

Running Head: Risks and resilience...

Risks and Resilience among Sexually Abused Female Street Children in Addis  
Ababa, Ethiopia: An Interpretative Phenomenological Analysis of their Lived  
Experiences

A Dissertation Submitted to the School of Social Work in Partial Fulfillment of  
the Requirement for the Degree of Doctor of Philosophy in Social Work and  
Social Development

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This is to certify that the dissertation prepared by Addisalem Adem Abdella, entiteled “Risks and Resilience among Sexually Abused Female Street Children in Addis Ababa, Ethiopia: An interpretative Phenomenological Analysis of their Lived Experiences and submitted in the partial fulfillment of the requirements for the Degree of Doctor of Philosophy in Social Work and Social Development complies with the regulations of the university and meets the accepted standards with respect to originality and quality.

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### Abstract

*The purpose of this study is to explore the lived experiences of risks and resilience among sexually abused female street children in Addis Ababa from the social constructionist perspective. The study employs an Interpretative Phenomenological Analysis to understand risks and resilience of 10 purposely selected sexually abused female street children in Merkato area of Addis Ketema Sub city using criterion and snowball sampling techniques. It utilizes semi-structured interviews as a primary tool of data collection. In order to strengthen the data gained from the interviews, observations of physical settings where sexually abused female street children work and sleep were conducted. The findings about risks describe various types of sexual abuse, risks that expose female street children to sexual abuse, and risks the children face as a result of sexual abuse. The major types of sexual abuse include forced sexual partnerships with familiar street men, rape by unfamiliar street men, and unprotected and 'abnormal' sexual activities with sex customers. Individual level risks that expose female street children to sexual abuse primarily include being new to the street, consumption of substances, and engagement in sex work. Environmental level risks include the physical and social contexts in which the incidents of sexual abuse occur. Risks associated with the physical environment mainly include the bus station where potential perpetrators pick rural child migrants and unsafe sleeping places on the street. Risks associated with the social environment include the street subculture that normalizes sexual abuse and membership to weak social networks. Child sex workers are more likely to face different types of sexual abuse as compared to child beggars. The findings further reveal that sexual abuse has negative consequences on the physical and psychosocial well-being of female street children. Child beggars are more likely to experience physical risks, whereas child sex workers are more likely to experience psychosocial risks. In order to explain the differences in children's experiences of sexual abuse, the study utilizes resilience perspective. Resilience refers to availability and effective utilization of personal and environmental protective resources that help the children overcome risk of re-experiencing sexual abuse and enhance their resistance or recovery from negative consequences of sexual abuse. Child beggars possess abilities to utilize appropriate personal and environmental protective resources to successfully avert sexual abuse. The major personal protective resources include abilities to engage in socially acceptable survival strategies, secure sleeping places, recover from substances, and avoid visibility to potential perpetrators. The environmental protective resources include social support (informational, advice, material, and financial) from social networks and rehabilitation centers. In contrast, child sex workers possess few resilience qualities. They make little effort to recover from sex work and substance use and lack social support from social networks and rehabilitation centers. Resilience is also associated with effective utilization of coping strategies that enhance children's physical and psychosocial well-being. Child sex workers are more resilient in terms of accessing medical services from health institutions to cope with physical risks. In contrast, child beggars are more resilient in terms of overcoming psychosocial risks. Child beggars more likely utilize effective coping strategies such as seeking emotional support from intimate friends, normalizing the sexual abuse, engaging in religious practices and leisure time activities, redefining risks, and having a strong sense of the positive future. In contrast, child sex workers are more likely to utilize ineffective coping strategies such as consuming substances, suppressing emotions, and wishful thinking. The study has implications for social work education, policy, practice, and research in order to address the problem of sexual abuse among female street children in Addis Ababa.*

**Keywords:** *child sexual abuse, protective resources, resilience, risk*

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**List of Abbreviations**

<b>CHADET</b>	Children Aid Ethiopia
<b>CSA</b>	Central Statistics Authority
<b>FSCE</b>	Forum on Sustainable Child Empowerment
<b>HIV</b>	Human Immunodeficiency Virus
<b>IPA</b>	Interpretative Phenomenological Analysis
<b>IQ</b>	Intelligence Quotient
<b>MOLSA</b>	Ministry of Labor and Social Affairs
<b>NGO</b>	Non-Governmental Organization
<b>PTSD</b>	Posttraumatic Stress Disorder
<b>SNNPR</b>	Southern Nation Nationalities and Peoples Region
<b>UNCRC</b>	United Nations Convention on the Rights of Children
<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>WHO</b>	World Health Organization

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## CHAPTER ONE

### INTRODUCTION

#### 1.1. Background of the Study and Problem Statement

##### 1.1.1. Conceptualizations and Magnitude of Child Sexual Abuse Worldwide

Child sexual abuse is a serious social problem worldwide. It is a violation of children's right and negatively affects the physical, psychological, and social well-being of children. Since the late 1970s, many professionals, both within mental health and law enforcement, and the media have recognized child sexual abuse as a serious social problem (Rind, Tromovitch, & Bauserman, 1998).

There is inconsistency in defining child sexual abuse across various studies due to a lack of consensus about sexual activities that constitute abuse, age of a child, and age of a perpetrator. A broad definition of child sexual abuse includes the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give consent to such activity, is developmentally unprepared and therefore cannot give consent, or that violates the laws or social taboos of society. The broad categories of child sexual abuse involve physical and non-physical sexual contact (World Health Organization (WHO), 2002).

Physical sexual contact includes penetrative sexual activities such as rape (i.e. vaginal, oral, and anal) as well as encouraging and/or forcing children to engage in prostitution, whereas the non-penetrative sexual activities include fondling and unwelcome kissing. Non-physical sexual activities include involving children in the production or viewing of pornographic material, encouraging them to watch sexual activities, masturbating in front of a child, and verbal harassment (WHO, 2002).

Epidemiological studies provide various estimates of the magnitude of child sexual abuse. The estimates vary considerably depending on the definitions that officials and researchers

employ, the country under study, the specific types of sexual abuse researchers study, and the size of the sample researchers include in their studies. The World Health Organization estimates that internationally 73 million boys and 150 million girls under the age of 18 have experienced some forms of sexual abuse (WHO, 2002). The prevalence rate of sexual abuse is higher in Africa compared to other continents. A Meta-analysis of 65 studies on the prevalence of child sexual abuse in 22 countries shows that the highest prevalence was observed in Africa being 34.4%, while Europe, America, and Asia had substantially lower prevalence rates of 9.2%, 10.1%, and 23.9%, respectively (Whibey, 2011).

Few empirical and peer reviewed studies of child sexual abuse occur in Sub-Saharan Africa. More attention is invested in other social problems such as poverty, homelessness, HIV/AIDS, and war. The existing studies of child sexual abuse in the region are confined to samples drawn from hospital and university settings in South Africa. Levett (1989) reported that 43.6% of females at the University of Cape Town experienced sexual abuse. Another study by Collings (1997) showed that 34.8% of female university students in South Africa had faced sexual abuse before the age of 18. The little data that does exist about the prevalence of child sexual abuse in the region suggests it is likely that the magnitude may be expected to be higher than the reported figure. Lalor (2004) suggests that cultural practices such as, early marriages and myths about sex with children giving power, wealth, and a cure from HIV; a male dominated social structure, poverty, and rapid rural-urban migration contributed the region's high prevalence rates of child sexual abuse.

### **1.1.2. Policies, Legal Frameworks, and Interventions that Respond to Child Sexual**

#### **Abuse in Ethiopia**

Ethiopia recognizes child sexual abuse as one of the major social problems within the country. The government has ratified a number of conventions and charters and also has

developed legal frameworks and national policies in order to ensure the protection of children from various types of harms including sexual abuse. Some of these include the United Nations Convention on the Rights of Children (UNCRC), the African Charter on the Rights and Welfare of the Child (ACRWC), Universal Declaration of Human Rights (UDHR), Conventions on the Elimination of all Forms of Discrimination Against Women (CEDAW), Child Policy, and the National Action Plan on Sexual Abuse and Exploitation of Children (2006-2010).

UNCRC states in Article 19 (1&2) that government parties shall take all appropriate legislative, administrative, and educational measures to protect children from all forms of physical violence, neglect, sexual abuse, and exploitation. Article 34 specifically charges state actors to protect children from unlawful sexual activity, prostitution, and pornographic performances and materials. In addition to the UNCRC, the revised draft Penal Code of Ethiopia ensures the legal protection of children from abuse and exploitation. Article 629 (1) states that sexual intercourse with a girl of 13-18 years by a person of opposite sex will be punishable with a maximum rigorous sentence of 15 years regardless of the girl's consent for the act. In addition, Article 630 (1) states that any one having sex with a child below the age of 13 regardless of the child's consent can be imprisoned from 15 to 25 years.

The government has also set up child protection units in many of the police stations, which handle cases of violence against children in major cities and towns of the country. Justice officials are promoting child friendly courts in various regions of the country such as Addis Ababa, Tigray, Oromia, and Southern Nations, Nationalities, and Peoples Region (SNNPR) (Ministry of Labor and Social Affairs (MOLSA), 2005). In addition, various local and international non-governmental organizations implement prevention and rehabilitation programs to protect children from sexual abuse, respond to victims, and enhance the recovery of survivors of sexual abuse in different regions of the country. These mainly include African

Network for the Prevention of and Protection Against Child Abuse and Neglect (ANPPCAN-Ethiopia Chapter), Children Aid Ethiopia (CHADET), Forum on Sustainable Child Empowerment (FSCE), The African Child Policy Forum, Retrak Ethiopia, and UN agencies such as Save the Children Sweden, Save the Children Norway and Save the Children Denmark.

ANPPCAN-Ethiopia Chapter and CHADET mainly work with the mission of protecting children through increasing awareness of communities about child abuse and child rights, promoting child participation in policy formulation and program planning, and providing rehabilitation services mainly counseling, washing and laundry facilities, and recreational centers to street children. In addition, FSCE, an organization that operates in five cities of the country involving Addis Ababa, Dessie, Dire Dawa, Hawassa, and Adama, have core programs to address the needs of children. These are child protection, education, protection and empowerment of children who are in conflict with the law, and recovery and community reintegration of sexually abused children. FSCE specifically supports sexually abused female street children through providing information about reproductive health issues, shelters, and reuniting them with their families and communities.

### **1.1.3. The Magnitude of Child Sexual Abuse in Ethiopia**

Despite the efforts of the governmental and non-governmental organizations to implement various intervention activities to ensure the protection of children from various forms of violence, the continued vulnerability of Ethiopian children to sexual abuse has been documented in several studies (Gebre, Ayalew, Rahel, & Hiwot, 2009; Jibril, 2012; Yemataw, Workie, Biruk, Reschke, & Schroder, 2011). Estimates of the magnitude of child sexual abuse in the country are limited to specific forms of sexual abuse, mainly rape and confined to data from specific settings such as hospitals, high schools, and police records. A

study conducted in Addis Ababa high schools indicates that 43% of the students reported having been sexually abused and 38.5% of the students reported that they knew girls who were sexually abused during their childhoods. Further, 37.7% of teachers said they knew a student who had been sexually abused (Forum on Sustainable Child Empowerment (FSCE), 1998a).

Studies conducted in hospital settings indicate that sexual abuse is the most common form of violence among children admitted to hospitals due to maltreatment. According to a report by MOLSA (2005), 74% of maltreated children who were admitted in 2005 to *Yekatit* hospital in Addis Ababa were raped. A study conducted at *Tikur Anbesa* specialized hospital in Addis Ababa found that 15 children, on average, have been raped each month between 2011 and 2013 (Teferi, 2014).

Evidence from police records shows that sexual abuse constitutes the highest percentage of all crimes committed against children in Ethiopia. Child sexual abuse constituted 23% of reported crimes committed against children from July 2005 to December 2006 in Addis Ababa. In addition, an average of 21 cases of rape were reported to police each month in the city (Jibril, 2012). Another report revealed that 64% of all rape survivors in Addis Ababa were children between the ages of 11 and 18 (MOLSA, 2005). However, the actual figure is higher since in many cases law enforcement or judicial authorities do not receive reports about the incidents of rape. Factors limiting reports are feelings of shame, stigma and discrimination; anxieties of victimizations by perpetrators, and an absence of trust in the legal system (Jibril, 2012).

It is likely that street children experience more incidents of sexual abuse than sheltered children considering the fact that they experience deprivation of major and essential resources, such as family care, school systems, medical care, and legal services, and often do not receive researchers' attention. Existing few studies of sexual abuse among street children

in Ethiopia show that rape and coercion of children for the purpose of prostitution are highly prevalent among street girls (FSCE, 2003; Mitike, Shabbir, Abera, & Fikreab, 2000; Shimelis, 2015). A study of street children in eight Ethiopian towns found that 43% of the female street children were sexually abused while working and living on the street (FSCE, 2003). An investigation of the prevalence of sexual abuse among female street adolescents in Addis Ababa reported that 15.6% of those ages 10 to 24 said they had experienced rape within three months recall period. Fully 60% of the survivors faced repeated rape and 80% did not report the incidents to any legal parties (Mitike, et al., 2000). These figures suggest that the life time exposure of female street children to rape and other forms of sexual abuse is very high.

#### **1.1.4. Risks Associated with Child Sexual Abuse**

Risk-based studies have focused on risks- those factors that increase the likelihood of child sexual abuse occurring as well as those negative consequences of the sexual abuse experienced by the survivors. It is important to organize the root causes of child sexual abuse by the debate on nature and nurture. The nature argument attributes risk factors for sexual abuse in perpetrators' personalities, whereas the nurture argument emphasizes on the influence of societal norms on perpetrators' and survivors' behaviors. The major theories are broadly categorized into psychological, sociological, and ecological theories.

Empirical studies on child sexual abuse in Ethiopia commonly used sociological theories to attribute risk factors of child sexual abuse to the prevailing patriarchal social structure and poverty. They suggested that boys are socialized to be independent, superior, and aggressive, whereas girls are expected to be dependent, submissive, and caring. This discrepancy in gender socialization encourages men to feel entitled to sexually abuse female children. The studies identified early marriage in the rural areas (United Nations International Children's

Emergency Fund (UNICEF), 2012; Yemataw, et al., 2011) and child sex work in major towns and cities of the country (Bethelhem, 2005; Lalor, 2004) as major forms of sexual abuse, and attributed them to structural factors principally, patriarchy and poverty.

There is consensus among international and national researchers that child sexual abuse brings physical, psychological, and social risks among the survivors and the risks can occur in the short-term and long-term. The physical risks mainly include unwanted pregnancy and its aftermaths of abortion, childbirth, and other related health complications (FSCE, 2003; Solomon, Tesfaye, & Lopiso, 2002) and sexually transmitted infections including HIV (Lalor, 2000; Marta, 2013; Mitike, et al., 2000).

Major psychological risks mainly include attachment problems and risky sexual behaviors, addiction, depression, suicidal ideation (Rind, et al., 1998), and Post Traumatic Stress Disorder (PTSD) (Kendall-Tackett, Williams, & Finkelhor, 1993; Yemataw, et al., 2011), self-mutilation (Briere & Elliott, 1994; Dogangun, Gonultas, Uzun -Oguz, et al., 2016), and eating disorders (Fischer, Stojek, & Hartzell, 2010). Interpersonal and social risks mainly include the feeling of inferiority when survivors compare themselves to others, displays of aggressive behavior, and experiences of stigmatization and discrimination (Briere & Elliott, 1994; Godbout, Briere, & Lussier, 2014; Flores, Cicchetti & Rogosch, 2005).

The nature and degree of risk factors and risks for negative consequences of child sexual abuse vary widely among survivors. For example, studies confirm that not all survivors face similar types of negative consequences as a result of sexual abuse. In addition, the severity of each risk varies widely among survivors. Some survivors experience mild risks, whereas others experience severe risks that can last until or through adulthood (Briere & Elliott, 1994; Kendall-Tackett, et al., 1993; Haffejee & Theron, 2017; Maniglio, 2012). Kendall-Tackett and colleagues (1993), in their review of 45 studies conducted on the effects of child sexual abuse, reported that one third of survivors of rape did not face severe psychosocial problems.

Similarly, other studies (Bogar & Hulse-Killacky, 2006; Hyman & Williams, 2001; Wilcox, Richard, & O'keeffe, 2005) have indicated that a significant number of women who have a history of sexual abuse in childhood did not exhibit long-term risks commonly associated with sexual abuse.

However, little is known about the experiences of risks among Ethiopian female street children in the face of sexual abuse. Researchers have given much attention to investigating factors that lead children to the street and the overall problems that the children face while working and living on the street. The few risk-based studies about sexual abuse primarily focus on the magnitude of sexual abuse (FSCE; 2003; Mitike, et al., 2000) and assessing individual-level risks that contribute to the experience of rape, mainly survivors' engagement in commercial sex work and consumption of alcohol and drugs (Lalor, 2000; Mitike, et al., 2000). These studies also identify reproductive health problems such as unwanted pregnancy, sexually transmitted infections including HIV, and gynecological problems (FSCE, 1998b; Lalor, 2004; Mitike, et al., 2000; Solomon, et al., 2002).

The risk-based studies have had several limitations. First, such investigations have involved specific, predetermined definitions of child sexual abuse, mainly rape (i.e., forced vaginal sex) and have assessed individual risk factors (alcohol and drug consumption and engagement in sex work), which implicitly blamed the survivors for the incident of rape. Second, they have given more attention to identifying physical risks of child sexual abuse, rather than psychosocial risks. They have neglected to include the perspectives of the survivors and, hence, have failed to uncover their definitions as well as their views of risk factors and negative consequences of sexual abuse. Third, they have treated street children as a vulnerable group severely affected by risks associated with sexual abuse rather than recognizing them as survivors who possess capacities and resources that can help them cope with those risks. Finally, the studies failed to explain why and how some survivors faced

specific types and severe risks from sexual abuse, whereas others remained relatively healthy despite exposure to risks.

#### **1.1.5. Resilience among Sexually Abused Children**

Some researchers have shifted their attention from a risk perspective to a resilience perspective in order to investigate the situation of sexually abused children. The definition of resilience varies across sexual abuse studies. Definitions include survivors' experience of positive outcomes in terms of absence or lower level of psychological symptoms despite the experience of sexual abuse (Williams & Nelson-Gardell, 2012), recovery process from trauma through utilizing personal coping strategies (Chaffin, Wherry & Dykman, 1997), and the availability and utilization of personal and environmental resources, which enhance the recovery of the survivors from risks associated with sexual abuse and, as a consequence, experience positive outcomes (Flores, et al., 2005; Fraser, Kirby, & Smokowski, 2004).

Evidence from the international literature revealed that street children showed positive adaptation despite facing various risks associated with street living. Unlike previous risk studies, which treated street children merely as a physically and psychosocially vulnerable group, the resilience studies recognized the children's assets and strengths, which can help them, overcome risks (Gamble, 2010; Malindi & Cekiso, 2014; Naterer, 2015; Oino & Auya, 2013). However, little is known about the experiences of resilience among sexually abused female street children in Ethiopia.

In my search of the literature, I found only one study on the resilience of children who are at risk of sexual abuse in Ethiopia. Gebre and colleagues (2009) assessed risks and protective resources of children vulnerable to sexual abuse and exploitation in Addis Ababa. They found that the risks that exposed children to sexual abuse included the prevalence of sex work, the availability of pornographic films, engagement in street business, exposure to

negative peer influence, congested residence, and the use of illicit drugs and alcohol consumption. Protective factors, which enhance the protection of children, include restricting movements, travelling in groups, and quitting commercial sex work.

Despite its contribution, Gebre et al.'s (2009) study has several important definitional and methodological limitations. For example, the investigators employed narrow definitions of risks and resilience in the face of sexual abuse. Risks were defined as merely individual and contextual conditions that exposed children to sexual abuse, whereas resilience was measured in terms of the abilities of the children to avert the risk of sexual abuse. Hence, the researchers equated resilience with the children's capacities to prevent the incident of sexual abuse and recovery from sex work despite living in a risky environment. The study did not capture the risks for negative consequences that female street children faced as a result of sexual abuse and also their coping processes to overcome those risks.

Methodologically, the researchers included heterogeneous groups of participants in their study, such as school children, male and female street children, and other vulnerable children who were using various survival strategies to sustain their day-to-day existence. The researchers paid less attention to understanding the experiences of risks and resilience among sexually abused female street children. In addition, the study did not differentiate the experiences of risks and resilience among the various groups of children.

Moreover, the study did not ensure full participation of the participants to construct their experiences of risks and resilience in the face of sexual abuse. Instead, it primarily relied on data gathered from parents, community members, and professionals in order to determine the indicators of resilience and to categorize the children as highly resilient or as less resilient. Therefore, the findings of the study may be incomplete and potentially misleading because children's perspectives about risks and resilience may not align with adults' interpretations of these constructs.

### **1.1.6. Familiarity with the Research Area**

I have been interested in conducting research on issues concerning street children and sexual abuse since I was admitted to Addis Ababa University to study for my Master's degree in Social Work in the year 2009. That was the first time I saw Addis Ababa, the capital city of Ethiopia. I was born and raised in a small town called Nekemte, which is located in Oromia region of the country about 365 KM from the capital. I expected the city would be a suitable place for adults and children, with good quality life including educational and job opportunities. However, I noticed that the city was not as suitable as my imaginings. I saw several street men, women, and children begging, walking from place to place, and sleeping in plastic shelters and open spaces.

That same year, I developed research questions and conducted an exploratory interview with a few individuals in order to develop a research proposal to fulfill the requirements of my "Qualitative Research Methods" course. The findings of in-depth interviews with four female street children revealed that sexual abuse was the major problem they faced while living on the street. Since then, I have been developing my theoretical and practical knowledge pertaining to the issues of female street children. I worked with an organization named Forum on Sustainable Child Empowerment, which implements various projects concerning protection, rehabilitation, and reintegration of street children in general and sexually abused female street children in particular. I worked with the organization for consecutive three semesters, or approximately 12 months, to partially fulfill my field education requirements. At the completion of my stay with the organization, I also conducted an evaluation of one of its specific projects, which renders various services to sexually abused female street children.

The exploratory interviews and the field education practice further prompted my desire to conduct my master's thesis on the experiences of sexual abuse among child sex workers in

Addis Ababa. I was especially interested in using a case study design. I conducted in-depth interviews with ten child sex workers and two focus group discussions with beneficiaries of the rehabilitation center. I found that the children faced various types of sexual abuse, ranging from sexual harassment to rape, and that the perpetrators were men who belong to different socioeconomic and cultural backgrounds. I also found that children who were engaged in sex work and who lived alone on the street without the supervision of adults were more likely to experience various forms of sexual abuse than were part-time beggars or street vendors who returned to their homes at night.

My study further indicated that not all survivors experienced similar risks in the face of sexual abuse. In addition, the way they responded to the risks they faced is differed, too. I understood that some children were severely traumatized by their experiences of sexual abuse, whereas others tried to remain healthy in a very unhealthy working and living environment. However, the study did not go beyond exploring how the survivors responded to their risks differently.

In order to answer my questions about why survivors of sexual abuse respond to their risks differently, I began searching the literature on child sexual abuse and consulted my professor who was teaching the doctoral course entitled 'Knowledge Building in Social Work and Social Development'. Then, I became intrigued with the construct of resilience and how it is employed to understand the experiences of risks, coping, and positive outcomes comprehensively. Therefore, I have decided to extend my previous risk-based study on sexual abuse to a resilience-based study for the partial fulfillment of doctoral work.

I conducted critical reviews of the theoretical and methodological literature on the constructs of child sexual abuse and resilience for each assignment I did while taking various courses. In addition, I analyzed social policies on child sexual abuse and exploitation and learned that social policies are contextual protective resources, aimed at enhancing the

resilience of survivors of sexual abuse. I also conducted two empirical studies during my course work. The first was a process-focused evaluation of the roles of a rehabilitation project in enhancing the well-being of sexually abused female children. I also conducted a quantitative study on the resilience of sexually abused female street children using The Connor Davidson Scale. The scale assessed the overall personal assets of the participants based on 25 items and revealed that the children scored high on resilience as indicated by optimism, spirituality, and sense of purpose. However, the study neglected to assess the availability and utilizations of environmental resources, which enhance the resilience of the children. In addition, it did not give the participants the opportunity to reflect their perspectives on their experiences of risks and resilience.

In order to fill the existing knowledge gaps, there is a need to conduct a comprehensive study of female street children's definitions of sexual abuse, of the risks exposing them to sexual abuse, of the risks faced as a result of sexual abuse, and their capacities to cope with risks associated with sexual abuse. A resilience-based study is necessary.

My study of risks and resilience among sexually abused female street children in Addis Ababa addressed the major weaknesses of the prior studies in several ways. First, it provided context specific definitions of sexual abuse from the perspective of the participants. Second, it explored the risks that exposed female street children to sexual abuse as well as the risks that the survivors face as a result of sexual abuse. Third, it utilized a broad definition of resilience in which the children were encouraged to reflect on their experiences of coping strategies, access to and utilization of environmental resources, and the positive outcomes on their wellbeing. Fourth, the study ensured active participation of female street children to construct their lived experiences of risks and resilience in the face of sexual abuse. It treated children as social actors who can make sense of and actively construct the world in which they live in. The study employed interpretative phenomenological analysis that is best suited

to exploring the lived experiences of risks and resilience among sexually abused female street children in Addis Ababa.

## **1.2. Research Questions**

The general research question of the study was: ‘How do sexually abused female street children of Addis Ababa experience risks and resilience?’

The study addressed the following specific research questions:

- How do female street children define sexual abuse?
- What do female street children perceive as risks that expose them to sexual abuse?
- How do female street children experience risks for negative consequences as a result of sexual abuse?

The study also addressed questions focusing on prevention and coping strategies:

- How do female street children lower and avert the risks of being sexually abused?
- How do female street children cope with risks for negative consequences of sexual abuse?
- How do female street children ascribe meanings to the efficacy of the protection strategies and coping strategies they use to overcome risks associated with sexual abuse?

## **1.3. Research Objectives**

The general objective of this study was to explore the lived experiences of risks and resilience among sexually abused female street children in *Addis Ketema* Sub city of Addis Ababa.

Specific Objectives

- To conceptualize the definitions of sexual abuse from the perspectives of female street children.

- To describe risks that expose female street children to sexual abuse.
- To explore risks that female street children experience as a result of sexual abuse.
- To explore protection strategies that female street children utilize to reduce and avert the risks of being sexually abused.
- To explore coping strategies that female street children utilize to deal with risks experienced as a result of sexual abuse.
- To understand female street children's perspectives about the efficacy of the protection and coping strategies in overcoming risks associated with sexual abuse.
- To draw implications for social work education, social policy, research, and practice so as to prevent the risks associated with sexual abuse and enhance the resilience of sexually abused female street children in Addis Ababa.

#### **1.4. Significance of the Study**

Although the government of Ethiopia has recognized child sexual abuse as the major problem of female street children, there is no comprehensive study of the experiences of risks and resilience that can serve as a source of information for educators, researchers, policy makers and practitioners. This study can make vital contributions to social work education, research, social policy, and, most importantly social work practice with sexually abused female street children in Addis Ababa. The findings of the study can serve as an important source of information for curriculum development in Social Work with Children, Youth, and Families. In my prior teaching experiences in the School of Social Work at Addis Ababa University, I found that most of the social work theories and practice models reflect Western children's experiences. The situations of Ethiopian children in general and sexually abused Ethiopian children in particular received little attention in the current social work literature.

Therefore, this study provides contextual meanings of sexual abuse, risks, and resilience to social work educators and students.

The study also has implications for social policy. Most Ethiopian social policies are mainly influenced by risk-based studies that contain information about prevalence, causes, and consequences of social problems, data commonly valued in order to formulate social policies and design intervention strategies to address social problems. Most notably, the country's national policy frameworks on child sexual abuse and street children mainly focus on determining the magnitude of the problems and identifying preventive strategies, which aim to eradicate the problems' causes. The perspectives of children about their experiences of risks and resilience are missing from the existing risk-based studies. Hence, the participation of children in the policy formulation process is minimal. Therefore, this study provides appropriate policy alternatives and recommendations that are grounded in the lived experiences of female street children and that are intended to prevent risks associated with sexual abuse and also rehabilitate the survivors to better enhance their physical and psychosocial well-being.

The study also provides a resilience practice strategies that intends to enhance the resilience of female street children who have experienced sexual abuse. It identifies the responsibilities of various stakeholders, primarily practitioners who work with street children. Historically, the major focus of practitioners has been to assess various factors that put children at risks. As a result, intervention strategies have focused on preventing or reducing risk factors that result in adverse outcomes. It is obvious that reducing risks is important. However, intervention strategies that focus attention on risk reduction at the expense of giving attention to the capacities and resources of children to overcome risk factors and negative consequences will not be effective in solving the complex and interdependent nature of social problems in Ethiopia.

My previous research and field practice experiences with an organization that rehabilitates and re-integrates sexually abused female street children in Addis Ababa, suggest that intervention activities predominantly focus on avoiding risk factors making children susceptible to sexual abuse through providing shelter, food, and clothes and repairing individual deficits, mainly drug and alcohol addiction. Intervention activities give less attention to assessing children's strengths and further building their resilience. Program staff told me that a significant number of children drop out of the program and return to the street. In addition, some female street children return to the street after they complete the rehabilitation services and are reintegrated into their families and communities. Hence, this study provides child-friendly intervention strategies that can create sustainable solutions to the problem of sexual abuse among female street children.

The intervention strategies suggested by the study's findings could help practitioners identify and prioritize risk factors and negative consequences of sexual abuse. They also can help them to recognize the personal capacities and environmental resources that can serve as sources of resilience for sexually abused female street children. Such knowledge about sources of resilience can help practitioners to further enhance the children's capacities and resources and also can lead to the creation of other types of appropriate protective resources. The strategies further can serve as empowerment approaches through encouraging sexually abused female street children to understand their capacities and resources and also participate in the problem solving process.

