what are acceptable parenting practices. Some researchers have suggested that views on child-rearing across cultures might diverge to such an extent that agreement on what practices are abusive or neglectful may be extremely difficult to reach. Nonetheless, differences in how cultures define what is child abuse have more to do with emphasizing particular aspects of parental behaviour. It appears that there is general agreement across many cultures that child abuse should not be allowed (Bross, 2000).

Child abuse constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (WHO, 1999).

Some definitions focus on the behaviours or actions of adults while others consider abuse to take place if there is harm or the threat of harm to the child (Straus, 1990). The distinction between behaviour regardless of the outcome or harm is a potentially confusing one if parental intent forms part of the definition. Some experts consider as abused those children who have been inadvertently harmed through the actions of a parent, while others require that harm to the child be intended for the act to be defined as abusive. Some of the literature on child abuse explicitly includes violence against children in institutional or school settings (Ketsela, 1997).

2.2 Types of Child Abuse

The definition given above covers a broad spectrum of abuse. The prevalence causes and consequences of four types of child abuse by caregivers are: physical abuse; sexual abuse; emotional abuse; and neglect.

2.2.1 Physical Abuse

Physical abuse of a child is defined as those acts of commission by a caregiver that cause actual physical harm or have the potential for harm. Estimates of physical abuse of children derived from population-based surveys vary considerably (Straus, 1998). An estimated rate of physical abuse of included: hitting the child with an object, other than on the buttocks; kicking the child; beating the child; and threatening the child with a knife or gun. It also reported that physical abuse included physical injuries such as fractures, loss of consciousness or permanent disability as a result of being beaten or tied up. Moreover, children may face suffering severe and frequent physical abuse, including being hit with an object, being burned or being deprived of food (Browne, 2002).

The socio-cultural practices encourage physical punishment as a disciplining measure on children particularly by parents, teachers and adults who are close to the child's family. The practice of physical punishment in schools is, however, significantly decreasing as the result of improved government policy and intervention. Different studies indicated that beyond 80 percent of children approached reported to have experienced various forms of punishment mostly inflicted by parents. Pinching, slashing or beating with a piece of stick or leather cord as well as burning is the major traditional forms of corporal punishment. Some parents and guardians also reported to have burnt the backs, hands and other body parts of children often for trivial faults. On top of the wide spread practices of excessive disciplining measures, the tradition is that what

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the parents tell about an injury or death of their child is accepted at face value. There is no established system to ascertain the cause of injury or death to a child, against what is reported by the parents (Tsegaye, 2011).

2.2.2 Sexual Abuse

Sexual abuse is defined as those acts where a caregiver uses a child for sexual gratification. Estimates of the prevalence of sexual abuse vary greatly depending on the definitions used and the way in which information is collected. Some surveys are conducted with children, others with adolescents and adults reporting on their childhood, while others question parents about what their children may have experienced. These three different methods can produce very different results (Browne, 2002).

Sexual violence has been defined as any sexual act, unwanted sexual comments or advances or acts to traffic children's sexuality, using coercion, threats of harm or physical force by any person regardless of relationship to the survivor in any setting. The scope of this definition has been expanded to include forced sex, sexual coercion, and rape and child abuse (Oladepo et al., 2011).

Child sexual abuse, using children for sexual gratification of adult, is a criminal act committed against children. It includes all forms of sexual abuse and exploitation including being forced to engage in unlawful sexual activities, prostitution and pornography (Jibril, 2012).

Sexual abuse appears in different forms including premature marriage, rape and related indecent assault, and child prostitution. Although victims of child sexual abuse are mostly female, the number of male child victims is also increasing from time to time. Prostitution is one of the most prevalent antisocial and immoral phenomena in the contemporary Ethiopia, and it is

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exposing many young girls for sexual abuses and exploitation. Child prostitution is widespread in major towns the national capital being on top of the list, and indicated to have high growing trend by many studies. Most of the victims come from rural areas running away from early marriages they have been forced into or attracted by city life. At their arrival, individuals who gain income by bringing such girls to brothel keepers or bars tempt them to work in bars or join sexual exploitation. Female children in the urban areas often become exposed to sexual abuse and exploitation after experiencing serious physical and emotional abuse like being raped or beaten by caretakers or employers (Tsegaye, 2011).

2.2.3 Emotional Abuse

Emotional abuse includes the failure of a caregiver to provide an appropriate and supportive environment, and includes acts that have an adverse effect on the emotional health and development of a child. Such acts include restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other nonphysical forms of hostile treatment. Psychological abuse against children has been allotted even less attention globally than physical and sexual abuse. Cultural factors appear strongly to influence the non-physical techniques that parents choose to discipline their children some of which may be regarded by people from other cultural backgrounds as psychologically harmful (Lopez, 2000).

It is a wide spread norm throughout the country that children are taught and required to respect adults starting from early childhood. However, very little consideration is given to the needs of children for being respected as human beings. On the contrary, it is normal for children to be disgraced, insulted and humiliated in the name of discipline or just because they are unaware. Most traditions do not allow children to eat on the same table with adults let alone express their views and feelings. Children's opinions are rarely given weight. Children are

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considered inferior in most families and are treated as second-class family members; only parents and elders get good treatment and respect for their feelings (Tsegaye, 2011).

2.2.4 Neglect

Neglect refers to the failure of a parent to provide for the development of the child where the parent is in a position to do so in one or more of the following areas: health, education, emotional development, nutrition, shelter and safe living conditions. Neglect is thus distinguished from circumstances of poverty in that neglect can occur only in cases where reasonable resources are available to the family or caregiver. Neglect caused by a lack of care on the part of parents or other caregivers as part of the child abuse (Troeme´ and Wolfe, 2001; Wolfe, 1999).

There are two categories of child abandonment: infant (new born child) abandonment and children forced out of their homes for various reasons. The causes of child abandonment include poverty, backward child rearing practices like ignorance and apathy, having too many off-spring, divorce, unwanted pregnancy, pre-marital sex resulting in child-birth, and lack of family support. Animosity of parents and the community towards girls giving pre-marital birth can also be an aggravating (Tsegaye, 2011).

2.3 Factors Aggravating Child Abuse during COVID-19

Abuse and violence in the home setting are expected to increase partly because of the household arrangements, where household sizes are very large and where households are mostly living in single room accommodations. A rapid assessment of the effect of COVID-19 in children revealed that having a large family size living together in a small house has been a factor in the increase in violence against children (ACPF, 2020).

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The following factors were cited as reasons for the increased risk of violence: parental stress and tension, children's increased presence at home and commercial sexual exploitation to meet economic needs (Fraser, 2020).

In a context where most formal jobs are male jobs, potential job loss is also likely to complicate the situation of child abuse in the family setting. The ILO estimates that the pandemic could cost between 5 million and 25 million jobs. This has the potential to trigger severe economic stress and anxiety over finances, a situation that, for families, will exacerbate the risk of violence in the home, including violence by caregivers against children. There is evidence to suggest that male unemployment, and the resultant feeling of failure to fulfil the traditional male breadwinner role, triggers feelings of inadequacy and emasculation, in which case violence against women can be a means of resolving this crisis as an expression of male power. A global study by the World Bank in 2019 revealed that just a 1% increase in male unemployment is associated with a 2.5% increase in physical inter partner violence against women(ACPF, 2020).

Furthermore, millions of children are living in places that have instituted some form of confinement, including lockdowns and stay-at-home orders. These measures have disrupted the formal and informal protective systems that generally identify and respond to children's risks. Schools and communities are over-taxed and/or unable to support children and families' well-being. In a confined space, caregivers must now manage their children's schooling as well as their own work and care giving responsibilities. Unpredictable and sudden events such as family deaths can shift care duties. Children, especially adolescents, may face mounting pressure to help provide for their families (UNICEF, 2020b).

2.4 The Effect of COVID-19 Outbreak on Child Abuse

The COVID-19 pandemic is one of the greatest shocks to global stability since World War II. Many countries have put in place measures to control movements; about 60% of all children worldwide now live in countries where a full or partial lockdown is in place (CRN, 2020). Lockdowns and shelter in place measures come with heightened risk of children witnessing or suffering violence and abuse. Children's reliance on online platforms for distance learning has also increased their risk of exposure to inappropriate content and online predators (UN, 2020).

Effects of COVID-19 on girls and boys, a major spike in the cases of children experiencing physical, emotional and sexual violence, both now and in the months and years to come when they are forced to stay at home. Therefore, up to 85 million more girls and boys worldwide may be exposed to physical, sexual and/or emotional violence over three months as a result of COVID-19 quarantine (World Vision, 2020).

Responses to COVID-19 have included or led to restricted economic activity, school closures, reduced access to health, social and legal services, and social distancing measures. Each of these may affect the risk of violence. Increased economic insecurity could increase caregivers' stress levels and likelihood of using violence against children and others within the household. School closures have affected over 1.5 billion children and put strain on children and caregivers' mental health, reduced access to school-based resources, such as food and counselling, and increased the contact children have with violent caregivers. Reduced health and protection services for children further limit opportunities to identify report and respond to violence. Finally, social distancing measures reduce child and caregiver contact with formal and informal support structures that often play a role in violence prevention and response. These

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pathways to violence operate across society over time and are exacerbated by unequal access to pandemic response efforts, as well as by pre-pandemic levels of health-care access, poverty, gender and social inequality (Wang et al., 2020).

Despite being effective in the prevention of infectious diseases spread, rigorous measures which include social distancing, followed by a series of related consequences (the growth of unemployment, economic downturn, lowering of the standard of living and the quality of life), all impact mental health., from the beginning of the current pandemic till now there are data about negative psychological effects, including signs of posttraumatic stress, confusion and anger. Incidence and intensity of negative mental health indicators are caused by the duration of isolation/quarantine, fear of infection, the feelings of frustration, boredom, insufficient or inadequate amounts of supplies, inadequate information, material losses and stigma (in cases of disease or suspected disease), and some studies indicate a possibility of lasting difficulties mentioned here(Đapić et al., 2020).

The response measures to COVID-19 pandemic, including stay-home measures and the resultant close physical proximity between perpetrators and victims in the confines of the home setting usually overcrowded coupled with family economic hardships have created a perfect storm of circumstances for sexual and physical violence, abuse and exploitation to happen with limited public scrutiny. Further, heightened anxiety engendered by the circumstances surrounding quarantine and confinement have emboldened perpetrators' predisposition to abuse their positions of power, trust and authority over children under lockdown with them (ACPF, 2020).

2.4.1 Emerging Risks and Trends of COVID-19

It is apparent that the current situation underscores the prevalence and intensity of risk factors for child abuse and neglect, consistent with the findings of recent studies, empirical and clinical observations. Some of the risks for health and welfare of children and youth have been well known from previous epidemics of infectious diseases and other situations with characteristics of a crisis. The outbreak of COVID-19 can contribute to the development of risk factors for child abuse and neglect at the time of the current health crisis. These risk factors are characteristics of the child lower self-confidence and self-efficacy development of somatic symptoms and internalised and externalised difficulties ; parent characteristics development and/or intensifying of the psychological symptoms and increased misuse of addictive substances, lower socio-economic status, unemployment and existential problems , high levels of stress and some somatic diseases; characteristics of the family emphasising all negative patterns without the possibility of buffering by other persons and/or institutions(Đapić et al., 2020).

As the pandemic has spread across the globe, we have seen an increase in violence against children in a variety of contexts. Quarantine measures limiting movement of people and leading to the closure of public services are exposing children, especially girls, to increased risks of violence. A recent World Vision report has estimated that as a result of three months of global lockdowns, up to 85 million more children may be at risk of physical, sexual and emotional violence than before the outbreak (CRN, 2020).

2.4.2 Increase in Violence at Home

More than one billion children are out of the education system and confined at home with careers that are experiencing one or various forms of duress (e.g. unemployment, depression, work from-home pressure, anxiety). For many children, home was not a safe environment to

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begin with; for others, the increase in stress on caregivers and close confinement in overcrowded lodgings also means new risks of violence. Girls and boys already experiencing violence at home, as well as those more vulnerable to violence such as children with disabilities are at increased risk (CRN, 2020).

For too many children, home can be a place of fear and abuse. That situation worsens considerably in cases of isolation such as the lockdowns imposed during the COVID-19 pandemic. Physical/domestic violence, psychological torture/ emotional violence and sexual violence are on the rise which has been cited as some of the factors for the increase in incidents of domestic violence (ACPF, 2020).

Since the pandemic started and quarantine measures have been put in place, calls to hotlines for domestic violence have substantially increased up to 20% and above. As violence against children often happens at home, these data indicate an increase in child abuse. These accounts are substantiated by data from other sources. Exposure to physical and sexual violence at home, as well as witnessing intimate partner violence, perpetuates intergenerational cycles of violence. Girls experiencing violence at home are more likely to become victims of intimate partner violence (CRN, 2020).

2.5 Child Protection and Prevention of Child Abuse during COVID-19

Efforts to mitigate the effects of COVID- 19 response measures on violence against children should be an essential component of pandemic response and recovery. Several countries have implemented policies of paid sick leave for caregivers, childcare support and child feeding programmes. Violence services are essential, relied on child help lines to receive reports of violence or have integrated child protection into COVID-19 response help lines. Efforts to

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respond to violence against women, which may benefit children as well, include altering stay-at-home orders for women experiencing violence, making phone help lines and Smartphone apps available inconspicuously, allowing women to access shelters with their children and enabling reporting of violence via pharmacies or supermarkets. Efforts that merit further consideration include integrating child protection into existing health services, training non-traditional actors to receive disclosures of violence against children, and incorporating strategies to reduce the risk of separating children from caregivers and to promote kinship care (Gentilini et al., 2020).

Prevention of violence against children should be integrated into the sectors responding to COVID-19, including health, education, social protection, law and justice. Social, economic and health policies that consider the best interests of the child, commit to preventing the social inequities that may increase risk of future violence, and focus on the vulnerabilities of displaced and refugee children, children with disabilities, and children living on the street, in detention, or in alternative care, should be central to these efforts. How stakeholders monitor and respond to violence against children during COVID-19 will have immediate and long-term implications on health, development and rights. (Guedes et al., 2020).

2.5.1 Child Protection

The concept of child protection is used to describe a set of usually government-run services designed to protect children and young people who are underage, and to encourage family stability. Child protection refers to prevention and response to violence, exploitation and abuse against children. Child protection is an effort aims at strengthening the care of the most vulnerable children, and preventing all forms of violence, exploitation and abuse against children – ensuring full maintenance of the rights of all children at all times in accordance to the Un CRC and other related international, regional and national instruments. In a broader sense, it is about

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provision of a universal service for children and families in general and more specialized services for children and families with specific problems and needs (Beckett, 2007).

The particular focus is however on those children who have already been subjected to serious maltreatment or who are imminently at risk of being seriously maltreated or abused. Children need to be provided with protection against all sorts of risks and vulnerabilities underlying many forms of harm and abuse including sexual abuse and exploitation, trafficking, hazardous labour, violence, living or working on the streets, the impact of armed conflict, harmful practices such as female genital mutilation, child marriage, lack of access to justice, and unnecessary institutionalization (UNICEF, 2008).

Child protection efforts comprise a wide range of proactive and reactive measures. Prevention of the risk of abuse through measures that address causal factors, protection of children at risk through measures that deter or impede possibility of the incidents of abuse as well as mitigate the consequences; and investigation and adjudication of the cases of abuse and maltreatment. Due to the complexity of the problems facing children exposed to insecurities, three regulatory regimes need to be ensured as a whole, namely human rights protection, crime control, and economic efficiency (Hammad, 2009).