Finally, the study serves as a source of information for researchers who are interested in conducting further studies on risks and resilience of sexually abused female street children in Ethiopia. It provides contextualized definitions of risks and of resilience and generates research questions and hypotheses that merit further investigations.

## 1.5. Conceptual Definitions

**Child:** a person below the age of 18 years.

**Coping:** the process of using various adjustment strategies, whether adaptive or maladaptive, in order to manage risks (Lazarus & Folkman, 1984).

**Protective factors/resources:** personal and environmental resources that enhance the positive adaptation of children in the face of risks (Masten, 2001; Rutter, 1999).

**Resilience:** process of positive adaptation through utilizing various personal coping strategies and environmental protective resources and the outcome of successful coping in the face of risks. The definition involves three components: the capacity of children to navigate their way to health sustaining resources, the capacity of children's physical and social ecologies to provide these resources; and third, the capacities of children and their ecological resources to negotiate culturally meaningful ways for resources to be shared (Ungar, 2008b).

**Risks:** conditions that aggravate the occurrence of adversities and have negative impacts on the adjustment, functioning, and development of children (Fraser, et al., 2004; Garnezy & Masten, 1986; Kirby & Fraser, 1997). In this study, risks are defined as conditions that expose female street children to sexual abuse, the incidents of sexual abuse, and subsequent negative consequences that the survivors face as a result of sexual abuse.

**Sexual abuse:** refers to any sexual activity that is committed against a child, whether or not the child has consented (WHO, 2002). However, this study specifically identifies and describes self-definitions of sexual abuse from the perspectives of the participants. It is restricted to non-consensual sexual activities mainly forced sex.

**Street children:** refers to children for whom the street has become their source of livelihood and who are inadequately protected and supervised by adults. They are broadly categorized into "children on the street" and children of the street" where the former category includes those children who work on the street and return to their homes at night and the latter

category involves those children who work and sleep on the street (MOLSA, 1988; UNICEF, 2007). Aptekar (1989), a prominent researcher who has studied street children in various countries, distinguished three categories of street children: children who runaway from families and live on the street alone, children who work on the street but return to their homes at night, and children who live with their families on the street. In this study, female street children who work and live on the street and have no contact with their families are the primary focus of the investigation.

### **1.6. Scope of the Study**

There are a large number of female street children who faced sexual abuse in Addis Ababa. However, the scope of the study was limited to exploring the lived experiences of risks and resilience among female street children who faced rape (i.e. forced sex) due to the fact that rape puts children at a higher risk of experiencing various risks, compared to other forms of sexual abuse. Therefore, female street children who faced sexual harassment and engaged in consensual sex were excluded from the study. In addition, the *Merkato* neighborhood was purposely selected because female street children in the area, compared to those other parts of the city, are at high risk of various forms of sexual abuse.

As is often true in qualitative research, the findings of this study are not generalizable and do not represent the experiences of all sexually abused female street children in Addis Ababa. Rather, the findings reflect the perspectives of contemporary sexually abused female street children in the *Merkato* neighborhood alone. In addition, the study captured the experiences of risk and resilience from the perspective of sexually abused female street children and did not attempt to include the perspectives of parents, peers, community members, and professionals.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1. Introduction**

This section of the dissertation provides a critical reflection of various theoretical perspectives and major findings of empirical studies on child sexual abuse and resilience in children. The section is broadly divided into seven subsections. The first section addresses the major theories of child sexual abuse. The second section provides an overview of major research findings on negative consequences of child sexual abuse. The third section discusses conceptualizations of resilience and the historical development of child resilience research. The fourth section provides an overview of major research findings in relation to child maltreatment including sexual abuse. The fifth section discusses major research findings of resilience of street children worldwide and in Africa. Section six presents the summary of the literature review and critical reflections on theoretical perspectives and empirical studies of risk and resilience among children. The seventh and final section addresses the theoretical perspective that served as a framework to guide my study of experiences of risk and resilience among sexually abused female street children in Addis Ababa.

#### **2.2. Theories of Child Sexual Abuse**

Various theories have been advanced to explain why individuals commit sexual abuse against children. The theories range along the continuum of the nature and nurture debate. The nature argument locates the causes of sexual abuse in an individual perpetrator's personality. In contrast, the nurture argument identifies the influence of societal values and norms on perpetrators' and victims' behaviors to explain the root causes of child sexual abuse. The theories are broadly classified as psychological, sociological, and ecological theories.

### 2.2.1. Psychological Theories

Psychological theories focus on the individual perpetrator's to explain about the causes of sexual abuse. The theories suggest that sexual abuse originates from the perpetrator's personality disorders and engagement in antisocial behaviors. Some of the psychological theories used to explain child sexual abuse include psychodynamic theory, social learning theory, attachment theory, and cognitive behavioral theory.

*Psychodynamic theory.* Psychodynamic theory was traced back to Sigmund Freud's 'theory of seduction', which was primarily developed in order to explain incest (i.e., sexual relationship between a father and a daughter). In his theory, Freud suggested that there is a natural sexual attraction between a father and a daughter. Seduction fantasies are inevitable among all female children and survivors of sexual abuse are responsible for seducing their fathers. Early studies (see for example, Galdston, 1978 as cited in Bolen, 2002; Wilk & McCarthy, 1986) influenced by this theory also blamed the child victims for causing the sexual abuse.

The theory also asserts that the human psyche is composed of the id, ego, and superego. The id represents primitive desires and the need for immediate gratification. The ego is the ability to delay gratification through balancing the need of the id and the superego. The superego represents the internalizations of morals and societal norms. These structures are in a continual conflict in order to fulfill their primary needs. The theory suggests sexual abusers are overwhelmed by their id (pleasure principle) and lack a strong superego (Nisha, 2014).

The psychodynamic theory has several weaknesses. First, the theory overemphasizes on the impact of early life experiences on later abusive behaviors of perpetrators and fails to acknowledge the contributions of societal norms in shaping the behavior of perpetrators. Instead, the theory regards perpetrators of child sexual abuse as disobeying societal norms. However, in a society where norms promote gender inequality, obedience to such norms

encourages men to commit sexual abuse against women and children. Second, the theory fails to explain why some men who have negative early experiences do not go on to perpetrate sexual abuse and why some men who do not have those early experiences do become perpetrators. Finally, the theory fails to recognize that perpetrators of sexual abuse vary widely in their psychological, social, and demographic characteristics. Therefore, it does not fit to explain the behavior of all perpetrators of child sexual abuse across various contexts.

***Attachment theory.*** Attachment theory claims that humans have an innate tendency to establish strong emotional bonds with their immediate environment, especially with family members during infancy and childhood. The emotional bond created during childhood has a significant impact on adult development. Children, who grow up, without a strong positive emotional bond and who do not experience good parenting will lack the social skills and self-confidence to form intimate relationships with their peers in their adulthood. Therefore, such adults seek intimacy with children to meet their adult sexual needs (Cortoni & Marshall, 2001; Marshall & Marshall, 2000). The theory has been criticized for not taking into account the social context that shaped the behaviors of perpetrators and victims.

***Social learning theory.*** Social learning theory assumes that humans are social and socialization processes determine everything they do. Deviant behavior is a learned condition. The process of learning deviant behavior starts with modeling, in which a person learns social and cognitive behaviors by observing others. People engage in violence in order to resolve conflicts, express emotions (for example, anger), and get what they want in their relationships with others. The theory further explains about the ‘intergenerational patterns of violence’, in which children who grow up in abusive families learn that abuse is an acceptable behavior and, hence, more likely to commit abuse in their later lives. Similarly, the theory suggests that adults who have a history of childhood sexual abuse are more likely

than adults without such childhood histories to sexually abuse children abuse (Bandura, 1971).

Consistent with this assumption, several studies have shown an association between having a history of childhood sexual abuse and being sexually abusive behavior in later life (Burton, 2000; Daversa, & Knight, 2007; Graham, 1996; Felson & Lane, 2009). According to Graham (1996), 70% of perpetrators of sexual abuse were sexually abused during their childhoods. Burton (2000), in a study of perpetrators' sexual behavioral problems, reported that the majority of sexual abuse perpetrators had a history of childhood sexual abuse. Burton also found that 50% of the perpetrators had engaged in sexual offences before the age of 12.

Social learning theory is criticized for being too simplistic in attributing the causes of child sexual abuse to a perpetrator's history of child sexual abuse. The theory fails to acknowledge the mediating role played by psychological problems that result from childhood victimization in the initiation of child sexual abuse during adulthood. In addition, the theory neglects to take in to account the role of societal norms and other contextual factors that influence the behavior of perpetrators and encourage them to commit child sexual abuse; nor does the theory account for why male victims of childhood sexual abuse more likely than female victims to become perpetrators as adults.

Generally, psychological theories locate the root causes of child sexual abuse in perpetrators' psychological problems such as insecure attachment, consumption of alcohol and drugs, or socialization to abusive behaviors during childhood. The theories are criticized for overemphasizing on the psychological factors and neglecting to acknowledge the role of societal factors in influencing the behavior of perpetrators and victims of child sexual abuse. In addition, psychological theories do not provide explanations for differences in the magnitude of child sexual abuse across various contexts.

*Integrative theories.* Integrative theories were developed to address some of the limitations of the psychological theories of child sexual abuse, which mainly focused on examining perpetrators' characteristics. Integrative theories are amalgamations of several psychological theories as well as a few components of societal factors to explain the root causes of sexual abuse. Finkelhor's Precondition Model and Marshall and Barbaree's integrative theory of sexual abuse are the discussed below.

Finkelhor (1984) proposed a four-component preconditions model that combined core elements of psychological theories of child sexual abuse namely psychodynamic, attachment, social learning, and cognitive-behavioral theories. Unlike other theories of crime and sexual abuse, which tend to explain the general causes of violence, this model was specifically developed to explain the root causes of child sexual abuse. Components of the theory include: emotional congruence, sexual arousal to children, blockage, and dis-inhibition.

Emotional congruence, according to Finkelhor, is when an abuser's emotional needs finds satisfaction in the characteristics of the victim child. Finkelhor suggested that individuals who suffer from low self-esteem and social relationship problems tend to relate themselves to children in order to feel power and control. Sexual arousal, the second component of the theory, explains the reasons adults are motivated to sexually abuse children. Consistent with social learning theory, Finkelhor suggested that perpetrators who have a history of child sexual abuse tend to abuse other children during their adulthoods. Blockage, the third component of the model, is a concept Finkelhor adopted from psychoanalytic and attachment theories in order to explain the behavior of perpetrators. Finkelhor suggested that perpetrators are psychologically blocked from moving into the adult sexual stage of sexual development due to unresolved childhood conflicts and intimacy problems. Dis-inhibition, the model's final component, is when a perpetrator's cognitive distortions, stress, and/or substance abuse

reduces his disinclination to violate social norms, thus increasing the risk of child sexual abuse.

All of the components of Finkelhor's precondition model are interdependent and complementary processes. The first three components of the model explain factors that lead perpetrators to develop a sexual interest in children, whereas the fourth component, disinhibition, explains about how such sexual interest is translated into the act of committing sexual abuse against children. The preconditions process includes: a) a potential offender needs the motivation to sexually abuse a child; b) a potential offender has to overcome internal inhibition against acting on the motivations; c) a potential offender has to defeat external impediments to committing sexual abuse; and d) a potential offender has to overcome a child's resistance to the abuse.

Finkelhor's preconditions model of child sexual abuse has several strengths. First, the model takes into account multiple factors in order to explain the root causes of child sexual abuse. Second, unlike other psychological theories that only provide lists of standalone psychological factors to explain child sexual abuse, the Finkelhor's precondition model shows the relationship among various components of the model and the processes that must be completed before perpetrators commit child sexual abuse. Moreover, the model suggests intervention strategies in order to prevent child sexual abuse from reoccurring.

However, the model can be criticized for the rigidity of its claim that all of the components and preconditions characterize all perpetrators of child sexual abuse. In reality, all perpetrators do not exhibit similar characteristics and intentions to commit sexual abuse against children. In addition, the theory was primarily developed to explain the root causes of child sexual abuse perpetrated by males. Therefore, it may not be applicable to explaining the behavior of female perpetrators of child sexual abuse. Moreover, the theory neglected to take

into account the influence of sociocultural factors to understand the behavior of perpetrators and victims of child sexual abuse.

Similar to Finkelhor's precondition model, Marshall and Barbaree (1990) explained the root causes of child sexual abuse in terms of emotional congruence, sexual arousal, blockage, and dis-inhibition among perpetrators. Unlike Finkelhor, Marshall and Barbaree gave much greater attention to the roles of environmental factors in influencing the behavior of perpetrators. They suggested that sexual motivations have biological and environmental bases. Biologically, males are prone to be aggressive in sexual activity. However, this behavior is overcome through the socialization process. Thus, the major environmental factors that influence the behavior of perpetrators include the childhood socialization processes and the sociocultural context. Children who grow up learning violence as an appropriate behavior and who are exposed to sexual abuse are most likely to face attachment problems, lack self-confidence, and develop aggressive behavior, which, in turn, make them more likely as adults to sexually abuse children. In addition, sociocultural factors such as patriarchy and the availability of pornography contribute to the incident of child sexual abuse (Marshall & Barbaree, 1990).

### **2.2.2. Sociological Theories**

Sociological theories assume that the root causes of sexual abuse are grounded in the social, political, and cultural contexts in which perpetrators and victims of sexual abuse live. The theories fill the major weaknesses of psychological theories through explaining how societal factors shape the behaviors of perpetrators and victims. Some of these theories include: feminist theories, social bond theories, and social class, strain, and frustration theories.

***Feminist theories.*** Feminist theories have been widely employed in social science literature to explain the root causes of sexual abuse against women and children (Bograd, 1999; Bolen, 2002; Dominelli, 2002). Unlike psychological theories, which mainly attempt to identify the characteristics of perpetrators, the feminist theories focus on social structures that promote male privilege over female in order to explain the underlying causes of child sexual abuse. Bograd (1999) has suggested that child sexual abuse is socially constructed and legitimated, rather than a natural expression of biological drives and innate characteristics of men. Perpetrators' characteristics are the products of the social structure, which favors the dominance of men over women.

The theories contend that sexual abuse is prevalent in patriarchal societies, in which men are holders of power and wealth and are socialized to be active, independent, dominant, and passive, whereas women are expected to be passive, dependent, and caring. This gender socialization encourages men to feel superior and entitled to abuse women and children. Feminist theories further claim that the problem of sexual abuse will not be eradicated unless the patriarchal system is abolished in a society (Bolen, 2002).

Feminist theories can be criticized for three reasons. First, they do not provide comprehensive explanations of causes of child sexual abuse. Almost all studies influenced by Feminist perspectives solely reflect the perspectives of survivors in order to explain the root causes of child sexual abuse. They neglected to investigate the perspectives of perpetrators regarding the factors that led them to sexually abuse children. Second, the theories fail to acknowledge the influence of psychological factors in predicting abusive behaviors among perpetrators of child sexual abuse. Third, the theories characterize perpetrators of sexual abuse exclusively as men; evidence shows females are also perpetrators of child sexual abuse (Peter, 2009; Strickland, 2008; Vandiver & Kercher, 2004).

***Social bonding theory.*** Social bond theory was originally developed by Travis Hirschi (1969) to explain the causes of crime and delinquency behaviors. The theory was built on the idea that social institutions and the bonds people have with them maintain pro-social behavior, organization, and stability in a society. People who have strong bonds with various social institutions (e.g., colleges, religious congregations, and families) are more likely to obey societal norms and are less likely to commit crime. Hirschi posited four components of social bond: attachment, involvement, commitment, and belief. Adults who have strong attachment to various social institutions avoid delinquency and crime since they do not want to risk losing the love of people close to them. In addition, hard-working people are less likely to engage in deviant activities. Moreover, people's strong belief and support towards societal norms decreases the chances of committing crime and delinquency. For instance, the degree to which people feel that laws on child sexual abuse are justified and right have significant impact on the incidence and prevalence rate of child sexual abuse. In general, violence occurs as a result of weak or broken social bonds in a society (Hirschi, 1969).

Unlike Hirschi's claim that social institutions and strong social bonds maintain stability and well-being in a society, critics (Godezi, Schwartz, & Dekeseredy, 2001) claim that social institutions and social bonds are sources of gender inequality and consider child sexual abuse as a normal and legitimate outgrowth of those institutions and bonds. Social institutions may directly or indirectly support attitudes favoring gender inequality and child sexual abuse. For instance, strong social bonds among male groups characterized by a hyper-masculine subculture increase the motivation of men to commit sexual abuse against children. Hence, perpetrators sexually abuse children for the sake of loyalty to the group norms. It is suggested that the high prevalence rate of sexual abuse among female students observed in colleges and universities is the manifestation of the prevailing gender inequality in the institutions.

Like psychological theories, sociological theories have also weaknesses. The theories give much attention on structural factors in order to explain the root causes of sexual abuse. They fail to acknowledge the influences of individual characteristics such as psychological disorders, a perpetrator's history of childhood sexual abuse, and attachment problems on perpetrators' sexual aggression.

### **2.2.3. Ecological Theory**

Unlike the psychological and sociological theories, which mainly emphasize on the behavior of perpetrators in order to explain the risk factors for child sexual abuse, the ecological theory of child sexual abuse provides a comprehensive explanation of factors that increase the likelihood of becoming a victim or perpetrator. Bolen (2002) suggested that survivors and perpetrators of child sexual abuse vary widely in their demographic, psychological, and sociocultural characteristics, so multiple factors should be taken in to account to explain the risks of child sexual abuse.

The theory proposes that the wellbeing of a child is enhanced when the social ecological environment provides the necessary resources to protect children from abuse, whereas child abuse occurs as a result of the failure of social ecological resources to maintain child protection. The theory looks at risks as a complex interplay between individuals and the systems in which they are nested. Risks that affect the health of the child are embedded in four systemic levels: *macrosystem*, *exosystem*, *microsystem*, and *ontogenic* (Bolen, 2002).

At the *macrosystem* level risk factors for child sexual abuse include the patriarchal power structure, sex role stereotypes, collective refusal to recognize the problem of child sexual abuse, low socioeconomic status, unemployment, homelessness, and lack of well-developed laws that ensure the protection of children. *Exosystem* risk factors originate with the institutions in which children and their families associate themselves. These include lack of

appropriate and safe childcare services, violent neighborhoods, unfavorable school environments, lack of educational services, and lack of strong formal and informal social networks available to children and their families. *Microsystem* level risk factors originate at the family level and include poor parenting styles, psychological problems of parents, family dysfunction, insecure child-parent attachment, and the developmental histories of the parents in relation to experiencing sexual abuse and/or alcohol and drug abuse. Finally, at the *ontogenic* level, risk factors include biological and psychological characteristics of perpetrators and victims. Some of the perpetrator characteristics that put children at risk of sexual abuse include sexual arousal to children, psychopathology, alcohol use, social incompetence, and a history of previous sexual abuse. Factors associated with victim characteristics that increase the risk of being sexually abused include age (e.g. older), being female, and having a disability or lower intelligence (Bolen, 2002; Ungar, 2011).

Critic (Bolen, 2002) has argued that the ecological theory does not explain how risk factors that originate at *macrosystems* are manifested in the children as internalized level of risk of abuse. Bolen has proposed that the theory should include components of the developmental model in order to show the pattern of cumulative risk factors, and how they evolve at different stages of a child's development. In the developmental model, risks of sexual abuse are seen as changing depending upon a child's age, so different domains of risk factors should be assessed at each stage of child development. Critic further claims that the ecological theory should also include aspects of a transactional model, which examines reciprocal relationships of risk factors that emerge at each levels of the ecological domain: *macrosystem*, *exosystem*, *microsystem*, and *ontogenic* levels.

Moreover, ecological theory has been criticized for dictating that researchers should use certain predetermined domains of assessment in order to explain risk factors of child sexual abuse across all groups of society (Bolen, 2002; Ungar, 2011). Since the theory is primarily

developed from empirical studies conducted on sexual abuse among sheltered children, it may not explain the experiences of female street children who are completely a different population from sheltered children. Therefore, there is a need for research to gain new insights about how the risks of child sexual abuse are conceptualized and experienced from the perspective of female street children, rather than imposing existing theories to understand the problem.

### **2.3. Major Research Findings on Consequences of Child Sexual Abuse**

Various studies have documented different forms of short- and long-term negative effects of child sexual abuse. The majority of studies are confined to adult survivors who have a history of sexual abuse during their childhoods. The studies broadly have examined the effects of child sexual abuse on the physical, psychological, and social well-being of the survivors. The effects of sexual abuse on survivors are not universal, but rather vary considerably among survivors.

#### **2.3.1. The Physical Risks of Sexual Abuse**

Evidence from studies of female street children in Ethiopia indicates that sexually transmitted infections, unwanted pregnancy and its related health complications such as abortion and childbirth are major physical risks associated with sexual abuse. Most perpetrators do not use condom when they abuse female street children. Female street children's exposure to repeated rape and their lack of access to and utilization of reproductive health further exacerbate the situation (FSCE, 1998b; Mitike, et al., 2000; Solomon, et al., 2002).

According to FSCE (2003), 33% of sexually abused female street children in Addis Ababa were pregnant and most of the pregnancies were terminated through abortion. Similarly, Mitike and colleagues (2000) found that 23% of sexually abused adolescents were pregnant

during the three months prior to their study and 15% had an abortion. Lalor (2000), in his study on child sex workers in Addis Ababa, indicated that 37% the sample had been pregnant at least once. The study further reported that 54.5% of the sampled pregnant child sex workers aborted the pregnancy. Mitike and colleagues (2000) also reported that 45% of female street adolescents who were rape survivors had STIs.

### **2.3.2. The Psychological Risks of Sexual Abuse**

The psychological risks are associated with survivors' emotional, cognitive, and behavioral reactions following exposure to sexual abuse. Psychological risks are broadly categorized into posttraumatic stress disorder, cognitive distortions, emotional distress, and interpersonal problems (Briere & Elliott, 1994; Maniglio, 2012). Briere and Elliot (1994) have further suggested that the psychological effects of sexual abuse mainly occur in three stages: a) initial reactions such as posttraumatic stress disorder, painful emotions, and cognitive distortions; b) the survivors' coping process in order to decrease or eliminate painful experiences; and c) long-term consequences, such as depression and risky sexual behaviors which occur as a result of ineffective coping processes. The researchers further found that the nature and degree of psychological reactions consequent to child sexual abuse depend on the survivor's relationship with the perpetrator (i.e. stranger or intimate), age at the onset of the sexual abuse, involvement of physical abuse, and number of perpetrators involved in the sexual abuse. Below, some of the major immediate and long-term psychological risks associated with child sexual abuse are presented.

***Posttraumatic Stress Disorder (PTSD).*** PTSD involves the feelings of insecurity and fear related to specific persons, places, objects, and situations. In addition, survivors frequently re-experience the event of sexual abuse through nightmares and underestimate their capacity to survive soon after exposure to sexual abuse. Survivors also experience feelings of

powerlessness, hopelessness, self-blame, shame, low self-esteem, poor concentration, sleep disturbances, and impaired trust. Researchers have suggested that survivors who were sexually abused by either family members or someone they knew may experience a more severe form of PTSD than those who were sexually abused by strangers (Briere & Elliott, 1994; Rind & Tromovitch, 1998; Salami, 2010; Tyler, 2002).

***Emotional distress.*** Emotional distress mainly involves the experience of depression. Studies (Briere & Elliott, 1994; Hall & Hall, 2011) have found that depression is the most common long-term effect of child sexual abuse. Depression involves prolonged experiences of anxiety, worthlessness, isolation, disturbed sleeping pattern, disturbed eating pattern, sexual difficulties, and suicidal ideation, which may last into adulthood. Hall and Hall (2011) reported that adults with a history of child sexual abuse are four times more likely to experience depression than those with no history of sexual abuse. Malindi and Cekiso (2014), in their study of street children's reaction to violence, found that depression is an immediate emotional reaction of street children to various forms of violence, including sexual abuse.

***Attachment problems.*** Evidence indicates a relationship between attachment problems and adult sexual victimization. Women who have a history of childhood sexual abuse are more likely to engage in casual or uncommitted relationships with several sexual partners in order to avoid emotional intimacy. Engagement in risky sexual behaviors, in turn, puts survivors of sexual abuse at high risk of re-victimization. Sexual re-victimization, in turn, can produce severe trauma symptoms, such as prolonged depression, and can increase the risks of unintended pregnancies, abortions, and sexually transmitted diseases. Sexual re-victimization also can have more damaging outcome than a single experience of sexual abuse (Holmgren, 2009; Walsh, Fortier, & DeLillo, 2010).

In addition, researchers have found that there are relationships among childhood sexual abuse, engagement in sex work, and re-victimization of sexual abuse during adulthood. Dalla, Xia, and Kennedy (2003) reported that 74% of sex workers had a history of child sexual abuse. They also found that engagement in commercial sex work served as a major risk factor for re-victimization of sexual abuse and its associated negative consequences.

***Interpersonal problems.*** Interpersonal problems mainly include the feeling of discomfort when interacting with others, feeling of inferiority when compared with others, and showing aggressive behaviors in relationships with others (Flores, et al., 2005; Hall & Hall, 2011; Rind & Tromovitch, 1998). Anger is common among most survivors of sexual abuse and leads survivors to isolate themselves from their immediate environment. However, there is debate among researchers regarding whether anger is an immediate reaction to sexual abuse or long-term effect that is evident during adulthood. Fraser and colleagues (2004) found that anger was more evident among child survivors than adult survivors. In contrast, Hall and Hall (2011), in their review of studies on the long-term effects of childhood sexual abuse, contended that adult survivors of child sexual abuse more prominently display anger.

Stigma and discrimination against survivors of sexual abuse also have been identified as interpersonal or social problem associated with sexual abuse. When survivors disclose an incident of sexual abuse to their immediate environment in order to seek social support, they may be greeted with stigma and discrimination instead of assistance. Consequently, many survivors prefer not to disclose their experiences of sexual abuse because they fear receiving unsupportive reactions from their immediate environments (Godbout, et al., 2014).

## **2.4. Conceptualizations and Historical Development of Child Resilience Research**

### **2.4.1. Conceptualizations of Resilience**

There has been ambiguity and debate regarding how to define and operationalize the concept of resilience. The definitions have varied considerably, ranging along a continuum from a narrow focus on individual characteristics to a broad focus on various environmental factors. Traditionally, resilience was defined as an individual's capacity to cope with physical and psychological risks without showing major dysfunctions. In other words, it is positive physical and psychological outcome despite risk (Rutter, 1999; Werner & Smith, 1982).

More recently, the view of resilience as innate qualities of individuals has been replaced by a conceptualization of it as a lifelong and multidimensional process of positive adaptation through reciprocal interactions between individuals and their environments (Masten, 2001; Riley & Masten, 2005; Rutter, 2007; Ungar, 2004). For Rutter (2007), resilience is not an innate trait, but rather an outcome of the interplay between personal and environmental resources. Rutter further suggested a person might respond differently to different risks. Therefore, the person may be resilient to some kinds of environmental risks but not to others.

Ungar (2011, 2004), a prominent researcher on resilience among children and youth, conceptualized risks and resilience as social constructs that vary widely across cultures. According to Ungar, resilience refers to a process of navigating and negotiating personal and social ecological resources that sustain health in culturally meaningful ways. In other words, resilience refers to an outcome from negotiation with the environment for resources to define one's self as healthy amidst adversity. This conceptualization of resilience includes three broad definitions: first, the capacity of individuals to navigate resources that sustain well-being; second, the capacity of individuals' physical and social ecologies to provide these resources; and third, the capacities of individuals, their families, and communities to negotiate culturally meaningful ways for resources to be shared.

Researchers have used various core concepts to define and measure resilience in their studies. Some of major concepts, which are extensively described in the resilience literature, include risk, coping, protective factors, and competence. However, studies differ in how these concepts have been conceptualized and measured. The various definitions of these concepts and areas of inconsistencies are discussed below.

**Risk.** Risk and resilience are frequently discussed together. The concept of resilience itself refers to a process of positive adaptation and coping despite risk experiences. However, there is no consensus regarding how risks are treated in the resilience literature. In some studies, risk is defined as any condition that increases children's probability of experiencing an adversity or undesirable outcome (Gramezy & Masten, 1986; Wright & Masten, 2005), whereas in other studies, it is used interchangeably with undesirable outcome (Ungar, 2011).

There are two types of risks based on the nature of their origin: risk traits and contextual risks. Risk traits are inherent in genes and increase the probability of children to develop adversities. For example, the innate characteristics of children such as being born to parents with schizophrenia or having a low IQ, are found to be factors that increase the probability of children developing behavioral problems. Contextual risks, on the other hand, refer to broader environmental conditions that affect vulnerability. Unlike risk traits, contextual risks result from interaction of individuals with their immediate environments (Gramezy & Masten, 1986). Contextual risks mainly include poor housing conditions, maltreatment, poverty, weak social networks, loss or separation from the loved ones, unfavorable school climates, traumas of war, unemployment, or ethnic and racial hostilities; natural disasters, or other environmental factors (Kirby & Fraser, 1997; Masten, 2005).

**Protective factors/resources.** Protective factors are the most extensively studied concept in resilience research. However, the concept has not been clearly and consistently defined. Protective factors are most commonly defined as resources within the individual and the

environment that reduce the negative effects of risks on individuals. In the classical resilience literature (Garmezy, 1987; Rutter, 1987; Werner & Smith, 1992), protective factors are treated as innate capacities that help children resist the adverse effects of risk. In these writings, risks and protective factors are opposing variables on a single continuum. For instance, a high IQ is a predictor of resilience, while low IQ connotes vulnerability to adversities. Still other researchers claim that risks and protective factors are two sides of the same coin and they frequently interact in order to produce good outcomes (Masten, 2007; Olsson, Bond, Burns, Vella-Brodrick & Sawyer, 2003).