Worldwide, the field of child protection in humanitarian settings is undergoing an historic shift toward strengthening child protection systems on a national scale. This approach aims to provide comprehensive child protection supports and promises to invigorate efforts to prevent problems of abuse, violence, exploitation, and neglect regarding children. This systemic approach is important and encouraging, but many challenges have arisen in implementing it. Many efforts at mapping and strengthening child protection systems have been top-down and

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failed to listen deeply to families and communities or to recognize adequately their contributions to children's protection and well-being (Wessells, 2015).

A key strategy is building a protective environment for children that will help prevent and respond to violence, abuse, and exploitation, which involves multidimensional efforts that should be implemented through varied actors and systems/arrangements. A protective environment for children boosts development progress, and improves the health, education and well-being of children and their evolving capacities to be parents, citizens and productive members of society (UNICEF, 2008).

Diverse actors make up a child protection system. Government actors at different levels bear the primary responsibility for the protection of children within the state's territorial boundaries. Formal actors such as social welfare officials, police, government social workers, and magistrates lead the child protection system at national and sub-national levels. At grass-roots levels, the role of non-formal actors is highly visible. As embodied in social ecological frameworks of child development, children are frequently protected by non-formal actors such as families, communities, and leaders such as elders, teachers, or religious leaders. At societal levels, the media, government leaders, and civil society organizations play an important role. Because problems such as child trafficking cross international boundaries, international actors may also contribute to or support national child protection systems (Wessells, 2015).

Non-formal actors –including children, families, and communities are important parts of child protection systems, although too often they are portrayed simplistically as beneficiaries or as part of the problem. Children show remarkable resilience amid adversity, navigate complex environments, and engage in self-protection. Children are social and political actors who may

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help peers, families, and communities to protect children. Although parents may not label their activities as “child protection,” they do much to protect children by ordinary activities such as shielding infants from harm, and teaching children good behaviour and how to avoid hazards. Communities include valuable protection resources such as religious leaders, teachers, elders, nurses, and natural helpers who respond to and prevent harms to children. In addition, children, families, and communities can also be perpetrators of violations against children. Families often harm children through family violence or sexual abuse, and communities use harmful practices such as female genital mutilation. These problems, however, are not immutable, and they should not blunt our sensitivities to the central role that children, families, and communities play in child protection systems (Wessells, 2015).

2.5.2 Community-Based Child Protection Mechanisms

Community-Based Child Protection Mechanisms (CBCPMs) are local-level groups or processes that respond to violations against children and work to prevent risks to children. CBCPMs are key parts of child protection systems since they operate at grassroots levels such as village level in rural areas and neighbourhood level in urban areas, which is where children and families live and where children may be exposed to significant risks on an ongoing basis. Also, they are rich in potential child protection resources such as parents, teachers, and religious leaders, among others (Wessells, 2015).

International NGOs frequently help to establish Child Welfare Committees (CWCs) or Child Protection Committees that consist of 10–20 women and men and also children. Having been trained, these Committees monitor, respond to, mitigate, and prevent various forms of child abuse. In emergency settings where supports for children have been weakened or shattered,

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CWCs are one of the most frequently used child protection interventions. CWCs are also used frequently in transitional and long term development settings (Wessells, 2015).

2.5.3 Child Friendly Justice

Child Friendly Justice (CFJ) is part and parcel of the concept and practice of child protection particularly concerns children who come into contact to a justice system. It stipulates the principles and manners of treating children and handling their cases through the processes of justice. The UNCRC Article 37, 40 and related international standards on the Administration of Juvenile Justice as well as the African Charter on the Rights and Welfare of the Child (ACRWC) Article 17 require states to establish a child-centred, specialized justice system whose overarching aim is children's social reintegration, and which should guarantee that their rights are respected. The international laws also emphasize the need to divert children away from judicial proceedings whenever possible and to redirect them to community support services. According to the laws, the formal justice system should only deal with the small minority of children who have committed very serious crimes and represent a threat to their society. Detention of children should always be a measure of last resort (Tsegaye, 2011).

CFJ is a practice where all stipulated standards of juvenile justice are fulfilled and thereby all rights of children are preserved in the course of investigation, prosecution, adjudication and correction to all children who come into contact to the system for what so ever reason. This applies for children who are victims as well as in conflict with the law and with regard to criminal as well as non-criminal matters. A CFJ system provides justice for children affected by violence and abuse, and makes the justice process friendlier to all children who pass through the process– victims, offenders, and witnesses. It is, in particular, justice that is accessible, age appropriate, speedy, diligent, adapted to and focused on the needs and rights of

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the child, respecting the rights of the child including the rights to due process, to participate in and to understand the proceedings, to respect for private and family life and to integrity and dignity (Tsegaye, 2011).

2.6 International Experience of Child Abuse during COVID-19

Globally, COVID-19 lockdown measures have exposed children to more sexual, physical and emotional abuse and neglect (Sserwanja et al., 2020). Over 1 billion children (aged 2–17 years) experience sexual, physical or emotional violence each year in the world (Hillis et al., 2016). Abuse and neglect of children is a public health issue at a global level, with significant rates of morbidity and mortality. Actual circumstances of a health crisis generate and aggravate a series of risk factors for child abuse and neglect at the level of the child and parent characteristics, family dynamics and the wider social environment. Isolation and quarantine possibly leading to social exclusion represent a serious risk for child abuse and neglect, possibly also being the reason for fewer reports (Đapić et al., 2020).

Violence by caregivers is the most common form of violence experienced by children. Children are also often witnesses to domestic violence against women, the rates of which are thought to have increased in many countries. Such acts of violence are more likely to occur while families are confined at home and experiencing intense stress and anxiety. 60 percent of all children worldwide live in countries where a full or partial lockdown is in place. Lockdowns tragically also present an opportunity for child abusers to harm children. Children are rarely in a position to report such egregious acts. Yet, at a time of increased need, children no longer have the same access to teachers to report incidents at home, while social work and related legal and protective services for children are being suspended or scaled back. Children's reliance on online platforms for distance learning has also increased their risk of exposure to inappropriate content

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and online predators. Growing digitalization magnifies children's vulnerability to harm (UN, 2020).

There have also been reports of significant increases in calls to domestic violence hotlines. The UNFPA has recently predicted the increase in domestic violence of children 20% due to measures associated with managing the COVID-19 outbreak. However, the percentages disclosed by the SOS hotlines and reported in media tend to be much higher – an average of 32% according to the reports we assessed. Therefore, the violence against children is also on the rise (UNFPA, 2020; World Vision, 2020).

Table 2.1: Average Number of Children Ages 2-17 Exposed to any Violence or Severe Violence during COVID-19 in the World

No.	Region	3-month average number of children ages 2-17 exposed to any violence or severe violence	A 20% increase	A 32 % increase
1	Africa	57,440,932	11,488,186	18,381,098
2	Asia	17,889,193	3,577,839	5,724,542
3	Latin America	14,607,329	2,921,466	4,674,345
4	Europe	3,798,000	759,600	1,215,360
5	Northern America	10,048,608	2,009,722	3,215,554
6	Oceania	160,049	32,010	51,216
7	World	264,694,111	52,938,822	84,702,116

Source: UNFPA (2020); World Vision (2020).

Beyond those already noted, the estimates in this brief are based on a number of additional assumptions, including: (i) that trends in observed increases in incidence of domestic

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violence are representative of global trends and (ii) can be consistently applied over a 3-month period regardless of the time period the reports cover (5 days to 2-4 weeks); (iii) that increase in SOS hotline calls represents increase in number of cases of domestic violence; (iv) that the existing evidence of co-occurrence between domestic abuse and child abuse holds true amidst COVID-19; (v) that global annual projections of violence against children can be accurately represented by averaging over a 3-month period; and (vi) increases in household violence against children – given this represents the vast majority of interpersonal violence against children – can serve as a proxy for total violence against children (UNFPA, 2020; World Vision, 2020).

2.6.1 Experience of Developed Countries

National strategies to the COVID - 19 pandemic differ between developed countries, however, the lives of children and adolescents remain very much affected by the pandemic, and there is reason to believe that the last few months have seen an increase in violence against children (Øverlien, 2020).

Some data of developed countries support the assumption that the rate of child abuse and neglect has already increased due to the global pandemic. Northern Ireland (UK) records a child abuse and neglect increase by 20%, in Paris (France) it is increased by 32%, in New South Wales (Australia) by 40%. Children's Centre for Prevention and Child Abuse and Neglect in Fort Worth in Texas (USA), in only one week, from 16 to 20 March 2020 recorded a significant increase of severe cases of child abuse, seven of them, while two out of these seven children died (Đapić et al., 2020).

For Example in USA American children are experiencing multiple hardships brought on by the corona virus. Many millions more children are now hungry, missing out on school and

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worried about their family's economic future. For children who were struggling before COVID-19, things have gotten worse. Going back to "normal" will not be enough for these kids. Massive investments are needed to help the most disadvantaged children to recover and catch up. Without these investments, the future of our children and our nation is at risk (Save the Children, 2021).

Child maltreatment existed in the UK long before the COVID-19 pandemic, particularly among families where caregivers were overloaded by the stressors in their lives, and where children's circumstances made them vulnerable to danger or exploitation. The conditions created by COVID-19 have increased the likelihood that both stressors and vulnerability will increase, at a time when the protective services we normally rely on have been weakened, and families have reduced social support and connections to rely on. Since the start of the pandemic, many parents and careers have faced financial insecurity, alterations to their routine, and the juggling of multiple responsibilities including work, full-time childcare and care for family members who may be shielding or ill (Romanou and Belton,2020).

As government has introduced movement restrictions to stem the spread of COVID-19 in the UK, several indicators point to a rise in various forms of violence against children. For the limited number of victims where data currently exists, there has been an increase in calls to child help lines. The UK's NSPCC recently reported that it saw a surge in the number of calls to its helpline: 1,580 people concerned about the safety of a child in lockdown (World Vision, 2020).

In Norway response to the rapid worldwide spread of the corona virus, a national lockdown was announced and all day-care centres and schools were closed immediately, as were many small businesses, including restaurants and shops. Moreover, all gatherings, such as sporting events and concerts, were banned. These and numerous other restrictions in Norway

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during the spring of 2020 represented the most extreme measures enforced by the Norwegian. Many of the restrictions have significantly affected the lives of children and children living in households with domestic violence are at particular risk as a result of the pandemic (Øverlien, 2020).

2.6.2 Experience of Developing Countries

In developing countries, an intersection of factors leaves children at greater risk of marginalization, discrimination and neglect. Gender and social norms have traditionally placed girls at a greater disadvantage than other segments of the population. The COVID-19 pandemic has exacerbated and added yet another layer of vulnerability to an already dire web of vulnerabilities of children. For example, In the African continent, gender equality and girls' multidimensional vulnerability have been accentuated to an unprecedented level. The pandemic has triggered major concerns about the potential reversal of the strides achieved over the years towards gender equality and human development (ACPF, 2020).

Needs assessments from the Bolivarian Republic of Venezuela and Colombia and reported increased calls to help lines and increased risk of violence against children. Studies that rely on such violence being reported through help lines cannot detect changes in its underlying incidence or prevalence. Anecdotal evidence from previous epidemics suggests that violence against children may increase (Bakrania et al., 2020).

The pandemic has significantly raised the already elevated risks for violence and abuse against girls and boys in Sub Saharan African countries. Before the current crisis, somewhere around 57 million acts of sexual, physical and emotional abuse were perpetrated against children in SSA every month, which affected approximately half of the child population (Hillis et al.

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2016). Now consider a long list of new risk factors triggered by COVID-19. These range from economic stressors and stay-at-home measures to over-crowded settings and increased consumption of alcohol and other substances, to limited access to support networks as well as prevention and response services. These factors, especially when combined, are likely to increase the incidence of all types of violent acts along with the amount of time that children are exposed to abusers (UNICEF, 2020a).

For instance in Kenya, the Kenyan National Council on Administration of Justice, reported a significant spike in sexual offences in many parts of the country and rape and defilement have constituted more than 35% of all reported cases. Further, because Africa's legal and policy framework and technical capacity to protect children from online violence is still evolving, the shifts caused by the pandemic have resulted in children's access to unlimited and uncensored online content and use of less secure online educational applications. There is fear that children could be groomed by predators who are soliciting for sex online. This has been reported by various organisations, including the Anti-Human Trafficking and Child Protection Unit in Kenya (ACPF, 2020).

In World Vision's own work with communities and its collaborations with government and other agencies, we have seen an increase in cases of child abuse and other forms of violence in Kenya. In just one area where we work in Kenya, 18 cases of sexual abuse against girls were recently reported. This echoes an announcement by the Chief Justice of Kenya that in just the first two weeks of April there was a 35% increase in gender-based violence cases and a 50% increase in violence against girls (World Vision, 2020).

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More than 3,500 rape cases against children were recorded in health facilities between March and June 2020, with many of the poorest counties showing a 30% increase compared to the previous year. Calls to the national GBV hotline also mushroomed by nearly 800% when comparing pre- and post-COVID containment periods. In addition, nearly one in four respondents to a June 2020 phone survey reported having witnessed or heard cases of domestic violence in their communities since the introduction of containment measures (UNICEF, 2020a).

Uganda implemented one of the most stringent lockdowns with bans on transportation and gatherings as well as the closure of schools, stores and places of worship. In order to address the dearth of information in less developed regions, the article aims to provide an insight into the increased cases of child abuse in Uganda during the COVID-19 pandemic. The psychosocial effects of COVID-19 have greatly disrupted the living conditions of children, limiting their access to basic needs such as food and health care. In addition, there is a lack of social support, thus putting children at an increased risk of different forms of child abuse. Since the implementation of the COVID-19 lockdown in Uganda, there has been a rise in the incidence of child abuse. Increased cases of physical and sexual abuse against children have been reported in different parts of the country (Sserwanja et al., 2020).

Although recent data remain scarce, disturbing signs are emerging. The same Save the Children survey referenced in the previous section also presents an overall picture of these protection issues, with one-third of households reporting physical or emotional violence in their home since the start of the pandemic. In Uganda; in the Nwoya district, the number of cases of violence against children was reported to significantly increase when schools closed at the end of March 2020 (Edwards, 2020).

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In Ethiopia, data from few hospitals in Addis Ababa, showed that, within the space of less than two months i.e., between mid-March and mid-May 2020, within the space of less than two months, more than 100 girls have been raped, some of them by close family members (ACPF, 2020).

2.7 The Extent of Child Abuse during COVID-19 in Ethiopia

Different types of child abuse and commercial sexual exploitation of children have prevailed and expanded in Ethiopia. The prevalence of all types of child abuses including rape, sexual harassment and abduction in different regional states of the country including Addis Ababa have encountered with limited variations between urban and rural as well as between different cultural groups. Similarly, the violence against children in Ethiopia is high and a great number of teachers, parents and others are involved in abusing children (MOLSA, 2005; Nahom, 2018).

A rapid assessment of the effect of COVID-19 in children in Ethiopia by Children Believe Ethiopia revealed that having a large family size living together in a small house has been a factor in the increase in violence against children in Addis Ababa. The other challenge brought about by the COVID-19 crisis unfolding in Africa is the decrease in availability and accessibility of support services to survivors of abuse. As countries mobilize their resources to address COVID-19, very limited services are now available to life-saving care and support to gender-based violence survivors, including in the area of clinical management of rape and mental health and psycho-social support (ACPF, 2020).

According Getnet et al., (2013) and Nahom (2018), the state of violence against children specially girls including sexual violence in Ethiopia issued that more than 50% in Ethiopian girls

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are sexually abused and harassed and 30% girls were raped at least one time in their life before reaching the age of eighteen. However, nearly five out of ten girls assured that they were averagely raped three to ten time in their life span. Besides, to this 80% of Ethiopian girls were faced to the challenges of most prevalence of sexual observed seen in the country: verbal abuse, child molestation (touching and fondling of a sexual nature) as well as rape; however, verbal abuse and child molestation have encountered to 97% causes of rape at a later date. In which abuses occur within the school, the home and environments as well as in the community leading one to the belief that there are literally no safe places for girls. Perpetrators of abuse are often male friends, adult male neighbors and strangers but at times, shockingly enough; close family members including fathers and brothers.

In countries such as Ethiopia, facilities providing care and support services to survivors of violence are now operating at their lowest capacity. In a continent where women and girls already face numerous barriers in accessing justice for gender-based violence and related crimes and where there are consistently low conviction rates, a total or partial disruption of court processes due to the pandemic might create a positive feedback loop, wherein malfunctioning systems discourage women from reporting incidents of violence, thus shielding perpetrators (ACPF, 2020).

2.8 Child Protection Policy and Legal Context in Ethiopia

The UN Convention on the Rights of the Child (UNCRC) today, states are legally obliged to adopt the Convention into national legislation, thereby ensuring that all the rights in the Convention are addressed by the state itself as the main duty bearer, and by caregivers, parents or legal guardians of children through laws, policies, and administrative procedures. The UNCRC still applies during times of crisis, and children's rights should still be upheld, protected

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and fulfilled, and duty bearers and caregivers should ensure protective measures in such situations to their maximum extent. These critical rights and principles of the UNCRC are enshrined in Agenda 2030 – the universal, collective blueprint adopted by all states to create a just, inclusive and sustainable future for our children. Today, a global pandemic is marking the lives of a generation of children. Children’s rights to survive, learn, stay safe and be heard have been disrupted at best, and at worst violated by the pandemic and the measures that governments have taken to address it. COVID-19 has made clearer than ever that it is fundamental for adults to recognise children’s special and distinct rights in order that the effect of the pandemic on all children, but particularly those who are already deprived and subject to discrimination and marginalisation is minimised, and to ensure that they are not pushed further behind (UNICEF, 2020a).

With the purpose of tackling these problems, every concerned body of children, such as government organizations, NGOs, and other formal and informal sectors have undertaken awareness-raising programs as well as conducting research regarding child protection from their emergencies. The Ethiopia government has affirmed lot international convention and agreement for the protection of children, such as the minimum Age Convention No. 138, the African Charter on the Rights and Welfare of Children, and the Worst Forms of Child Labor (UN, 2012). Besides that, Ethiopia has seen continuous and sustainable economic growth and development for the consecutive more than 10 years. These growth and development have played their roles in coming educational development in the country. And, various policies have also played their roles for coming economic development and growth: this policy may also one of the parts of it. Further, this child protection policy briefing has its own significance and values both the federal and regional government of Ethiopia by announcing how much children are under various social,

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economic, and psychological problems to stresses, depression, insomnia, totally Post Traumatic Stress Disorder, in turn, they challenged to how vital assisting and nurturing are physical, emotional, health, and economic losses (Nahom, 2018).

The government of Ethiopia formulated national policy document of Federal Democratic Republic of Ethiopia National Children's Policy in April 2017. The National Child Policy and its implementation has become a national agenda as a way to address competing issues of the Ethiopian children such as child wellbeing and protection social and economic environment issues. While we are proud of the achievements so far, we remain committed to ensuring this policy is implemented to strengthen the national child rights system and structures, and mechanisms. Ethiopia ratified the Convention on the United Nations Rights Convention on the Rights of the Child (UNCRC) on December 9, 1991 by virtue of Proclamation 10/1992 which marks a paradigm shift since it identifies children as bearers of not only care and protection rights but also civil and political rights as well. Ethiopia also ratified the African Charter on the Rights and Welfare of the Child (ACRWC) on October 2, 2002 by virtue of Proclamation 283/2002. These two instruments are comprehensive treaties which recognize the civil, political, economic, social and cultural rights of children (FDRE, 2017).

Child Protection Policy is a very crucial instrument for safeguarding the rights of children and protecting the violence of children. Due to the fact that every countries which have child protection policy would have its own advantages for the protection of children from over all sever and complex problem they have, it might also have disadvantages because the drafting of some social and public policy have been based on class, ethnicity, language, nation, nationalities, and cultures. In turn, they have shown their dominancy over the marginalized part of society. Child Protection Policy of Ethiopia is not an exceptional for not being widely emphasized these

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groups. Despite the fact that the Ethiopia government has launched lot policies, such as child protection policy for tackling such problems, these have still been occurring and expanding in different districts in a country without the discrimination of ethnicity, language, and nations and nationalities (Nahom, 2018).

The Ministry of Women, Children and Youth Affairs (MOWCYA) is responsible for coordinating the implementation of the Convention on the Rights of the Child (CRC Convention). For this purpose, Ethiopia established regional Bureaus of Women, Children and Youth Affairs (BOWCYA), as well as national, regional, zonal, and woreda level CRC Executive Committees. In total, 1149 Executive Committees were established around the country, which are responsible for the coordination of the implementation of the CRC Convention. In addition, Ethiopia has a series of committees tasked with the supervision of the national plans and strategies that are relevant to the fight against sexual exploitation: the National Steering Committee to coordinate activities on the worst forms of child abuse and against sexual exploitation of children. The latter was established in 1997. It is composed of the representatives of the relevant stakeholders and tasked with developing actions plans and coordinates the activities aimed at tackling the sexual exploitation of children (ECPAT, 2018; UNICEF, 2011).

Practice of child protection and CFJ is relatively a recent phenomenon in the Ethiopian context. It has a history of not more than a couple decades only. Emergence and development of formally recognized practices of child protection and CFJ in Ethiopia is associated with the emergence and development of the democratic form of governance in the country. Before 199, the country's political and governance environment was not accommodative of the issues of human rights, democracy and democratic rights. In 1991, the government of the Federal Democratic Republic of Ethiopia (EFDR) has ratified the CRC and domesticated it in 1992 by

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publishing the statement of ratification in the *Negarit Gazeta*– which was the official law gazette of the government by then. The fact that the government had adopted the CRC was a significant milestone for the start of major initiatives towards the practices of child protection and CFJ. Subsequently, the government has reviewed its laws, formulated varied national policies and programs that directly deal with the matters of children; and established structures that support maintenance of the CRC and implementation of the policies and programs (Tsegaye, 2011).

The National Children’s Policy of Federal Democratic Republic of Ethiopia is prepared in 2017 to guide all governmental, community, community structures, religious institutions and non-governmental entities and other stakeholders to give due attention to promotion and protection of children’s rights, bring up a better generation and execute their responsibilities in an accountable manner. The introduction of such specialized systems and services has improved the practices of handling of children, those in conflict with law as well as victims of violence and abuse by ensuring specialized treatment, follow-up, and support during the justice processes. Children were being handled better and their cases were being dealt with more promptly and appropriately where such systems and services are available (Martin and Williams, 2005).

As the result of such practices and associated efforts, many other forms of good effects have also been attained towards safeguarding the rights of children and protection of children from abuse and offence: change and improvement in the awareness and attitudes of the general public and members of concerned agencies; improvement in the level of competencies of involved professionals; improving trend in institutionalising and integrating the roles of child protection and CFJ into the concerned government institutions; improving scale of collaboration among different actors; and increased rate of reporting, management and conviction of child abuse cases(Tsegaye, 2011).

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Targeting at providing better protection of the rights of children, Ethiopia has adopted different national and ratified international legal frameworks that address specifically gender based violence. Among these laws are the 1995 FDRE constitution, the 2003 Revised Family Law and the 2005 Revised Criminal Code and other relevant policies pertinent to the protection of gender based violence (Fite, 2014).

2.8.1 The Ethiopian Constitution and Child Protection

The FDRE constitution adopted in 1995 provides a sound framework for the protection and promotion of the rights of children. The constitution made the CRC² part of the domestic law that can be invoked and applied before the courts as any other piece of national law. In addition to domesticating the CRC and other related international instruments which Ethiopia has ratified³, the constitution contains key articles for the pursuit of the rights of the child⁴. Other laws that deal with different aspects of violence against children include the family law, the penal law, the criminal procedure law, and the labour law. All of these laws have gone through some revision recently, with a view of making them consonant with progressive standards and constitutional principles (Tsegaye, 2011).

2.8.2 Penal Code and Child Protection

The right for children not to be subjected to exploitative practices is enshrined in Article 36 of the Constitution. When it comes to OCSE, Article 640 of the Criminal Code prohibits a

² Article 9(4): - All international agreements ratified by Ethiopia are an integral part of the law of the land.

³ Article 13(2): - The fundamental rights and freedoms specified in this chapter shall be interpreted in a manner conforming to the principles of the Universal Declaration of Human Rights, International Covenants on Human Rights and International instruments adopted by Ethiopia.

⁴ Article 36: Rights of Children

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series of acts prescribed by the OPSC and even criminalises the mere possession of writings, images, posters, films or other objects which are obscene or grossly indecent (ECPAT, 2018).

The revised penal code (2004) gives ample recognition to the special situation of the juvenile accused. A special section of the penal law provides for rules of both substance and procedure that are exclusively designed to deal with juvenile offender. A number of other provisions that concern children are found scattered in the different sections of the penal law. Many acts of violence against children are specifically criminalized in the penal law. There are specific provisions on infanticide, sexual violence, abduction, maltreatment, neglect and negligent treatment, sexual exploitation of children, as well as trafficking. Revised Penal Code has also criminalized some deep-rooted harmful traditional practices, which had not been criminalized before, such as female genital mutilation, placing stitches into the female genitals and transmission of diseases through harmful traditional practices (Tsegaye, 2011).

On the other hand, the code sets minimum age of criminal responsibility as, and rules that, for purposes of administering penalty, children aged between fifteen and eighteen are considered as adults, unless otherwise is proved by the court adjudicating the case. With regard to the latter case, the law provides that mitigation of the penalty is always permitted, the death penalty may never be imposed and, under certain conditions, the measure or penalty scheme for young offenders may be applied in too(*Ibid*).

2.8.3 The Criminal Procedure Code and Child Protection

The criminal procedure code also presents specific sections that have to be applied in cases concerning young persons. In a specific chapter, the code attempts to provide a comprehensive and self-contained guide covering criminal procedure involving children from the

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first to the last stage in the process: complaint and accusation, arrest, investigation, charge and plea, trial judgment, sentence, and appeal.

2.8.4 The Family Law and Child Protection

The revised family law proclaimed in 2000 has a number of articles that relate to the rights of children. This law contains many provisions which attempt to ensure that a child is not left without a guardian and a tutor as well as laying a duty on guardians and tutors to ensure the safety and welfare of the child's physical and intellectual development. The law compels the guardian to watch over the health of the minor, to supervise the social contacts and education of the minor and to fix the residence of the minor. Related to this, detailed guidelines on institutional childcare, community based childcare, reunification, foster family care and adoption are provided through Ministry of Labour and Social Affairs (Tsegaye, 2011).

2. 9 Conceptual Framework

A number of studies, mostly from the developed world, have suggested that certain characteristics of children increase the risk for abuse. These are age, sex, family structure and resources, family size and household composition, personality and behavioural characteristics, violence in the home, poverty, social capital and societal factors.

Vulnerability to child abuse – whether physical, sexual or through neglect depends in part on a child's age (Ketsela and Kebede, 1997). Fatal cases of physical abuse are found largely among young infants (Kirschner and Wilson, 2001). Young children are also at risk for non-fatal physical abuse, though the peak ages for such abuse vary from country to country. Sexual abuse rates, on the other hand, tend to rise after the onset of puberty, with the highest rates occurring during adolescence. Sexual abuse, however, can also be directed at young children (Madu and

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Peltzer, 2000). In most countries, girls are at higher risk than boys for infanticide, sexual abuse, educational and nutritional neglect, and forced prostitution (Finkelhor, 1994; Hadi, 2000).

Abuse and violence in the home setting are expected to increase partly because of the household arrangements, where household sizes are very large and where households are mostly living in single room accommodations. A rapid assessment of the effect of COVID-19 in children revealed that having a large family size living together in a small house has been a factor in the increase in violence against children (ACPF, 2020).

Physically abusive parents are more likely to be young, single, poor and unemployed and to have less education than their non-abusing counterparts. In both developing and industrialized countries, poor, young, single mothers are among those at greatest risk for using violence towards their children (Straus, 1998; Zununegui et al., 1997).

The size of the family can also increase the risk for abuse. However, it is not always simply the size of the family that matters. Data from a range of countries indicate that household overcrowding increases the risk of child abuse. Unstable family environments, in which the composition of the household frequently changes as family members and others move in and out, are a feature particularly noted in cases of chronic neglect (Tadele et al., 1999).

A number of personality and behavioural characteristics have been linked, in many studies, to child abuse and neglect. Parents more likely to abuse their children physically tend to have low self-esteem, poor control of their impulses, mental health problems, and to display antisocial behaviour. Neglectful parents have many of these same problems and may also have difficulty planning important life events such as marriage, having children or seeking employment. Many of these characteristics compromise parenting and are associated with

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disrupted social relationships, an inability to cope with stress and difficulty in reaching social support systems (Tadele et al., 1999). Abusive parents may also be uninformed and have unrealistic expectations about child development. Abusive parents show greater irritation and annoyance in response to their children's moods and behaviour, that they are less supportive, affectionate, playful and responsive to their children, and that they are more controlling and hostile (Bardi and Borgognini-Tari, 2000).

The consequences of child abuse are health burden and psycho-social burden. Ill health caused by child abuse forms a significant portion of the global burden of disease. While some of the health consequences have been researched, others have only recently been given attention, including psychiatric disorders and suicidal behaviour. Importantly, there is now evidence that major adult forms of illness including heart disease, cancer, chronic lung disease, irritable bowel syndrome and fibromyalgia are related to experiences of abuse during childhood. The apparent mechanism to explain these results is the adoption of behavioural risk factors such as smoking, alcohol abuse, poor diet and lack of exercise (Cooperman and Merten, 2001).

Similarly, there are many studies demonstrating short-term and long-term psychological damage. Some children have a few symptoms that do not reach clinical levels of concern, or else are at clinical levels but not as high as in children generally seen in clinical settings. Other survivors have serious psychiatric symptoms, such as depression, anxiety, substance abuse, aggression, shame or cognitive impairments. Finally, some children meet the full criteria for psychiatric illnesses that include post-traumatic stress disorder, major depression, anxiety disorders and sleep disorders (Fergusson et al., 1996).

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Physical, behavioural and emotional manifestations of abuse vary between children, depending on the child's stage of development when the abuse occurs, the severity of the abuse, the relationship of the perpetrator to the child, the length of time over which the abuse continues and other factors in the child's environment (Briere and Elliott, 1994). The measures to contain and respond to the pandemic have further increased the risks of physical, sexual and emotional violence against girls, boys and children with different gender identities (CRN, 2020).

The financial costs associated with both the short-term and long-term care of victims form a significant proportion of the overall burden created by child abuse and neglect. Included in the calculation are the direct costs associated with treatment, visits to the hospital and doctor, and other health services (Fergusson et al., 1996).

COVID-19 lockdown measures have exposed children to more sexual, physical and emotional abuse and neglect (Sserwanja et al., 2020). The outbreak of COVID-19 and the measures put in place to contain it will deeply affect the environment in which children grow and develop. Existing inequalities and vulnerabilities become exacerbated in a crisis – exposing children to increased violence (CRN, 2020). Children are hit the hardest by psychosocial effect of this pandemic or COVID -19. Being quarantined in homes and institutions may impose greater psychological burden and the physical sufferings caused by the virus. Moreover, incidences of domestic violence, child abuse, adulterated online contents are on the rise. The children from marginalized communities are particularly susceptible to the extended ill-consequences of this pandemic, such as child labour, child trafficking, child marriage, sexual exploitation and death (Ghosh et al., 2020).