***Coping.*** Coping has been one of the areas in the resilience literature that has been studied extensively. Coping is defined as the process of cognitive, behavioral, and physiological efforts to manage internal or external demands of an event, whether or not the efforts are successful. It is not one time event but rather it is a process whereby an individual thinks and acts in a particular situation (Lazarus & Folkman, 1984).

Coping strategies can be broadly categorized into two types: emotion-focused coping strategies and problem-focused coping strategies. Problem-focused coping strategies, also known as positive or adaptive coping strategies, are directed toward modifying or controlling the source of the stressor. Individuals who utilize these coping strategies define their problem, creatively consider alternative solutions, and weigh coping alternatives based on costs and benefits. These coping strategies are mainly used when the individual appraises the sufficient coping resources and perceive the experiences of adversities as changeable. Some of such coping strategies include efforts to change the situation, planning various strategies to solve the problem, and information seeking from formal and informal support systems (Lazarus & Folkman, 1984).

Emotion-focused coping, also known as maladaptive coping, refers to efforts directed at the individual's management of emotional responses to stressors. Some examples of this

coping strategy include hoping for a miracle, blaming oneself, accepting one's destiny, acting as if nothing really has happened, seeking emotional support from people, and trying to forget the problem (Lazarus & Folkman, 1984).

Empirical studies offered inconsistent findings regarding the efficacy of coping strategies in bringing positive outcomes among different groups of children. Some studies treated problem-focused coping strategies as strong indicators of resilience and emotion-focused coping strategies as weaker predictors of resilience (Dummont & Prevost, 1999; Ginsburg & Jablow, 2006; Gomez & McLaren, 2006). In contrast, other studies revealed that emotion-focused coping strategies such as avoidance of thinking about the problem, forgiveness, and distancing oneself from events that trigger the experience of trauma predict positive outcomes (Gilligan & Raghallaigh, 2010; Worthington & Scherer, 2004).

**Competence.** Some investigators (Garmezy, 1987; Valentine & Feinauer, 1993) label individuals who adapt to their risks positively to be competent. In classical studies, competence has been equated with positive outcomes such as school achievement, motivation, and social competence. Recently, researchers have defined competence as successful utilization of personal and environmental resources in order to accomplish age-appropriate developmental tasks within a particular cultural context. Competence is defined differently at different development stages and in different cultural contexts. For instance, in American society, the competence of school age children is measured in terms of academic achievement, social competence (relationship with friends), and conduct (follow rules of conduct in the home, school, and community). As children age, new domains of competence are evidenced. Adolescents are expected to have more social competence and advanced academic performance than the younger children (Fraser, et al., 2004; Luthar, 2003).

### **2.4.2. Historical Development of Child Resilience Research**

The historical development of research on child resilience can be traced back to fields of developmental psychology and mental health during 1970s. Traditionally, researchers focused primarily on the impact of biological and psychosocial risk factors on the development of children who experienced adverse life conditions including schizophrenic parents, socio-economic disadvantages, maltreatment, urban poverty, and community violence. Although early researchers suggested that poor developmental outcomes would be inevitable if a child was exposed to adversities, they actually found positive adaptation among a significant number of high-risk children in their studies. Therefore, since the 1970s, there has been a paradigm shift from a risk-based approach to a resilience-based approach to understanding child development (Garmezy, 1985; Rutter, 1987; Werner & Smith, 1982). The historical development of resilience research is categorized into four waves (Wright & Masten, 2005). For each wave, I offer a critical analysis of the definitions of resilience, the contributions of resilience researchers, and the major theoretical perspectives of resilience research.

*The first wave of resilience research: Psychological model (identifying individual factors).* The first era of resilience research (roughly from 1980 to 2000) involved the work of developmental researchers who conducted extensive studies on protective factors that foster positive outcomes among high-risk children. At that time, resilience was conceptualized as innate biological and psychological characteristics of children under adverse life conditions. Children who showed positive and successful adaptation in the face of adversity were regarded as children with extra ordinary abilities; such children were labeled as ‘resilient’, ‘invulnerable’, ‘super kid’, and ‘stress resistant’ (Garmezy, 1987; Rutter, 1987; Werner & Smith, 1982).

In the first wave of resilience studies, children facing adversity were categorized as resilient or non-resilient based on certain measurement scales, and the coping processes of the children were not examined. Some of the major resilience qualities of individuals include good mental health outcomes, effective functioning within the home and school environments, social competence, and academic achievement (Garmezy & Masten, 1986; Werner & Smith, 1982).

Werner and Smith (1982, 1992, 2001) conducted a longitudinal study of the impact of biological and psychosocial risk factors (e.g., poverty, perinatal trauma, parental psychopathology, and adverse child-rearing conditions) and protective factors on the psychosocial development of a multi-racial cohort of children born in 1955 on the Hawaiian island of Kauai, USA. They described positive development among high-risk children in terms of the possession of a high IQ, self-esteem, self-efficacy, and internal locus of control. The finding showed that one third of the total sample of children from marginalized families showed an impressive rate of positive psychosocial competence. The study also found that females, compared to their male counterparts, were more likely to cope effectively with adversities in childhood and adulthood.

Unlike Werner and Smith, who treated the concept of resilience in relation to innate capacities and psychological competence of children, Garmezy, employed rigorous research methods to conceptualize resilience as multifactorial causal pathways and applied a gene-environment approach in his empirical studies. He included a range of protective factors such as personality dispositions, the characteristics of a child's family, and external societal factors in his longitudinal studies with children of mothers with schizophrenia. The findings showed that children with high IQs, higher socioeconomic status, and positive family attributes (quality of parent-child relationship) were more competent in the face of stress and were

better socially engaged with peers and their classrooms; in contrast, children with fewer assets were more disruptive when under stress (Garmezy, 1987).

The early model of resilience had several limitations. First, it was rigid in its claim that individuals should be free from psychological or emotional problems in order to be labeled as resilient (Olsson, et al., 2003). If resilience is defined as the competence of an individual in relation to psychological well-being, it may be difficult to say people ever recover fully from the adversities they experience. People may show effective functioning in various aspects of their lives despite experiencing psychological problems. Therefore, multiple domains of resilience should be taken into account to determine the level of resilience across various contexts of study. Similarly, individuals may function well in some domains of resilience but not in others. For instance, an individual may be academically competent but face relationship problems. In addition, the level of resilience in individuals may vary within the same domain of resilience when assessed by different measurement tools. Therefore, multiple domains of positive adaptation should be taken into account to assess the overall level of resilience in individuals (DuMont, Widom, & Czaja, 2007; Rutter, 2007).

Second, the first wave model of resilience has been criticized for being inapplicable across cultural contexts. The model typically represented a Western definition in which resilience was equated with positive outcomes such as school achievement, self-confidence, and a secure relationship of a child with his or her immediate environment. However, positive outcomes are socially constructed, and what is defined as desirable in one context may be an undesirable outcome in another context. Therefore, a resilience research should focus on capturing the cultural context in which risk and resilience occur (Kaplan, 2005; Ungar, 2004).

Third, the early model of resilience failed to give attention on the roles of contextual or environmental factors (i.e., an individual's family, neighborhood, school, work setting, and other community factors) in fostering or hindering the positive adaptation of individuals to

adversities. The model implicitly blamed children for not possessing the extraordinary qualities and for being deficient in overcoming adversities. Adversity and resilience are deeply embedded within the environmental factors, such as family, neighborhood, and schools. Therefore, resilience should be examined in terms of the availability and utilization of personal and environmental resources among children facing risks (Riley & Masten, 2005; Ungar, 2004).

*The second wave: Social ecological model (resilience as a process).* This research era (roughly 2000 to present) was characterized by a dramatic shift of resilience research from a focus on an individual's innate characteristics to a broader focus on environmental factors. Researchers in this era (Rink & Trickers, 2005; Schoon & Bynner, 2003; Ungar, 2008a) claimed that risks were embedded in the individual and the cultural context, so resilience needed to be assessed in terms of individual and societal factors that influence the process of positive adaptation. Hence, resilience was defined as a process of ongoing adaptation in order to cope with risks. Thus, the purpose of second wave resilience research was to investigate the processes of positive adaptation through identifying risk mechanisms that intensified an individual's vulnerability to adversities and protective factors that enhanced an individual's capacity to overcome adversities.

The ecological perspective was used as a framework among most of resilience studies conducted in this wave. Researchers took into account the multidirectional influence of biological, psychological, and societal protective factors to examine the resilience of children facing risks. Protective factors were broadly classified into three domains: individual, interactional, and contextual protective factors. The individual domain included high IQ, self-esteem, self-regulation, problem solving skills, communication skills, and other social skills of individuals that help children overcome their adversities. The interactional domain of protective factors included the availability of social networks (e.g., families, neighborhood,

and school), which provide various kinds of social support to children confronting adversities. Finally, the contextual factors included broader environmental resources such as social policies, programs, and social services aimed at enhancing the wellbeing of children facing adversities (Olsson, et al., 2003; Ungar, 2013).

Like first wave outcome-focused definitions of resilience, second wave process-focused conceptualizations of resilience also have been subjected to several criticisms (Ungar 2011, 2004). Resilience studies that utilized the ecological model have taken for granted a universalized conceptualization of resilience as simply health despite adversity across cultures. Having been influenced by a positivist approach of inquiry that suggests causal relationships between risk and protective factors at child, family, and community levels, the ecological model of resilience may not be applicable to understand the resilience of children across various cultural contexts (Ungar, 2011). Although the model acknowledged that resilience was a process rather than an innate capacity of individuals, the studies failed to show the process of coping with risks; rather, they provided compilations of protective factors that are assumed to be universal predictors of positive outcome among different categories of children.

Ungar (2011) has questioned the cross-cultural applicability of the theory and proposed four principles to understand risks and resilience of children in non-Western societies. These included decentrality, complexity, atypicality, and cultural relativity. Decentrality, according to Ungar, required researchers to look at the interaction between individuals and their environment in order to assess the resilience of children, and he criticized the bulk of child resilience studies for merely focusing on certain outcomes and protective factors that serve as indicators of resilience. The principle of complexity suggested that the influences of physical and social ecologies on children's well-being are complicated. Protective factors are specific to individuals, time, place, culture, and an individual's stage of development. Therefore,

resilience researchers need to be very careful when they identify protective factors that influence the process of positive adaptation in the face of adversities across various contexts.

Regarding the principle of atypicality, Ungar (2011) claimed that protective factors and processes should not be judged based on a set of dichotomous outcomes wherein one behavior is as good and another as bad. The importance of a particular behavior is context specific, so a particular behavior that foster the resilience of one person may not work for someone else. Finally, he claimed that resilience researchers should take into account the principle of cultural relativity in their studies. Resilience is a culturally embedded experience, so researchers should acknowledge the diversity of traditions, customs, and lifestyles of children in order to understand the risks and protective resources that enhance their positive adaptation.

Ungar (2011, 2004) criticized the applicability of the ecological model to non-Western cultures, asserting that the model gives limited attention to the socio-cultural context in which risk and resilience occur. Risk and protective factors vary widely across cultures. Individuals react to risks and protective factors differently. A certain risk factor in one culture may be a protective factor in another culture and vice versa. However, the ecological model fails to show the diverse interpretation of risks and resilience across various cultures.

Even in a context where risks and protective factors are commonly shared among various groups of individuals, an individual's experience of risks and resilience can differ over time (Ungar, 2003). For instance, an individual may be considered resilient at one time but not at another time. Since the ecological model of resilience measures individual's current experiences of risk and resilience factors, it does not capture the processes of coping and relapse among children under adversities. In addition, the model does not accommodate the plurality of meanings individuals negotiate in their self-constructions as resilient or not (Rutter, 2007; Ungar 2003). After a detailed critical analysis of the limitations of classical

ecological theory based on the four principles, Ungar (2011) proposed a social constructionist interpretation of resilience, which treats risks, protective resources, and positive outcomes as social constructs unique to individual cultures. Following his critique, researchers began investigating culture-specific experiences of risks and resilience among children using qualitative research methods. The social constructionist interpretation of resilience became the focus of the third wave of research.

***The third wave: Resilience as a culturally embedded construct.*** In the third wave of resilience research, Ungar (2011; 2004), criticizing the inadequacy of the ecological model to account for the diversity of people's experiences, proposed a social constructionist interpretation of resilience. He defined resilience as an outcome of negotiations with the environment for resources to define one's self as healthy amidst adversity. Unlike earlier conceptualizations of resilience, which focused on predictable relationships between risks and protective factors as circular causality, Ungar argued that a constructionist interpretation of resilience better capture contextual differences in how resilience is expressed among individuals confronting adversities. Hence, the relationship between risks and protective factors is characterized as non-hierarchical, multidimensional, relative, and unique to each context.

Ungar (2008a, 2004) further proposed that qualitative research methods, especially grounded theory and phenomenological research approach, are best suited to understanding how children from different cultures construct their experiences of risks, protective resources, and positive outcomes. Researchers were interested in examining cultural variation in the processes that contribute to resilience as an outcome and the broader social ecological factors that affect positive development of children. They developed localized definitions of resilience, which are very different from Western definitions of resilience through giving participants an opportunity to construct what constitute risks, protective resources, and

positive outcomes. Liborio and Ungar (2010) showed that economic activities such as engagement in prostitution, street vending, agricultural work, and domestic work are pathways to resilience for poor children. They suggested that what seems risks by the outsiders are the only way of resilience for marginalized children who lack resources. The researchers further suggested that work brings positive social recognition of children by family and community members, creates strong social bond among peers and family members, and increase self-confidence and self-reliance among children.

In addition, Ungar, Brown, Liebenberg, et al. (2008) conducted a qualitative study among 19 Aboriginal and non-Aboriginal Canadian youths in order to explore culturally specific experiences of risks and resilience. They indicated seven indicators of resilience including access to material resources; supportive relationships; development of a desirable personal identity; experiences of power and control; adherence to cultural traditions; experiences of social justice; and experiences of a sense of cohesion with others. They further showed that there are similarities and differences in patterns of resilience in the youth's narratives in terms of gender and culture.

***The fourth wave of theory and research: Fostering Resilience.*** At the fourth stage of resilience research development (roughly from 2000 to present), researchers in the fields of geography, sociology, anthropology, and social work applied the concept of resilience to study families, neighborhoods, and communities. They utilized constructs of family resilience and community resilience. Family resilience refers to the processes by which families adapt competently following exposure to significant adversity (Patterson, 2002). Family resilience was mainly measured based on four functions: nurturance and socialization, family formation and membership, economic support, and protection of vulnerable members (Patterson, 2002). In addition, community resilience refers to capacities of communities to cope with external

risks associated to social, political, economic, and environmental changes (Adger, Hughes, Folke, et al., 2005).

Fourth wave researchers have also influenced social policies and proposed intervention programs that are aimed at enhancing the well-being of children facing risks (Gilligan, 2009, 2004; Gitterman, 2001; Masten & Powell, 2003). Unlike prevention investigators and developmental psychologists who mainly have formulated strategies to prevent risk factors for specific problems, fourth-wave resilience researchers have provided a comprehensive framework that can help professionals to prevent risk factors and enhance the resilience of children confronting adversities (Gilligan, 2004; Masten & Powell, 2003).

Masten and Powell (2003) proposed three types of methods of interventions- risk-focused, asset-focused, and process-oriented programs - to promote the resilience of children facing adversities. Risk-focused designs are aimed at eliminating or reducing the level of risk exposure (e.g., providing prenatal care to prevent low birth weight, vaccination to prevent illnesses, and home visiting programs to lower risks of child maltreatment). Asset-focused designs focus on providing individuals with assets in their lives. Examples of asset-focused programs include offering tutorial services, building new schools, and establishing recreation centers, and opening new libraries. Process-oriented programs are intended to improve major adaptation systems such as relationships, intellectual functioning, self-esteem, and the self-regulation system. Practitioners using this third intervention approach focus on enhancing the attachment of children to their caregivers and providing them with opportunities to develop their talents and learn new skills in their life experiences.

Resilience-based intervention strategies also have been classified as protection, health promotion, and environmental change (Gitterman, 2001). Protection involves interventions explicitly aimed at identifying a population at high risk of a certain adversity and building that

population's capacity to resist its exposure to adversities. Health promotion involves interventions designed to improve the quality of life and level of health of a certain population through providing rehabilitation services that restore individuals' capacities and functioning to prior levels of functioning. Finally, environmental intervention strategies seek to create environmental change at broader structural levels (social policies, cultural practices); such broad structural changes may serve to minimize risk factors or maximize protective resources.

### **2.5. An Overview of Major Findings of Resilience Studies among Children Facing Risks**

Little is known about risks and resilience of sexually abused children. A significant number of studies on resilience in relation to sexual abuse are confined to adult survivors of child sexual abuse (Bogar & Hulsse-Killacky, 2006; Tarakeshwar, Hansen, Kochman, et al., 2006; Walsh, et al., 2007). The few existing studies on resilience among maltreated children focus much attention on the experiences of physically abused or neglected children, rather than sexually abused children (Flores, et al., 2005; Houshyar & Kaufman, 2005; Mrazek & Mrazek, 1987; Videka-Sherman & Mancini, 2001). It was very difficult for me to develop a systematic analysis of literature pertinent to my area of research scholarship because so few studies have addressed resilience among sexually abused street children. Therefore, I included the major findings of resilience studies on women survivors of childhood sexual abuse and children facing various risks other than sexual abuse.

Protective factors have been used as indicators of resilience in most resilience studies. Children who possess several domains of protective factors are considered as highly resilient, whereas those who possess few protective factors are labeled as less or non-resilient. Protective factors are mainly classified into three domains: individual, interactional, and community or environmental (Masten & Powell, 2003; Olsson, et al., 2003).

### **2.5.1. The Individual Domain of Protective Factors**

The individual domain of protective factors involves psychological characteristics of children and coping strategies that children utilize to manage risks such as self-esteem, mastery skill, cognitive ability, self-regulation, cognitive restructuring of the painful experience, optimism, spirituality, attribution of blame, and forgiveness. Each of these is discussed below.

***Self-esteem.*** Self-esteem refers to children's capacity to be self-reliant and to take responsibility for dealing with their risks (Dumont & Prevost, 1999; Masten, 2001). There is disagreement among researchers on whether self-esteem is a protective factor that enhances positive outcomes or an outcome in itself. However, most resilience studies treat the concept as a factor predicting positive outcomes among children (Dumont & Prevost, 1999; & Gilligan & Raghallaigh, 2010). Scholars have suggested that children with high self-esteem, compared to peers with low self-esteem, are more able to use effective coping strategies to overcome risks. Gilligan (2000) proposed that children with high self-esteem are more likely to seek supports from their immediate social networks and cope with their risks effectively than children with low self-esteem.

***Mastery skill.*** Mastery skill is associated with the feeling of being in control of one's life, accepting responsibility for one's own choices, identifying individually valued goals and purposes, being self-confident in solving problems, and acknowledging past achievements and successes to cope with present and future adversities (Mrazek & Mrazek, 1987; Valentine & Feinauer, 1993). Valentine and Feinauer (1993) found that survivors of child sexual abuse recognized their personal power in order to avert the risk of sexual abuse. They took the risk of refusing to having sex with their perpetrators and leaving homes.

***Cognitive ability.*** Cognitive ability has been found to be a strong indicator of resilience in childhood, adolescence, and adulthood. Several studies have measured cognitive ability in

terms of intelligence in academic achievement, decision-making abilities, communication skills, and other intellectual functioning skills (Dumont, et al, 2007; Garnezy, 1987; Masten & Powell, 2003; Rink & Tricker, 2005). Most notably, Garnezy (1987) measured the cognitive competence of children using the Intelligence Quotient (IQ) test and the academic achievement records. He found that children with higher IQ scores, in contrast to those with lower IQ scores, were more likely to cope with risks positively, and appeared to be competent in their school achievement as well as in their social engagement with their peers and in their classrooms. On the other hand, children with lower IQ scores appeared to be more disruptive and more likely to engage in antisocial activities.

Communication skills are another aspect of cognitive intelligence, and are also thought to indicate children's resilience. Communication skills help maltreated children establish secure and safe relationship with their immediate environments such as friends, family members, and therapists, enabling them, as a result, to receive social support in times of adversity. These capacities help the children shift the blame for the incident of the maltreatment from themselves to the perpetrators (Flores, et al., 2005; Mrazek & Mrazek, 1987).

***Self-regulation.*** Concepts such as emotion-regulation, effortful control, self-control, suppressing emotions, and ego resiliency have been used interchangeably with self-regulation in resilience studies to denote the ability of children to manage their attention and behavior in the face of stressful situations (Cumberland-Li, Eisenberg, & Reiser, 2004; Gilligan & Raghallaigh, 2010). Cumberland-Li and colleagues (2004) distinguished between intentional and behavioral regulation in the face of risks. Intentional regulation refers to the ability of children to shift attention away from a stressful situation and concentrate on a specific task in order to deal with their risks, whereas effortful behavioral regulation refers to the ability of children to regulate their behavior.

***Cognitive restructuring/reframing of the painful experiences.*** Cognitive restructuring refers to the ability of children to see that challenges are lessons from which they can learn. Mrazek and Mrazek (1987), in their conceptual exploration of resilience among maltreated children, indicated that children who perceived themselves as survivors of sexual abuse were more likely cope with their risks positively and effectively than those who considered themselves as victims. Similarly, Henry (1999) and McClure, Chavez, Agars, and colleagues (2007) have characterized normalization and tolerance of the sexual abuse experiences to be aspects of restructuring the painful experience, which result in positive health outcome.

***Optimism.*** Optimism entails the ability of individuals to project themselves into their futures and believe that the difficult times will be over and something good will happen. Positive anticipation is associated with children's emotional ability to dissociate themselves from negative experiences of their present situation and imagine themselves in a different time and place. In contrast to pessimists, optimists exert continuous efforts to deal with adversities through employing effective coping strategies (Gilligan & Raghallaigh, 2010; Mrazek & Mrazek, 1987). Similarly, studies on adult survivors of childhood sexual abuse indicated optimism as a strong indicator of resilience (Tarakeshwar et al., 2006; Vilenica, 2014).

***Spirituality.*** Spirituality among children is evidenced by a strong faith in God and a belief that their problems will be solved because of their faith. Attending religious services and prayer in times of difficulties, abiding by religious principles, and seeking support from members of congregations provide emotional social support and help children to have positive views of the future. Such a coping strategy allows children to feel confident in God's help, rather than merely relying on people for assistance (Gilligan & Raghallaigh, 2010; Mrazek and Mrazek, 1987; Valentine & Feinauer, 1993).

*Attribution of blame and forgiveness.* Studies showed that children's attribution of blame to perpetrators of sexual abuse is a source of resilience. Those children who blame their perpetrators are more likely to experience a better quality of life than those who blame themselves for the incident of sexual abuse (Wilcox, et al., 2004; Valentine & Feinauer, 1993). In addition, forgiving perpetrators is an indicator of positive coping among women survivors of child sexual abuse. Survivors who thought their abusers might have grown up in abusive families and intoxicated with alcohol and drugs are more likely to forgive their perpetrators and cope with their situations positively (Vilenica, 2014).

Overall, previous studies have revealed inconsistent findings on individual characteristics and coping strategies that predict resilience. The inconsistent findings suggest that any particular coping strategy is not inherently effective or ineffective in helping individuals manage a stressful situation. Each coping strategy is important, and its utility depends upon how individuals perceive a specific situation. Therefore, the effectiveness of coping strategies merits an in-depth investigation from the perspectives of the participants. In addition, coping is not a one-time event but a process in which an individual thinks and acts in a particular situation. Therefore, children may use different coping strategies to cope with different risks and/or with the same risk over time.

### **2.5.2. The Interactional Domain of Protective Factors**

The interactional domain can be described as the way individuals living in the community interact and cooperate with their immediate environments in order to overcome risks. Social networks and social supports have been recognized as protective factors, which help children to overcome risks effectively. Children access social supports from informal social networks (e.g., nuclear and extended family, friendships, neighbors, and church congregation) and formal social networks (e.g., schools, professionals, and aid organizations)(Dumont &

Provost, 1999; Gitterman, 2001; Olsson, et al., 2003). Social supports can be categorized into four types based on function: emotional support (i.e. expressions of care, empathy, listening, nurturance, and encouragement), instrumental support (i.e. material and financial provisions), informational support (i.e. advice, information, and suggestions) and appraisal support (information useful for self appraisal) (Cohen & Wills, 1985; Heaney & Israel, 2008). In this section, the roles of social supports from informal social networks in enhancing the well-being of children facing risks are discussed, whereas the roles of social supports from formal organizations are discussed in the subsequent section.

***Social support from families.*** The influence of family is one of the dominant themes in child resilience studies. The core functions of the family can be broadly classified as: membership and family formation (i.e. providing a sense of belonging, personal and social identity, and meaning and direction for life), economic support (i.e. providing for basic needs such as food, shelter, clothing and money that are needed to enhance human development), nurturance and socialization (i.e. instilling social values and norms) and protection of vulnerable members (i.e. caring for and supporting the ill, disabled, and other vulnerable family members) (Patterson, 2002).

The family serves as a source of support that impacts children's self-esteem, their ability to establish meaningful relationships with others, and their competence in coping with every day life challenges. Positive family attributes such as, strong family relationships, positive parenting style, and family traditions and values, can serve as core protective factors that enhance the resilience of children (Mafle'o & Api, 2009; McClure, et al., 2008). Garmezy (1987) considered positive family attributes such as the quality of the parent and child relationship as an indicator of resilience among children born to mothers with schizophrenia. Children who grew up in a family where there was a positive child-parent relationship is present appeared to be more competent and more socially engaged with their peers and in

their classroom, whereas children who lacked such positive family relationships more often displayed disruptive in their behaviors.

Family relationships are crucial even in situations where conflicts have been present among family members. When family adversities occur, they may not affect the whole set of connections and relationships in the extended family. There may be individuals within the family networks who are not affected by the strain or who are functioning well and who want to help others in time of crisis. Therefore, children can build strong relationship with their grand parents, siblings, or other relatives when their relationships with their parents breaks down (Gilligan, 2012; Mafile'o & Api, 2009).

***Social support from peers.*** Peers include male and/or female friends, romantic partners (i.e. boyfriends/girlfriends), cousins, brothers and sisters, gang friends, and other informal social networks within neighborhood and school settings. As children grow up, their intimate interactions shift from their parents to their peers. Thus, peers become important influences on children's behaviors and can provide necessary support in times of crisis. Some studies have suggested that friendly children experience resilience, whereas unfriendly children prone to face problems in their lives (Gilligan & Raghallaigh, 2010; Mafile'o & Api, 2009).

Studies further have shown that there is a link between the structure and nature of relationships among peers and their experiences of resilience. Individuals who had greater number of friends more likely receive various types of social supports as compared to those children who have fewer or few friends. In contrast, it has been suggested that the size of the social network does not guarantee children to receive social supports. Instead, close relationships to pro-social and rule abiding peers and to older children is an important source of social supports and predicts resilience among children facing risks (Gilligan, 2012; Masten & Powell, 2003).

***Social Support from religious congregations.*** Church serves as a place where

individuals form informal networks of relationships with church leaders and members of congregation. Such social networks are important sources of emotional, informational, and financial social support in the time of life stresses. Church leaders often render pastoral counseling to individuals facing risks (Gilligan, 2012; Masi, 2006).

### **2.5.3. The Community or Environmental Domain of Protective Factors**

Psychological capacities of children alone do not indicate resilience but also the availability and accessibility of community resources. The community domain of protective factors refers to societal level resources that respond to deter community risks and improve the quality of life of individuals. It mainly includes social policies and intervention programs that are aimed at preventing risks and rehabilitate children who experience risks (Gilligan, 2012; Olsson, et al., 2003; Ungar, 2013) and adequate socioeconomic conditions such as stable housing condition, positive neighborhood, and positive school environment (Hyman & Williams, 2001; Williams & Nelson-Gardell, 2012).

A community with strong social policies ensures the protection of its members from risks through various intervention programs. Interventions can be broadly classified into two: a population-wide interventions and interventions directly focused on children who reported the impact of maltreatment. Health and social services have been documented as one of the major protective factors that foster resilience of maltreated children. These mainly include educational services and trainings, foster care, therapy, material and financial provisions, and medical treatments. Professionals and informal social networks (i.e. family members, peers, and neighbors) play paramount roles in supporting clients to access such services (Gitterman, 2001; Mrazek & Mrazek, 1987; Ungar, 2013).

A significant number of resilience researchers have recognized the contributions of focused interventions in enhancing the resilience of maltreated children. Foster care systems

are identified to be the most extensively described community resource in the literature. Gilligan (2012) suggested that high quality foster care system characterized by positive relationships, structured with clear rules, and foster parents who provide strong social supports enhance the resilience of abused children. Mrazek and Mrazek (1987) further added that children in high foster care develop self-esteem and the feeling of being loved as compared to those children who experience prolonged abuses and maltreatment living with their biological parents.

In addition, therapy has been recognized to be an intervention method designed to enhance the resilience of maltreated children and their families. Children need the support of therapists to guide their coping process. Children who are alienated from therapeutic services might not be successful to cope with risks. More specifically, survivors of sexual abuse develop the capacity to shift blame from themselves to the perpetrator when they seek therapy from professionals (Caplan & Thomas, 2001; Gilligan, 2012).

The social environments in which children reside play vital roles in shaping children's wellbeing. Adequate socioeconomic conditions mainly stable housing, positive neighborhoods, and positive school climates enhance the resilience of children in many ways. Hyman and Williams (2001) on their study of risk and resilience among women survivors of childhood sexual abuse found that highly resilient women who graduated from high schools had experienced no or few moves from their original homes. In contrast, less resilient women had experienced frequent moves.

In addition, positive school and neighborhood foster the resilience of maltreated children in many ways. Schools provide academic exercises, extra curricula activities (e.g., sports and clubs), supportive peers, counseling services, and positive teacher role models. Similarly, engagement in social activities such as dancing, theatres, church services, and other voluntary works in neighborhoods build the children's new skills, control anger and frustration, stop

thinking about their condition, increase self-confidence, and create new opportunities for friendship. Therefore, maltreated children who have access to such resources are more likely cope with their risks (Gilligan, 2000; Gilligan & Raghallaigh, 2010; Masten & Powel, 2003).