Chapter Three: Research Methodology

3.1 Research Design

The qualitative research method was used in this research. A qualitative research method was found to be more suitable for the topic and in order to better understand the problem.

Qualitative research is conducted because a problem or issue needs to be explored and when a complex, detailed understanding of an issue is needed (Creswell, 2009). Accordingly, the issue under this study was qualitative research method.

Moreover, the case study method was implemented to deeply investigate the overall condition of abused children during COVID-19 in the city of Addis Ababa. Yin (2014) stated that the unique strength of the case study method is to deal with a variety of evidences such as documents, interview and observations, to illuminate why decisions were made, how they were implemented, and what results were achieved. Hence, the study employed case study as well as qualitative methods.

Therefore, a case study was conducted from Addis Ababa Police Commission, Menelik II Referral Hospital, Gandhi Memorial Hospital, Tirunesh-Beijing General Hospital, and Addis Ababa City Attorney General Bureau, Integrated Family Service Organization and Addis Ababa Women and Children Affairs Bureau.

3.2 Study Area and Period

The study was conducted in Addis Ababa governmental hospitals as well as from Addis Ababa Police Commission, Addis Ababa City Attorney General Bureau, Integrated Family Service Organization and Addis Ababa Women and Children Affairs Bureau which give services to the abused children in Addis Ababa City. The data of this research was collected from March 21, 2021 to May 27, 2021.

3.3 Study Population

The study population were children aged up to 18 years who faced child abuse during COVID-19 and who visited the three one stop center hospitals and officials and FGD participants from Addis Ababa Police Commission, Addis Ababa Women and Children Affairs Bureau, Addis Ababa City Attorney General Bureau, Integrated Family Service Organization and parents or guardian of the abused children in Addis Ababa City.

3.4 Data source

The major data sources are primary data sources from survivors of child abuse and their families, officials from Menelik II Referral Hospital, Gandhi Memorial Hospital, Tirunesh-Beijing General Hospital, Addis Ababa Police Commission, Addis Ababa City Attorney General Bureau, Integrated Family Service Organization and Addis Ababa Women and Children Affairs Bureau. In addition to this; secondary data source i.e., related documents were also reviewed. Documents, books, Journals, research papers, published and unpublished materials and annual abstracts were examined to help to establish the review of related literature.

3.5 Sample Size

The data was collected purposefully from the survivors of child abuse and their families; from the government owned institutions especially from one stop center government owned hospitals. Besides, to select officials and FGD participants institutions-based case study was conducted from Addis Ababa Police Commission, Integrated Family Service Organization, Addis Ababa City Attorney General Bureau and Addis Ababa Women and Children Affairs Bureau due to the availability of the data. The number of FGD participants were from 5 to 7 and the sample size of total respondents were determined based on convenience sampling. The

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number of sample respondents i.e. number of interview and FGD (Focus Group Discussion) is shown in the table below.

Table 3.1: *The Number of Respondents from the Selected Institutions*

No	Institution	Number of Officials		Number of abused child Parents	
		Number of Interview	Number of FGD	Number of Interview	Number of FGD
1	Addis Ababa Police Commission	2	1	-	-
2	Menelik II Referral Hospital	5	1	2	-
3	Gandhi Memorial Hospital	6	-	3	-
4	Tirunesh-Beijing General Hospital	2	-	-	-
5	Addis Ababa City Attorney General Bureau	3	-	-	-
6	Addis Ababa Women and Children Affairs Bureau	3	-	-	-
7	Integrated Family Service Organization	1	-	9	2
Total		22	2	14	2

Source: Developed by the Researcher, 2021

3.6 Sampling Techniques

The target institutions were selected on the basis of purposive non-probability sampling techniques because one stop center for abused children is only found in three government hospitals. The survivors of child abuse and their families were selected using convenience non-probability sampling techniques from three government hospitals.

Besides purposive non-probability sampling techniques was used to select officials from Addis Ababa Police Commission, Integrated Family Service Organization, Addis Ababa City

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Attorney General Bureau and Addis Ababa Women and Children Affairs Bureau due to the availability of the data.

3.7 Data Gathering Instruments

The researcher generally employed Interviews, FGD (Focus Group Discussion) with 5 to 7 participants, Document analysis and Observation. Interview questions were prepared to analyze the effect of the COVID -19 on child abuse: the case of Addis Ababa city. The responses of the interviews were written in order to note some of the main points in the responses for the purpose of interpretation and analysis of data. Focus group discussion was conducted with parents of abused children and officials in order to acquire data that inform public opinion about the child abuse during COVID-19 in Addis Ababa. The respondents' views to the interview and Focus Group Discussion were audio-recorded. The audio-recordings were converted into Amharic written text data by listening to the recorded views. After that, the transcribed Amharic data were translated by the researcher in to English. Besides, the various readings of reliable information and literature related to the effect of the COVID-19 on child abuse were also obtained from documents of the target institutions by using document analysis.

3.8 Analysis of Data

The research employed qualitative data analysis and the data have been presented and organized thematically in a narrative form, whereas the information obtained through observation and secondary data (documents) were analysed and interpreted.

3.9 Ethical Consideration

An ethical consideration was made in this study. The letter of permission obtained from “Addis Ababa University, School of Social Work” and “City Government of Addis Ababa

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Health Bureau to collect data. After getting permission from the administrations, the researcher has also contacted the research participants and requested each for their full consent. Apart from this, the purpose of the research was explained for each of the participants and that they were informed about the anonymity of their names and the data they provided. The sample respondents were informed before responding and their response have been kept confidential and were not used for other purposes than to achieve the objectives of the study.

Chapter Four: Results and Discussion

This chapter presents the results of the study. The first sub-section provides the situation of child abuse during COVID-19 in Addis Ababa City. The second sub-section presents the factors of child abuse due to COVID-19 in Addis Ababa, and all the issues investigated are presented. The third part displays the effect of child abuse during COVID-19 pandemic in Addis Ababa City. Finally, the measures that are undertaken to minimize child abuse during COVID-19 in the city are presented.

4.1 The Situation of Child Abuse during COVID-19 in Addis Ababa City

The interview result from officials of Addis Ababa Police Commission shows that the number of child abuse is increasing after the outbreak of COVID-19 in Addis Ababa City. This implies that the number of child abuse is higher than that of before the outbreak of the pandemic. The number child abuse is shown in table 4.1 below.

Table 4.1: *Annual Report of Child Abuse*

No.	Type of Child Abuse	Annual Child Abuse Report		Difference due to COVID-19
		2019	2020	
1	Female Sexual Abuse	354	398	44
3	Male Sexual Abuse	36	37	1
5	Physical Abuse	500	614	114
7	Total	890	1049	159

Source: Addis Ababa Police Commission, 2021

As it is shown in the above table 4.1 above that is taken from Addis Ababa Police Commission the trend of child abuse is increasing. This implies, that after the state of

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emergency⁵ on 14 April 2020, children were forced to stay home and the level of child abuse has increased.

The key informant from Addis Ababa Women and Children Affairs Bureau (KI-1, 10 March 2021) stated the issue of child Abuse during COVID-19 in Addis Ababa City as follows:

According to our data (the office), children have been abused at home more than anywhere else. Home based violence on children takes the lions share. When children are forced to spend more time at home, the level of risk of child abuse also increase. Unless things at home cannot be changed, there will be unstoppable domestic violence. Hence, children will continue as more vulnerable than others who spend long periods of time at home. As I said, the number of violence against children has on the rise.

Besides, one of the key informants from Integrated Family Service Organization explained the situation of child abuse during COVID-19 in Addis Ababa City in the following statements:

According to the Office of Women and Children's Affairs, child abuse has increased since COVID-19 outbreak. It said that the cases have increased; at the ministerial level or in the Addis Ababa bureau. In our organization level, there is an increase in the number of abused children during the COVID-19 outbreak. By the way, when an emergency occurs, the number of attacks increases. So our country cannot be different. I do not believe it will be reduced. It has been argued that the increase is not the result of an attack but a report (KI-10, 29 March 2021).

⁵In accordance with Article 93 of the Constitution of the Federal Democratic Republic of Ethiopia, the Government declared a 5-month State of Emergency in an effort to limit the spread of the Corona virus (COVID-19). Due to this reason: All movements at land borders, except for the flow of cargo and essential goods, were banned; Students and teachers were banned from meeting and were only be permitted to connect online or by other means that do not contravene social distancing measures; Children's playgrounds and other such venues were closed.

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The above quote reveals that there were different types of child abuse when children are forced to stay at home during COVID-19 in the city. Another possible explanation for this staying at home makes children to be abused. Furthermore, one of the key informant from Gandhi Memorial Hospital One Stop Center the child abuse during COVID-19 as follow:

During the corona pandemic, Children often have spent lots of time at home, especially before the opening of schools. When they are at home, according to our data, the attack is usually carried out by a neighbor, someone they know. Domestic violence is rare, but neighborhood violence has a greater share. As a result, they may be exposed to repeated attacks at their home (KI-7, 19 March 2021).

One of the key informants from Addis Ababa Police Commission (KI-3, 15 March 2021) revealed that there were many child abuse cases such as sexual abuse reported to us during the Corona Virus. Although there are differences in the type of the violence, there were many reports recorded.

Related to the issue of child abuse during COVID-19 in Addis Ababa City, the key informants from Addis Ababa Women and Children Affairs Bureau (KI-5, 17 March 2021) observed:

There have been many reports of child abuse since the Corona Virus outbreak. The main reason for the proliferation, I think it was the lockdown; most people were sitting at home because they were not at work. Firstly, there were attacks during the lockdown. Secondly, there is the opportunity to discuss with the children while they were at home. There were opportunities to give them time to talk about their abuse, and to come to the police station. So some parents have been able to spend time with their children during the COVID-19. And some have brought their cases to the attention of the law. As a result, the number has increased significantly during corona outbreak.

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According to the key informant from Addis Ababa Women and Children Affairs Bureau (KI-1, 10 March 2021) stated, the perspective of the office, child abuse is multifaceted and there are four types of child abuse in Addis Ababa City namely sexual abuse, physical abuse, emotional abuse, and neglect.

Related to this issue, one of the key informants from Tirunesh Beijing General Hospital One Stop Center stated the type of child abuse during COVID-19 depicted:

When we look at the types of violence that come to us, most of it is related to sexual violence. However, there are also children who experienced physically abused. But physical abuse is not what we see in all victims. In some cases, two or three types of abuses have occurred together like physical with sexual (KI-9, 22 March 2021).

The researcher's personal observation also supported their view have observed different types child abuse in one stop centers of the government hospitals.

4.2 Sexual Abuse during COVID-19 in Addis Ababa City

The interview result from different officials of Addis Ababa city shows that the children have faced sexual abuse during COVID-19 in Addis Ababa City. The sexual abuse of children has been carried out by neighbour, relatives as well as by their own fathers. This means that the children would most probably get abused around their home when they are forced to stay at home during COVID-19 in the city.

Moreover, the data from one stop Centre of Addis Ababa city show that the number of child abuse during COVID-19 has increased. Table 4.2 below shows the trend of child abuse is increasing and number of child abuse during COVID-19 is high in Addis Ababa City. This implies the report of child abuse during COVID-19 is higher than that of Ababa Police Commission.

Table 4.2: *Number of Abused Children who got Services at One Stop Centre*

No.	One Stop Centre	Annual Child Abuse Report		
		2019	2020	2021 (Four Months Report up to April)
1	Gandhi Memorial Hospital	557	908	342
2	Menelik II Referral Hospital	189	227	191
3	Tirunesh-Beijing General Hospital	62	117	NA
4	Total	808	1252	533

Source: Addis Ababa One Stop Centre, 2021

FGD participant of the abused child mother stated the situation as follow:

During the Corona virus, my daughter was attacked in my rented house. I was a daily labourer. Therefore, I went out by entrust my son to my neighbours. I returned before seven o clock local time in the afternoon. So I left. But then my house renter son raped my daughter. My daughter was raped by an 18-year-old boy; yet she was 11 years old (FGD2, 26 March 2021).

However, some of the perpetrators are unknown. The parent of the abused children during COVID-19 stated that her daughter was sexually abused during COVID-19 by unknown person. The parent of the abused child said:

My daughter was raped during COVID-19. The perpetrator is unknown. They took my daughter out of the village and raped her. When I asked her who the attackers were, she said she did not know. The mob attacked and threw her around the church. The record was later investigated, but the identity of the attackers could not be ascertained. When my daughter was questioned by the police, she said that she did not know anything. As a

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result, we do not know who the attackers are. Eventually, they raped her, abducted her, and dragged her away (Interview II, 23March 2021).

During COVID-19 in Addis Ababa City, children have suffered from sexual child abuse.

One of the FGD participants noted:

Children are attacked during the Corona Virus. This is because schools were closed; children were obliged to be around their home. These and other reasons pave the way for the rape of children. Now, my daughter was raped during the corona occurrence. I am her guardian. I have appeared on television in various media (FGD2, 26 March 2021).

4.3 Types of Sexual Abuse during COVID-19

As shown from Table 4.1 above, the data from Addis Ababa Police Commission 398 female children and 37 male children faced rape and homosexual act respectively during COVID-19. Furthermore, children who got services during COVID-19 at different one stop centre of Addis Ababa City shows that 917 and 51 children have faced rape and homosexual act respectively. The report of One Stop Centre about the child abuse during COVID-19 is higher than that the police report. Table 4.3 below shows the type of sexual abuse in one stop centres of Addis Ababa city during COVID-19.

Table 4.3: *Types Sexual Abuse during COVID-19*

No.	One Stop Centre	Annual Child Abuse Report, 2020	
		Female Sexual Abuse	Male Sexual Abuse
1	Gandhi Memorial Hospital	411	29
2	Menelik II Referral Hospital	389	22
3	Tirunesh-Beijing General Hospital	117	-
4	Total	917	51

Source: Addis Ababa One Stop Centre, 2021

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The different types of child abuse get worse while the people were sitting at home. A mother of abused child during COVID-19 stated that the rape attack occur when her daughter was sitting at home and has no place to go(Interview VI, 24 March 2021).

Furthermore, during COVID-19 in Addis Ababa City, the key informants from Addis Ababa Women and Children Affairs Bureau (KI-5, 17 March 2021) stated that she have seen rape, other acts that violate the dignity of virginity, such as touching the vagina with a finger or other object, kissing the lips, homosexual assault.

4.4 Factors that contributes to Child Abuse during COVID-19 in Addis Ababa

During the COVID-19 in Addis Ababa, systems such as child welfare structures and community mechanisms were weakened, and child protection responses were delayed. The level of violence against children increased after the onset of COVID-19, and the result shows that such violence was higher as a result of disruptions in services, infrastructure and reporting mechanisms. During COVID-19, the abused children have faced so many challenges. The most common challenges are lack of perception, economic challenge, lack of law enforcement and other related problems.

4.4.1 Lack of Awareness

The key informant (KI-6, 19 March 2021) stated that we have worked long hours on women and children. So I don't think it makes much difference. At the very least, there is an increase. There are also children who have been abused, especially during the Corona virus; there are those who do not contact us. Some others have not arrived on time. Some of them come later a month or fifteen days later. Because even when they come now, they said that they were abused during the entry point of the COVID-19.

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The key informant from Addis Ababa Women and Children Affairs Bureau (KI-1, 10 March 2021) stated the factor for child abuse during COVID-19 in Addis Ababa City as follows:

There are many reasons for that. The first one is the widespread illogical perception. There is believe which says “children know nothing and no one will question me when I abuse them.” lack of understanding the short and long-term consequences of violence on children is also another reason. The second is economic crisis. Yet, our societies do not recognize this type of violence as an attack. Although economic hardship is known to be an issue, there are situations in which. On the other hand, weakness of the justice system, lack of awareness and unjust decisions in the judiciary itself, has aggravated the situation. Despite the fact that child abuse has been perpetrated, the absence of appropriate punishment on abusers, the lack of proper care and attention for victims, have exacerbated and perpetuated child abuse.

Moreover, the factor for child abuse during COVID-19 in Addis Ababa City; the key informant from Addis Ababa Women and Children Affairs Bureau (KI-1, 10 March 2021) added:

According to our experience, unless the bad habits of the society has not been changed, children are more likely they get abused when they are forced to stay at home. Domestic violence on children usually get exposed at school. Domestic violence has getting exposed at school by discussing with close friends and teachers. It is embarrassing and frightening to say that “I have been abused”, especially for children. Most of the time, the abusers have threaten and warn the abused children not to tell anyone what had happened. That is why they fear telling about their scar to others. At home, they might not be able to communicate with anyone, and they might be able to cope with their internal & external scar. The more they interact with other people, the more likely to

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expose to discuss about the violence. Therefore, they will get the opportunity to get support and special treatment.

One of the Key informants from Health Officer of One Stop Centre⁶ at Gandhi Memorial Hospital (KI-6, 19 March 2021) stated the awareness issue as follow:

“I think the government is committed. But given the current state of the disease, the procedure was difficult to perform. For example, it was difficult to reach students because schools were closed to teach about gender-based violence. We were also in a difficult situation at the time because meetings were banned, especially for training on child abuse. So, the current crisis has affected our work”.

4.4.2 Economic Problems

An economic challenge is one of the main challenges that abused children especially family of abused children faced during COVID-19 in Addis Ababa city. One of the parent of the abused child stated it as follow:

My son was sexually assaulted during COVID-19. I am a daily labourer; I had no one, so I left him with my neighbour and went to work. Due to this reason my son was raped in the absence of anyone. He was examined and found to have been assaulted and was given medical treatment. After he was treated, he was given legal follow-up by the Bureau of Women and Children Affairs. Because I am economically weak could not follow his legal process; The Bureau of Women and Children was given responsibility to follow the case (Interview I, 23 March 2021).

⁶The staffing structure of One Stop Center is expected to incorporate a medical doctor, nurses, a case manager, a psychosocial support officer, psychiatrist, police, a prosecutor and a program coordinator.

4.4.3 Lack of Law Enforcement

The lack of law enforcement is also the challenges that abused children especially family of abused children faced during COVID-19 in Addis Ababa city. The FGD participant of the parent of the abused child stated the issue as follow:

When abused children go to the law enforcement bodies to report their cases, they are betrayed in Birr and in various ways and they affect your morale. So let me tell you I will not go to court anymore. When you go to court, corruption starts with the police. It then goes to the judge while the prosecutor is there. As a result, my morale is affected. There is a huge gap in the law. Your morale is especially affected when you see those taking bribes as part of the law. So, I have seen, there is a legal gap. There is no justice. They start accepting bribes from the police station. Neither the judge nor the prosecutor will hear you. Finally, the attacker feels free. They don't even look at your case politely. They will not talk to you. It is unknown how they reverse the case. So, when I rehearse about it, there is a lot of injustice (FGD3, 29 March 2021).

In addition to this, the lack of law of enforcement for the abused children is also related to medical report from hospitals. One of the FGD participants of the abused child parent stated the problem of medical report as follow:

I mean, the problem starts from hospitals. This is where the most serious crimes are committed by medical professionals. The first medical check-up will be provided at a medical centre. For example, in my son's case, the doctor wrote to the court that, "we had not discovered any assault". As a result, the trial was adjourned. In general, the police, the health worker, women and children, the judge, the prosecutor are all the same. As a result, I have not been able to get a fair justice for many months during my trial. So I expect judgment from Allah, not from the government. The court will judge to the one who has the money, the one who has the party, not for a person poor like me. The record of a poor person like me is kept secret. So, there is no real justice in Ethiopia (FGD3, 29 March 2021).

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One of the family of the abused child (Interview I, 23 March 2021) stated the legal system problem as follow: “No legal action was taken against the attacker off my child. He is still not arrested. He has not been punished. The boy was under the age of 18 (specifically 14) and was not charged with any crime. No punishment was imposed. Finally; I went to the Women and Children's Office and applied. But, the perpetrator was not punished by the police or the court.”

Furthermore, lack of appropriate punishment for the perpetrator is another challenge. The mother of the abused child stated the issue as follow:

The guy who sexually abused my son was imprisoned for some days; later released on bail of 50,000 birr. We argued about how the guy could be released on bail after committing homosexual act. The court ordered to come to the court, the police who caught him. When the policeman arrived, he said to the court “I am not the officer who caught the perpetrator”. The court then sent the case to the Supreme Court, arguing that it should not be released. We travelled a lot to the High Court, and the police officers were absent. Eventually, the assailant was arrested. He was sentenced to 15 years imprison by the court but was arrested to five months only. So even though he was sentenced, there were still some injustices. When I think about it, there is no justice, but God does not bring it on us. My son did not get justice when he was attacked by a homosexual. So I expect judgment from God, not from the government (Interview I, 23 March 2021).

4.4.4 Lack of Adequate Healthcare and Social Services

The COVID-19 pandemic and associated containment measures pose several challenges with regard to healthcare and social services for abused children in Addis Ababa City.

According to one of the key informants from psychiatrist of One Stop Centre of Menelik II Referral Hospital (KI-2, 12 March 2021) the factor for child abuse during COVID-19 in Addis

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Ababa City is the availability of drug users and is more violence against children when there are more drug users like alcohol, chat, cannabis, hookah and the like.

Furthermore, from Tirunesh Beijing Hospital One Stop Centre stated the problem of healthcare and social services as follow:

When we look at the capacity of our centre, we do not believe that our services are adequate. Now, for example, we do not have enough accommodations; we have only one room. For example, if we have children who cannot go home, we can stay him/her here for about three days, until another accommodation is available. As I told you previously, we have to prepare an investigative room suitable to abused children. We need to build a room with different toys, and other materials. Most of the interviews are held here and the room is not adequate. As you can see, this is the room where we treat the children. So I think there are shortcomings (KI-9, 22 March 2021).

4.4.5 Lack of Adequate Staff

Lack adequate skilled staff is one factor that affect Child Abuse during COVID-19 in Addis Ababa. One of the key informants from Addis Ababa Police Commission (KI-3, 15 March 2021) stated that there are no adequate staffs to provide services for abused children in Addis Ababa Police Commission. Table 4.4 below shows the number of professionals needed at Addis Ababa Police Commission for abused child during COVID-19 in Addis Ababa City.

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Table 4.4: *Number of Professionals Needed at Addis Ababa Police Commission for Child Abuse Issues*

No.	Category	Addis Ababa Police Commission (For Each Sub-City)	
		Number of Professionals Needed	Number of Professionals Available
1	Women and Child Affairs head	1	1
2	Police	6	1
3	Attorney	2	1
4	Psychologist	4	-
5	Data Encoder	1	-
6	Social Worker	2	1
7	Total	16	4

Source: Addis Ababa Police Commission (2021)

The above Table 4.4 shows that the number of professionals that are available in the Addis Ababa Police Commission at the sub city level is very small. The number of professionals that are needed for child abuse cases are on average 16, however there are only 4 professions i.e., Women and Child Affairs head(1), Police(1), Attorney(1) and Social Worker(1) that are available to solve child abuse cases. This shows there lack of professionals that are available in the Addis Ababa Police Commission at different sub-cities. Beside, some of the employees who are working as social worker and psychologist are not well trained professionals of the respective professions. Due to this reason, police and health officer are working as social worker or psychologist.

Moreover, the key informant from One Stop Centre (KI-6, 19 March 2021) stated that there are no adequate staffs to provide services for abused children in Addis Ababa City One

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Stop Centres. Table 4.5 below shows the number of professionals needed at Addis Ababa City One Stop Centre for abused child during COVID-19.

Table 4.5: *Number of Professionals Needed at Addis Ababa One Stop Centre for Child Abuse Issues*

No.	Category	Addis Ababa One Stop Center (For Each One Stop Center)			
		Number of Professionals Needed	Number of Professionals Available		
			Gandhi Memorial Hospital	Menelik II Referral Hospital	Tirunesh Beijing General Hospital
1	Nurse	10	5	1	2
2	Medical Doctor	4	4	1	1
3	Police	10	5	2	2
4	Attorney	2	1	-	-
5	Case Manager	1	-	1	1
6	Psychologist	2	1	-	-
7	Psychiatrist	2	-	1	1
8	Total	27	16	6	7

Source: Addis Ababa One Stop Centre (2021)

Table 4.5 above shows that there is lack of adequate professionals in Addis Ababa One Stop Centre. Specifically, Menelik II Referral Hospital and Tirunesh Beijing General Hospital affected by lack of adequate professionals. Moreover, they do not have Attorney and Psychologist to provide services for abused children during COVID-19 in Addis Ababa.

4.5 The Effect of Child Abuse during COVID-19 Pandemic in Addis Ababa City

The school closures, home isolation/quarantine and community lockdown during COVID-19 has created effect due to different types of child abuse in Addis Ababa city specifically on children's health problem, psychological and other psychosocial problems.

One of the key informants from Tirunesh Beijing General Hospital One Stop Centre stated the effect of child abuse during COVID-19 relating with physical and psychological effects as follow:

Now, after the abuse of the children, there are very serious, multifaceted problems. First of all, the children do not have physical or psychological preparation to deal with such attacks. So when that happens, it can be very difficult for the children to spend time with others. They will be terrified, they run away, they will be always suspicious. Therefore, it would make their lives more difficult. ...There will be obstacles in their life. In addition, what we see especially in children is the psychological pressure that needs to be monitored in the future. They will be under a great deal of stress; especially when it comes to family violence (KI-9, 22 March 2021).

In addition to this, one of the FGD participants of the abused child explained the sexual and reproductive health consequences of her child:

My daughter was raped by an 18-year-old boy; yet she was 11 years old. At the time, my daughter did not tell me, because she fears that I will go to fight. But when she did not control her urination at night, she said that "I am going to die my mother". Then she told me everything. She told me that the boy had forcefully entered the house and raped her. Then I took the girl to the health centre for an examination at Gandhi Hospital (FGD2, 26 March 2021).

Furthermore, the parent of the abused child states that the sexual and reproductive health consequences of his child after the child faced rape during COVID-19 as follow:

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My daughter has experienced rape. The attack was carried out by a neighbour's son. Coincidentally, it happened when I went out to work. When I came home from work, she was standing and urinating. She was in pain and could not urinate properly. When I asked her, she told me that, she was a raped by a neighbour's son. First, we told the neighbours what the girl had told us, and we immediately reported it to the police. After police ordered her treatment, doctors confirmed that she had bruises and wounds around her genitals (Interview III, 23 March 2021).

One of the parents of the abused children expressed the psychological problem of her daughter as follows:

My daughter has problems with embarrassment and shock. She thinks everyone especially the neighbors are talking about her. As a result, she is very worried. There were also signs of depression and anxiety on her. We were also forced to move to another place because of her psychological problems. Now after we have moved to a new neighborhood, there is little improvement in her mental health (Interview V, 24 March 2021).

All the same, the key informants from Addis Ababa Women and Children Affairs Bureau (KI-5, 17 March 2021) put:

There are also other psychological attacks. However, since we do not have a psychologist or social worker, it is difficult to say how much psychological trauma they have experienced. We assume that the children have psychological problems with what we see when we talk to them. There are children who have reached the point where they can no longer talk about the abuse.

One of the parent of the abused child stated the psychological and behavioural problems of his child after the child faced rape during COVID-19 as follow:

The assault on my child was an attempted rape. The attack was carried out by a local boy. Accordingly, after the act, my daughter was not well. She has panicked by

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nightmares, and anxiety. My daughter is shocked. She does not sleep at night, and her urine leaks out of bed. She is in a state of shock and anxiety. As a result, we had to move to another village. She was also afraid of being around people (Interview III, 23 March 2021).

Some of the abused children during COVID-19 have suffered from longer-term health consequences of child abuse such as fistula. One of the FGD participants presented her feeling as follow:

My daughter was raped when she was 6 years old. She was raped by her own father. The assailant was sentenced to 15 years in prison after a year of trial. However, it does not affect the baby's life. The girl lost control of her urine and faeces. She is being helped by a diaper (FGD2, 26 March 2021).

Furthermore, male children have also suffered from longer-term health consequences of child abuse. As one mother informant recounted her feeling with deep sorrow as follows:

Yes, my son was sexually assaulted during Corona Virus. The boy who committed the homosexual attack is the neighbour's son; He is older than my son. The assailant was over 17 years old. However, he raped my son in the bathroom. The problem now is that my son is worried. He urinates on his pants. He does not control urination (Interview I, 23 March 2021).

4.6 Measures that are undertaken to Minimize Child Abuse during COVID-19 in

Addis Ababa City

According to the key informants from Addis Ababa Women and Children Affairs Bureau (KI-5, 17 March 2021), measures that are undertaken to minimize child abuse during Covid-19 in Addis Ababa city is low. The key informants stated the issue as follows:

Honestly speaking, I do not believe that the government has created favourable conditions. This is what I usually say. There is no a conducive atmosphere to provide

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services to vulnerable children. For example, we do not have a playground. We do not have a psychologist. After the abused children come to us, the children need treatment; even if after the abuser has been punished. They need someone to talk to; in what condition are they? Where are they? They need an authorized body. Therefore, there is no one to look after the children in our office. We have worked hard. In most cases, we have suggested that the adjustment should be made in a child-friendly setting, but no solution has been made (KI-5, 17 March 2021).

The key informant from Addis Ababa Women and Children Affairs Bureau stated the services that are provided by the sector for the abused children as follow:

As a sector, we work with child protection unit. The first is prevention. That is, it is a way of protecting children from abuse. When we do that, we do a lot of work on awareness creation. Awareness is created, movements are made. For example, we create an understanding of what child abuse is, what a good parenting is, how we should raise our children, and so on. And we work in schools to create a child-free environment. We work with parents. With these community-based organizations, we raise awareness of children's rights. The Second one is; there is a community organization that works on Prevention. The Child Right Convention Committee (CRC) is a body that protects the rights of children based on the Child Rights Convention. But what we want to highlight from that is what we should do when there is child abuse. We will monitor the committee to ensure that the victim is properly rehabilitated, from the time they report to the police station to the time they are taken to the One Stop Centre. We will set up this committee to support and monitor it, and we will go down to it and use it for prevention and protection of child right (KI-11, 30 March 2021).

4.6.1 Legal Services for Abused Children during COVID-19 in Addis Ababa City

According to the key informants of the legal prosecutor from the Attorney General Office (KI-5, 17 March 2021) the Legal Services for Abused Children during COVID-19 in Addis Ababa City as is:

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Prosecutors in the field of violence against women and children begin to fulfil their responsibilities at the station. When a complaint is filed, we begin our work by contacting the abused child. We will receive a complaint on site. When the investigation begins with the police, the police will take the word that we are telling them to do this, do this, do this, and accept this. In the case of women, we first send them to Hospital for examination. Hospital examines them, and they accept their words. The hospital will then send us the results of the examination and the wording of the statement. But if they come to us first, we record their words and then send them to Hospital for treatment. Once they arrive in hospital and return back to us, we will continue to gather evidence. If the evidence gathered is sufficient to arrest the suspect, we will seize that evidence and bring the suspect to justice. The suspect will be arraigned in court. We are the ones who are monitoring the process from now on. We also hold court hearings.

One of the parents of the abused child during COVID-19 stated the legal procedure and services that she has received as follows:

After my daughter was abused, I took her to a health center and examined her. After the health center, she was referred to a hospital. The hospital confirmed that she had been raped. After that, we reported the matter to the police and the case was handled legally. The man was later arrested (Interview VII, 24 March 2021).