## **2.6. Resilience Studies on Street Children**

Street children have been viewed as physically and psychosocially vulnerable as a result of their exposure to multiple adversities while working and living on the street. They are labeled as a high-risk group, whose chances of mental illness, alcohol and drug abuse, and reproductive health problems are much higher than those of the general population of children. The strengths and assets of street children in the face of risks have not been given much attention in the existing literature on street children (see for example, Kerfoot, Koshyl, Roganov, et al., 2007; Mitike, et al., 2000; Shimelis, 2015).

Unlike risk-based studies, which regard street living as merely a risk factor for various adversities, some resilience-based studies consider the decisions of children to leave home and become street children as a means of seeking freedom from domestic violence (i.e. physical, emotional, and sexual) and extreme poverty in their home environments (Felsman, 1989; Schimmel, 2006; Tyler, et al., 1991). Aptekar (1994) suggested that street children are not abandoned children, but rather are children who abandon homes, and living conditions they no longer can tolerate.

Consistent with this, Liborio and Ungar (2010) claimed resilience is context specific; such that what is a resilience-enhancing factor in one context may be a risk factor in another context. What looks maladaptive behaviors to outsiders may be street children's' only mechanisms to adapt to their risks and survive on the street. They identified economic activities such as engagement in prostitution, street vending, agricultural work, and domestic work are the only pathways to resilience for poor children. The researchers further suggested that work brings positive social recognition of children by family and community members,

creates strong social bond among peers and family members, and increase self-confidence and self-reliance among children.

The few existing quantitative and qualitative studies on the resilience of street children give attention to overall protective factors and positive psychosocial outcome of street children. For example, Aptekar (1993), a prominent researcher of street children's situations, claimed that the majority of street children were resilient in terms of their abilities to adapt to their adverse conditions and develop adequate mental health unlike their equally poor counterparts who remained at home. Similarly, Oliveira and colleagues (1992) measured the mental health of 71 Brazilian street children, who ranged in age from 8 to 18, and found that they possessed several resilient characteristics such as a high degree of intelligence, concern for each other, lack of drug abuse, and good self-esteem. Further, Tyler and colleagues (1991), in their assessment of the psychosocial competence of 145 street children in Bogota, Colombia, one of the most violence places on earth, found that the children possessed a high degree of autonomy, creativity, and social skills (i.e. engagement in a network of caring and supportive friendships).

As these findings suggest, the experience of resilience varies across context. There is no common indicator of resilience for street children from Brazil and Cambodia. The differences may be attributed, in part, to inconsistencies in definitions and measurement tools used to assess resilience. Narrow definitions limit the concept of resilience to individual's capacities and positive outcomes. Such definitions fail to recognize the ongoing and multidimensional nature of resilience where various personal and environmental resources enhance the positive adaptation of the children to risks.

In addition to the outcome-based studies, researchers have investigated the resilience of street children in terms of coping processes and protective factors. Malindi and Cekiso (2014), who conducted a qualitative study of resilience among South African street children,

reported that the majority of street children used emotion-focused coping strategies, such as alcohol and drug consumption, social withdrawal, and sleeping, in order to overcome their emotional problems. Few street children employed problem-based coping strategies, such as seeking support from their social network and other community members. Street children who employed emotion-focused coping strategies were considered to be less resilient and experienced continual depression, compared to those street children who used problem-focused coping strategies.

In a separate study, Malindi (2014) quantitatively assessed the resilience of South African street children based on four domains of protective factors: individual, relationships, community, and culture. Unlike his previous study, which revealed that the majority of street children were less resilient, this investigation found that a significant number of the children functioned well in all domains of protective factors. Some of the major resilience indicators include having a sense of humor, possessing problem solving skills, having self-confidence, abstaining from drugs, seeking support from social network members, assertiveness, having goals and aspirations in life, feeling a sense of belongingness to informal groups, having social competence, being able to access to health care services, and practicing street rituals, mainly eating together.

The inconsistent findings mainly can be attributed to definitional and methodological differences. In the Malindi and Cekiso (2014) study, resilience was defined as the capacity of street children to use problem-based coping strategies in order to overcome adversities, whereas in the Malindi (2014), he associated resilience with the availability of individual, relationship, and community-level protective factors. Methodologically, his study with Cekiso (Malindi & Cekiso, 2014) employed qualitative research methods to explore the coping resources of street children, whereas the study he conducted alone (Malindi, 2014) measured the children's protective factors using quantitative methods. In addition, the

participants in the Malindi and Cekiso (2014) study were street children who worked and lived on the street. In contrast, the participants in the Malindi (2014) study were selected from a rehabilitation center. These differences in definitions, measures, and methods gave rise to the studies' differing findings.

Gwanyemba, Nyamase, and George (2016), conceptualized resilience among Tanzanian street children in terms of the children's capacities to avert the risks of abuse and to report the incidents to legal entities. They found that street children mainly depended on their personal coping strategies (e.g., renting a place to sleep, fighting back, seeking help from older street men, and tolerating the abuse) and did not seek support from legal entities for protection from violence. Gwanyemba, et al.'s conceptualization of resilience failed to explore the experiences of risks faced subsequent to violence and coping strategies that street children used to overcome those risks. Resilience studies should give more attention to investigating how abuse affects street children as well as exploring the children's capacities and resources to overcome abuse-related risks.

Studies on the survival strategies of street children can serve as source of information to describe the capacities and protective factors of street children. A significant number of studies in Africa have acknowledged the role of social networks and social support systems in enhancing the well-being of street children (Ali, 2011; Omiyanka, 2009; Oino & Auya, 2013; Naterer, 2015). For example, Oino and Auya (2013), in their study of street children in Kenya, found that social networks served as a sources of information and material assistance for meeting basic needs (e.g. food, shelter, and clothing); social networks also helped the children to be strongly connected to their identities and supported their feelings of self-worth and self-confidence.

Moreover, a study of resilience in children exposed to sexual abuse and sexual exploitation in Addis Ababa, Ethiopia showed that risks that exposed children to sexual abuse

include the prevalence of commercial sex work, drug and alcohol abuse, the availability of video shops that view pornography, negative peer influence, street vending, and congested living condition. The characteristics of resilient children include the ability of children to avert sexual abuse despite living in a risky environment and to recover from sex work. In addition, the availability of drop-in-centers and supportive family and peer relationships are found to be community resources that enhanced the children's resistance to and recovery from sex work.

## **2.7. Summary of the Literature Review: Critical Reflections on Risk and Resilience**

### **Studies**

This section of the dissertation provides critical reflections on the major contributions and limitations of the existing risk and resilience-based studies that have been conducted on the issues of child sexual abuse in general and street children in particular. I then propose suggestions and show how the present study fills the existing gaps of knowledge. Risk-based studies have been primarily concerned with assessing the prevalence, risk factors, and effects of sexual abuse. They have employed mainly cross-sectional quantitative research design. The studies have helped me understand that the types, risk factors, and the subsequent negative consequences of sexual abuse vary widely among survivors. I utilized a concept of risk in my study to describe conditions that increase the likelihood of female street children to face sexual abuse, the incidents of different types of sexual abuse, and the negative consequences of sexual abuse (i.e. physical, psychological, and social risks).

Despite their positive contributions, risk-based studies can be criticized for several reasons. First, risk-based studies lack evidence to show that sexual abuse is a risk factor for every physical and psychosocial risks identified among survivors. Since the studies assess the overall physical and psychosocial risks among survivors using specific measurement criteria, it is very difficult to differentiate which types of risks are specific to sexual abuse and which

are due to other causes. Sexual abuse may not have a direct pathway to the multiple physical and psychosocial risks observed among the survivors. Survivors might have coped with the trauma of their childhood sexual abuse effectively, but later faced other physical and psychosocial risks that resulted in the poor outcomes captured during data collection. Therefore, it is worthwhile to conduct a comprehensive study that attempts to reflect the perspective of survivors regarding their experiences of risks in the face of sexual abuse.

Second, risk-based studies lack cross-cultural applicability and may be unable to explain risks associated with sexual abuse among various groups of children. Most of the studies are confined to Western contexts and children in family, school, and school settings. They test predetermined sets of hypotheses regarding the relationship of risks factors to the effects of sexual abuse and attempt to generalize findings to all population of sexual abuse survivors. However, risk factors and effects of sexual abuse are context specific. The forms, frequency, risk factors, and effects of sexual abuse vary widely for survivors. For instance, the experiences of risks associated to sexual abuse among female street children are different from those for other groups of survivors. Female street children are marginalized from major social institutions such as families, education, health care, and the legal system. Therefore, it is very important to explore context-specific risks associated to sexual abuse as perceived by female street children rather than imposing the existing hypotheses and theories of child sexual abuse.

Third, most of the studies document the long-term effects of child sexual abuse among adult survivors. These studies have two major limitations. First, the cross-sectional quantitative studies overlook the immediate or short-term reactions of the survivors to sexual abuse during their childhood. Second, even the few qualitative studies that explored immediate risk experiences of trauma among adult survivors, might not afford a

comprehensive understanding because the survivors may not recall all of their past experiences of childhood trauma.

Fourth, risk-based studies fail to provide explanations for differences in the nature and degree of risk factors and effects of sexual abuse across various groups of children. They fail to acknowledge the strengths and resources that the survivors possess and utilize to avert risks associated with sexual abuse to explain such differences. Therefore, there is a need to conduct a resilience-based study to explain why and how some survivors experienced mild risks, whereas others remained relatively healthy despite facing risks associated with sexual abuse.

Resilience-based studies fill the major weaknesses of risk-based studies by providing a comprehensive understanding of children's experiences of risks, coping processes, availability and accessibility of environmental resources, and positive outcomes. A resilience perspective defies the view that children are a vulnerable group who simply are negatively affected by risks. Instead, it treats children as resourceful agents who possess capacities to cope with their risks and develop positive outcomes.

Although resilience has been investigated extensively for several decades, there is still confusion and debate in defining and measuring the construct. Resilience has been conceptualized in three ways: a positive outcome despite high-risk status, the possession of protective factors that predict good development outcomes, and the process of coping with risks. Most resilience studies have adopted universal, Western definitions of resilience as either positive outcomes or the availability of personal protective factors. Studies of street children, for example, have utilized predetermined and specific measurement criteria, such as the ability to avert risk factors of sexual abuse (Gebre, et al., 2009; Gwanyemba, et al., 2016), to report the incident of abuse to the police (Gwanyemba, et al., 2016), to use problem-focused coping strategies to deal with stress (Malindi & Cekiso, 2014), and to use the

personal and environmental resources (Malindi, 2014), in order to categorize street children experiencing risks as highly resilient, less resilient, and non-resilient.

The application of universal, Western conceptualization of resilience to investigate experiences of resilience in non-western cultures is misleading and results in distorted findings. Practically, risks, protective factors, and positive outcomes vary considerably from one study context to another. Risk factors and protective factors are embedded in social and cultural contexts of societies, so what is considered a risk factor in one setting might be a protective factor in another context and vice versa. Similarly, risks that expose female street children to sexual abuse and its related consequences are different from the risks faced by children in family and other institutional settings. Therefore, female street children's resilience should not be measured with the existing indicators of resilience, which were primarily developed for sheltered children. My study provides contextualized definitions and indicators of resilience from the perspectives of sexually abused female street children.

Another controversy regarding the conceptualization of resilience is associated with types of protective factors and their contributions to predicting positive outcomes among children facing risks. Although process-focused studies treat resilience as a process, they largely just provide lists of specific protective factors, which are sometimes equated with positive outcomes, in order to judge children as resilient or non-resilient. Simply the availability of protective factors does not guarantee the positive adaptation of children. Thus, even process-focused studies do not show the survivors' processes of coping with risks. Researchers need to understand how protective factors influence the process of recovery and positive outcomes for children in the face of risks. Therefore, my study explored the availability of protective resources and their contributions to the process of coping among sexually abused female street children. I also examined the efficacy of personal coping strategies and other

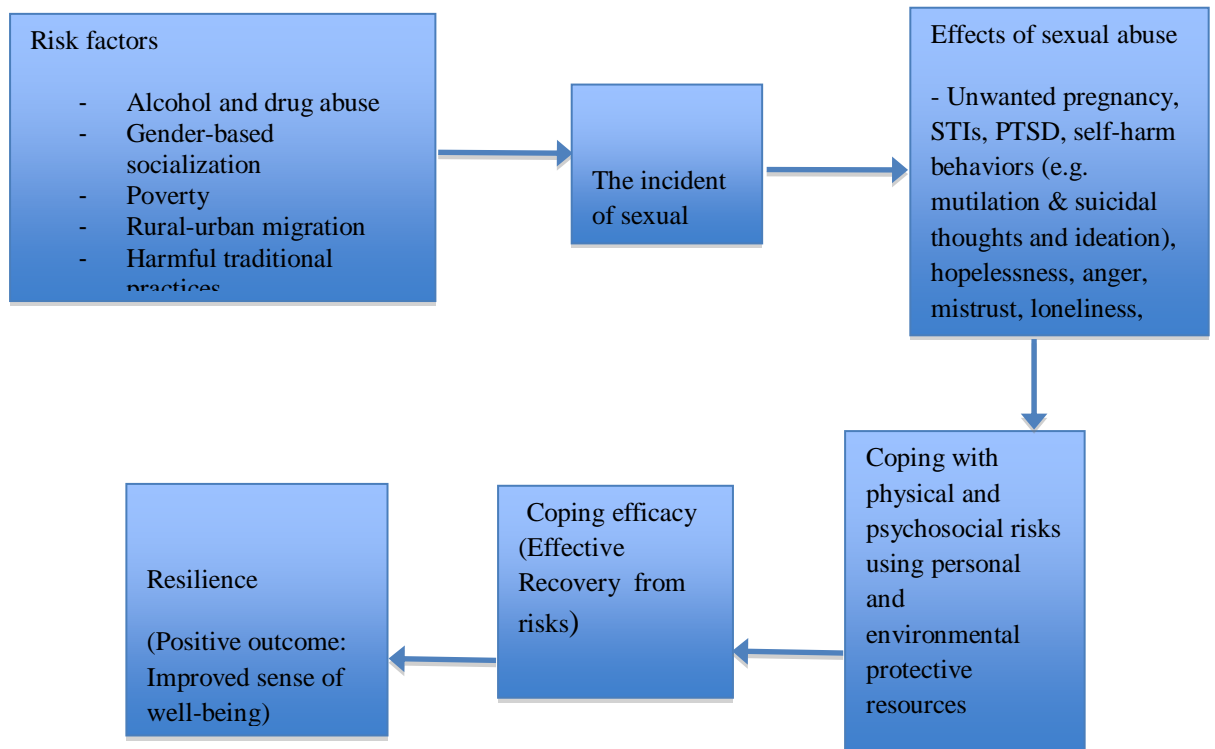
environmental protective resources in enhancing the well-being of sexually abused female street children.

Apart from conceptual limitations, existing resilience studies also have methodological limitations. The perspectives of children regarding their experiences of resilience are missing. Although the construct of resilience has evolved based on the assumption that children are active agents who cope with their risks, most child resilience studies tend to assume implicitly that children are the passive recipients of their external environment. Researchers predefine risk factors and set specific criteria by which to judge the children as resilient or non-resilient. However, there is a possibility that what researchers perceive to be risky, might not be considered as such by the children. Likewise, what researchers perceive to be protective factor, might not be perceived as such by the children. Therefore, it is unlikely that the researchers can obtain rich and contextualized information regarding what constitutes risk and resilience.

Moreover, most studies do not treat children as reliable source of data regarding their own experiences of risks and resilience. Data about children's risk and resilience are usually collected from teachers, parents, and other significant persons in the children's immediate environments in order to judge their level of resilience. Researchers have paid little attention to how children define their own risks and resilience. As a result, they have come up with inconsistent findings, which have made it difficult to provide solid conclusions.

Based on my critical analysis of studies of child sexual abuse and street children, I developed a diagram that shows the risks and resilience of sexually abused children. It specifically involves major risks factors that expose children to sexual abuse, the risks that survivors face as a result of sexual abuse, and protective resources that enhance the recovery of survivors from sexual abuse.

Figure 1. Risks and Resilience in the Face of Child Sexual Abuse



## 2.8. Theoretical Perspective of the Study

Having in mind the major definitional and methodological limitations of the universal, Western approach to understanding risks and resilience in children, I utilized a social constructionist perspective of risk and resilience. The social constructionist approach to the study of risk and resilience grew out of postmodernism, which states there are multiple realities and these realities are collectively defined by members of communities. This theoretical approach provides a broader understanding of experiences of risk and resilience from the perspectives of participants. Unlike the positivist perspective, which conceives risks and resilience as uniformly defined constructs, the social constructionist perspective regards risks and resilience as a culturally and contextually specific constructs.

The social constructionist perspective offers a framework to define, understand, and study social problems. Social problems are products of a process of collective definitions, rather

than a set of objective facts. Unless the society recognizes the existence of a certain condition posing a negative impacts, it is not considered a social problem (Blumer, 1971; Schneider, 1985). For Blumer (1971). Likewise, the symbolic interactionism perspective views social problems as products of collective definitions. Social problems are socially constructed and time specific (Bosk & Hilgartner, 1988).

Accordingly, I provided self-definitions of risks including the incidents of various forms of sexual abuse, conditions that expose female street children to sexual abuse, and the negative consequences that female street children perceived sexual abuse brought on their physical, psychological, and social well-being. In addition, I conceptualized resilience as the capacity of children to navigate and negotiate with protective resources (personal and environmental) to define themselves as healthy despite risks in culturally meaningful ways. The definition includes three elements: the capacity of children to navigate their way to health sustaining resources, the capacity of children's physical and social ecologies to provide these resources; and third, the capacities of children and their ecological resources to negotiate culturally meaningful ways for resources to be shared (Ungar, 2008a).

The concepts of navigation and negotiation distinguish the social constructionist definition of resilience from the positivist approach that provides a more static understanding of resilience as a clearly predefined set of protective factors and outcomes. Navigation refers both to a child's capacity to seek help and the availability of the help sought. Children navigate to protective resources that are available and accessible to them (Ungar, 2008b). Unlike other studies that equate resilience with the availability of individual protective factors, my study approached resilience as more than children's functioning or their capacity to cope with risks by also incorporating the processes through which children and their ecological environments interacted to promote the children's physical, psychological and social well-being.

Negotiation is associated with the provision of health resources in ways that are meaningful to children. Protective resources are context specific, rather than being universal to all children (Ungar, 2008b). What is considered a protective resource that enhances street girls' health facing sexual abuse might not act in that same fashion for sheltered children who are survivors of sexual abuse. Therefore, my study explored context specific protective resources that female street children perceived as important and appropriate in influencing their coping processes and positive outcomes.

Methodologically, my study employed Interpretative Phenomenological Approach (IPA), which is one of qualitative research methods, to explore the experiences of risks and resilience among sexually abused female street children in Addis Ababa for three major reasons. First, the approach treats children as active agents who can reflect their perspectives regarding risks and resilience in the face of sexual abuse. Second, it allows researchers to explore the dynamic nature of risks, protective resources, and processes of positive adaptation over the life course of the children. In contrast, quantitative methods typically measure risks and resilience based on specific predetermined variables through cross-sectional studies. Third, it provides context specific risks and indicators of resilience that are unique to sexually abused female street children through giving participants the opportunity to construct their own experiences of risk and resilience. Fourth, it is helpful for uncovering similarities and differences in participants' responses regarding the experiences of risks, the availability and utilizations of protective resources (personal and environmental), and the positive influences of protective resources on the well-being of sexually abused female street children.

## **CHAPTER THREE**

### **RESEARCH METHODS**

#### **3.1. Introduction**

This chapter has eight major sections, namely research design, selection and description of the study area, procedures for selecting participants, tools and procedures of data collection, methods of analysis, methods of ensuring research quality, ethical considerations, and limitations of the study. The first section begins with a description of the research design. It is divided into three subsections. In the first subsection, I discuss the constructivist research paradigm that informed this study and the rationales for choosing the paradigm in relation to the purpose of the study. In the second subsection, I argue for why a qualitative research approach was best suited to explore the lived experiences of risks and resilience among sexually abused female street children. In the third subsection, I present specific qualitative research approach utilized in the study, which is Interpretative Phenomenological Analysis and discuss the suitability of its use to the phenomena under investigation.

The second section discusses the rationale for selecting the study area and the demographic and socio-economic characteristics of the community. In the third section, I present procedures of accessing participants of the study. I specifically discuss the inclusion and exclusion criteria for selecting participants that best fit with the purpose of the study and criteria for determining the number of participants.

The fourth section addresses the data collection processes. I discuss the suitability of semi-structured interviews and field notes to gather data, the nature of relationship between the participants and I, the physical settings of the interviews, the number of interview sessions, the duration of the interviews, and major challenges I faced throughout recruitment of participants and data collection processes. Section five presents step-by-step processes of data analysis. It specifically discusses how data were transcribed, coded, categorized, and the

reports of the findings were organized. In section six, I discuss the strategy of ensuring research quality based on four major criteria: credibility, transferability, dependability, and conformability. Section seven addresses procedural and practice research ethics considered in the whole processes of data collection and analysis. Finally, I recap the chapter after describing the major limitations of the study.

### **3.2. Research Design: Choice of Research Paradigm, Approach, and Tradition**

#### **3.2.1. Research Paradigm**

A paradigm is a set of beliefs that guide the researcher's thinking and actions in the whole process of study. The choice of a research paradigm is determined by the investigators response and stance on ontological, epistemological, and methodological questions. Ontology involves one's assumptions about the nature of reality and what is there that can be known about it. Epistemology relates to the nature of relationship between the researcher and participants of the study. Finally, methodology is concerned with how can the researcher find out whatever he or she believes that can be investigated (Creswell, 2007; Denzin & Lincoln, 1998).

The research paradigm that informed this study was social constructivist. The ontology of this paradigm is relativist. Reality is thought to be socially constructed and multiple. People make sense of their personal and social world differently. A particular phenomenon can only be understood within the context in which it is investigated and findings from one context cannot be generalized to another setting. Therefore, the purpose of a research is to identify the contextualized meanings of multiple views of people's experiences and the implications of those constructions for their lives and interactions with others. Researchers inductively develop a pattern of meaning of a certain experience, rather than starting with a specific

theory that guides the whole process of a study (Creswell, 2007; Guba & Lincoln, 1994; Patton, 2002).

Unlike the positivist research paradigm, which primarily treats resilience as mainly children's psychological capacity to overcome risks, the constructivist research paradigm explicitly tolerates the diversity of female street children's perspectives regarding their experiences of risks and resilience in the face of sexual abuse. As a researcher who is influenced by the constructivist research paradigm, I believe that female street children do not face similar risks associated with sexual abuse. Even under exposure to similar risks, they do not perceive their experiences of risks similarly. In addition, the research paradigm allows me to capture similarities and variations in the processes that contribute to risks of sexual abuse as well as resilience. It also helps me understand comprehensively the context-specific protective resources available and accessible to sexually abused female street children.

My epistemological stance is transactional and subjectivist. As Guba and Lincoln (1994) stated, the researcher and participants are interactively linked in the process of knowledge construction in a study influenced by social constructivist paradigm. The participants lead the interview through offering their stories about a certain phenomenon, whereas the role of the researcher is to describe the varied interpretations of realities of the participants (Creswell, 2007; Kreuger & Newman, 2006). Unlike traditional risk- and resilience-based studies, which treat children as passive and primarily depend on measurable quantitative data collected from parents and teachers to define children as resilient and non-resilient, my study treated children as active agents who could describe and interpret their experiences of risks and resilience in their own words. Methodologically, the social constructivist research paradigm dictates researchers to employ qualitative research methods to capture the multiple meanings of realities from the perspective of the research participants (Creswell, 2007; Kreuger &

Newman, 2006). I present the suitability of qualitative research method to answer the study's research questions in the subsequent section.

### **3.2.2. Research Approach**

This study employed qualitative research approach to capture the meanings female street children attribute to their experiences of risks and resilience in the face of sexual abuse. The rationale for selecting this research method was based on three major reasons. First, qualitative research methods are best suited to explore a phenomenon that has not been studied extensively (Creswell, 2007; Yegidis & Weinbach, 2002). Very little is known about the experiences of risks that expose female street children to sexual abuse, the negative consequences of sexual abuse, or the resilience among sexually abused female street children in Ethiopia in general and in Addis Ababa in particular. Sexually abused female street children in Ethiopia are the most under-researched and under-represented group in the existing scientific literature. I thought that by conducting a qualitative study I could best give voice to these voiceless children by giving them an opportunity to describe about their experiences of risks and resilience in their own words.

Second, qualitative research approach allows researchers to explore the unique experiences (i.e., each participant is different and data are specific to time and culture of the participants) of risks, protective resources, and positive outcomes in different sociocultural contexts (Ungar, 2011, 2003). Since the existing models of risks and resilience were primarily developed to assess the risk factors of sexual abuse and the resilience of children at institutional settings, such as families and schools, they are not appropriate for assessing the risks and resilience of sexually abused female street children. Street children are excluded from major physical and social ecological resources, which are considered to be predictors of

risks and resilience by existing theories and empirical studies. Therefore, adopting the existing models to assess street girls' risks and resilience is not suitable.

Third, qualitative research approach is helpful in capturing the multiple meanings and ongoing experiences of risks and resilience among sexually abused female street children. Unlike traditional models of resilience that assess risks and resilience based on static and predetermined variables (mainly psychological characteristics) at single point of time, my study explored multiple interpretations of risk experiences, the processes of coping, factors enhancing and hindering the survivors' coping processes, and the efficacy of the coping processes in averting risks from the perspectives of the participants. The method was suitable to capture participants' personal and shared stories of risks and resilience from past to present.

### **3.2.3. Research Tradition: Interpretative Phenomenological Analysis (IPA)**

Among the different research traditions in qualitative research approach, I utilized Interpretative Phenomenological Analysis (IPA) to explore the experiences of risks and resilience among sexually abused female street children in Addis Ababa. It is best suited to my ontological, epistemological, and methodological assumptions that were described under research paradigm. IPA was developed in 1996 by Jonathan Smith as a distinct type of qualitative research method. It is widely used within health, social, and psychological research. The theoretical underpinnings of IPA stem from phenomenology (Husserl's and Moustaka's descriptive phenomenology), hermeneutics (Hiedeger's and Van Manen's theory of interpretations), and idiography (process of in-depth examination of a single case in its own right to more general claims based on analysis of homogenous samples) (Smith, Flowers, & Larkin, 2010; Smith & Osborn, 2003).

Having roots in phenomenology, IPA provides a rich description of a phenomenon as it is lived by participants, understands participants' ongoing experiences of everyday life, and explores the multiple meanings participants attribute to their experiences. It is phenomenological in that it is concerned with an individual's personal perceptions as opposed to an attempt to produce an objective statement. It attempts to understand what research participants think or believe about the topic under investigation (Creswell, 2007; Finlay, 2009; Patton, 2002; Smith & Osborn, 2003).

In addition, a phenomenological approach describes the "what" and "how" of individuals' experiences of a particular phenomenon and develops descriptions of the essences of experiences (Creswell, 2007; Patton, 2002; Smith & Osborn, 2003). My study sought to answer research questions such as how female street children define sexual abuse?, 'what do female street children perceive as risks that expose them to sexual abuse?', 'how do female street children experience risks as a result of sexual abuse?', 'how do female street children avert risks of sexual abuse?', and 'how do the children cope with risks experienced as a result of sexual abuse?'.

I also treated resilience both as a process in which sexually abused female street children coped with risks associated with sexual abuse and as the availability and utilization of personal and community protective resources that support the children in the face of such risks. Therefore, the phenomenological approach's principles were best suited to explore the multiple meanings that the participants attach to their ongoing experiences of risks and resilience in the face of sexual abuse.

Unlike descriptive phenomenology, which emphasizes the description of the participant's experiences, IPA takes core assumptions of hermeneutics (theory of the interpretation of meaning of texts) to go beyond descriptions of a certain experience to an interpretative process in which researchers use their theoretical knowledge and skills carefully so as to

interpret the participants' accounts of a certain experience. This interpretative process is referred to as 'double-hermeneutic', which means the researcher interprets the participants' description and interpretation of their experiences. It is impossible to gain direct and complete access to participants' interpretations of their experiences because the researcher's understanding of participants' experiences is implicitly influenced the researcher's worldview and the nature of relationship between the participant and the researcher (Smith, 2012; Smith & Osborn, 2003).

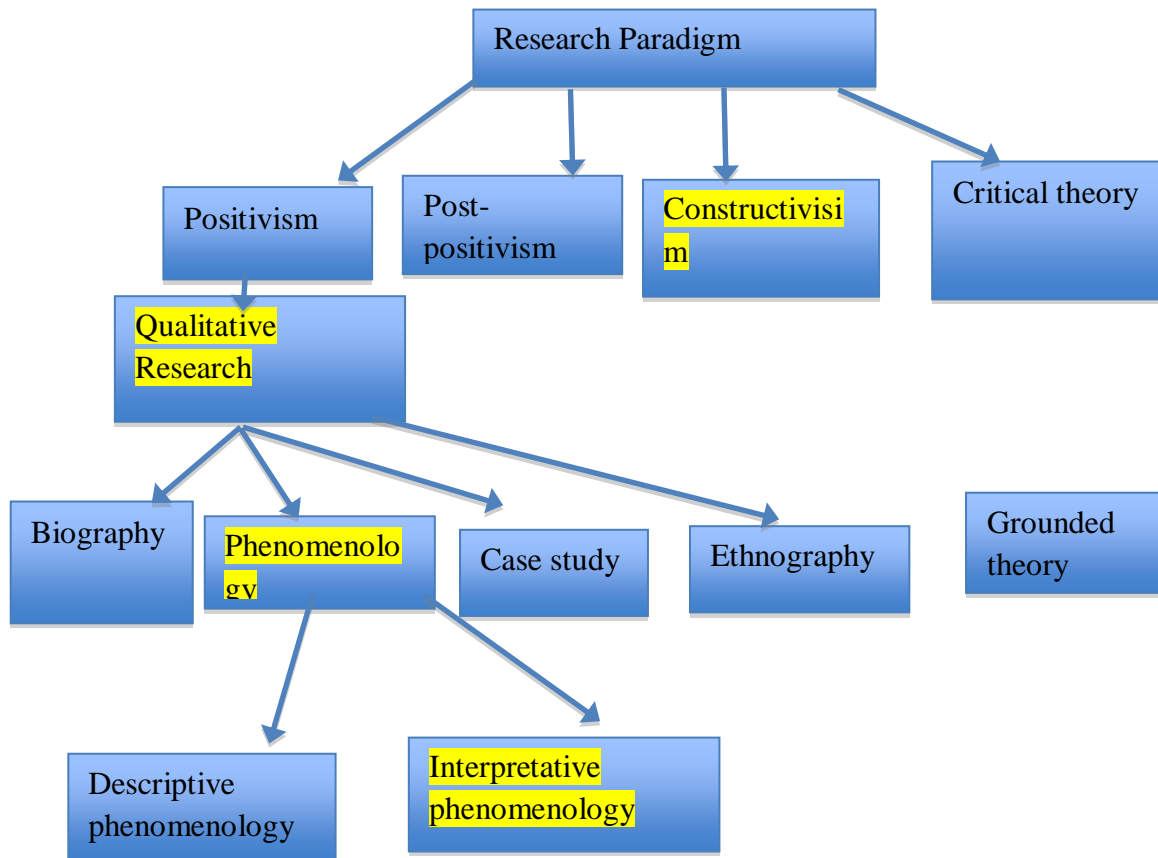
My study went beyond just providing mere descriptions of the types of risks, coping strategies, and protective resources available to and utilized by sexually abused female street children. I attempted to interpret why some participants faced specific types of risks, chose one coping strategy over others, and changed coping strategies in response to similar and different risks over time. I also attempted to understand how the children assigned meanings to the efficacy of the coping strategies and utilization of environmental protective resources to overcome risks associated with sexual abuse. Therefore, it required me to engage in a detailed interpretative process through utilizing my theoretical knowledge, practical experience, and skills in interpreting the data.

Moreover, my intent was to provide definitions and processes of risks and resilience in the face of sexual abuse. In order to develop a theoretical statement that represented the personal and shared experience of risks and resilience, I had to engage in an interpretative process, making comparisons and contrasts among themes identified during the analysis processes. I have developed a conceptual diagram that showed the processes of resilience in the face of various risks associated with sexual abuse. In addition, I compared and contrasted my findings with those reported in the existing literature on child sexual abuse and child resilience in order to reveal the universal and the context-specific aspects of risks and

resilience. These tasks, therefore, required me to go beyond descriptions and engage in critical analysis and interpretations of the data.

IPA is also linked to the theoretical orientation of Idiography, which is concerned with the distinct experiences of particular persons and the particular contexts in which those experiences occur. Therefore, researchers attempt to understand the in-depth experiences of a single participant before moving on to the next participant. Historically, IPA researchers set aside the data they gained from the first interview when they conducted subsequent interviews with other participants. However, in its recent revision, the researchers suggested that the themes identified from the first interview are used to guide the subsequent data collection and coding process while maintaining the unique experience of each interviewee. Therefore, IPA captures both the unique experience of each participant and the shared experiences of participants as a group (Smith, et al., 2010; Smith & Osborn, 2003). My study captured both unique and shared experiences of risks and resilience among sexually abused female street children.

Figure 2. The Research Methods Chosen in the Study



### 3.3. Selection and Description of the Study Area

The study was conducted in Addis Ababa, the capital city of Ethiopia. Emperor Menilik II and his wife, Empress Taitu Bitul founded the city of Addis Ababa in 1887; it became the capital of Ethiopia in 1889. According to Central Statistics Authority (CSA), 73.9 million people lived in Ethiopia in the year 2007. The annual growth rate of the population has been estimated to be 2.6%, with average household size of 4.7. Currently, the city is divided into 10 administrative sub-cities with 100 *kebeles* (lit. the lowest administrative units) (CSA, 2008).

Sampling in qualitative research does not merely involve individual participants but also takes into situational influences and the physical context in which the study is conducted (Marshall, 1996). I purposely selected the city for the study since a large number of street children are found there, especially when compared to other towns and cities of the country.

Estimates suggest that the majority of street children work and live in Addis Ababa. According to UNICEF (2007), there were about 11,000 street children in Addis Ababa, 71% male and 29% female. However, the actual number of female street children is estimated to be higher than the stated figure since they are less visible to researchers. Most of female street children are employed as maids in bars, households, and hotels; sex workers, and do not move from place to place as compared to their male counterparts.

I specifically selected *Addis Ketema* sub-city because it contains a larger number of female street children than other parts of the city. The sub-city is located in the northwestern part of the city, not far from its center, *Piassa*. It borders the districts of *Gullele* in the north, *Arada* in the east, *Lideta* in the south, and *Kolfe Keranio* in the west. The sub-city's population was estimated to be 271, 664 in 2011. The quality of life is poor. Most dwellers are engaged in informal economic activities such as selling petty items and local alcohol beverages. Dwellers' monthly incomes range from 1000 to 4000 Birr. The infrastructure facilities in the area are inadequate, except for educational service (Khwairakpam, Dereje, Henok, & Mohammed, 2016).

I selected the *Merkato* neighborhood, which is located in *Addis Ketema* sub-city in order to recruit participants who would best fit the study's purpose. The *Merkato* neighborhood makes up Africa's largest open-air market place and the main bus terminal. The neighborhood was purposively selected because it is characterized by a high prevalence of commercial sex work, crime and delinquency, video houses, and the presence of bus terminal, all of which directly or indirectly serve as risk factors for sexual abuse among female street children. Child sexual abuse stands out as a major criminal activity in the area. According to the report of the *Addis Ketema* police department, there were 260 reported cases of rape among female children from 2005 to 2008. However, this figure does not indicate the

actual magnitude of the problem because such events are rarely reported to legal institutions (Gebre, et al., 2009).

### **3.4. Procedures for Selecting Participants**

#### **3.4.1. Accessing Potential Participants**

In order to have access to potential participants, I contacted an organization named Forum on Sustainable Child Empowerment, which I have been working with closely since 2009. The organization operates in five cities of Ethiopia, including Dire Dawa, Hawwasa, Adama, Dessie, and Addis Ababa. The core program components of the organization are child protection, education, child well-being and civil society, protection and empowerment of children who are in conflict with the law, and recovery and reintegration of sexually abused and exploited children. The recovery and reintegration component of the program has implemented a variety of services for sexually abused female street children in *Addis Ketema* sub-city, specifically in the *Merkato* neighborhood due to high magnitude of the problem of sexual abuse in the area as compared to other parts of the city.

Some of the recovery and integration component's major projects include a drop-in-center and a safe home. The drop-in-center renders sanitary materials, group guidance, individual counseling, and peer to peer counseling to the beneficiaries. The safe home renders extensive physical and psychosocial rehabilitation services and also life skill trainings. Beneficiaries are required to stay in the safe home for four consecutive months. The program also reintegrates the beneficiaries with their communities through creating job opportunities especially hairdressing and leather crafts.

My previous research and field practice experiences in the organization and with community members of the *Merkato* neighborhood helped me to build good rapport with community workers, counselors, life skill trainers, and the police who handle cases of

trafficking and violence in the child protection unit of the organization. I also maintained good relationship with the recovered sex workers and bed renters who had helped me with my empirical studies during my doctoral coursework. Among these individuals, I specifically worked with a community worker who is familiar with several sexually abused female street children and who engages in recruiting potential beneficiaries for various projects of the organization. I also chose two recovered sex workers and an older woman who has been engaged in bed renting job in the area for many years as gatekeepers to recruit participants of the study.

Prior to recruitment, I communicated the purpose of the study and the inclusion criteria for selecting potential participants to the four gatekeepers. I omitted the criterion of exposure to sexual abuse in order to ensure the privacy and confidentiality of the participants. In the subsequent section, I discuss the strategies of selecting participants among the large number of female street children in the *Merkato* neighborhood.

### **3.4.2. Selection of Interview Participants**

I employed purposive sampling to select study participants. Purposive sampling involves a selection of information-rich cases to investigate a certain phenomenon. Collecting data from information-rich cases yields insight and in-depth understanding of a phenomenon under investigation. Purposive sampling is mostly used in order to select participants that are difficult to reach (Heckathorn, 1997; Patton, 1990; Yin, 2011). It is very suitable for a study using IPA. In IPA, those individuals who experience a particular phenomenon (in this case, sexual abuse) are the main focus of a study. This sampling strategy is also crucial to maintain homogeneity of the participants (Smith & Osborn, 2003).

Among various types of purposive sampling techniques, a mixture of criterion and snowball sampling were utilized in order to select a homogeneous group of participants. In

criterion sampling, the researcher sets predetermined criteria of importance to select participants (Patton, 2002). In addition, snowball sampling is used for hard-to-reach groups; however, the members of these groups are somewhat interconnected. Participants of a study use their social networks to refer to the researcher to other potential participants who could meet the purpose of a study (Heckathorn, 1997).

Both criterion and snowball sampling technique are best suited to select the participants of this study for two major reasons. First, it is a very difficult task to have access to female street children in general and sexually abused female street children in particular. Female street children are less visible on the street than their male counterparts. Since most of them are engaged in commercial sex work, they are visible on the street in the evening and spend much of the daytime sleeping. Second, incidents of sexual abuse among female street children are rarely reported to the legal institutions, so it is very difficult to get a list of potential participants. Therefore, the only options were to identify potential participants was through the support of gatekeepers and using their established network of relations. Female street children have strong social networks. Their survival on the street primarily depends on their abilities to establish and maintain social networks.

The study considered six major criteria in order to select participants that are best suited to the purpose of the study. The first criterion for selecting participants of the study was exposure to sexual abuse since they joined the street. I did not impose the existing definition of sexual abuse as involving any form of sexual activity committed against children regardless of their consent. Instead, I chose to include participants who defined themselves as survivors of sexual abuse. Two major reasons informed my decision.

First, in my previous research experiences with child sex workers, I learned that participants who had consensual sexual activities with their clients did not consider themselves as survivors of sexual abuse. I also found that the children who defined

themselves as sexually abused differed from those who did not define themselves in that fashion. In addition, I assumed that the ways survivors attach meanings to their experiences of risks associated with consensual and forceful sexual activities may also affect the understanding of risks and resilience. Therefore, for my dissertation, I decided to include self-definitions of sexual abuse provided by potential participants in order to maintain homogeneity of the participants as well as avoid confusions regarding conceptualizations of risks and resilience. I conducted preliminary interviews prior to the actual data collection in order to confirm that the children defined themselves as sexually abused.

Age was the second inclusion criterion for the selection of participants. Female street children whose ages were between 13 and 17 were included in the study for two major reasons. First, there is a consensus among international and national empirical studies that the older children are prone to face sexual abuse, compared to younger children (Finkelhor, Hammer, & Sedlak, 2008; Lalor, 1999; Mitike, et al., 2000). In addition, according to my personal observations of the field setting during course work in my master's and doctoral education, the majority of older children within the age interval of 13 to 17 were engaged in sex work, which in turn put them at risk of sexual abuse. Second, IPA requires participants with strong abilities to communicate their experiences in detail. Therefore, I included older children who can describe their experiences of risks and resilience in the face of sexual abuse.

The working and living conditions of female street children were the third inclusion criteria for selecting participants for the study. Survivors who were engaged in begging, sex work, and bed renting job and who lived without supervision of responsible adults and guardians were included. My previous research and field practice experiences with sexually abused female street children informed me that the risk of sexual abuse is higher among street children who work and sleep either on the street or in temporary rented rooms than among

street children who work on the street during a day and return to their homes at night (i.e. part time child beggars and street vendors).

In addition, the context of time was considered as the fourth criteria of selecting eligible participants. Children who had worked and lived on the street at least a year were included for the purpose of gaining a comprehensive understanding of the phenomena under investigation. The number of years that the participants lived on the street ranged from one to four years. I also considered time passed since the incidents of sexual abuse. I included participants who experienced the incidents of sexual abuse before six months ahead of data collection time and excluded those who reported more recent incidents for two major reasons. First, I assumed that recalling and disclosing more recent incidents of sexual abuse might cause participants severe trauma. Second, I assumed that resilience is an ongoing experience that survivors recover from risks associated with sexual abuse through time. Therefore, I decided to consider the stated time interval in order to capture the processes of risk and resilience experience of the survivors across different time contexts.

Language fluency was the fifth inclusion criteria for the selection of participants. Children who spoke and understood either *Afan Oromo* or Amharic fluently were selected because those are the languages I am fluent. I rejected two potential participants who met all three of the other criteria but did not speak *Afan Oromo* and Amharic. Since IPA requires me to be the primary tool of data collection through immersing myself in the field setting, I did not involve translators or hire data collectors who speak other local languages. Finally, those children who gave consent to participate in the study were selected. Overall, all of the participants who were included in the study met all of the aforementioned criteria.

### **3.4.3. Phases of Recruiting, Selecting, and Deciding on Number of Participants**

A total of ten sexually abused female street children were selected out of 42 potential participants that were recruited in the study. Participant recruitment, selection, and data collection were conducted simultaneously. In the first phase of recruitment, the gatekeepers referred ten potential participants to me. I conducted preliminary interviews in order to confirm whether they met all of the inclusion criteria or not. Then, I identified 2 participants who met all the criteria and excluded eight children from participating in the study. The participants and I scheduled a time and place for the interviews.

After data were collected from the two participants, I used snowball sampling to include more participants who met the inclusion criteria. I asked the participants to tell me if they knew female street children who worked and lived in the study area. Since sexual abuse is a personal and sensitive topic whose disclosure may result in stigma and discrimination among social network members, I refrained from telling the participants about the specific criteria, which is exposure to sexual abuse. Like I had previously done, I conducted preliminary interviews with the potential participants contacted through the social network in order to confirm that they met all the inclusion criteria.

There is no consensus on the number of participants to be included in qualitative studies in general and IPA in particular. Most researchers agree that sample size should be small. However, they did not specify the exact number of participants to be included in a study. For example, some scholars (Creswell, 2007; Morse & Field, 1995) suggested that the number of participants in a qualitative study should range from 5 to 25. In addition, Smith and Osborn (2003) claimed small size samples are the norm in IPA as the analysis of large data sets may result in the loss of the meanings of the experiences. Small size samples allow researchers to obtain an in-depth account of the participants' perceptions of their lived experiences.

In this study, I used the principle of data saturation as the criterion to determine the number of participants to be included in the study, rather than predetermining the number of participants ahead of data collection. Data saturation occurs when the researcher thoroughly collects rich, quality, and detailed data, answers research questions comprehensively, and reaches a stage when further coding is no longer important in the analysis process (Fusch & Ness, 2015; Gentles, Charles, Ploeg, McKibbo, 2015; Patton, 2002). I stopped selecting participants after I answered my research questions comprehensively and no new codes and themes emerged from the interview transcripts.

### **3.5. Data Collection Methods**

#### **3.5.1. Preparing the Interview Guide**

Interviews are the most commonly used method of data gathering in qualitative studies (Creswell, 2007; Yegidis & Weinbach, 2002). Among different types of interviews, I used semi-structured interviews in order to explore the experiences of risks and resilience among sexually abused female street children. Semi-structured interviews are an exemplary tool of data collection in IPA (Smith & Osborn, 2003). The interviews allow researchers and participants to engage in a dialogue that helps them describe and interpret a specific phenomenon in a detail with further questions and probes. Unlike unstructured interviews, semi-structured interviews allow researchers to ensure that the interview is yielding data relevant to the study's research questions. In other words, researchers assist participants to discuss in their own way the issues that the researcher needs to know about given the principal questions guiding the inquiry. In addition, they provide specific topics of discussion within which the interviewer can freely ask questions and probe for more detailed information in order to illuminate that particular topic (Alasuutari, Bickman, & Brannen, 2009; Callary, 2015; Englander, 2012).

I prepared an interview guideline composed of open-ended questions that allowed me to gain in-depth data about the experiences of risks and resilience among the participants (see annex I). The questions asked participants to narrate their stories of specific experiences in their own words. The questions were broadly categorized into five major sections. The first section focused on background information of the participants such as age, place of origin, family situations, educational status, factors that led them to leave home and join the street, and their working and living conditions. The second section addressed questions concerning meanings that participants attached to the risk of sexual abuse. The participants were asked to describe what constitutes sexual abuse or not and the incidents of sexual abuse they have experienced since they joined the street. The third section focused on exploring the participants' perspectives on risks that exposed them to sexual abuse. The fourth section asked participants to talk about how sexual abuse affected them physically, psychologically, and socially. Overall, the questions from section two to four mainly focused on eliciting information about participants' risk experiences.

The fifth section explored the experiences of resilience among the participants. It involved questions that were intended to explore the survivors' personal strategies and the availability and utilization of environmental protective resources in order to avert both risk factors and negative consequences of sexual abuse. The questions and probes specifically sought to answer the efficacy of each coping strategy and environmental protective resource in relation to averting various types of sexual abuse as well as negative consequences of sexual abuse.

Prior to the actual data collection, I consulted with two teachers from the School of Social Work at Addis Abba University to check for the clarity and sensitivity of the questions. I also conducted a pilot study with two sexually abused female street children who met all the inclusion criteria two weeks ahead of the major study. The purpose of the pilot study was to ensure the clarity of the questions, understand participants' reaction to the questions, the

average time needed for the interview, and understand my strengths and weaknesses of interviewing participants. The pilot study allowed me to refine the interview guide in a way that helped the participants to talk about their experiences in their own words more comfortably. I avoided questions that the participants felt uncomfortable to respond to and added questions that participants felt comfortable sharing to me. It also helped me improve my skills of interviewing children. The data were merely used to refine the interview questions for the subsequent 10 participants, rather than including them in the findings of the main study.

### **3.5.2. Procedures of Conducting Interviews**

Prior to the interview, I communicated the purpose of the study and sought participants' consent for participation in general and tape recording in particular. The interviews were conducted at mutually agreed upon physical settings and times. The participants and I took privacy and absence of noise into account as criteria to decide on the suitable place to conduct the interviews. Sexual abuse is a sensitive topic, so participants should be interviewed at a place where they feel safe to disclose their personal experiences. Therefore, we made sure that there was no voice interruption from outside and that no one entered the room. Since the neighborhood is crowded - where a single room is shared among at least ten street children - finding a suitable room where no one interrupted the interview process was difficult. Fortunately, one of the gatekeepers volunteered the use of her house for the interview sessions. All of the interviews were conducted at her place.

All of the interviews were conducted in the late afternoon. Child beggars spend much of their days begging near churches and shops in order to seek offerings from people, whereas child sex workers spend much of the daytime sleeping since they practice sex work late at

night. I had to arrange for appointments during their spare time, which was late in the afternoon.

The interview process is characterized as a dialogue. IPA allows researchers and participants to act as partners in knowledge construction. The meaning of a certain experience should not be interpreted solely either by participants or a researcher, but rather knowledge should be a result of co-creation between the researcher and the participants. In this case, participants are not merely providers of data, but also co-authors. Unlike a quantitative study in which the researcher is detached from the data collection process, the researcher is the key instrument of data collection (Smith & Osborn, 2003; Smith, et al., 2010).

In the interview process, the participants took the lead in describing their stories of risks and resilience in the face of sexual abuse. My role was posing open-ended questions, asking for clarification, using standard and specific probes, and taking field notes inline with the tape recording. The field notes captured those points of the dialogue to which participants gave much attention and my observations of the non-verbal communications and emotions of the participants.

The interview questions were open to change across participants in order to capture unique and shared experiences of risks and resilience in the face of sexual abuse. The themes identified from the transcript of first interview with the first participant guided the subsequent interviews with other participants in order to illuminate more about the identified themes and to confirm if the themes were shared with others or not. However, participants were given the chance to describe their unique experiences of types of sexual abuse, risks exposed to sexual abuse, the negative consequences of sexual abuse, and resilience.

I conducted the interviews in two languages. I interviewed eight of the participants in Amharic and the remaining two in *Afan Oromo*. My competence in different language

allowed me to gain an in-depth insight into the experiences of risks and resilience from perspectives of participants who belong to different ethnic backgrounds.

I conducted multiple interviews with each participant over a period of time. The interviews ranged from a minimum of 2 sessions and a maximum of 4 sessions. Various factors influenced me to conduct multiple interview sessions. These mainly include the nature of identified themes that needed further investigation (e.g., checking if a certain theme is shared with other participants or not), skipped questions, inconsistencies of responses across interview sessions, unclear responses that needed clarifications, and participants' feeling of tiresome. In addition, members checking on initial analysis stage required subsequent interviews so as to check if my interpretation of the participants' accounts and their interpretations of their experiences are consistent. In total, 26 interviews were conducted with 10 participants. Each interview lasted for a minimum of 45 minutes and a maximum of 90 minutes. All of the interviews were recorded using a digital recorder with the consent of the participants.

### **3.5.3. Taking Field Notes**

I took field notes before, during, and after interviews. During the first two weeks of my contact with potential participants who met the inclusion criteria, I conducted informal conversations with them as a means of building good rapport and to understand their biographies and current working and living conditions. I did not conduct any formal interviews especially on topics related to risks associated with sexual abuse the same day I recruited participants. According to my prior research and field practice experiences, female street children feel uncomfortable to be interviewed and tape recorded during the initial phases of contacts. They perceived that the interviews would be used for the purpose of media and any unknown purpose. I also noticed that their responses were brief and short

during initial contacts. Therefore, I just took short notes on the spot until the time the children felt comfortable talking with me freely.

The second phase of taking field notes occurred during interview sessions. I documented my comments on the participants' non-verbal communications inline with tape recording. I jot down the participants' silence, crying, voice tones, and body gestures on the spot. Following each interview session, I also took notes that included my overall reflections of the participants' reactions (e.g., questions they felt uncomfortable to respond to and my personal assumptions on factors underlying the discomfort).

I also took notes during my field visits for follow-up interviews and the participants were not accessible. I took the opportunity to explore the physical settings where female street children work, sleep, watch movies, wash their clothes, and play with the help of the gatekeepers and female street children. I produced 60 pages of field notes that later were analyzed with the interview transcripts. This source of data strengthened the findings mainly pertaining to the working and living conditions of the participants.

The data collection processes lasted for five months and two weeks. I started collecting data on 10<sup>th</sup> January 2018. Since then, I made frequent visit to recruit, select, and gather data. The data collection time took me much time than I expected mainly due to prolonged rapport building and inaccessibility of participants. I stopped selecting participants and collecting data when all of my research questions were answered comprehensively and when new codes and themes no longer emerged in the analysis process. I departed from the field on June 25, 2018.

#### **3.5.4. Provision of Incentives for Participants**

There is no consensus regarding whether research participants should be compensated with incentives for their participation or not. Some researchers suggest that participants

should not receive any incentive, whereas other researchers argue that incentives should be provided to participants as a means of compensating the time they devoted in studies. Taking into account the participants' experience of extreme poverty and dependence on daily income for securing their basic needs, I decided to provide them with in kind and cash incentives as compensation to the time they spent participating in the study. Each participant received biscuits and 50 Birr for each interview session, incentives equivalent in value to what they could have earned during the time they spent with me. I considered the appropriateness of the types of compensation to the participants. The participants informed me that they used the money to rent temporary sleeping place for a day. In addition, each gatekeeper received 100 Birr per diem whenever they recruited potential participants.

### **3.5.5. Challenges Faced in the Field and How I dealt with them**

I faced many challenges during participant selection and data collection. During participant selection phase, many female street children and young women who did not meet the criteria of participation showed interest to participate in the study thinking that I am affiliated with NGOs and I was there to render financial services. Similarly, the gatekeepers expected me to pay more money than I could afford. They even informed their friends to be involved in the recruitment process for the sake of receiving incentives. I convinced them that I was conducting the study for academic purpose and I am a student who could not afford to pay more money. The support letter I received from the School of Social Work was helpful in convincing them. Despite the challenges, I was able to select participants who were best suited to the purpose of the study and I provided money that I could afford.

I also faced challenges from two participants who resisted sharing their experiences openly. They tended to talk more about the experiences of other female street children they knew instead of their own. In addition, they mostly expressed their experiences as a group

rather than sharing their personal experiences. They used phrases such as ‘we’ ‘they’, and ‘you’ to describe about risks and resilience in the face of sexual abuse rather than using ‘I’. Consequently, such expressions created confusion on me. I faced difficulties to understand whether the participants are telling me their real stories or not. At times, I thought that the participants might be telling me their story but pretended it to be the story of others to avoid shame associated to disclosure of sexual abuse as well as to protect their confidentiality. Therefore, I decided to include some stories that the participants shared about other female street children’s experiences although personal experiences are the central focus of a study using interpretative phenomenological analysis.

Meeting and interviewing the participants at multiple occasions also required much effort and commitment from the gatekeepers and me. Child beggars are mobile by nature that they frequently move from place to place to seek offerings. In addition, child sex workers spend much of their daytime sleeping and participating in social gatherings. I had to make frequent visits to the field to schedule appointments and conduct the subsequent interviews at suitable times. Therefore, the data collection process took me more time than I expected.

In addition, the study area characterizes a risky environment where theft, alcohol and drug abuse, and sexual abuse are common. Therefore, I feared of being sexually abused and robbed. In order to overcome the risks, I wore old clothes, avoided wearing makeups, used a cheap phone, and walked in accompany of the gatekeepers whenever I was in the field. In addition, the participants and I agreed to conduct the interviews at one of the gatekeeper’s house, which was safe.

Apart from this, the sensitivity of the research topic had an emotional impact on me during the data collection process. As a woman, a mother of two children, and a social worker whose interest focuses on child protection, hearing the painful stories of sexual abuse from the participants caused me distress. I had to reflect about my experiences in separate diaries and

develop self-regulation skills in order to overcome the challenges. In addition, I consulted a psychologist who is my close friend regarding the challenges I faced in the process of data collection.

### **3.6. Methods of Data Analysis**

In IPA, data collection and analysis are done simultaneously. Data analysis process begins soon after the first interview is conducted with the first participant (Smith et al., 2010; Smith & Osborn, 2003). I followed the steps suggested by Smith, et al. (2010) and Smith and Osborn (2003) in order to conduct an in-depth thematic interpretative analysis of data from interviews with the participants. Bracketing is the first stage of data analysis. Before making any attempt to analyze the data, I refrained from adopting the existing specific theories of risk of sexual abuse and resilience that influence the process of coding, identification of themes, or interpretation of data. I documented detailed descriptions of my personal biases and prior theoretical knowledge and research experiences with regard to risks and resilience in a separate journal.

Bracketing was also done through reflecting on the whole process of data collection and analysis in the separate journal. I carefully developed interview questions and conducted exploratory interviews that required the participants to tell their stories in their own words. I refrained from developing and asking leading questions that might reflect my personal assumptions. In addition, I revisited the analysis process many times in order to check the interpretations of the data reflected the participants' perspectives. By doing so, I was able to gain new insights and in-depth data about the meanings that the participants attribute to their experiences of risks and resilience associated with sexual abuse, rather than producing data that merely fit with my prior assumptions and personal biases. Overall, I ensured that my study is data-driven rather than theory-driven.

However, I also believed that it was impossible to set aside my assumptions and biases fully and completely understand the thinking of the participants. IPA recognizes that a researcher cannot know participants' world directly but through interpretative work (Smith & Osbon, 2003). I acknowledged that my own self and interpretations of the data could not be separated. Hence, I suspended my theoretical understanding of risks and resilience temporarily before and during data collection and analysis rather than abandoning them. I believed that my previous knowledge pertaining to the topic under investigation implicitly influenced the interpretations of the data to some extent.

The second stage of analysis involved transcribing the interviews verbatim in Amharic and Afan Oromo. Before transcribing the recorded tapes, I listened to each participant's interviews two times. I transcribed each word and pause and also included my field notes on the participants' emotions and feelings (e.g., non-verbal communications such as laughter, crying, and voice tones) that were taken during the interviews. Then, I translated the transcriptions into English and typed them into my computer for further analysis. The total number of the transcript pages was 956, with each transcript ranges from 26 to 50 pages per interview session.

I transcribed and translated all of the interviews myself rather than hiring transcribers and translators. Despite being energy and time consuming, these activities were useful for two purposes. First, it helped me to gain an accurate and in-depth insight into the data. Street children mostly use slangs in communication that hiring transcribers and translators would not be a wise decision. Since I had previous research experience with street children, I could easily understand the meanings that they attached to their experiences. Second, the activities helped me to easily recall each participant's stories and identify codes and themes that best represent the participants' narratives.

In order to increase the accuracy of the translations, I also shared the two versions of transcripts (i.e. Amharic to English and Afan Oromo to English translations) with two fellow PhD students who study English literature and linguistics. They made minor revisions on literal meanings of metaphors, proverbs, and sentence structure. Then, I incorporated their comments and edited the transcripts in my computer and printed out the typed WORD documents for further analysis.

The third stage of analysis involved coding. Coding was an important strategy of breaking down and reducing the bulky data into manageable categories. I preferred manual coding to qualitative software (e.g. open code and Nvivo) for two major reasons. First, IPA required me to provide detailed analysis of both single cases and shared experiences of participants as a group. Hence, manual coding was appropriate to reflect critically on all cases one by one and to provide a summary of responses shared by the participants. In contrast, software is mainly useful to produce themes that represent shared experiences among participants. Second, manual coding brought me close to each participant's stories that I was able to recall and easily locate their narrations from the transcriptions and understand their experiences comprehensively. I do not personally believe that the use of software yields more accurate findings than manual coding and vice versa. Instead, the major underlying difference is that the use of software merely fastens the process of coding than manual coding, and not used as a replacement for the intellectual role of the researcher.