Criminal justice policies vary markedly, reflecting different views about the role of the justice system with regard to child maltreatment. The decision whether to prosecute alleged perpetrators of abuse depends on a number of factors, including the seriousness of the abuse, the strength of evidence, whether the child would make a competent witness and whether there are any viable alternatives to prosecution.

According to the key informants of the legal prosecutor from the Attorney General Office (KI-5, 17 March 2021) the arrest and legal procedure for child abusers is:

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The initial (lowest) penalty for rape is five years. Sexual harassment and acts contrary to hygiene are punishable by more than five years. The maximum decision is actually twenty-five years. The law provides for life imprisonment if the victim suffers a serious mental illness and commits suicide. So I don't think there is a gap in the law or the punishment is less. In the case of legal proceedings, however, it takes a long time to gather evidence. The process can be lengthy as we go to the scene of the crime and find the person who is said to have heard and gather evidence. He may not be rushed to court immediately.

However, there is gap in the implementation of the legal procedure. The legal prosecutor from the Attorney General Office stated the gap of the implementation of the legal procedure as follows:

If the case has transferred, it will be transferred for more than one month. As I said before, there is still a long way to go in the investigation. It takes a long time to go to court and the data collection process will be delayed. Most people ask how a person suspected of rape can be released on bail. There is the question of how someone can be released on bail (KI-5, 17 March 2021).

4.6.2 Role of One Stop Centre Services for Abused Children during COVID-19 in Addis Ababa City

One-Stop Centres⁷ were developed to bring together all kind of services to Abused children into one place i.e., hospital. One-stop centres are found in Addis Ababa at Menelik II Referral Hospital, Gandhi Memorial Hospital, and Tirunesh Beijing General Hospital, which is working hard to halt the widespread gender, based violence against women and children.

One Stop Centre of the government owned hospitals provide different types of services for abused children such as: health(emergency contraception, treat injuries, treat STDs, and Post-

⁷The one-stop centre within the hospital was piloted in 2008 in order to provide a comprehensive integrated response for survivors.

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exposure Prophylaxis); psychosocial(emotional support, income generation activities, skills training, social reintegration, and social support); safety and security(physical safety, safe house or temporary housing, and police report and investigation); legal(legal protection and assistance, Prosecution, adjudication, apply appropriate laws, hold perpetrators accountable).

Health Services

One Stop Centres give priority to medical care and they provide the necessary laboratory examinations and offer a variety of services depending on their abuse. One Stop Centres help children before 72 hours after being abused. Furthermore, laboratory tests can be done for sexually transmitted infections such as HIV testing and pregnancy following the rape incident and the Centres give the necessary medication after the examination.

After this, abused children have medical follow-up time after they receive these services. However, those survivors that require surgery, fistula or rectal sphincter and advance mental health service are referred to other specialized hospitals such as Black Lion Hospital and St. Amanuel Mental Specialized Hospital respectively.

Psycho-Social Support

One Stop Centres in Addis Ababa provide psychosocial support services for abused children such as children play ground equipments. Some of the centres have also psychosocial support officer to provide psychosocial support services and the abused children can interact with the psychosocial support officer based on their psychological needs. Then the psychosocial support officer can monitor the psychological service to see if the children are making a difference, whether they are in a better position or not.

Safety and Security

The One Stop Centre also provide safe shelters for those abused children living with their perpetrators, and children who do not have a place to stay with. The safe shelters are provided by communicating with other NGOs in Addis Ababa City.

Legal Assistance

The One Stop Centres have police officers and a prosecutor who can handle the legal issue of the abused children. The officers provide legal counselling and follow up the court cases. Furthermore, the officers record the survivor's word and filed the document it together with the abused children medical record. Finally, the filed document transferred to the respective sub-city for the court case.

One of the key informants from Health Officer of One Stop Centre⁸ at Gandhi Memorial Hospital (KI-6, 19 March 2021) stated the services for Abused Children during COVID-19 in Addis Ababa City as follow:

When victims come to this centre, we do the same things during and after the corona epidemic. The only difference is that we are careful about COVID-19. If the children are injured or bleeding according to their priority, they will be treated. If they are disturbed and unsettled, they will be referred to a psychologist. If a mental health problem is suspected, they will be referred to a psychiatrist. Once they are healed, we will receive their word. We will provide the initial examination record with the relevant medical records to the ten sub-cities. We will provide them with a medical record and medical certificate, as the case will be seen on that side. If these children have been abused by a family member or if they do not have a family, we will send a letter to the centre or the relevant police department and send them to the organization.

⁸The staffing structure of One Stop Center is expected to incorporate a medical doctor, nurses, a case manager, a psychosocial support officer, psychiatrist, police, a prosecutor and a program coordinator.

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Similarly, One of the key informants from Tirunesh Beijing General Hospital One Stop Centre stated the effect of child abuse during COVID-19 as follow:

When abused children visit us, such as a One Stop Centre, we give priority to medical care. Therefore, they will get the necessary laboratory examinations. We offer a variety of services depending on their abuse. We will help children who have visit us before 72 hours after being abused will get the necessary HIV and STIs after the examination. Then they will be assisted by a psychologist. We also have police officers here, so they will take their word for it and prosecute it and take the necessary action. Generally, they can get these services from us at our One Stop Centre (KI-9, 22 March 2021).

In addition to this, during COVID-19 in Addis Ababa City, children have been provided with different types of services. One of the FGD participants presented her view as follow:

When a client comes to the centre, different services will be provided. There are situations where the centre offers questions and asks the same questions. In this case, the victim might be confused. The client will first contact the case manager. The case manager will explain to the client about the services provided by the centre. And after gathering basic information he will be clear on what the client needs. Accordingly, children will be provided with medical & psychological services. Medical and psychological services are provided depending on the type and extent of the injury. Therefore, he will receive medical treatment or psychotherapy within 72 hours. Then, they will be provided with legal services. After referred to a legal service, they will be cross check every month. Accordingly, the centre follows the progress of the cases which sent to legal bodies. There will always be follow-up to determine whether the case is proceeding or whether the case is closed, or whether the client is following up or not (FGD1, 12 March 2021).

Furthermore, one of the key informants from the Tirunesh Beijing General Hospital One Stop Center stated the contribution of stakeholders in providing different type of services for abused children during COVID-19 as follow:

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Different stakeholders have come and contact our center. Women and Children's Office, Health Office, ask us what to do, what to support. For example, by providing supplies, they give us different materials to the children as soon as we ask them. They give us modes, clothes, shoes, sanitizers, masks, alcohol and other COVID-19 protocols. Therefore, we provide hygiene materials (soap, soft paper) and other essentials and send the children with it. They also provide health support (KI-8, 22 March 2021).

4.6.3 Role of Non-Governmental Organizational Services for Abused Children during COVID-19 in Addis Ababa City

Different NGOs in Addis Ababa City are providing services for abused children during COVID-19. The key informant from one of the NGOs in Addis Ababa (KI-1, 10 March 2021) stated the role of NGOs on abused children as “This sector usually works to coordinate and create awareness. The offices usually do its job by collaborating with other stakeholders. Therefore, it works in collaboration with governmental and non-governmental organizations, local and national institutions. Government partners include police, courts, prosecutor office, peace and security office, and law enforcement, which are directly involved against violence. There are NGOs which work to prevent child abuse. There are also charities that design projects. There are number of charities that work with us in various ways to prevent violence on children, provide preventive and post violence services. There are also health institutions which work with us. Integrated services are being provided by health institutions and one-stop centres. They have formulated the structure to provide appropriate justice, medical treatment, social and psychological support, especially in the aftermath of child abuse during COVID-19”.

In addition to this, the key informants from Integrated Family Service Organization (KI-10, 29 March 2021) stated the services for Abused Children during COVID-19 in Addis Ababa City as follow:

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We work with abused children. We work primarily with children who have been sexually abused. One of the organization's various activities is to help abused children. By the way, the integrated family service organization works on education; Access to education, works to improve the quality of education. It works on health, human trafficking, especially child trafficking. It also works on capacity building, women's economic capacity building. Again, it works to protect children (both men and women) who have been raped or sexually abused. Second, rehabilitation work is carried out after the attack. Although the organization has been around for 26 years, it started this project in 2002. It will be nineteen years since it started this career. It focuses primarily on child rape. This applies to both male and female abused children under the age of 18 who have been raped. The youngest child we have ever raped is a two-year-old. We also accept children who have been abused up to the age of 17. These children are subjected to various forms of rape. There are a number of problems that can affect a child who has been sexually abused. He may have health, psychological, or social problems. This is especially true when the abuse was done by family members (parents, guardians) and may also face economic and related problems. Therefore, we offer a variety of services to address these issues.

Furthermore, the key informants from Integrated Family Service Organization stated the number of abused children that have got different types of support from the organization as follows:

Most of the victims come from the Police station, Women and Children's Affairs Bureau. The main contract with us was the Bureau of Women and Children's Affairs. More than 90 percent of the victims have come from the police station. Because the Women and Children's Bureau sends them to the police for legal services. Upon their arrival, they will be sent directly to our organization. We also receive children from the One Stop Centres under the Attorney General; i.e. Gandhi Memorial, Menelik II, and Tirunesh Beijing Hospitals. There are 80 victims who are receiving permanent support. These are outpatient support. There are 40 children in temporary shelters. The number of children in the shelter varies; because there are incoming out going from time to time. In addition

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to sexual abuse, children in temporary shelters have been subjected to other forms of abuse. Examples include physical abuse, child trafficking, and so on. Eleven (11) of the 80 children who are permanently supported have come after Covid-19 pandemic (KI-10, 29 March 2021).

Training in Economic Empowerment

A number of interventions for improving economic capacity and providing family support have been developed. These types of trainings include operating small business. While most of these programmes are intended for economic support by focusing those families in which abuse has already occurred, it is increasingly considered that providing education and training in this area for all parents or prospective parents can be beneficial.

According to the key informants from Integrated Family Service Organization (KI-10, 29 March 2021) stated the services for Abused Children during COVID-19 in Addis Ababa City as follow:

There are times to buy food or give them in cash. But we do not want the victims and their families to be able to live on a monthly basis with financial support. So we train anyone in the family who is old enough to be an adult. We offer market-oriented training. For example, we provide training in food cooking, beauty salon, and driving licenses. We then enter into contracts with various training institutions; cover fees, and train them. We will also provide the victim's family with a small capital Basic Business Training Skill and provide them with start-up capital. As a result, many families are able to meet sustainable economic benefit.

Family Support Programmes

Family support programmes includes providing services for the abused child and their families. This type of intervention has been identified as one of the most promising for the abused children by provision of basic needs during COVID-19 in Addis Ababa City especially for those who live with high rates of poverty.

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The key informants from Integrated Family Service Organization (KI-10, 29 March 2021) stated the services for Abused Children during COVID-19 in Addis Ababa City as follow:

Poverty is one of the main causes of child abuse. There are cases where children born into an economic crisis go around the pub to sell gum, kolo, nuts, etc. to help their families. They can work late at night. As a result, they will be attacked. Another is that without a father (husband), a mother may find it difficult to live, so she may have to work long hours putting her children alone at home. As a result, they will be attacked because they have no guardian. This will result an attack by a neighbour or someone else. So, if you let these children after giving them psychological counselling and sent back to the same house and neighbourhood, and they will need at least some financial support. In order to avoid a repeated attack suck families need economical support. Financial support begins with the payment of transport fee; when they come to us for psychological counselling. We work in ten sub-cities. So we will cover the cost of transport as there will be children from far away. Therefore, we will cover their transportation costs; so that the counselling service is not interrupted due to transportation problems. The other is; we supply educational materials, such as bags, pens, notebooks, etc., for children who have been abused. We also cover their medical expenses. In addition, the parents of many victims were fired, especially after the COVID-19 pandemic. They can't buy alcohol, masks, and sanitizers. So we help them during the time of such problems.

Therapeutic Approaches

Responses to child abuse and neglect depend on many factors, including the age and developmental level of the child and the presence of environmental stress factors. For this reason, a broad range of therapeutic services have been implemented for the abused children. According to the key informants from Integrated Family Service Organization (KI-10, 29 March 2021) stated the services for Abused Children during COVID-19 in Addis Ababa City as follow:

We have therapeutic training to make this easier. In addition to one-on-one counselling services in the room, therapeutic training can be in the form of drama, music,

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photography and video. The children are also trained in modern dance and traditional dance. They just think they are on training. But for us, it is like beating two birds with one stone. In addition to playing Skill or Talent, we help the children recover from injuries sustained during the trauma. The children will be given the training to improve their communication and social interactions as much as possible, to improve their communication and social interaction, to increase their self-confidence, and to give them the courage to speak in public. The main purpose of the training is to treat post-traumatic stress in a positive way. So we help them recover from the stress by dancing, listening to music. By the way, we also have creative therapy. We engage vulnerable children in a variety of creative and artistic activities. As a result, as the children learn new things & new feelings, the bad feelings will become less and less intense.

Health Services for Children Who Witness Violence

One of the services for abused children is health service. Key informants from Integrated Family Service Organization (KI-10, 29 March 2021) stated the services for Abused Children during COVID-19 in Addis Ababa City stated that the organization has an in-house clinic. In all the shelters there is an in-house clinic facility. So, nurses visit, support, and treat abused children around the ward. So before they get to the hospital, they get First Aid service by health workers of the organization.

Moreover, the key informant explained the availability of health services for the abused children as follows:

When abused children are referred to us by the police or the Office of Women and Children's Affairs, we will first provide medical care. Medical services are available in two forms. We will cover the cost of treatment if the first family member receives a receipt. Second, we take care of children who come directly from the police. In addition, we have our own social worker. Therefore, we can work with social workers and give training on reproductive health training, personal hygiene, COVID-19 and HIV prevention and the like(KI-10, 29 March 2021).

4.7 Discussion of the Study

This section presents the discussion of finding of the study with the previous researches that are conducted in relation to child abuse and COVID-19.

4.7.1 The Situation of Child Abuse during COVID-19 in Addis Ababa City

With regard to the situation of Child Abuse during COVID-19, the result of the study shows that, child abuse during COVID-19 is increasing in Addis Ababa City. The most prevalent types of child abuse is sexual abuse with physical abuse, psychological abuse and neglect. However, the result showed that sexual violence was the highest prevalent child abuse in Addis Ababa City during COVID-19 and most of them are victims of rape. The study found that most of the child abuses are committed at home due to quarantine during COVID-19. This implies that the child abuse especially sexual abuse is committed by the closest persons such as a relative, followed by neighbours, and partner. Similarly, various researchers have forwarded similar research findings. For instance, Đapić et al. (2020:184) stated that the current situation that is the prevalence and intensity of risk factors for child abuse and neglect after the outbreak of COVID-19 is increasing in the world. Furthermore, according to Øverlien (2020: 384), the issue of child abuse and neglect has been increased during COVID-19 pandemic due to quarantine.

4.7.2 The Contributing Factors of Child Abuse during COVID-19 in Addis Ababa City

On the other hand, the result of the study showed that substance and alcohol use, unemployment, and economic dependency are the aggravating factors of child abuse during COVID-19 in Addis Ababa City. In addition, it was found that gender-based discriminatory cultural beliefs and norms, lack of ethical practice in the community, poor legal enforcement, and poor coordination among the stakeholders are among the aggravating factors of child abuse

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in the study area. Another cause of child abuse is economic dependence. In addition, the parent is often dependent on insufficient daily income. Parents also put the child to a neighbor's house and unknowingly expose their child to violence. Therefore, lack of awareness by the parent and children is also reasons for child abuse. Some parents also do not clearly explain the nature of child abuse to his or her children. Stakeholders also do not educate children about child abuse. During the COVID-19 in Addis Ababa, systems such as child welfare structures and community mechanisms were weakened, and child protection responses were delayed. The level of violence against children increased after the onset of COVID-19. During COVID-19, the abused children have faced so many challenges. The most common challenges are lack of perception, economic challenge, lack of law enforcement and other related problems. Similarly, Fraser (2020) also stated the factors as the reasons for the increased risk of violence during COVID-19 such as parental stress and tension, children's increased presence at home and commercial sexual exploitation to meet economic needs.