Coding involved labeling and categorizing the data into different pieces. I followed 'idiographic approach' that I started coding the first interview transcript with the first participant and gradually moved to other participants' transcripts. I read the transcripts line by line as many times as possible to look for important words, phrases and sentences that best fit with the research questions. Initially, five major analytic questions were drawn from the research questions in order to guide the coding process. These include: What is sexual abuse

for the survivors? How do the survivors face sexual abuse? How does sexual abuse affect the survivors? How do the survivors avert risks that expose them to sexual abuse? And how do the survivors cope with negative consequences of sexual abuse?

I formed initial codes through assigning words and phrases that best represented participants' stories related to the analytic questions and jotting them down on the left margins of the transcripts. I also demarcated the stories representing each code by underlining and putting slash mark (/) at the beginning and end of the texts in the transcripts. The coding process was not a one-time activity. The coding was initially unfocused and open that many concepts were identified. I went back and forth throughout the transcripts in order to check I coded the data correctly and reduced the bulky codes into manageable categories. By doing so, I added, refined, and avoided some codes.

The third stage of analysis process involved theme formation. This method of data reduction included giving meanings to the codes. I jotted the themes down on the right side of the transcripts. Then, I listed the themes on a left side of separate papers in the order they appeared on the transcripts and put participants' narrations describing each theme on the right. Similar codes were clustered together and were given meanings. Each cluster of codes or family codes represented a similar theme. By doing so, I reduced the bulky interview transcripts and codes to themes that best represented the participants' meanings of their experiences of risks and resilience.

The fourth stage of data analysis included summarizing the data and looking for relationship among the themes. This stage required deeper analytical work. Building explanations about how and why some participants experience a certain phenomenon lies at the heart of a study using an interpretative phenomenological analysis. Hence, I moved from describing the long list of themes to explaining the relationships among the major themes (i.e. focusing on central ideas of the data). I compared and contrasted among the themes in order

to categorize them into master/subordinate and subthemes based on their relationships with the research questions, prevalence, and richness of the descriptions in the transcriptions.

Inline with coding and forming themes, I kept memo in order to document the summary of each participant's story, the codes and themes that emerged and refined over time, and the preliminary interpretations of the data. I also used diagrams and tables in order to describe the meanings of data. I believed that these reflective activities were helpful to yield in-depth understanding of the participants' experiences.

The superordinate and subthemes from the preliminary analysis of the first transcript guided the subsequent interviews and analysis of transcripts with other participants. I modified the interview guide over time in order to look for confirmation of emerging themes and negative cases. I followed similar procedures of data reduction (i.e., coding, identifying themes, and looking for relationships) for the rest of other participants' transcripts. New codes and themes from each subsequent transcript were continually compared and contrasted to previously identified codes and themes.

In the cyclical process of data collection and data analysis, there were instances master themes identified from the previous transcripts were changed to subthemes in the subsequent transcripts and vice versa. The data collection and analysis processes stopped when I reached at the point of data saturation in which no new codes and themes emerged from the transcriptions and the research questions were answered comprehensively. During the final data reduction, I identified 80 themes. These themes were again reorganized into eight superordinate themes according to my research questions. These included:

- 1) Demographic information of the study participants (age, place of origin, parental background, education, reasons for joining the street, and working and living condition)

- 2) Definitions and types of sexual abuse (i.e., forced sexual partnership, rape by unfamiliar street men, and sexual abuse by sex customers).
- 3) Individual and environmental conditions that expose survivors to different forms of sexual abuse
- 4) The survivors' experiences of physical, psychological, and social risks associated with sexual abuse
- 5) Personal strategies of the survivors in order to avert anticipated and attempted risks of sexual abuse committed by different perpetrators
- 6) The positive influences of social networks in protecting the survivors from the risk of sexual abuse
- 7) The roles of rehabilitation centers in protecting the survivors from the risk of sexual abuse
- 8) Coping strategies of the survivors in order to overcome the physical and psychosocial risks.

In the end, I wrote the full report of the findings. The report has two chapters: findings about the experiences of risks and findings about the experiences of resilience among sexually abused female street children. The first chapter presented participants' demographic information, conceptualizations and types of sexual abuse, perceived risks that exposed the survivors to various forms of sexual abuse, and the negative consequences of sexual abuse on the survivors' physical, psychological, and social well-being.

The second chapter addressed the survivors' experiences of resilience. Resilience was broadly conceptualized as survivors' strategies to avert the risk of being sexually abused and coping with the physical and psychosocial risks faced subsequent to the incident of sexual abuse. It specifically described survivors' personal strategies and social supports from informal social networks and formal organizations that enhanced their coping processes. The

major findings of the study are also discussed in relation to empirical studies on risks and resilience of sexually abused children in general and street children in particular. I identified the consistencies and inconsistencies between the current study's findings and what is known from previously conducted studies as well as indicated the new findings in this study.

### **3.7. Methods of Ensuring Research Quality**

The quality of a qualitative study is generally determined by the use of sufficient and appropriate theoretical constructs, data, time in the field, participants, tools of data collection, and data analysis procedures (Babbie, Mouton, Vorster, & Prozesky, 2001). I utilized four major criteria for ensuring the quality of a qualitative research. These include credibility, dependability, transferability, and conformability. I used different strategies to ensure the study's quality based on the aforementioned criteria.

#### **3.7.1. Credibility**

Credibility refers to the extent to which the findings of a certain study are described in detail and reflect the actual experiences of participants. Some of the major strategies of enhancing credibility include prolonged engagement, triangulation, members checking, and reflexivity (Anney, 2014; Shenton, 2004). Prolonged engagement in the field setting in general and with study participants in particular facilitated a good rapport and trust between the study participants and me. Prior to the data collection process, I frequently visited the study area in accompany of the gatekeepers who included a community worker, recovered sex workers, and a bed renter who had lived in the area for many years. I also had informal conversations with the potential participants as a means of building familiarity and trust. I believe that my previous research experiences with sexually abused female street children helped me to develop good communication skills, to build good rapport, and to increase the comfort level of participants to share their experiences of sexual abuse freely.

In addition, the fact that I am a woman played a significant role in building good rapport and trust with the research participants. Research scholars have suggested that the sex of the researcher has a significant influence on the nature of relationship with participants. Sexual abuse is a sensitive issue that survivors more likely feel comfortable disclosing to someone of the same sex (Creswell, 2007; Neuman & Krueger, 2003). All of the participants discussed about their detailed experiences of sexual abuse without discomfort.

Moreover, my cultural background and competence influenced my relationship with participants. As a woman who grew up in a traditional society where harmful traditional practices such as early marriage, abduction, and other forms of gendered-based violence including sexual abuse had been committed against female children, I was able to use appropriate language and feel empathetic while communicating with the children. I also possess language competence pertaining to communicating with female street children. My previous research experiences with the children helped me to use appropriate language in the communication process and easily understand the slangs they used to describe their experiences. Further, my ability to speak different local languages helped me interact with different participants and gain in-depth information about their experiences.

Triangulation is another strategy of ensuring the accuracy and detailed descriptions of the phenomena under study. Three types of triangulation were used as to ensure this study's credibility. These include triangulation by data source, investigators, and theory. Triangulation by data source was mainly done through conducting multiple interviews with each participant at different periods of time. Multiple interview sessions are recognized as credibility checker in a qualitative study. Seidman (1991), for example, suggested that interviewing participants on multiple occasions serves as a source of in-depth information and helps the researcher to identify the consistencies and inconsistencies of responses across

the interviews. In addition, I took field notes in conjunction with the tape recordings and checked against each transcription in order to strengthen the accuracy of the data.

Triangulation by investigators, which is also known as peer debriefing, was another strategy of ensuring the credibility. I shared the first draft of the coding and theme formations to two researchers whose research scholarship is related to sexual abuse and street children to seek for their feedbacks. Considering the fact that the ontological, epistemological, and methodological stances might vary considerably among researchers, the themes that emerged from the transcriptions and their interpretations might not be the same for all researchers. Therefore, I requested the reviewers to follow the same strategies of data analysis using IPA. Their feedbacks helped me to revisit the analysis process and verify a few themes.

Triangulation by theory involved the use of multiple theories and empirical studies to determine if they would produce similar or different conclusions regarding the phenomena under investigation. The major findings of the study were checked against the major theories of risks and resilience and also research findings of previously conducted qualitative and quantitative studies in order to increase the accuracy of the conclusion. In this case, the similarities of the findings showed the universal aspects of risks and resilience across different populations. In addition, inconsistencies of findings indicated the context specific nature of risks and resilience in the face of sexual abuse across different people.

Member checking was used in the data collection and analysis process as a means of ensuring the accuracy of the study. It involved engaging participants fully in the knowledge construction process regarding their experiences of risks and resilience in the face of sexual abuse. In the interpretative process, some texts of participants had explicit meanings, whereas others had hidden meanings, in which case my interpretation of the participants' descriptions and their interpretations of their experience might be inaccurate. Therefore, I used two strategies to make sure that the findings of the study offered an accurate reflection of the

experiences of the participants. First, I paraphrased participants' responses and asked them to confirm if I understood them correctly in the process of interviews. Second, I shared with them the major themes developed at the initial stage of data analysis in order to check whether our interpretations were consistent or not. By doing so, I was able to double check the analysis process several times and provide accurate findings.

Moreover, reflexivity served as another means to ensure credibility of the study. I documented my personal biases and prior knowledge pertaining to the topic of investigation and also reflected on the whole process of data collection and analysis in a separate reflexive journal. The journal in which I recorded my reflexive thinking specifically helped me to identify the consistencies and inconsistencies of codes and themes that emerged at each stage of data analysis process. I double-checked the analysis process for further coding and interpretations of data when certain codes and themes did not fit with the patterns of other data.

### **3.7.2. Dependability**

Dependability refers to the reliability of the interpretations of the data. It is maintained through using a research approach and specific methods that include an appropriate strategy of collecting and analyzing data in order to answer the study's research questions (Anney, 2014; Collingridge & Gantt, 2008). IPA involves systematic methods of data collection and analysis, which are suitable to answer all of the research questions of the study. It clearly shows the active roles of participants and researchers in the process of knowledge construction.

Dependability was also ensured through a code-recode strategy in the process of data analysis. The code-recode strategy involved two steps. First, I went through the coding process at least two times and compared the emerging codes against each other before

making a final decision to form themes. Second, I met study participants to confirm that the data were coded and the themes were formed correctly.

### **3.7.3. Transferability**

Transferability refers to the extent to which the study provides sufficient contextual information about the phenomenon under investigation. It is mainly achieved through providing thick descriptions of the experiences of participants (Anney, 2014; Tracy, 2010). The research report provided comprehensive descriptions and interpretations of risks and resilience addressing all of the specific research questions. I included detailed narrations of each child's experiences of risks and resilience, my interpretations of their experiences, and the consistencies and inconsistencies of the findings with the existing theories and empirical studies on child sexual abuse and resilience. I proposed that the findings of this study could only be transferred to a group of female street children who share similar characteristics with the study participants, rather than other female street children from different socioeconomic and demographic characteristics.

### **3.7.4. Conformability**

Conformability refers to the extent to which the findings of the study are not the product of the researcher's biases (Babbie, et al., 2001). Reflexivity, coding-recoding strategy, and deep briefing were the major strategies I employed to ensure the conformability of the study. Prior to data collection, I documented my previous theoretical knowledge and research experiences on related research topics in a separate journal in order to get fresh and new insights about the experiences of risks and resilience among sexually abused female street children. I also documented the whole process of refining questions across interviews and inconsistencies of codes in the analysis process. I used the code-recode strategy to confirm that the findings represent the actual narrations of participants rather than a reflection of my

biases and preconceptions about resilience. I also relied on frequent debriefing sessions with my colleagues to keep me aware of my biases and preconceptions, and how they might be affecting the study.

### **3.8. Ethical Considerations**

The defining characteristics of qualitative studies such as the notions of naturalistic inquiry, development of holistic accounts of participants, and the nature of face-to-face interactions between the researcher and the participants can cause ethical vulnerabilities to participants of a study. Therefore, qualitative researchers should strictly follow research ethics during the conduct of their studies (Damianakis & Woodford, 2012). Research ethics are broadly classified into procedural and practice ethics. Procedural ethics involve seeking approval and clearance from ethics committee and review boards as well as preparing informed consent ahead of data collection. Practice ethics refers to ethical issues that arise in the data collection and analysis processes. They mainly include the extent of disclosure, power relationship between the researcher and participants, and the representation of participants in the study (Phelan & Kinsella, 2013; Warin, 2011).

I considered various procedural and practice ethics in relation to my study. Prior to data collection, I sought ethical clearance and approval letter from the Dissertation Review Committee of the School of Social Work at Addis Ababa University. During my dissertation proposal defense, some ethical issues were raised regarding preparing potential counselors for participants who may be traumatized as a result of participating in the study. Hence, I recruited two women who volunteered to render counseling services for the participants. In addition, I contacted Forum on Sustainable Child Empowerment, a non-governmental organization that implements various prevention and rehabilitation programs in the study area

in order to seek their agreement to facilitate the participant selection and data collection processes.

I prepared an informed consent form that stated the purpose of the study, potential risks and benefits of participating in the study, strategies of ensuring confidentiality and privacy, participants' right to withdraw from participation at any stage of the study, and my full address (see Annex II). I also ensured that every participant clearly understood the purpose of the study and fully consented to participation. However, not all participants who gave consent were comfortable signing the consent form. This is common experience in a society characterized by an oral culture and people's fears of signing papers claiming lest they create legal issues for them. Hence, some of the participants gave oral consent.

Regarding specific practice ethics in the process of data collection, I used appropriate language to explore the experiences of the participants. Sexual abuse is a sensitive topic that elicits feelings of discomfort and trauma when participants recall painful experiences. In order to lessen the risks associated with disclosure, I framed the list of the interview questions from less to more sensitive. In the first sessions of the interviews, the participants were asked to talk about their background and current working and living conditions. Questions focusing on the experiences of sexual abuse were raised after I made sure that the participants felt comfortable to share their experiences openly.

In addition, I used appropriate languages and probed minimally while conducting the interviews. Participants were permitted to choose what they felt comfortable sharing, ensured the right to skip questions that create discomfort, and asked to tell me if they thought there were some other experiences that I should know about them. In some instances, I stopped the interview sessions and made appointments for another day when I noticed participants were not comfortable talking freely about their experiences. I also conducted debriefing sessions and provided emotional support before I departed from the field setting. I also informed

participants to seek counseling service from the two volunteer counselors. However, none of the participants attended the service.

Various ethical issues regarding the nature of the power relationship between the participants and I were also considered. The relationship between the participants and I was characterized as non-hierarchical and reciprocal in the whole process of the construction of knowledge about risks and resilience. I maintained non-hierarchical relationship through four strategies. First, I wore casual clothes and avoided wearing make-up during the data collection process to act as an insider and build trust easily. My identity of being a woman also served as an important factor in building trust easily. Second, I used simple vocabulary when asking questions so that the participants could comprehend the meaning of the questions correctly. Third, I encouraged participants to take the lead in directing the interview process as they liked, rather than merely probing. Fourth, I gave participants the opportunity to provide feedback on the data analysis process.

Confidentiality is the major ethical issue related to the representation of participants in the study. All of the recordings of the interviews were kept in a safe place where I was the only one with access. Participants were asked to choose their pseudonyms, which were used to represent their narrations in the analysis process. In addition, the privacy of the participants was maintained in the process of data collection. Participants were informed to choose the physical setting of the interview and skip any question they were not comfortable responding to. Moreover, I made sure that the findings of the study reflected the actual experiences of the participants, rather than being a plagiarized document. I gave credit to all of the secondary sources of data that were used in the study.

### **3.9. Limitations of the Study**

Despite my claim the study provided comprehensive understanding of risks and resilience among sexually abused female street children, the study was not without limitations. First, the study is not generalizable to sexually abused female street children who live in other parts of the city. Rather, the findings are merely transferable to sexually abused female street children who share similar socioeconomic and demographic characteristics with the study participants. I am also dependent on my own perspectives to understand the experiences of risks and resilience among the children. Hence, any other researchers might approach the problem from different perspectives and come up with different findings.

Second, the study was limited to exploring the experiences of risks and resilience merely from the perspectives of sexually abused female street children. Since Interpretative Phenomenological Analysis is suitable to explore a certain phenomenon from the perspectives of individuals who experienced it (i.e. sexual abuse), I only relied on information gathered from the children. I did not conduct interviews with professionals who work with street children. I also did not visit drop-in-centers and safe homes in order to observe the types of services and understand how the services enhanced the resilience of the children.

Third, I primarily depended on interviews in order to draw conclusion. I initially planned to use additional data collection methods such as draw and write technique, timeline, and diaries. However, I ended up using interviews and field notes because most of the participants did not know how to write and had difficulties of recalling the time when different events occurred in their lives.

Third, the study mainly reflected the perspectives of participants who had strong communication skills. Since IPA requires participants to share their experiences in their own words, I was forced to include participants who talked freely and excluded potential

participants who were shy. In addition, the texts of some participants who had strong communication skills were dominantly and frequently mentioned throughout the findings of the study as compared to those who had less communication skills.

## Chapter Four

### Findings about the Experiences of Risks among Sexually Abused Female Street Children

#### 4.1. Introduction

This chapter presents detailed descriptions of the experiences of risks among sexually abused female street children. It has three major sections: 1) participants' background information, 2) definitions of sexual abuse and perceived risks that exposed female street children to sexual abuse, and 3) the experiences of risks subsequent to sexual abuse. The first section presents the study participants' demographic information, including their place of origin, age, parental background, educational status, conditions that led them to join the street, and their working and living conditions on the street. It specifically highlights the various survival strategies used by the children as they transitioned from leaving homes to joining the street.

The second section addresses two major thematic topics in order to understand comprehensively the participants' risk experiences associated with sexual abuse. The first thematic topic addresses **Research question 1**: How do female street children define sexual abuse? and the second thematic topic addresses **Research question 2**: What do female street children perceive as risks that expose them to sexual abuse? The section specifically describes the children's accounts of types of sexual abuse, perpetrators' strategies to abuse them, and perceived individual and environmental risks that exposed them to each type of sexual abuse.

The third section addresses **Research question 3**: How do female street children experience risks as a result of sexual abuse? The findings provide comprehensive descriptions and interpretations of the negative consequences of sexual abuse on the children's physical, psychological, and social well-being. The findings also address the

relationships among the physical, psychological, social risks experienced by the children and how cumulative risks influenced their overall wellbeing.

## 4.2. Background Information of the Study Participants

This section presents background information of the study participants. It contains three subsections. The first section describes the participants' demographic characteristics, specifically their age, place of origin, parental background, and educational status. The second section identifies the major reasons that led the children to leave home and join the street. Finally, the third subsection describes the working and living condition of the children from past to the present and number of years they spent on the street.

### 4.2.1. Demographic Information

Table 1. Brief Description of Demographic Information of the Study Participants

Pseudonyms for participants	Age	Place of origin	Parental background		Educational status (drop outs)	Number of years spent on the street	Current means of survival
			Mother	Father			
Miheret	17	Addis Ababa	Dead	Dead	Grade 8	2	Sex work
Genet	17	<i>Gojjam, Amhara</i>	Alive	Alive	Grade 7	1	Sex work
Feven	16	<i>Ashewameda, Oromia</i>	Dead	Dead	Grade 8	2	Sex work
Chaltu	16	<i>Holeta, Oromia</i>	Alive	Dead	Grade 6	1	Sex work
Mekdes	17	<i>Gojjam, Amhara</i>	Alive	Alive	Grade 4	3	Sex work
Sorreti	16	<i>Jimma, Oromia</i>	Alive	Dead	Grade 3	1	Sex work
Meron	15	Addis Ababa	Alive	Dead	Grade 7	2	Bed renting job
Helina	17	<i>Gojjam, Amhara</i>	Alive	Alive	Grade 3	4	Begging
Kidist	15	Addis Ababa	Alive	Alive	Grade 6	2	Begging
Senait	15	<i>Welaita Sodo, SNNPR</i>	Alive	Alive	Grade 4	1	Begging

The participants' ages ranged from 15 to 17. Some joined the street as young as the age of 13, whereas others were as old as 16. Participants namely Helina, Meron, and Kidist joined the street at the age of 13 and Feven, Mekdes, and Senait joined the street at the age of 14, whereas the remaining participants such as Miheret, Chaltu and Sorreti joined the street at the age of 15, while Genet did not join the street until the age of 16.

Regarding their places of origin, a significant number of the participants (7) migrated from rural parts of the country. Genet, Mekdes, and Helina migrated from the Amhara region; Feven, Chaltu and Sorreti came from the Oromia region; and Senait migrated from the Southern Nations and Nationalities, and Peoples Region. In contrast, Miheret, Meron, and Kidist were originally from the capital, Addis Ababa.

In terms of their parental background, the participants mainly came from low-income families and half were either single or double orphans. Five of the participants were orphans, with Miheret and Feven being double orphans and Chaltu, Meron and Sorreti single orphans. Genet, Kidist, Senait, Helina, and Mekdes lived with both of their parents before they joined the street.

All of the participants dropped out of the school at the primary level of education. The minimum grade attended was 3 and the maximum was 8. Miheret and Feven dropped out from grade 8, Genet and Meron from grade 7, Chaltu and Kidist from grade 6, Mekdes and Senait from grade 4, and Helina and Sorreti dropped out from grade 3.

#### **4.2.2. Reasons for Joining the Street**

I identified various interrelated push and pull factors that led the children to leave their homes and join the street. The major factors included parental death, lack of proper supervision by parents and guardians, violence (physical and emotional) and/or neglect in the family, early marriage, economic attraction of cities, and peer influence. No single factor

completely influenced the decision of the female children to leave home; rather, there was interplay of various factors.

**Parental death.** The family is a primary agent of socialization and plays a significant role in providing for children's basic needs, ensuring they receive love and care, and meeting their emotional and material requirements. The death of parents leaves children vulnerable to face various risks that can affect their development negatively. In traditional societies like Ethiopia, kinship, including close relatives such as grandparents, siblings, uncles, and aunts, serves as a source of social support to orphaned children. However, not all guardians ensure the protection of the children in their care. Indeed, some guardians can be a source of labor exploitation, emotional and physical abuse, and neglect, denying children their basic needs, education, and other necessities. Consequently, orphan children are subjected to leave their homes and join the street as a way of escaping from hostile living environment and searching for better life.

Among the orphaned children in this study, Miheret and Feven, who lost both of their parents, claimed that the parents' death put them at high risk of physical and emotional abuse, loss of freedom to socialize with friends, labor exploitation, and neglect while living with their guardians. Miheret felt that when her parents were alive, life was 'good' in terms of her academic achievement and the love and care she received. However, after they died and she began living with her brother, she faced physical abuse and was prohibited from meeting with her friends. As a result, she decided to join the street as a way of coping with the risks. Miheret reported,

My parents died three years ago. My brother and I had been living together since then. He used to own woodwork business. We were living in *Kebele* house so we were not required to pay for rental house. I had good life before my parents died. I was an outstanding student and my parents loved me with

all their hearts. However, I could not live with my brother. He did not allow me to go out from home and meet my friends. He used to beat me harshly whenever he saw me talking with boys. I was very bored of his acts. Finally, I left home.

Similarly, Feven described various hostile life experiences while living with two guardians (a stepmother and an uncle). The major influences on her decision to leave home included prolonged conflict with her guardians, labor exploitation, neglect, and physical and emotional abuse. Unlike other children who joined the street soon after they left their homes, Feven attempted to cope with the risks she faced before she decided to join the street. She moved to her uncle's house in order to deal with the relationship problems she had with her stepmother. However, once at her uncle's home she faced additional risks of educational neglect, lack of basic needs, and physical and emotional abuse. As a result, she left her uncle's house and was employed as a domestic worker as a means of searching for better life. She narrated her story as follows:

My father married my stepmother when my biological mother died. After some time, he also died. I could not live with her peacefully. Few months later, I had decided to live with my uncle thinking that I would have had better life. However, I had faced many problems when I was living with him. He had many behavioral problems. He did not give me the life I wanted to have. He did not provide me with enough food. I even dropped out from grade 8 because I did not get enough food to eat and time to go to school. My jobs were cooking and washing his clothes. He was also so cruel to me. He used to beat me harshly when he got drunk and abuse me emotionally saying '*dikala lij*' (lit. an illegitimate child who is not socialized properly by both parents). Consequently, I decided to leave the house in order to search for better life.

Social networks that orphaned children form with street girls have a significant influence on their decisions to leave home and join the street. Street girls serve as a source of advice as well as emotional and material support to orphaned children in times of stress while living with their guardians. Miheret and Feven left home when their friends promised to find them jobs and places to sleep. However, they were misinformed about the actual working and living conditions on the street. Because sex work is considered a social taboo, most street girls lie about how they survive, pretending to work as cashiers, hotel maids, waitresses, or garbage collectors. Miheret and Feven left home expecting they would have a better life working as a garbage collector and cashier, respectively. However, they ended up practicing sex work after they joined the street. Feven reported:

I met a girl who used to live in the neighborhood where I was living with my uncle. She used to wear decent clothes. She told me that she was working as a cashier in a hotel. She lied to me! I knew that she was engaged in '*business*' (lit. sex work) after I moved to her place. Since then, my life has been changed completely. We started having sexual affair with different men, drinking alcohol, and chewing '*khat*'.

Similarly, Miheret was misinformed about life on the street when she was living with her brother. She stated that her friend pretended as if she earned a lot of money by collecting garbage on the street. As a result, Miheret decided to move to her friend's place to seek a better life. She said:

I used to have a girl friend. She told me that she collects garbage on the street before I left home. She used to give me money when I was living with my brother. Then, I decided to leave home and live with her. Later, I knew that she was engaged in '*business*' (lit. sex work).

**Domestic violence.** Violence among spouses has serious negative consequences for the psychological wellbeing of the children in this study. The children, who grew up observing violence in the family, faced stress, lacked motivation to attend school, experienced hopelessness, and felt hatred towards their parents. In order to cope with the risks in their home environments, they formed social networks with street children who later influence their decision to join the street. Meron grew up observing violence between her mother and stepfather for several years. As a result, she suffered various psychological risks, which, in turn affected her motivation to attend school and led her to hate her parents. Finally, she joined the street as a means of searching for a better life. She described:

I used to live with my mother and stepfather. They used to fight all the day and night. I used to experience stress whenever I saw them fighting. It was also very difficult for me to attend my education properly. I hated to live with them. Consequently, I left home and joined a group of street girls whom I knew while I was attending at school. The children had been persuading me to join them several times. They thought I was ‘*duriye*’ (lit. someone who is engaged in antisocial activities mainly addiction and theft) like them since I had short hair cut. Then, I decided to live with them. At that time, I felt that it was better to live with them than living with my parents who fight all the time. No one choose to join the street unless the home environment is unfavorable!

**Early marriage.** Early marriage was practiced widely in different rural parts of Ethiopia for decades. Recently, the problem has been recognized as a harmful traditional practice, which violates the rights of children and negatively impacts their wellbeing. The Ethiopian government has adopted international conventions and developed national policy frameworks in order to protect children from early marriage and other forms of gender-based violence

including sexual abuse and exploitations. However, the evidence from this study showed that early marriage is still practiced in some parts of the country.

Mekdes and Chaltu migrated from rural parts of the country to Addis Ababa in order to escape early marriage. Chaltu had hoped to complete her education and become employed by a government organization so as to support herself and her family members. However, she dropped out of grade 6 when her mother agreed to marry her off at the age of 14. She migrated to Addis Ababa with the help of her sister who lived in the city. She described her migration experience as follows:

I had a good life when I was there (*Holeta, Oromia* region) except the fact that they forced me to marry at a young age. I did not want to get married. I did not even celebrate my 15<sup>th</sup> birthday. I wanted to finish my education. If I were married, I would not finish my education but rather become a housewife and have many children. My mother also did not want to give her consent when the elders came to our home for the marriage proposal. However, she had to consent to the proposal since they (the groom to be and his friends) might abduct me even if she refused. Then, I called my sister, who lives in Addis Ababa, and told her about the situation. She advised me that I do not deserve to be a housewife. She asked me to come here so that I would have better life. I did not even inform my mother when I come here.

**Economic attraction of cities.** Rural populations perceive cities to be places where better jobs and educational opportunities are available. Four of the participants - Genet, Helina, Senait, and Sorreti - migrated from rural parts of the country to Addis Ababa to search for employment and to have a better life. Unlike the children who had been orphaned and were forced to join the street largely because of hostile life experiences while living with their guardians, Genet, Helina, Senait, and Sorreti decided to migrate to the city despite a

relatively favorable living environments in terms of relationship with their family members, economic status, and access to education.

Adults and children who have been exposed to urban environments can influence the migration decisions of other rural children by providing them with information about jobs and educational opportunities, promising to find them domestic work or dishwashing jobs, and rendering financial assistance. Consequently, rural children contemplate migrating with or without the consent of their parents and manage to arrive in Addis Ababa either with the help of traffickers or alone. However, the lifestyle in the city falls far short of their expectations.

Lacking support from the traffickers, children are forced to join the street soon after their arrival in the city. Some traffickers initiate the children into sex work for gaining financial benefits, rather than finding them the promised jobs. They leave the children alone on the street if the children refuse to engage in sex work. Helina and Senait migrated with traffickers who promised to find them jobs, but who instead left them alone on the street as soon as they arrived in the city. Similarly, those children who migrate to the city alone end up joining the street when they failed to contact the traffickers. Genet, who managed to migrate to Addis Ababa alone, joined the street when she lost her trafficker's contact address. She narrated:

I decided to come to Addis Ababa because my friend told me that I would have better life. She used to visit us whenever she returned back from Addis Ababa. She used to wear decent clothes. She promised me to find domestic work if I decided to go with her. She told me that the employers would pay me a good salary and allow me to attend my education in the evening. I was interested to go with her but my father refused. Then, she gave me 150 Birr and her phone number in case I decide to migrate to the city without my father's consent. Three days later, I left home without informing any of my family members. When I

reached at the bus station and searched my bag in order to find her contact address, it was not there. Consequently, I joined the street. I regret for the wrong decision I made to come here. We were living a good life in the village. We did not face any economic problem. I was even attending my education.