4.7.3 The effect of child abuse during COVID-19 in Addis Ababa City

With regard to the effect of child abuse during COVID-19, the result of the study shows that, home isolation/quarantine and community lockdown during COVID-19 has created effect due to different types of child abuse in Addis Ababa city specifically on children's health problem, psychological and other psychosocial problems. Child Abuse in Addis Ababa during COVID-19 has multiple consequences on the abused children such as physical, mental, sexual, reproductive health and other health problems. The abused children were under a great deal of stress; especially when it comes to family violence. Because those abused children do not have physical or psychological preparation to deal with such attacks. In addition to this, some of the abused children during COVID-19 have suffered from longer-term health consequences of child

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abuse such as fistula. Similarly, previous studies such as Oladepo et al. (2011:82) indicated that child abuse is a major public health problems and violations of children's human rights and child violence can result in physical, mental, sexual, reproductive health and other health problems, and may increase vulnerability to HIV. In addition to this, Đapić et al., (2020:183) stated that, despite being effective in the prevention of COVID-19, there are many effects for abused children especially psychological effects, including signs of posttraumatic stress, confusion and anger.

Moreover, according to Ghosh et al. (2020:230), the outbreak of COVID-19 and the measures put in place to contain it deeply affect the environment in which children grow and develop. Existing inequalities and vulnerabilities become exacerbated in a crisis and exposing children to increased child abuse. Children are also dominantly affected by psychosocial effect of this pandemic or COVID -19. Being quarantined in homes may impose greater psychological burden and the physical sufferings. The children from marginalized communities are particularly susceptible to the extended ill-consequences of this pandemic, such as child labour, child trafficking, child marriage, sexual exploitation and death.

4.7.4 Child Protection Measures during COVID-19 in Addis Ababa City

Furthermore, the result of the study shows that there are child protection measures during COVID-19 in Addis Ababa City such as awareness creation of children's rights; prevention based on the Child Rights Convention: rehabilitation of Abused children by One Stop Centre, NGOs and other community organizations. The abused children in Addis Ababa city are getting services from One Stop Center which is an integrated service provider; it was established in collaboration with the judiciary, the police, and the health officials' and children under the age of 18 could report any abuse may be able to use the center. Therefore, the abused children receive

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medical and legal services provided by the center. Similarly, Hammad (2009) stated Child protection efforts comprise a wide range of proactive and reactive measures. Prevention of the risk of abuse through measures that address causal factors, protection of children at risk through measures that deter or impede possibility of the incidents of abuse as well as mitigate the consequences; and investigation and adjudication of the cases of abuse and maltreatment. Due to the complexity of the problems facing children exposed to insecurities, three regulatory regimes need to be ensured as a whole, namely human rights protection, crime control, and economic efficiency. Wessells (2015:10) also stated that NGOs frequently help to establish Child Welfare Committees (CWCs) or Child Protection and these Committees monitor, respond to, mitigate, and prevent various forms of child abuse. In emergency settings where supports for children have been weakened or shattered, CWCs are one of the most frequently used child protection interventions. Besides, community-Based Child Protection Mechanisms (CBCPMs) are local-level groups or processes that respond to violations against children and work to prevent risks to children.

Generally, the result of this study is highly consistent with the findings of the aforementioned researches with regard to the effect of COVID-19 on different types child abuse such as physical, psychological, sexual and other types of child abuse.

Chapter Five: Conclusions and Recommendations

5.1 Conclusions

Due to the COVID-19 epidemic in Addis Ababa City, the children are being confined to their homes and a large number of children were reportedly raped and abused during the corona virus epidemic. The most prevalent types of child abuse is sexual abuse with physical abuse, psychological abuse and neglect. There are many types of attacks, i.e. Physical, psychological, sexual and other types of abuse. However, the result showed that sexual violence was the highest prevalent child abuse in Addis Ababa City during COVID-19 and most of them are victims of rape.

The result of the study showed that the prevalence of sexual violence has increased after the COVID-19 outbreak in the study area, though under-reporting of cases. The study found that most of the child abuses are committed at home after the school closure during COVID-19. This implies that the child abuse especially sexual abuse is committed by the closest persons such as a relative, followed by neighbours, and partner.

There are many reasons for child abuse during COVID-19 in Addis Ababa City. For example, parent-child relationships are one of the reasons; the relationship is not based on clarity and mutual understanding. Another cause of child abuse is economic dependence. In addition, the parent is often dependent on insufficient daily income. Parents also put the child to a neighbor's house and unknowingly expose their child to violence. Therefore, lack of awareness by the parent and children is also reasons for child abuse. Some parents also do not clearly explain the nature of child abuse to his or her children. Stakeholders also do not educate children about child abuse.

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The result of the study showed that substance and alcohol use, unemployment, and economic dependency are the aggravating factors of child abuse during COVID-19 in Addis Ababa City. In addition, it was found that gender-based discriminatory cultural beliefs and norms, lack of ethical practice in the community, poor legal enforcement, and poor coordination among the stakeholders are among the aggravating factors of child abuse in the study areas.

During the COVID-19 in Addis Ababa, systems such as child welfare structures and community mechanisms were weakened, and child protection responses were delayed. The level of violence against children increased after the onset of COVID-19, and the result shows that such violence was higher as a result of disruptions in services, infrastructure and reporting mechanisms. During COVID-19, the abused children have faced so many challenges. The most common challenges are lack of perception, economic challenge, lack of law enforcement and other related problems.

During COVID-19 an economic challenge is one of the main challenges that abused children especially family of abused children faced during COVID-19 in Addis Ababa city. Some of the parents of the abused children are daily labourers and are economically weak and could not provide basic services for their children.

The lack law enforcement is also the challenges that abused children especially family of abused children faced during COVID-19 in Addis Ababa city. There is delayed legal procedure and there is lack of appropriate punishment for the perpetrator.

Child Abuse in Addis Ababa during COVID-19 has multiple consequences on the abused children such as physical, mental, sexual, reproductive health and other health problems. The abused children were under a great deal of stress; especially when it comes to family violence.

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Because those abused children do not have physical or psychological preparation to deal with such attacks and this makes their lives more difficult. In addition to this, some of the abused children during COVID-19 have suffered from longer-term health consequences of child abuse such as fistula.

The abused children in Addis Ababa city are getting services from One Stop Center which is an integrated service provider; it was established in collaboration with the judiciary, the police, and the health officials' and children under the age of 18 could report any abuse may be able to use the center. Therefore, the abused children receive medical and legal services provided by the center.

Generally, though there are appropriate policies and legal frameworks related to child protection, it was found there was a challenge in the implementation of the laws related to child abuse during COVID-19. The common challenges were failure to penalize the perpetrator, inadequate multi-sectoral child abuse response, weak coordination among law enforcement bodies, limited capacity of a law enforcement body, and allowing a bail right.

5.2 Recommendations

Based on the findings of the study and the established facts from the literature the following points are considered as essential areas of intervention that needs due consideration:

- Encourage the family towards ethical practices and apply a code of conduct to prevent children from substance use, having abusive behaviours that expose them to different types of child abuse.
- There should be parents' economic improvement through empowerment programs such as access economic empowerment, social and political empowerment through

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participation in public life and education. It needs intensive work, especially on women.

In particular, women's economic empowerment creates a suitable environment in which children can be better protected.

- There is a need to educate and create awareness in the community regarding child abuse during COVID-19. Therefore, what needs to be done is to protect oneself, educate the community, and at various times by ensuring transparency and confidence - building effort between family members to have a free discussion on child abuse. Besides, family members should be availed to the right information about child abuse, reporting system, and law implementation process on child abuse and prevention mechanisms through different media.
- Strengthen the capacity of the child prevention committee during COVID-19 at different levels so that it can work with the community to reduce the prevalence of child abuse during COVID-19 the Addis Ababa Women and Children Affairs bureau should be revised to take over more responsibilities in the process of reducing child abuse during COVID-19 in the city administration.
- There should be an effective coordination among key stakeholders i.e., women and children affairs, one-stop centre, legal prosecutor, general attorney and the court to make sure that the prosecutions is smoothly implement and perpetrator can get the appropriate punishment.
- The government must take adequate measures to prevent attacks against children especially during COVID-19 in the city. There should be a need for appropriate justice system and there is a need to reform, especially in strengthening the justice system. There must be accountability, and the government needs to improve the legal system and the

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judiciary must be impartial and fair. Because, children have been abused and have not received a fair trial.

- The perpetrators must be properly punished. The child abuse perpetrators should be publicized to the community after the court's decision. There should be an effective collaborative work between one stop centres, police, justice offices, and community structures to give better health, legal, and rehabilitation services for victims.
- The government and the community and other stakeholders must work together to reduce child abuse during COVID-19. Various stakeholders should work on child abuse such as awareness-raising, employment creation, and life skill trainings and working in rehabilitation and prevention of children should establish an alliance for collective effort and better child abuse prevention and rehabilitation effort.

5.3 Implication of the Study

The study shows that caregivers for abused children during COVID-19 have a significant contribution in psycho-social support and wellbeing of the children. However, the governmental institutions, NGOs and other stakeholders face a number of challenges that can hinder the provision of services for the abused children during COVID-19 in Addis Ababa City.

Therefore, this study has a number of social work implications for policy, research, for practice and social work education at both direct and indirect settings to promote the wellbeing for the abused children during COVID-19 in Addis Ababa City.

5.3.1 Implication for Policy

Social work policy maker's effective strategies, guidelines and programs on support mechanisms for abused children during emergency period such as COVID-19.

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Encourage the family towards ethical practices and apply a code of conduct to prevent children from substance use, having abusive behaviours that expose them to different types of child abuse during COVID-19.

The government and the community and other stakeholders must work together to reduce child abuse during COVID-19. Social workers should work with various stakeholders on child abuse such as awareness-raising, employment creation, and life skill trainings and working in rehabilitation and prevention of children should establish an alliance for collective effort and better child abuse prevention and rehabilitation effort.

5.3.2 Implication for Further Social Work Research

The researcher recommends a comparative study to examine the impact of COVID-19 on women and children. Moreover, since this study is a qualitative research there needs a quantitative research that helps to investigate the effect of COVID-19 on child abuse in Addis Ababa City.

5.3.3 Implication for Social Work Education

Social work education should prepare education manual or guidelines to the undergraduate and post graduate programs especially focusing the issue of child abuse during emergency cases such as COVID-19 pandemic.

5.3.4 Implication for Social Work Practice

There is a need to educate and create awareness in the community regarding child abuse during COVID-19. Therefore, what needs to be done is to protect oneself, educate the community, and at various times by ensuring transparency and confidence - building effort between family members to have a free discussion on child abuse.

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Besides, family members should be availed to the right information about child abuse, reporting system, and law implementation process on child abuse and prevention mechanisms through different media.

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Appendix 1: Semi-Structured Interview Guideline for Parents of Abused Children

Dear Respondent,

First and for most, I would like to confirm that the purpose of this Semi-Structured Interview is entirely academic. The collected data will be used for Master's thesis entitled the Effect of the COVID-19 on child abuse: The case of Addis Ababa City. It is expected to have a significant contribution of supplying valuable information to the current Effect of the COVID-19 on child abuse in the study area in particular and in Ethiopia in general. So, the success of the study will entirely depend on your co-operation in providing the necessary data.

All information provided by you will be kept strictly confidential. Finally, thank you in advance for your unreserved co-operation and the patience that you show in filling the Semi-Structured Interview.

General Direction

A. Please answer by circling the number before the alternatives or write the necessary responses in the space provided.

B. Respondent should be abused child.

Part I: General Household Information

1. Address: (1) Sub city _____ (2) Woreda _____

(3) Neighbourhood (Special name) _____

(4) House No. _____

2. Age (1) <5 (2) 6-13

(3) 14-18 (4) Others (specify) _____

3. Sex (1) Male (2) Female

4. Educational Status : (1) Illiterate (2) Grade (1-6)

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(3) Grade (7-8) (4) Grade 9-10

(5) Others(specify) _____

5. Is there absence of one or both of biological parents?

(1) Yes (2) No

6. Living arrangement of the child

- (1) Father and mother (5) With friends
 (2) Only with Father (6) With relatives
 (3) Only with mother (7) With person of no relation
 (4) Step father or Step mother (8) Others (specify) _____

Part II: Type of Abuse during COVID-19

7. Have your child faced Abuse during COVID-19?

(1) Yes (2) No

8. If yes, what type of abuse do your child faced during COVID-19?

- (1) Physical abuse
 (2) Sexual abuse
 (3) Emotional abuse
 (4) Neglect
 (5) Others (specify) _____

9. Have your child faced sexual abuse during COVID-19?

(1)Yes (2) No

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10. If yes, what type of sexual abuse did your child face during COVID-19? Please specify?

11. Have your child faced physical abuse during COVID-19?

(1)Yes (2) No

12. If yes, what type of physical abuse did your child face during COVID-19? Please specify?

13. Have your child faced emotional and psychological abuse during COVID-19?

(1)Yes (2) No

14. If yes, what type of emotional and psychological abuse did your child face during COVID-19? Please specify?

15. Have your child faced Neglect during COVID-19?

(1)Yes (2) No

16. If yes, what type of Child Neglect did your child face during COVID-19?Please specify?

Part III: Consequences of Child Abuse during COVID-19

17. Is there negative consequences on your child due to Child Abuse during COVID-19

(1)Yes (2) No

18. If yes, what type of negative consequence did your child face during COVID-19?

(1) Sexual and reproductive consequences

EFFECTS OF COVID 19 ON CHILD ABUSE...

(2) Physical health consequences

(3) Psychological and behavioural consequences

(4) Economic consequences

(5) Other longer-term consequences

19 .If your answer is Sexual and reproductive consequences, please specify?

20 .If your answer is Physical health consequences, please specify?

21.If your answer is Psychological and behavioural consequences, please specify?

22.If your answer is Economic consequences, please specify?

23.If your answer is Other longer-term consequences, please specify?

24. What can be done to prevent child abuse during Covid-19 in Addis Ababa?

Appendix 2: Interview Guide to Addis Ababa Women and Children's Affairs Bureau

Date _____

Name _____

Current Position _____

1. What services does the sector provide for child abuse during COVID-19 in Addis Ababa City?
2. How do you observe the number of abused children during COVID-19? Is it increasing in your locality? If it is increasing alarmingly what do think, what are the main factors?
3. What are the major challenges that children encountered during COVID-19 in the study area?
4. What are the socio- cultural factors contributing to an alarmingly increasing number of child abuses in the study area?
5. How do you evaluate the efforts of different stakeholders on child rights protection during COVID-19 in the study area?
6. What can be done to prevent child abuse during Covid-19 in Addis Ababa?

Thank you for your valuable information!

Appendix 3: Interview question to Addis Ababa Police Commission Women and Children Investigation Unit

1. How many child abuse cases have been reported in Addis Ababa during the COVID-19 Pandemic?
2. What kind of child abuse has reported in Addis Ababa during the COVID-19?
3. Do you believe there has been an increase in child abuse in Addis Ababa during COVID 19 epidemic?
4. How do you explain the economic situation of the community with regard to COVID-19 & child abuse?
5. What was the relation between COVID-19 and child abuse in Addis Ababa?
6. What was the role of stakeholders in preventing child abuse during the COVID-19 ?
7. What has the Addis Ababa Police Commission done with other stakeholders to reduce child abuse during COVID 19 epidemic?
8. In general, what do you think should be done to prevent child abuse during the COVID-19 in Addis Ababa?