**Peer pressure.** I also found that there was circumstances children who did not experience hostile home environment joined the street largely because of peer pressure. Kidist reported that she did not experience hostile living environment at home. She left home because she associated with a girl who previously had contact with street children. She narrated:

I had a good life. We (Kidist and her family) did not face any problem at home. I left with my friend. We were in the same grade at school. She (her friend) left because she fought with her parents. We pretended as we were going to school when we left but we did not return to home. My friend did not tell me that we live on the street. She said we could work and rent a room to live in. She had contact with street children who lived around *Piassa*. I trusted her when she told me that I would have better life if I leave home.

#### **4.2.3. The Working and Living Conditions of Female Street Children**

I identified two categories of female street children based on their transitions from leaving home to joining the street. The first category includes those who worked as domestic workers and dishwashers before they joined the street. The second category involves those who joined the street soon after they left home. Feven and Chaltu were employed as a domestic worker and a dishwasher in a restaurant, respectively, prior to joining the street, whereas other participants joined the street directly after leaving home and engaged in begging or sex work.

The social networks influenced the children's choice of survival strategies. Feven and Chaltu managed to get the jobs because of the support (e.g., advice and finding job) they received from a community member and a sibling, respectively. In contrast, those who joined the street soon after they left home could not find any job because of lack of support from *Merkato* community members and traffickers. For example, Genet searched for domestic work for about two months, but no one was interested to hire her because she did not have an identification card and surety.

In principle, domestic and dishwashing work, as compared to street living, are considered to be survival strategies that lessen children's exposure to various risks because employers provide salaries, food, and places to sleep. Practically, however, children are exposed to labor exploitation and neglect, often working for long hours without cash payment, lacking food and clothing, and encountering emotional abuse. Feven faced labor exploitation by her employers; she was expected to work long hours, lacked the freedom to go out and make friends and was deprived of food. Similarly, Chaltu faced financial exploitation and did not have her basic needs met while she was working as a dishwasher in a restaurant. Consequently, both quitted their jobs and joined the street. Feven was employed as a part-time waitress at a local bar and managed to rent a sleeping place with a group of other children. Chaltu also lived with her sister, who was engaged in bed-renting job. Chaltu described her experiences as follows:

Soon after I came to Addis Ababa, I was employed as a dishwasher in a restaurant, which is located close to St. Raguel church. The employers had never paid me my salary. They promised to buy me clothes and shoes but they did not keep their promises. Consequently, I decided to quit the job after two months.

After the children joined the street, they engaged in various survival activities such as sex work, begging, street vending (selling petty items such as vegetables, fruits, biscuits, candies, and others), and bed-renting jobs in order to meet their basic needs. I identified three categories of female street children based on their working conditions at the time of the study: sex workers, beggars, and bed renters. Some children have engaged in a single survival strategy since they joined the street, whereas others have been involved in various activities at the same time. Still others have changed their survival strategy over time in order to gain a better financial benefit and avert street-related risks.

The physical environment where the children resided on the street and the social network they formed with other street children had significant influences on their choice of survival strategies. Children who joined the street in the *Merkato* neighborhood soon after they arrived tended to engage in sex work and bed-renting jobs. A significant number of child migrants from rural areas settled in an area called '32', which is located in *Merkato* neighborhood, soon after arriving in Addis Ababa due to its proximity to the bus station. Sex work has been widely practiced by female street children and other low-income female members of the community in this area for several decades. When new to the street, all of the participants, who were engaged in sex work, during the study period had their first contacts with sex workers who advised them to accept sex work as the only way to meet their basic needs. In contrast, the children who joined the street of *Piassa* were more likely to engage in begging and street vending. Child beggars resided specifically around *Habte Giorgis* Bridge at *Piassa*, before they moved to the *Merkato* neighborhood in order to secure lodgings.

**Sex work.** An equivalent word that describes sex work in Amharic is '*setegna adarinet*' (lit. prostitution). It is an act of engaging in sex with customers in exchange for money. It is recognized as undignified and a social taboo in the country. Members of the mainstream society label a woman or a female child who engages in sex work as '*setegna adari*' or

'*shermuta*' (lit. a prostitute) to describe their engagement in an antisocial activity and to discriminate against them in their day-to-day relationships.

The concept of sex work has been re-conceptualized as '*business*' (lit. a metaphor to describe work) in the street subculture to minimize the negative connotation (i.e. stigma and discrimination) associated with practicing sex work. In addition, the children label themselves as '*civil*' rather than '*setegna adari*' or '*shermuta*' in order to differentiate themselves from other sex workers. The term '*civil*' was used to refer to sex workers based on their clothing styles, age, and place of work. When asked why they picked the English word '*civil*' to describe themselves, the participants indicated that just as no one can identify a policeman or policewoman without his/her uniform, it is difficult for people to identify a sex worker who does not fit popular stereotypes. Unlike older sex workers who wear decent clothes and makeup, most child sex workers wear casual dresses and do not use makeup. Therefore, passersby cannot easily identify them. In addition, most child sex workers do not stand on specific street to practice sex work, but rather walk from place to place in search of sex customers. Most older sex workers are hired in hotels and bars.

I identified four categories of sex workers among the study participants. The first group includes those who have solely engaged in sex work since they joined the street. Miheret, Feven, Mekdes, and Sorreti represent this group of sex workers. These children have been solely practicing sex work for approximately two years they have resided in *Merkato* neighborhood.

The second category of sex workers includes those who were previously beggars or bed renters, but who later engaged in sex work as a means of coping with financial problems and labor exploitation. For example, Meron engaged in begging for about a year and then decided to take the bed-renting job and ended up in practicing sex work because of labor exploitation and neglect by her employer. At the time of my study, she was again engaged in a bed-

renting job. Like Meron, Chaltu had a bed-renting job but then decided to engage in sex work.

The third category of sex workers includes children who engaged in bed-renting job and sex work simultaneously. At the time of the study, Genet had taken a bed-renting bed job although she remained involved in sex work. She acquired bed-renting job as a means of recovering from sex work. The fourth and last category includes recovered sex workers. These children had been sex workers but were now engaged solely in bed-renting jobs. Meron, who had been a beggar and a sex worker, was engaged only in a bed-renting job at the time of the study.

Despite the increasing number of rural-urban migrants and the growing number of street children in the city, female street children are less visible on the street, compared to their male counterparts. One of the major reasons underlying behind the lower visibility of female street children is that the majority of them are engaged in sex work. Therefore, they are only visible on the street at night; they spend much of the daytime sleeping in their rented sleeping places, watching movies in video houses, or chewing '*khat*'. Child sex workers can afford to rent a place to sleep, which costs an average of 50 Birr a day. Some of the children buy leftover food at cheap prices, whereas others prepare food where they are staying, borrowing kitchen utensils from their bed renters.

**Begging.** Begging is called *kifela* (lit. seeking for offerings) in the street subculture. Three of the participants - Helina, Kidist, and Senait- were engaged in begging at the time of the study. They begged for money, food, and clothing from passersby. They walked on the street, approached cars at red lights, and sat on sacks around markets, churches, and mosques, asking those they encountered for money. They shared their actual life stories and made up false stories so that passersby would feel sorry and provide them with financial support.

Beggars gain relatively small amounts of money on a daily basis as compared to sex workers. Therefore, most of them cannot afford to rent a place to sleep or to buy food. They construct plastic shelters on the street and sleep in groups. They sniff glue to cope with the cold weather in the evenings. They collect leftover food, commonly known as '*bulle*' in the street subculture, from restaurants for free or at cheap prices. Unlike child sex workers who stay in the '32' area, child beggars live a mobile life. They frequently change their working and sleeping places as a means of coping with street-related risks, especially physical and sexual abuse.

Some child beggars engaged in additional survival strategies to earn more money and secure their basic needs. Meron, Helina, Kidist, and Senait used to beg and sleep in plastic shelters when they were new to the street. Later, Meron took a bed-renting job, Helina, Senait, and Kidist became street vendors, and Helina accepted household domestic work, such as washing clothes and cooking to earn more money to buy food and rent a place to sleep.

**Bed-renting job.** Bed renting is a major means of livelihood among low-income communities in the *Merkato* area. Community members partition their houses into small sections to create sleeping spaces and rent them to rural migrants, especially street men and children. Structurally, there are three types of sleeping places. The first type involves independent rooms created by wooden partitions in which children can keep their belongings and lock their doors when they leave. The second type includes double-layered beds, in single rooms that do not have partitions. This type of sleeping place is shared mostly among groups of children of the same sex. Few bed renters rent this type of sleeping place to groups consisting of both males and females in the context the customers have sexual partners. The third type of sleeping place entails an open space where customers of same sex sleep next to each other on sacks and straw-stuffed mattresses. The customers are not allowed to be in this

type of lodging during the day. The average daily price per person is 50 Birr for the first type of sleeping place, 30 Birr for the second type, and 20 Birr for the third type.

Members of the *Merkato* community hire female street children in bed-renting jobs. There are two distinct types of contractual agreements made between the employers and employees. In the first type, the children's responsibilities include searching for customers on the street, cleaning the house, and washing bed sheets and blankets. In this type of arrangement, the employers are in charge of collecting money from the customers. The employers also provide the children with food, clothes, and sleeping places in exchange for their services.

In the second type of contractual agreement, the children are given full responsibility for all aspects of bed-renting, including cleaning the house, washing bed sheets and blankets, searching for customers on the street, and collecting money from the customers. The owners set an average amount of money that they expect to collect each day from the children based on the number of beds available in the rooms and the average number of customers. Similar to the first contractual agreement, the children are provided with a sleeping place. However, in contrast to the first arrangement, they are required to cover their expenses for food and clothing from the profits they make from their work. The children's profits are primarily generated in two ways. First, the children commonly add a minimum of 10 Birr on the actual price of each bed determined by the owner. Second, some owners provide two extra sleeping places for the children to rent and allow them to keep the proceeds for their personal consumptions.

In this study, the children who were new to the street commonly engaged in the first type of contractual agreement because they lacked experience with the job. Chaltu and Meron had bed-renting jobs when they were new to the street. On the other hand, the experienced children who had lived in the area for a longer period usually engaged in the second form of

contract as a means of recovering from sex work and leaving the street. During the study period, Genet was engaged in this sort of bed-renting job in conjunction with sex work. Similarly, Meron managed to engage in the second agreement to secure her basic needs.

#### **4.3. Definitions of Sexual abuse and Perceived Risks Exposing the Survivors to Sexual Abuse**

Legally, any form of sexual activity involving a female child, whether by her consent or not, is defined as sexual abuse. However, this study specifically focused on the participants' self-definitions of sexual abuse, rather than employing a broad definition of the concept. The survivors' definitions of what constituted sexual abuse significantly impacted how the incident of sexual abuse affected their well-being and the way they responded to it. Not all forms of sexual activities were seen as producing severe negative consequences for the children's wellbeing. Further, for those sexual activities perceived as having negative consequences the children exerted their own efforts to cope with them and mitigate the impacts on their overall well-being. Hence, in this exploratory study, the concepts of sexual abuse and associated risks have been defined from the perspectives of the survivors.

The participants identified sexually abusive activities involving forced penetration and that led to interrelated negative consequences for their physical, psychological, and social well-being. Consensual sexual intercourse and sexual harassment such as sexual compliments, touching, and fondling, were regarded as common experiences of female street children and were perceived to hold mild negative consequences for their well-being. Given their perceptions of consensual sexual intercourse and sexual harassment, the survivors' experiences of these forms of sexual activities were excluded from this study.

I identified two broad categories of sexual abuse based on the characteristics of the perpetrators and the survivors. The first category involved unwanted sexual activities committed by street men against female street children. Street men were the primary

perpetrators of sexual abuse against female street children. Every female street child had a unique story of either attempted or completed sexual abuse by street men in the context of working and living on the street. In this study, all of the study participants had their first experience of sexual intercourse after they joined the street and during their time on the street they were likely to face repetitive incidents of sexual abuse. The sexual abuse they described involved either a forced sexual partnership with a street man they knew or rape by an unfamiliar street man.

The second category included forceful sexual activities committed by sex customers against child sex workers. These forceful sexual activities included unprotected oral, anal, and vaginal sex, which could be perpetrated by a single or group of sex customers. The participants described their experiences of various forms of sexual abuse, the characteristics of perpetrators, the strategies perpetrators utilized to abuse them sexually, and the perceived risks that put them in jeopardy of each form of sexual abuse. The table below summarizes the types and number of sexual abuse incidents experienced by the study participants. In the sections that follow, the various forms of sexual abuse, the strategies that the perpetrators utilized to abuse the children sexually, and perceived risks that exposed the children to sexual abuse are described in more detail.

Table 2. Types of Sexual Abuse Faced among Female Street Children

Types of sexual abuse	Number of incidents of sexual abuse by different perpetrators									
	Mi h.	G e n.	F e v .	Ch al.	Me ron	Me k.	Sor .	Hel .	Ki d.	Se n.
Forced sexual partnership	3	1	1	-	4	2	1	2	1	1
Rape by unfamiliar street men	-	1	-	-	1	1	-	1	1	-
Unprotected vaginal & 'abnormal' sex	3	1	1	3	-	2	3	-	-	-
<b>Total</b>	6	3	2	2	5	5	2	3	2	1

**Note:** The participants counted incidents of sexual abuse based on the number of perpetrators of sexual abuse, rather than number of times the incidents of sexual abuse occurred with a single perpetrator. There were circumstances the children faced repeated incidents of unprotected sex with the perpetrators but the children did not acknowledge and counted the incidents as sexual abuse.

#### 4.3.1. Forced Sexual Partnerships by Familiar Street Men: An 'informal and temporary marriage'

Forced sexual partnerships were a common form of sexual abuse and were considered as a norm in the street subculture. Such partnerships are regarded as 'informal marriage' in the street subculture, with the survivors calling the perpetrators their husbands and the perpetrators calling the survivors their wives. Female street children were forced to become sexual partners of street men soon after they joined the street.

With the exception of Chaltu, all of the other participants were forced to become sexual partners of street men at least once. The participants shared their stories of sexual abuse when

they were new to the street; with some facing sexual abuse on the very first day they joined the street.

The major perpetrators of forced sexual partnerships were street leaders who had lived on the street for a long time. Street leaders engaged in survival activities such as theft, street vending, and daily labor activities such as carrying bags and collecting garbage around the streets of *Merkato*. They set rules that dictated the behaviors and relationships of street men, women, and children who worked and slept on the street. Street leaders often utilized forceful strategies such as verbal abuse, physical abuse (including the use of knives and blades and beatings), and threats (e.g., warning to leave the area) as a means of controlling others. The children abided by the street leaders' rules for the sake of surviving on the street.

The perpetrators often utilized persuasive strategies when they targeted new comers, young children, and rural migrants because these groups of children lacked protection skills and were easily deceived. Some of the major strategies included promising to find the children jobs, providing their basic needs (i.e., food, shelter, clothing), and serving as a source of protection from harm on the street. Miheret, Mekdes, Kidist, and Senait suggested that their perpetrators were not abusive on their first encounters. However, after a few days, the perpetrators began to use more forceful strategies such as warning them to leave the area, pointing knives at them, cutting their bodies, or forcing them to consume substances such as glue and alcohol.

Mekdes faced the risk of sexual abuse on the day of her arrival on the street. She thought her inability to provide for her basic needs and lack of protection skills placed her at risk for sexual abuse. She described:

A street man approached me while I was standing on the street. He said that he wanted to be a friend and asked me what happened to me. He knew I was new to the street since I was very shy to speak to him. I told him that I do not

have anyone who helps me here. He promised me to live with him until I get a job or decide to return back to my village. Then, he and his friends took me to a local bar and bought me food. Since then, they had been insisting me to drink alcohol for three consecutive days. Once, they mixed alcohol with soft drink and forced me to drink it. Otherwise, they would not allow me to live with them. Then, he took me to his sleeping place and raped me.

Social networks were ineffective in protecting the children from forced sexual partnerships. All of the participants formed social networks with street men and street girls soon after they joined the street. However, none of the social network members protected the children from forced sexual partnership because of the members' own fear of facing physical abuse and of being forced to leave the area. In addition, there was a common perception among street individuals that sexual partnership is a normal lifestyle and a means of protection from harm, rather than a risk to the child. Meron, Kidist, Helina, and Senait were forced to have sex with street men while they were sleeping with a group of female street children in plastic shelters. They maintained the sexual partnerships with their perpetrators as a means of reducing the risk of repeated sexual abuse by other unfamiliar street men. According to Meron:

I was not interested to be a girlfriend of any street man. I was very small to have a boyfriend at the time (when she was new to the street). I told him (a street man) that I did not want to be his girlfriend. However, I had to be his girlfriend in order to survive on the street. He might have cut my face like what he did to my friends if I refused to be his girl friend. Everyone on the street fears him. He will have sex with any girl if he wants.

In addition to newcomers, child sex workers who were labeled '*ged yalachew setoch*' or '*lottery winners*' (lit. girls who have luck to practice sex work with rich sex customers) in the

street subculture were targets of forced sexual partnerships. This group of child sex workers earned more money than other child sex workers or child beggars. Some of the major distinctive characteristics of '*ged yalachew setoch*' include being young, wearing decent clothes, having good postures, and having grown up in a town or a city.

The participants categorized themselves as '*ged yalachew setoch*' or '*ged yelelachew setoch*' (lit. child sex workers who do not have luck to meet rich sex customers) based on the amount of money they gained through sex work. Miheret, Genet, and Feven labeled themselves as '*ged yalachew setoch*', whereas Chaltu, Sorreti, and Mekdes, who were rural migrants, labeled themselves as '*ged yelelachew setoch*'. Miheret, who was among the category of '*ged yalachew setoch*', described the characteristics of '*ged yalachew setoch*' as follows:

By the way, not all street girls get more money through sex work. It depends on the wearing style of the girls. We need to wear shorts, miniskirts, and blouses that expose our bodies so that men are attracted to come to us. In addition, street girls, who are originally from Addis Ababa and those who migrated from rural areas do not get equal amount of money. The wearing styles, pronunciation, and slangs of these girls are completely different. The '*neke*' (lit. modern) girls go with the '*neke*' men who have more money, whereas the '*nikise*' (lit. girls who have tattoos on their faces, necks, and hands, originally from rural area, have rural accent, and are unattractive) girls go with rural men who do not have more money.

Those deemed '*ged yalachew setoch*', as compared to '*ged yelelachew setoch*', were at high risk of repetitive forced sexual partnerships. The major purpose of the sexual partnerships was not sexual need but rather financial exploitation. The participants used the metaphor '*money machine*' equating a street girl in a sexual partnership with an object that

produces money. The metaphor also suggests that the children cannot make decisions about their own bodies or money.

The child sex workers in forced sexual partnerships engaged in sex work as frequently as possible in order to meet the financial needs of the perpetrators. The participants claimed that the largest share of the money they gained through sex work did not belong to them but to their sexual partners. The street men collected the money from the child sex workers regularly. Most street men collected a certain amount of money whenever the children returned back from hotel rooms to their sleeping places, whereas others accompanied the children to hotel rooms and took the money from the sex customers in advance. The perpetrators spent the money on food, clothes, drugs, and alcohol. Unlike sexual partners of beggars who were engaged in street vending and daily labor, the sexual partners of sex workers spent much of the daytime chewing '*khat*', watching movies in video shops, sleeping, and hanging out on the street.

Apart from financial exploitation, the children were forced to meet the sexual need of the street men regularly. Most of the street men shared sleeping places with the children, with the children being primarily responsible for paying the rent. Sometimes the street men rented their own sleeping places and visited the children when they needed money or sex. Since joining the street, Miheret was forced to engage in forced sexual partnership three times and exploited financially by different street men. She narrated one of the incident of sexual abuse and financial exploitation as follows:

There is a street man who forces me to give him money regularly. Once, he beat me harshly and warned me that he would force me to leave the area when I refused to give him money. Since then, I have been giving him money average of 300 Birr once a week. You can imagine how it feels like to loose the money you earned through 'selling your body'! If I refuse to give him the money, he will beat me and force me

to leave the area. He also forced me to have sex with him whenever he came to collect the money.

Some female street children consensually engaged in sexual partnerships with street men as a means of reducing the risk of repetitive sexual abuse and financial exploitation. There was a common belief that no street girl who was targeted for forced sexual partnership can escape from the abuse as long as she lived on the street. In addition, female street children who did not have sexual partners were perceived to be at high risk of sexual abuse and financial exploitation by different street men and male members of *Merkato* community. Therefore, the female street children consented to sexual partnership proposals when they encountered street men who were less physically abusive, had work, provided emotional support, and protected them from harm related to street living, despite the fact that the street men exploited them financially. Genet claimed that she decided to have a boyfriend in order to minimize the risks of repetitive sexual abuse and financial exploitations. She reported:

Since he (sexual partner) knew I get much money through sex work, he proposed to me to be his girlfriend. I decided to be his girl friend in order to minimize the risk of facing sexual abuse and financial exploitation by street men who live in this area. It has been four months since we started living together in my sleeping place. He collects garbage on the street and earns about 2000 Birr per month. However, he finishes his salary within few days and requests me to give him money since he is addicted to alcohol and drugs such as '*khat*' and '*ganja*'. He always searches my bag in order to take my money. I often see my clothes thrown all over the floor and the bed whenever I enter in my sleeping place. He acts like a 'crazy' person when he does not have any money to buy drugs and alcohol.

Forced sexual partnerships ended when the perpetrators were no longer interested in the children or when one of the partners (either the child or the perpetrator) left the street. Street men engaged in multiple sexual relationships either at the same time or at different times. They often broke off the relationships when they found newcomers or child sex workers who earned more money than their current sexual partners. Mekdes and Meron reported that their sexual partners left them when they found new sexual partners on the street.

The sexual partnerships also dissolved when the perpetrators left the street because of imprisonment or reintegration in their communities. Because most street men engaged in theft and street-related violence, they were imprisoned frequently. Miheret's, Kidist's, Helina's, and Senait's sexual partners were sentenced to imprisonment because of theft and, as a result, the sexual partnerships dissolved. In addition, some perpetrators left the street when they found job opportunities in different areas or returned to their villages. Chaltu said she would have had to engage in a forced sexual partnership if the potential perpetrator had not left the street.

The dissolution of forced sexual partnerships did not guarantee that the children become at low risk of sexual abuse. They were forced to engage in new sexual partnerships with other street men soon after their previous relationships were dissolved. Miheret, Mekdes, Helina, and Meron endured forced sexual partnerships more than once. Meron, who was forced to become a sexual partner to four street men, said that perpetrators served as an accomplice to the continued sexual abuse by sharing information about the breakups and requesting other street men to engage in sexual partnerships with her. Meron described:

You know what? Street men discuss about whom they like and dislike among street girls when they gather in groups. If someone tells to the group members that he is no longer interested in me, the other street man will force me to be his girlfriend whether I am interested or not. There was a street man

who had a scar on his neck. My ex-boyfriend left me for him. Street men do not have intimacy and commitment in relationships. They only need us in order to satisfy their sexual desire and gain financial benefit from the relationship.

Similarly, Miheret considered sexual abuse to be a predictable and repetitive experience of street girls, rather than an unusual single event. She narrated:

Being street men's girlfriends is not something we (street girls) face once in our lifetime while working and living on the street, but rather it is a common problem of street girls. We (street girls) do not know when and how we face it, but we know we face it at anytime. I may even face sexual abuse today (the day of the interview).

#### **4.3.2. Rape Perpetrated by Unfamiliar Street Men**

Unlike forced sexual partnerships in which the perpetrators are familiar to the children, the perpetrators of rape are street men who are not familiar to the children. A single perpetrator or a group of perpetrators might commit rape. Group rape is commonly known as '*ye-dama*' (lit. a metaphor that refers to a traditional game known as '*dama*', in which two or more players play the game over a course of rounds) in the street subculture. The game is much more similar to Chess.

Both child beggars and sex workers were targets of rape by unfamiliar street men. Five of the participants - Genet, Meron, Helina, Kidist, and Mekdes - were raped by street men they did not know, with Genet, Helina and Kidist reporting that the rape was committed by a single perpetrator and Meron and Mekdes saying that they were raped by a group of street men.

I explored various risks that exposed female street children to rape by unfamiliar street men. A number of interrelated individual and environmental factors explained female street children's risk of sexual abuse while working and living on the street. The major individual level risks included the perpetrators' and children's consumption of glue, alcohol, or drugs and engagement in sex work. In addition, the major contextual or environmental risks included the physical settings where the children worked and slept and the children's social environments, mainly the structure and relationships of their social networks. In the subsequent subsections, the survivors' perceptions of the risks that put them in jeopardy of rape are described in detail.

**Substance abuse.** Alcohol, glue, and drug abuse is a common problem among street men and female street children. Street men mainly consume glue, *khat*, *ganja* and locally made alcohol such as *areke*, *tella*, and *tej* in order to cope with cold weather conditions and emotional problems. The incidents of rape mostly occurred when perpetrators were intoxicated. The intoxication caused them to lose sleep and display aggressive behaviors, and the street men moved from place to place to engage in theft and commit sexual abuse against the children late at night. Kidist, Helina, and Meron claimed that they faced rape by intoxicated street men while sleeping on the street.

Substance use among female street children also presents a risk of increasing their exposure to rape. Child beggars primarily sniffed glue. Meron, Helina, and Kidist reported that they faced rape following the consumption of glue, which hindered their abilities to avert the risk of rape. At times, perpetrators force the children to consume glue or other substances prior to committing sexual abuse. Some perpetrators force them to sniff glue, whereas others puff *ganja* into their mouths or noses, which caused blackouts and loss of memory. Meron was forced to sniff glue prior to being raped by a group of three men. Consequently, she hardly recalled the incident. She said:

I was raped by a group of intoxicated street men. The glue gave the men audacity and energy. It changed their mood and feelings. They also forced me to sniff it. Since it was my first experience to sniff it, I had no idea how I felt at that time. Then, they took me to the plastic shelter and raped me. I hardly recall what they did to me.

Use of *ganja* negatively impacts the children's overall health and exposes them to rape. Although child sex workers could afford to rent places to sleep, they sometimes failed to return to their lodgings when they were intoxicated. Instead, they slept on the street, thus greatly increasing their chance of being raped by unfamiliar street men. As was the case with Meron, intoxicated children may have no direct memory of being raped; instead, members of their social network may inform them about it the next day. Although none of the participants reported the incident of rape by unfamiliar street men following the consumption of the drug, they said that they knew female street children who were raped after they consumed *ganja*.

**Engagement in sex work.** Engagement in sex work increased the risk of rape among female street children. Since child sex workers spent long hours on the street searching for sex customers and returning to their sleeping places in the middle of the night, their risk of encountering intoxicated and sexually abusive street men on the street was high.

However, child sex workers' greatest risk of rape is posed by street men who act as brokers that link the children with sex customers. Sex customers who have high social status and privilege in their communities, such as married men and professionals, are unlikely to approach and negotiate directly with child sex workers on the street due to fears of stigma and discrimination. Therefore, they meet brokers who recruit and bring sex workers to them at hotel rooms. These customers provide financial incentives to the brokers in exchange for their service.

Some sex work brokers took this as an opportunity to commit group rape against child sex workers. Typically, one accomplice would pick up the child sex worker from the street while other perpetrators waited for her in a predesignated room. The accomplice would persuade the child to follow him to the place that had been secured for the abuse by pretending that a sex customer was expecting them. But there was no customer waiting for them, just a group of perpetrators awaiting their victim.

Child sex workers who were labeled as '*ged yelechew setoch*' were the primary targets of group rape for two major reasons. First, as compared to those designated '*ged yalachew setoch*', the children called '*ged yelechew setoch*' spent many hours on the street looking for sex customers. Second, they would take the risk of going with anyone who promised them money, and sometimes those offering money were potential perpetrators. Mekdes faced group rape because she followed a street man who pretended to be a broker. She narrated:

He (street man) was engaged in finding child sex workers for sex customers. Some customers who are married and professionals are afraid to approach and talk to child sex workers on the street due to fear of stigma and discrimination. Therefore, they contact us (child sex workers) through the brokers... He (the broker) told me that a sex customer wanted to meet me in a hotel room. Then, he took me to a place I have never been before. When I entered in the room, there was no any sex customer, but rather a group of street men. He lied to me! They tied my hands tightly and raped me.

Unlike those labeled '*ged yelechew setoch*', those called '*ged yalachew setoch*' do not practice sex work with any passerby, at any place. They meet familiar sex customers at familiar hotels in order to reduce the risk of group rape and unprotected sex with sex customers. Therefore, they were at lower risk of group rape as compared to '*ged yelechew setoch*'.

**Risks associated with the physical environment.** Although none of the physical settings where the children work and sleep are safe, some places are identified as being more likely than other places to expose female street children to various forms of sexual abuse. These settings include the bus station, unsafe sleeping conditions (mainly plastic shelters and open spaces) on the streets of *Piassa*, and the spring where the children wash their clothes and take bath. The bus station is an ideal place for perpetrators to target rural migrants who are just arriving in the city alone. There is a common awareness among street men about the vulnerability of rural migrant children who come to the city by themselves. The street men approach the children and persuade them to accompany them by pretending they can find them jobs and provide for their basic needs. Perpetrators then rape the children on the day of their arrival and leave them alone on the street.

Genet, who migrated from a rural area, was raped the day she arrived in the city. A street man pretended to be a helper, but instead sexually abused her. She reported:

Someone approached me at the bus station and asked me if I want to be employed as a domestic worker. He said my dear sister! My dear sister! Do you want to be employed as a domestic worker? I told him that I need the job. Then, he took me to a bar and bought me a lunch. He told me that the employer would come to take me from the bar. Then, he took me to a room and tied my two hands by the scarf I was wearing. He also stifled my mouth and pointed knife on my neck so that I would not scream for help. Then, he raped me without condom. In the morning, he told me that I should meet a broker who could find me a job. He showed me the direction to the broker's office and left me alone on the street. I told him that I did not want that (rape) and cried a lot.