Thank you for your valuable information!

Appendix 4: Individual In-depth Interview Guide to Parent or Guardian of Abused Child

Information Sheet

Addis Ababa University, College of Social Sciences, School of Social Work

Information sheet and consent form in English

Information sheet

Dear participants

“ Hello my name is Abeba Haile I work for Addis Ababa University. I am a conducting Master’s thesis entitled the Effect of the COVID-19 on child abuse: The case of Addis Ababa City. It is expected to have a significant contribution of supplying valuable information to the current Effect of the COVID-19 on child abuse in the study area in particular and in Ethiopia in general. You have been chosen to participate in this study.

I want to assure you that all answers will be kept strictly secret. The information you give me will be confidential and will be used only for study purpose. No names will be used if a report of the result is published; only summarized information of the total group will appear. No right and no wrong answer .If you are involuntary to be interviewed, you have the right not to participate. However, your participation could be very helpful to design appropriate intervention for identified problem. If there are things that require clarification you have the right to ask. If you have any question about this research project, please forward it to Abeba Haile Addis Ababa University, College of Social Sciences, School of Social Work. Phone number 0913028713

EFFECTS OF COVID 19 ON CHILD ABUSE...

Consent form

In signing this document, I am giving my consent to participate in the study entitled „, the Effect of the COVID-19 on child abuse: The case of Addis Ababa City.

I have been informed that the purposes of this particular research the Effect of the COVID-19 on child abuse: The case of Addis Ababa City. I am also informed that the study will be conducted through an interview I am going to respond to this question by answering what I know concerning the issue. I am also informed that the information I gave will be treated confidentially. I have also been informed that I can refuse to participate in the study or not to respond to question if I am not interested. Furthermore I have been informed that no money or incentives will be given for my participation in the study. I understand that the results of this survey will have some input towards reducing the identified problem and Abeba Haile is the contact person if I have question about the study and Abeba Haile can be reached through a call at 0913028713.

I agree to participate _____

I disagree to participate_____

Signature_____

Date _____

Thank you for spending your time.

EFFECTS OF COVID 19 ON CHILD ABUSE...

Name of Interviewee_____

Sex_____

Age_____

Place of birth_____

Place of interview_____

Date of interview_____

1. Has your child been faced abuse during COVID-19? If yes, what are the factors for home violence during COVID-19 and what type of abuse have your child faced?
2. Have you reported it to the appropriate party immediately after your child was abused during COVID-19? Did you immediately report the abuse on your child?
3. What is the problem with your child as a result of the abuse? (Is there a problem with your child after the attack during COVID-19)?
4. Do your families use any drug? If it use, what type of Effects your family faced?
5. What legal action was taken against the person who abused your child? What is the legal penalty for the person who abused your child during COVID-19?
6. What are the major challenges you encounter while quarantined at home?
7. What kind of coping mechanism have you performed when your child is abused by someone at home during COVID-19?
8. Is there anyone who supports you to overcome the challenge of child abuse during COVID-19? If yes, what kind of service is provided? If yes, is the support given to you based on your needs?
9. What do you think should be done to prevent child abuse during COVID 19 epidemic in Addis Ababa?

Thank you for your valuable information!

Appendix 5: Individual In-depth Interview guide for Counselors of Abused Children

Name _____

Current Position _____

Date _____

Responsibility _____

1. How do you evaluate the rate of child abuse during COVID-19 in Addis Ababa?
2. What looks like the level of child abuse during COVID-19 in the city?
3. What looks like the Effect of child abuse during COVID-19 in the city?
4. What are the problems associated with abuse of children during COVID-19?
5. What are the factors are linked to different types of child abuse during Covid-19 in Addis Ababa?
6. Which types of child abuse are reported during COVID-19 in Addis Ababa?
7. How do you treat the abused children during COVID-19 in Addis Ababa?
8. How do you evaluate the capacity of your institution on giving service for the abused children during COVID-19 in the study area?
9. How do you evaluate the commitment of the government and stakeholders in protecting child abuse during COVID-19 in Addis Ababa?
10. What do you think should be done by the Addis Ababa City Administration to prevent child abuse during COVID-19 Pandemic?

Thank you for your valuable information!

Appendix 6: Interview Guide to Head of Attorney General Office of Addis Ababa City

Name _____

Current Position _____

Date _____

Responsibility _____

1. What did you do in child abuse during COVID-19 epidemic?
2. What was the Effect on children during COVID-19 outbreak?
3. What are the types of abuse that children experience during the COVID-19?
4. What is the public perception of child abuse during the COVID-19 epidemic?
5. What does child abuse look like after COVID-19 outbreak?
6. What is the legal status of child abuse during COVID-19?
7. What steps have the government taken to reduce child abuse during the COVID-19 epidemic?
8. What do you suggest that the Addis Ababa City Administration should do to reduce child abuse during the COVID-19?

Thank you for your valuable information!

Appendix 7: Interview Guide to One Stop Center Experts

Name _____

Current Position _____

Date _____

Responsibility _____

1. What looks like the level of child abuse during COVID-19?
2. What is the cause of child abuse during COVID-19?
3. How the abused children get services during COVID 19 Pandemic?
4. How do you receive words of children who have been abused during COVID-19?
5. What are the types of violence against children during COVID-19?
6. Who are the abusers of children during COVID-19 epidemic?
7. What is the Effect of child abuse on the children during the corona virus?
8. According to your institution (Addis Ababa Police Commission), what are the measures taken to prevent child abuse during the COVID-19?
9. How long has your institution been involved in child abuse? What was done to prevent child abuse as a center during COVID-19?
10. What looks like the service delivery process for children abused during COVID-19 epidemic?
11. What looks like the role of the government and other stakeholders in reducing child abuse during COVID-19?
12. What is the commitment of the government and other stakeholders to prevent child abuse during COVID-19?
13. What do you think should be done to reduce child abuse during the COVID-19in Addis Ababa as a whole?

Thank you for your valuable information!

Appendix 8: Interview Guide to the Head of Integrated Family Development Organization

Date _____

Name _____

Current Position _____

Responsibility _____

1. When was this organization founded?
2. What is the purpose of the organization?
3. What does your organization do with abused children?
4. How many abused children have you helped so far?
5. How do abused children come to your organization? How many children have been reported to your center during COVID-19 epidemic?
6. How do abused children during COVID-19 epidemic get services at the center?
7. How are abused children monitored after receiving services from your sector?
8. Do you think the services provided by your center are adequate for children who have been abused during COVID-19 pandemic?
9. What is the commitment of the government and stakeholders to reduce child abuse during COVID-19?
10. What is your relationship with other stakeholders to support abused children?
11. Are there other organizations like yours, which work with abused children in Addis Ababa? If so, what is your relationship with them?
12. What was the rate of child abuse before and after the COVID-19 outbreak?
13. In general, what do you think should be done to reduce child abuse in Addis Ababa?

Thank you for your valuable information!

Appendix 9: Focus Group Discussion for Integrated Services Center**(One Stop Center) Experts**

Date _____

Responsibilities _____

Current Position _____

1. Were there any abuses on children during COVID-19 Pandemic? If so, why?
2. What are the types of abuse on children during COVID-19 Pandemic?
3. What will be the solution to prevent abuse on children during COVID-19 pandemic?
4. What looks like the service process when a victim child (client) comes to the center?
5. What role did center's staff play role on child abuse during the corona pandemic?
6. What was the unique problem faced by the children at the organization?
7. Do you think the number of abused children increased before COVID-19?
8. What do you think should be done to reduce child abuse during COVID-19 Pandemic?

Thank you for your valuable information!

Appendix 10: Focus Group Discussion Guide for Abused Children Parents or Guardian

Information sheet and consent form in English

Information sheet

Dear participants

“ Hello my name is Abeba Haile I work for Addis Ababa University. I am a conducting Master’s thesis entitled the Effect of the COVID-19 on child abuse: The case of Addis Ababa City. It is expected to have a significant contribution of supplying valuable information to the current Effect of the COVID-19 on child abuse in the study area in particular and in Ethiopia in general. You have been chosen to participate in this study.

I want to assure you that all answers will be kept strictly secret. The information you give me will be confidential and will be used only for study purpose. No names will be used if a report of the result is published; only summarized information of the total group will appear. No right and no wrong answer .If you are involuntary to be interviewed, you have the right not to participate. However, your participation could be very helpful to design appropriate intervention for identified problem. If there are things that require clarification you have the right to ask. If you have any question about this research project, please forward it to Abeba Haile Addis Ababa University, College of Social Sciences, School of Social Work. Phone number 0913028713

EFFECTS OF COVID 19 ON CHILD ABUSE...

Consent form

In signing this document, I am giving my consent to participate in the study entitled, the Effect of the COVID-19 on child abuse: The case of Addis Ababa City.

I have been informed that the purpose of this particular research the Effect of the COVID-19 on child abuse: The case of Addis Ababa City. I am also informed that the study will be conducted through an interview I am going to respond to this question by answering what I know concerning the issue. I am also informed that the information I gave will be treated confidentially. I have also been informed that I can refuse to participate in the study or not to respond to question if I am not interested. Furthermore I have been informed that no money or incentives will be given for my participation in the study. I understand that the results of this survey will have some input towards reducing the identified problem and Abeba Haile is the contact person if I have question about the study and Abeba Haile can be reached through a call at 0913028713.

I agree to participate _____

I disagree to participate_____

Signature_____

Date _____

Thank you for spending your time.

EFFECTS OF COVID 19 ON CHILD ABUSE...

1. Is there child abuse during Covid-19 in Addis Ababa? If yes what are the reasons for child abuse?
2. What is the nature of the abuse of children during COVID 19 epidemic?
3. What type of child abuse did your child encounter during COVID-19 in Addis Ababa?
4. What are the consequences of child abuse during COVID-19?
5. How did you report your child abuse case to the responsible body during COVID 19 pandemic?
6. What measures have you taken when your child is abused during COVID-19?Were children helped after the abuse?
7. Have you ever talked with your child about child abuse during COVID-19?
8. What role do you play in relation to child abuse during COVID-19?
9. During COVID 19 epidemic, did you openly talk to your children about child abuse?
10. What do you think should be done to reduce child abuse during COVID 19 epidemic in Addis Ababa?

Thank you for your valuable information!

Appendix 11: Systematic Observation Checklist in the Study Area

1. Name of the study area
2. Location of the area
3. Check magnitude of the problem and challenges that children on the faced in the study area.
4. Kinds of coping mechanism performed by the children.
5. The way in which children interact with each other and with the community /outside the group boundary/ in the study area.
6. The relationship and interaction among children, community and police in the study area.
7. Checking availabilities such as, toilet, sanitation, bed alternative care room and so on in the study area.

Appendix 13: Addis Ababa One Stop Center Form

CONFIDENTIAL CODE:

MEDICAL HISTORY AND EXAMINATION FORM – POST SEXUAL VIOLENCE**1. GENERAL INFORMATION**

First name		Last name	
Address			
Sex	Date of birth	Age	
Date/ time of examination		In the presence of	
Weight	Height	Temperature	Respiration
Pulse rate	Blood pressure	Filled by	

N.B -In case of child include: name of school, name of parents and/ or guardian

.....

2. THE INCIDENT

Date of incidence		Time of incidence		
Cause of delay				
Description of incidence (survivor's description)				
PHYSICAL VIOLENCE	YES	NO	NOT SURE	Describe time and location
Type (beating,biting,pulling hair ...)				
Use of restraints				
Use of weapons				
Drug/alcohol involved				
PENETRATION	YES	NO	NOT SURE	Describe (oral, vaginal, anal, type of object)
Penis				
Finger				
Other				
Ejaculation				
Condom use				

EFFECTS OF COVID 19 ON CHILD ABUSE...

3. MEDICAL HISTORY

AFTER THE INCIDENT DID THE SURVIVOR	YES	NO	AFTER THE INCIDENT DID THE SURVIVOR	YES	NO
Vomit			Risen mouth		
Urinate			Change cloth		
Defecate			Wash/ bath		
Brush teeth			Use tampon/ pad		
CONTRACEPTION USE					
Pill			IUD		
Injection			Other(specify)		
MENSTRUAL HISTORY					
Last menstrual period			Menstruation at the time of visit yes..... no		
Evidence of pregnancy yes..... no			Number of weeks (pregnant) weeks		
HISTORY OF CONSENTING INTERCOURSE (ONLY IF SAMPLES HAVE BEEN TAKEN FOR DNA ANALYSIS)					
Last consenting intercourse within a week prior to the assault			Date :	Name of individual :	
Existing health problems					
History of female genital cutting					
Allergies					
Current medication					
VACCINATION STATUS	VACCINATED	NOT VACCINATED	UNKNOWN	COMMENT	
Tetanus					
Hepatitis B					
HIV/AIDS status	Known	Negative	Unknown		

EFFECTS OF COVID 19 ON CHILD ABUSE...

4. MEDICAL EXAMINATION

Appearance (clothing, hair, etc... obvious physical or mental disability?)	
Mental status (calm, crying, anxious, cooperative, etc...)	
Physical findings Describe systematically, and draw on the attached body pictograms, the exact location of all wounds, bruises, petechial, marks, etc... document type, size, color, form and other particulars. Be descriptive, do not interpret findings.	
Head and face	Mouth and nose
Eyes and ears	Neck
Chest	Back
Abdomen	Buttocks
Upper extremities	Lower extremities

5. GENITAL AND ANAL EXAMINATION

Vulva/ scrotum	Introitus and hymen	Anus
Vagina/ penis	Cervix	Bimanual/ retrovaginal examination
POSITION OF PATIENTS (SUPINE, PRONE, KNEE- CHEST, LATERAL, MOTHERS LAP		
For genital examination		For anal examination

6. INVESTIGATION DONE

TYPE AND LOCATION	EXAMINED/ SENT TO LAB	RESULT

7. EVIDENCE TAKEN

Type and location	Sent to / stored	Collected by / date

EFFECTS OF COVID 19 ON CHILD ABUSE...

8. TREATMENTS PERSCRIBED

Treatment	yes	No	Type and comment
STI prevention			
Emergency contraception			
Wound treatment			
Tetanus prophylaxis			
Hepatitis B vaccine			
PEP for HIV			
Other			

9. COUNSELING, REFERRALS, FOLLOW-UP

General psychological status	
Survivor plan to report to police or has already made report YES ----- NO -----	
Survivor has a safe place to go YES----- NO ----	Has someone to accompany her/him YES---- NO----
Counseling provided	
Referrals	
Follow- up required	
Date of next visit	

Name of health worker conducting examination/ interview:

Title

Signature

Date

EFFECTS OF COVID 19 ON CHILD ABUSE...

Appendix 14: City Government of Addis Ababa Health Bureau Ethical Clearance



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 City Government of Addis Ababa Health Bureau

Ref.N.0 2741/227
 Date 24/7/13

TO:

- Addis Ababa Police Commission
- Menilik II Referral Hospital
- Gandhi Memorial Hospital
- Tirunesh-Beijing Hospital
- Ethiopian Women Lawyers Association
- Addis Ababa Women's Association

Subject: Request to access Facilities to conduct approved research

The letter is to support *Abeba Haile* Getahun to conduct research, which is entitled as "Analysis of the Impact of COVID-19 on Child Abuse: The case of Addis Ababa City " The study proposal was duly reviewed and approved by Addis Ababa Health Bureau IRB, and the principal investigator is informed with a copy of this letter to report any changes in the study procedures and submit an activity progress report to the Ethical Committee as required. Therefore we request the facility and staffs to provide support to the principal investigator.

With Regards

 Ethical Clearance Committee

Cc

- Abeba Haile Getahun
- To Ethical Clearance Committee



 The Addis Ababa
 Administration Health Bureau