Child sex workers were also targeted for rape when they searched for sex customers around the bus station and returned to their lodgings late at night. Miheret, Feven, Chaltu, Sorreti, and Mekdes faced attempted rape by street men and male members of the *Merkato* community in such contexts. In contrast, child beggars' risk of rape around bus station appeared to be minimal because they did not stay long in that area.

Unsafe sleeping conditions made child beggars extremely vulnerable to the risk of rape by street men they did not know. Unlike child sex workers who secured relatively safe sleeping places in the *Merkato* neighborhood, most child beggars slept in plastic shelters, which increased their chances of being raped. Meron, Kidist, and Helina were raped while sleeping in plastic shelters. Kidist described:

I was sleeping in the plastic shelter when I was raped. The perpetrator pointed a blade to my face and threatened me not to scream. He was a complete stranger. There are thieves and drunkards who come from different areas in order to target street girls for sexual abuse.

Like child beggars, child sex workers were also at risk of rape by unfamiliar street men when they slept on the street due to lack of money. Sex workers labeled '*ged yelelachew setoch*' often did not earn enough money to secure sleeping places even if they practiced sex work regularly. The children explained that they practiced sex work with poor customers who offered them either little money or refused to give them any money. Since bed renters did not provide them sleeping places unless they paid money in advance, these child sex workers were forced to sleep in open spaces and faced attempted rape by unfamiliar street men. Chaltu, Sorreti, and Mekdes shared their experiences of attempted rape as a result of sleeping in the open spaces. Mekdes narrated:

My friend and I were waiting for sex customers on the street for long hours.

We spent the whole night on the street. We had no money to rent a sleeping

place. Some bed renters do not allow street girls to spend the night at their house unless we pay money in advance. Therefore, we could not go and sleep there. It was very cold. Then, a group of street men approached me and asked me to go with them. It was around 8 or 9 local time in the evening.

The cycle of facing repetitive attempted rape continued as long as ‘*ged yelelachew setoch*’ slept on the street. The children managed to take a few hours’ nap during the day at local bars paying a small amount of money to do so. However, they were forced to be on the street during the night when they lacked money.

Springs where the child beggars washed their clothes and bathed were identified as another physical context that aggravated risk of rape by intoxicated street men. Incidents of rape at the springs generally occurred during the day. Street men consumed drugs at the springs to avoid being visible to the police and community members. Because the springs are located far from the main road, the children could not call for support from community members and passersby to avert the risk of sexual abuse. Meron illuminated the situation as follows:

There is a spring, which is located in *Piassa*. It is scary. Street men often go to the spring in order to consume drugs. Any girl who goes there to wash her body and clothes will not leave the place without being raped. Those street girls who rent sleeping places borrow washing utensils and water from bed renters in order to wash clothes and bodies so they are not exposed to rape in this area. However, girls (beggars) who wash their clothes and take bath at the spring face rape.

**Risks associated with the social environment.** The risks of sexual abuse posed by the children’s social environment are mainly associated with the structures of their social network and the nature of the relationships among social network members. Because the day-

to-day activities of female street children such as begging, eating, playing, and sleeping are performed in groups, they often are not alone. Yet, despite not sleeping alone on the street, the participants reported that sleeping in a group with other members of their social network did not ensure that they were safe from rape by unfamiliar street men. They explained that their social networks were weak in terms of the structures and nature of relationships among members, which increased the children's risk of sexual abuse in many ways.

The size and gender dynamics of social network members were identified to be structural factors associated with the children's risk of rape. Those who belonged to dyads or triads of female street children and older street women were prone to experiencing rape while sleeping on the street. Members often failed to protect the targeted children out of fear of physical violence by the perpetrators. For example, Helina faced rape while she was sleeping with an older woman who did nothing to protect her other than cry. In addition, members would fail to protect each other when a group of perpetrators targeted all of them for rape. Kidist reported that she and her friend were raped by a group of perpetrators while sleeping next to each other in plastic shelters.

Unlike those in dyads or triads, members of larger social networks protected each other by displaying violence toward the perpetrators and screaming for help from passersby. In particular, those who belonged to social networks composed of street leaders received a lot of protection. However, the large size of the social networks did not guarantee the protection of members unless there were reciprocal and peaceful relationships. Reciprocity dictated that the children needed to engage in sexual partnerships with street men in order to receive their support. Peaceful relationships encouraged support, but, when they became conflictual, members did not get any support from others in the group.

In rare cases, rape was committed as 'an instrument of revenge'. The participants identified two contexts in which rape was used in this way. First, members would do nothing

to protect the targeted child if they did not have a good relationship with her. Meron, for example, believed that her friends took revenge on her by doing nothing to protect her from rape because she had fought with them over money. Second, street men perpetrated rape and served as accomplices in rapes as a means of taking revenge for a rejected sexual partnership proposal. Mekdes, for instance, claimed that a street man took revenge on her for refusing to become his sexual partner. She explained that the rape was an intentional on the part of the perpetrator rather than being motivated by intoxication. She narrated:

They all raped and left me there (place of the abuse). When I woke up in the morning, I saw many street men gathered on the street. He (the accomplice) was also in the group. They all laughed at me... He (the accomplice) used to follow me wherever I go and propose to me to be his girlfriend but I was not interested. He told me that he raped me as a revenge for refusing to be his girlfriend. I knew that similar cases (incidents of rape) happened to other girls.

Moreover, membership in social networks composed of negative role models indirectly increased the chances of the children being sexually abused. For example, sex workers were seen as negative role models for child beggars, street vendors, and bed renters. They persuaded the children who employed these other survival strategies to engage in sex work by providing information about its financial benefit. The participants said that a significant number of children changed their means of survival to sex work because of peer pressure and were subsequently subjected to repetitive instances of attempted or completed rape. Unfortunately, although it was common for children to change their survival strategy to sex work, it was uncommon for them to change from sex work to begging or street vending. Chaltu, who was a bed renter, described that she had no prior sexual experience until the time older sex workers persuaded her to engage in sex work.

### 4.3.3. Sexual Abuse Perpetrated by Sex Customers

Compared to other survival strategies, sex work increased children's risks of experiencing various forms of sexual abuse by different perpetrators. Child sex workers, more often than child beggars, shared their stories of repetitive sexual abuse. In addition to risks of forced sexual partnerships with familiar street men and rape by unfamiliar street men, the child sex workers faced different types of sexual abuse by sex customers. The sex customers belonged to different socioeconomic and cultural backgrounds including married men, merchants, the policemen, teachers, and other professionals.

The child sex workers distinguished among various sexual activities, some of which were considered '*normal*' and some '*abnormal*' in the street subculture. '*Normal*' sexual activity typically involved vaginal sex with a condom with a single sex customer and was recognized as work rather than as sexual abuse. In contrast, '*abnormal*' sex (lit. sexual activities that are considered inappropriate and socially taboo such as oral, anal, and group sex, which usually occur without a condom) was regarded as sexual abuse. Unprotected vaginal sex is a common type of sexual abuse experienced by child sex workers. All of the child sex workers were forced to engage in unprotected vaginal sex at least once. In addition, Miheret, Genet, Mekdes, and Sorreti were forced to engage in unprotected oral or anal sexual activities by a single perpetrator, whereas Chaltu reported group rape.

Perpetrators employed a combination of persuasive and forceful strategies to perform unwanted sexual activities with the child sex workers. The persuasive strategies mainly included providing false information and promising money and gifts, whereas the forceful strategies took the form of threats and physical abuse. The perpetrators commonly utilized persuasive strategies to abuse child sex workers who were new to the street, younger in age, and without prior sexual experience. Because these children lacked knowledge about the risks associated with unprotected sex, they did not define their sexual experiences as sexual abuse

until a later time when they received information about the health risk of unprotected sex from members of their social networks. Miheret, Genet, Mekdes, and Chaltu shared their unique experiences of being deceived when they were new to the street.

Providing false information involved three specific deception strategies. The first and most common form entails the sex customer showing an invalid certificate that indicated his HIV negative status. In addition, some sex customers deceived the children by pretending they were suffering from mild skin allergies even if there were observable signs of sexually transmitted infections on their genitals. Mekdes was subjected to face unprotected sex with two sex customers who claimed to be HIV negative and suffering from skin allergies. She narrated:

Once, a sex customer showed me a piece of paper and requested me to read it. I told him that I could not read and write. Then, he told me that it is a medical report that states that he has no HIV. Another sex customer also made me engage in unprotected sex. When I saw he had the problem (STIs), he told me that it was '*mich*' (lit. mild skin allergy).

The second form of deception involved sex customers pretending to be at low risk of HIV because of their social status. There is a common misperception among sexually abused female street children that sex customers' social status - their being married, a father, or '*yebet lij*' (lit. a house boy, which is a metaphor used to describe sexual purity of a person) - means they are at low risk of sexually transmitted infections, including HIV. Sex customers, who claimed to be in monogamous marriages, asserted that they had adequate knowledge about and had been tested for HIV. Apart from showing invalid medical certificates, Mekdes's perpetrator persuaded her by claiming to be at low risk of HIV because he was in a monogamous marital relationship. She narrated:

Most of our (street girls) customers are married men. They wear wedding rings on their fingers. They also tell us that they have children. One of my sex customers told me that he has never had unprotected sex other than his wife. He told me that the only reason he visited a sex worker was to perform '*abnormal*' sex. He told me that if he wanted a '*normal*' sex, he would do it with his wife.

Similarly, Genet discussed her experience of unprotected sex with a sex customer who deceived her by promising to give her money and presents in exchange for unprotected vaginal and '*abnormal*' sex when she was new to the street. She said:

Some sex customers promise to give us much money if we have '*abnormal*' sex with them. There was a man who had a wife and children. He used to give me much money, bring me clothes, and buy me food. However, he insisted me to perform '*abnormal*' sex without condom. He also requested me to perform sexual activities I watched from the pornographic videos on his phone. It is the worst experience I have ever had.

In addition, sex customers who presented themselves as '*yebet lij*' acted as if they did not have prior sexual experience in order to engage child sex workers in unprotected sex. Miheret shared her experiences of unprotected sex with a sex customer who presented himself as a '*yebet lij*'. Miheret narrated:

I used to have unprotected sex with the '*yebet lij*'. We used condom in our first encounter. However, we stopped using condoms after sometime. I believed that he did not have any health problem. He did not have sexual experiences before he knew me. You know, there are also signs that help you identify that someone is HIV positive or negative. He was a gentleman and

wore decent clothes. Besides, he was not dating and having sexual affair with any one else other than me.

The third strategy involved promising the children marriage and a better life in exchange for unprotected sex. This is commonly employed to abuse new child sex workers who have no prior sexual experience. ‘Selling virginity’ is a common practice in the street subculture. Female street children who have not had sexual experiences are pressured to sell their virginity to sex customers in exchange for a relatively large amount of money. In exchange for incentives, older sex workers at times served as brokers linking virgin children with men who exposed them to unprotected sex. Chaltu said that sex workers persuaded her to engage in sex work and sell her virginity to a sex customer. As a result, she was tricked into having unprotected sex when her sex customer told her that he would marry her. She narrated:

The girls took me to *Piassa*. They told me that they know someone who offers me much money in exchange for sex. Then, the person gave them money. He told me that he would marry me since I was ‘*clean*’ (lit. a virgin girl in the street subculture). Then, he had sex with me without condom. He gave me 700 Birr. I think he gave me much amount of money because I was virgin.

Unlike new child sex workers who were deceived easily by sex customers, experienced child sex workers were well informed by members of their social networks and organizations working with street children about the health risks associated with unprotected sexual activities. After working and living few months on the street, the child sex workers learned to negotiate with sex customers on the specific type of sexual activity they would like to perform, most frequently ‘*normal*’ sex, prior to going to a hotel room. However, some perpetrators persuaded, deceived, or forced the children to engage in unprotected vaginal and ‘*abnormal*’ sex once the children were under their control.

In such circumstances, the perpetrators utilized distinct deceptive strategies such as hiding, wearing out, or ‘tearing’ condoms during sex. Genet faced attempted sexual abuse by a sex customer who hid the condoms she bought and took to the hotel room. Similarly, Mekdes said she had been exposed to unprotected sex when her sex customer wore out the condom during sex. Miheret, Feven, and Chaltu shared their experiences of condom breakage.

The participants, who experienced condom breakage, perceived that the sex customers intentionally wore out condoms and brought condoms that were not functional and pretended they tore by accident. They thought that sex customers who were infected with HIV by their sexual affairs with sex workers intentionally tried to take revenge against all child sex workers for their infections. However, it is difficult to take-for-grant such perspectives of the participants and conclude that all instances of unprotected sex happened because of sex customers’ intentional desires to take revenge on child sex workers; rather, the unprotected sex might have been due to the perpetrators’ intoxication or lack of knowledge about how to correctly utilize condoms.

Persuasive and deceptive strategies were usually followed by the utilization of forceful strategies (i.e., threats and physical and emotional abuse). Forceful strategies included pointing knives and blades, slapping the child sex worker’s face, beating, using insulting words, and cutting different parts of the children’s body. Miheret reported experiencing sexual abuse (i.e. unprotected vaginal sex and ‘*abnormal*’ sex (i.e. oral) by sex customers who employed forceful strategies. She described:

There are also men who beat us harshly when we refuse to have sex with them without condom. There are men who point knives and other sharp materials in order to force us to engage in ‘*abnormal*’ and unprotected sex. In most instances, there is nothing we could do to protect ourselves.

We are afraid to seek for help through screaming, but rather agree to do it (unwanted sexual activity) with them. Once, one of my customers cut my thigh by blade when I refused to perform '*abnormal*' sex.

**Perceived risks aggravating the likelihood of sexual abuse by sex customers.** I explored the participants' perspectives regarding risks that exposed them to various forms of sexual abuse by sex customers. The participants attached different meanings to explain risks that exposed them to sexual abuse. The participants' construction of meanings was mainly influenced by their understandings of the perpetrators' characteristics and time and physical contexts in which the incidents of sexual abuse occurred. In addition, the information that the participants received from their social network members about risks of sexual abuse influenced the way they attached meanings to their own story of sexual abuse. Some street girls collectively defined risk factors of sexual abuse by disclosing their stories of sexual abuse and hearing from the perspectives of members of social network.

Individual and contextual (i.e., physical, temporal, and seasonal/ cultural contexts) risks exposed child sex workers to various forms of sexual abuse. The major individual level risks included the perpetrators' characteristics such as alcohol and drug consumption, lack of interest in using condoms, being young, and suffering from psychological problems. Because child sex workers search for sex customers walking the streets near hotels and bars, their chances of encountering intoxicated sex customers is very high. All of the child sex workers who faced unprotected and '*abnormal*' sex perceived that alcohol and drugs influenced their perpetrators' sexual aggression. They also suggested that younger sex customers were more sexually aggressive and tended to use forceful strategies when they were under the influence of alcohol or drugs. In contrast, intoxicated older men tended to use more persuasive strategies and the risk of sexual abuse was more likely averted if the children utilized protection strategies.

In addition, the perpetrators' psychological problems were perceived to be another individual-level risks of sexual abuse. The participants attached various names to their perpetrators, such as 'animals', 'inhumane' 'hopeless', 'lazy', 'careless', and 'avengers' to describe their psychological problems. Two major psychological explanations were identified to describe the sexual aggressions of sex customers: the drive for revenge and the risk of a sexual disorder.

In the first case, sexual abuse was explained as perpetrators' expression of anger and hostility toward child sex workers. The participants thought that sex customers who became HIV infected by having sex with sex workers were likely to take revenge on all child sex workers. When they were asked how they knew it was the bad intentions of the perpetrators, Miheret and Mekdes described encounters they had with intoxicated perpetrators who openly disclosed their HIV positive status and claimed they acquired the virus from sex workers. The two participants further explained that any sex customer who brought an invalid medical report as a means of engaging child sex workers in unprotected sexual abuse was HIV positive. Mekdes described:

Lately, I have understood that sex customers who are HIV positive bring invalid medical reports and pretend as if they are free from HIV. These men are hopeless and do not care about the health of street girls. No one risk his life having sexual affair with sex workers unless he is HIV positive. I also encountered an intoxicated man who told me that he had the virus because of a street girl.

The risk of a sexual disorder was perceived to be a psychological problem of the perpetrators, which led them to perform '*abnormal*' sexual activities. The participants specifically stressed their experiences of sexual abuse in which the sex customers physically

abused them as a means of sexual gratification. Miheret said that these perpetrators were possessed by evil spirits and were socialized wrongly. She asserted:

Our behaviors are different like our skin colors and postures. Some people feel happy when they do odd things. Some sex customers beat us after having sex. I think these men had had bad sexual experiences... They are possessed by some kinds of spirits, which make them to do something inappropriate.

Furthermore, the participants identified certain characteristics of child sex workers, such as being new to sex work and being a rural migrant, as risks that increased the likelihood of being sexually abused. The participants suggested that children with these characteristics lacked protection skills to avert incidents of attempted sexual abuse. All of the participants reflected that they faced repetitive attempted or completed sexual abuse when they were new to the street and that their current exposure to sexual abuse was much less because they had gained knowledge and skills to avert the incidents.

Apart from these individual-level characteristics, the participants also described the influences of physical, temporal, and seasonal/ cultural contexts on their exposure to sexual abuse. Regarding the physical context, taking a ride to far and unfamiliar places with sex customers was seen as putting child sex workers at high risk of facing sexual abuse, mainly group rape. Chaltu claimed that she was exposed to group rape when she went with her sex customer to a very faraway place where she could not seek support from hotel managers or waitresses. She described:

Once, someone approached me on the street of *Piassa* and took me to a very far place. He was alone. I did not know they (sex customers) planned to rape me in groups. When I entered in the room, there was another man sitting on the bed. They smacked me on my face severely, held me tightly, and

threatened me not to scream. Then, they raped me without condom. They (perpetrators) do this (group rape) to us (street girls) when they took us to very far places.

The participants conceptualized the context of time and its relationship with the risk of sexual abuse in four ways. First was the length of time the child sex workers spent with sex customers. There are two types of sex work based on the time spent with sex customers: '*adar*' (lit. overnight) and '*gizeyawi*' (lit. short time). The participants perceived the risk of sexual abuse to be high in the context of '*adar*', as compared to '*gizeyawi*', because the chance of encountering intoxicated sex customers who employed forceful strategies was high in the late night. Further, they did not get any support from bar managers and waitresses who were no longer available when the children screamed for help.

Second was the frequency of engagement in sex work. The frequency of engagement in sex work varied considerably across participants. Some children practiced sex work regularly with different sex customers, whereas others practiced it occasionally with familiar sex customers, and still others practiced rarely with familiar sex customers. A category of child sex workers, who practiced sex work with several sex customers on a regular basis, were at high risk of encountering sexually abusive sex customers over a course of time. For example, Miheret and Mekdes shared their stories of repetitive attempted and completed sexual abuse, which stands in sharp contrast to the reports of the other participants who practiced sex work occasionally or rarely.

Third was the length of time the children spent in sex work. In this study, participants practiced sex work for a minimum of two weeks and a maximum of two years. Meron, who recovered from sex work, believed that she did not face sexual abuse by sex customers because she practiced sex work for two weeks. In contrast, with the exception of Feven, all of

the others shared their unique stories of attempted and completed sexual abuse that occurred during the time they practiced sex work.

Finally, the risk of sexual abuse was said to vary by season depending on the perpetrators' religious beliefs and traditional practices. The participants identified two seasons based on religious beliefs and traditional practices: fasting versus non-fasting seasons and holidays versus other days. The participants suggested that child sex workers rarely practiced sex work during the fasting seasons of the Orthodox and Islamic religions because sex customers who were followers of these religions refrain from committing sinful activities in general and suppressed their desires for food, alcohol, and sex in particular. In contrast, the child sex workers regularly practiced sex work during non-fasting seasons, which increased their risk of encountering several intoxicated and sexually abusive sex customers.

In addition, religious holidays, especially New Year and '*Meskel*' (lit. the finding of the true cross), were identified as seasons when a significant number of sex customers returned to their villages, thus reducing the demand for sex work. Therefore, the risk of encountering sexually abusive sex customers was considered to be minimal during those times. During those periods, the child sex workers practiced sex work rarely. Instead, they engaged in additional survival strategies to meet their basic needs. Most often they turned to shoplifting, stealing from roommates and sex customers, and seeking support from members of their social networks and from aid organizations.

#### **4.4. The Experiences of Risks Subsequent to Sexual Abuse**

This section presents the findings regarding the participants' descriptions of their experiences of risks resulting from sexual abuse. It is broadly divided into three subsections based on the superordinate themes that emerged from the data. These three superordinate themes included physical, psychological, and social risks of sexual abuse. In the first subsection, types of physical risks are described in detail, including physical pain and

injuries, sexually transmitted infections, and unwanted pregnancy and its associated challenges of bearing and rearing children on the street and abortion. In the second subsection, major psychological risks are discussed, such as self-blame, feelings of low self-worth, reliving trauma, suicidal thoughts, and relationship problems. Finally, the social risks, specifically included, the experiences of stigma and discrimination among the participants. Some of these risks were shared by the participants in common, whereas others were unique to either child beggars or child sex workers. The study further showed the relationships among various physical, psychological, and social risks. The following table summarizes the major types of physical, psychological, and social risks. Each of the risk is discussed in more detail in the subsections that follow.

Table 3. The Major Physical, Psychological, and Social Risks of Sexual Abuse

Types of risks	Participants									
	Mih.	Gen.	Fev.	Chal	Mer	Mek	Sorreti	Helina	<u>Kidist.</u>	Senait.
Pain and Injuries	X	X	-	X	X	X	X	-	X	-
STIs	X	-	-	X	X	X	X	-	X	-
Abortion	X	-	-	-	-	-	-	-	-	-
Childbirth	-	-	-	-	-	-	-	X	X	X
Self-blame	X	X	-	X	X	X	X	-	X	X
Low self-worth	-	X	-	-	-	X	X	X	-	-
Fear and worries (mainly HIV)	X	X	X	-	-	X	-	-	-	-
Flashback	X	X	-	X	X	X	-	X	X	-
Substance use	X	-	-	-	X	X	X	-	-	-
Relationship problems	-	X	-	-	X	X	-	-	-	-
Suicidal thoughts	-	-	-	-	-	X	-	-	-	-
Stigma	X	X	X	X	X	X	X	-	-	X
Discrimination	X	X	X	X	X	X	-	-	-	-

#### 4.4.1. The Physical Risks of Sexual Abuse

I identified various forms of short - and long - term risks of sexual abuse on the physical wellbeing of the survivors. The immediate and short-term physical risks mainly included physical pain and injuries, sexually transmitted infections, and abortions. Long-term physical risks primarily included risks associated with child bearing and rearing children while living on the street.

**Physical pain and injuries.** The participants experienced physical pain and injuries as a result of their forced consumption of substances and sustained injuries occur as a result of being physically abused. Some perpetrators puffed ‘*ganja*’ into the survivors’ mouth or noses and forced them to consume large amounts of glue in order to sexually abuse them. Consequently, the survivors faced severe headaches and blackouts. Similarly, some perpetrators committed physical abuse, which resulted in mild to severe injuries to different parts of the survivors’ bodies. Genet, Chaltu, Mekdes, Sorreti, and Kidist faced minor pains such as the inability to move their hands and legs and headaches, which lasted for a short time, whereas Miheret and Meron reported physical injuries that left scars on different parts of their bodies. Miheret narrated:

I was beaten severely several times for trying to escape from sex customers. Physical abuse is a common experience among street girls. My friend lost almost all of her front teeth when she tried to escape from a sex customer. I had also serious head injury because one of the customers threw a brick on my head when I attempted to escape from him. Another customer also tore my body by blade when I tried to protect myself when he requested for an oral sex.

Similarly, Meron had scars on different parts of her body as a result of repetitive physical abuse by street men. In the interview session, she took off her T-shirt and showed me the severity of the scars. She explained the perpetrators who were intoxicated and street leaders were the most physically violent. She said:

Once, a street man tore my hand by knife.... There were also a group of street men... Let me show you the scar! This is how we (street girls) live on the street! They did this to me with knife when I refused to go with them. This is what they do if some one refuses to have sex with them. They do not have manners. I still feel the pain when I hold my hand on the scars tightly. He did this to me when I said no. Everyone fears him. He will have sex with any street girl if he wants.

**Sexually transmitted infections (STIs).** Since sexual abuse was mainly committed by perpetrators who were not using condoms, the survivors were at high risk of STIs, including HIV. Considering the fact that child sex workers faced repetitive forms of sexual abuse, their risks, compared to those child beggars, were high of contracting STIs, or even repeatedly contracting such infections. In addition, their recovery from STIs took a long time due to repetitive sexual abuse and lack of immediate medical treatments. Six of the participants - Miheret, Mekdes, Meron, Chaltu, Sorreti, and Kidist - reported having had STIs. Miheret said:

I had STIs. After suffering from the problem for more than two weeks, I went to a government owned health station, which provides free medical treatment. However, I did not recover from the problem quickly and fully. I recovered little for few days but I re-experienced the problem again. Then, I went to a private clinic to seek for medical treatment again. I think I did not recover from the infection because I did not stop practicing sex work until I finish taking my medicines.

None of the participants reported being HIV positive. All of the child sex workers claimed they had been tested for HIV and found to be negative; the child beggars, in contrast, said they did not know their status. Although none claimed to be HIV positive, it is very difficult to conclude that the survivors were at low risk of HIV for two major reasons. First, it is possible that the survivors had the virus but were reluctant to disclose their status due to fears of stigma and discrimination. For example, Miheret and Mekdes skipped questions and diverted the focus of the interview to psychosocial problems of child sex workers who had the virus when I asked them about their experiences of voluntary counseling and testing. Second, their assertions that they were HIV negative may not have been accurate, as they did not regularly attend voluntary counseling and testing.

**Risks of unwanted pregnancy.** Unwanted pregnancy was a result of forced sexual partnerships with street men, rape by passersby, and unprotected sex with sex customers. Miheret, Helina, Kidist, and Senait had become pregnant. Miheret's pregnancy was the result of unprotected sex with a sex customer. Kidist and Helina had become pregnant as a result of rape by passersby. Senait became pregnant because of unprotected sex with her sexual partner. All of them had had only one pregnancy.

The participants lacked knowledge about contraceptives. Some survivors never utilized any contraceptives, whereas others used contraceptives irregularly. For example, Kidist and Senait have never utilized any form of contraceptive. Consequently, they became pregnant soon after their initiation to sex. Similarly, Miheret and Helina got pregnant because they did not consistently utilize contraceptives.

Several factors appeared to hinder the effective utilization of contraceptives. First, the survivors lacked knowledge about the correct way to utilize the contraceptives for them to be effective. Miheret and Genet who primarily utilized emergency pills following unprotected sex were prone to having an unwanted pregnancy because of incorrect medication usage. The

common type of emergency pills utilized by the survivors is a Levonorgestrel tablet, which consists two tablets to be taken within 72 hours following unprotected sex. The two pills are to be taken 12 hours apart. However, the survivors reported that they took the pills within 8 to 10 hours of each other.

Second, there was a common misperception among survivors that a single injection of Depo Provera contraceptive prevents pregnancy for an extended period of time. However, it actually was effective for only three months. Because of their misperception, survivors failed to visit health centers in order to take the contraceptive on time. Miheret, for example, claimed that she thought the single injection would be effective in preventing pregnancy for more than three months. Consequently, she became pregnant.

Third, inability to read, forgetting the dates of medical appointments, and losing appointment cards were identified as additional factors hindering the effective utilization of contraceptives. Despite attending primary level education, most female street children could not read and write. Hence, they could not check their appointment cards in order to utilize the contraceptives regularly. Helina and Mekdes did not read and write despite completing their educations up to grades 3 and 4, respectively. In addition, the participants lost their appointment cards when they moved from one place to another.

Fourth, there was a common misperception among the survivors that some types of contraceptives have serious negative side effects on health. For example, Genet said she refrained from utilizing Depo Provera and Implants (Implanon/Jadelle/Norplants, a contraceptive that prevents pregnancy for one or more years) because she was informed by members of her social networks that it caused infertility and physical illnesses.

Unwanted pregnancies may result in childbirth or induced abortion. Out of the four participants who had become pregnant, Helina, Kidist, and Senait delivered babies, whereas Miheret had an abortion. The survivors' decisions either to deliver babies or to have an

induced abortion were influenced by various factors. The major factors included the survivors' knowledge of and access to family planning services, working conditions, and financial capacity.

Lack of knowledge about reproductive health and utilization of family planning services also influenced the survivors' decisions to deliver give birth. There were circumstances when the participants were unaware of their pregnancies until they exceeded the first trimester. As a result, they could not considered to terminate the pregnancies due to health complications. Helina, Kidist, and Senait did not become aware of their pregnancies until after three months.

Because sex work is considered a social taboo in most Ethiopian cultures, children born to sex workers are subjected to stigma and discrimination in their communities. They are labeled '*dikala*' (lit. an illegitimate child who is not socialized properly by both parents). Similarly, the mothers face stigma and discrimination for their engagement in multiple sexual affairs in general and their decision to deliver and raise fatherless babies in particular. Therefore, child sex workers may elect to terminate their pregnancies through induced abortion as a means of averting the anticipated stigma and discrimination.

In addition, the survivors' financial capacity influenced their decision either to deliver babies or terminate pregnancies. Abortion is illegal in the country and government-owned health institutions follow strict rules in order to provide the service to the survivors. Abortion is mainly conducted if the pregnancy is legally confirmed to be the result of rape or incest and medically confirmed to hold severe health complications for the pregnant woman or girl. Therefore, the survivors needed to visit private clinics, which charged high fees for conducting abortions illegally. Child sex workers could afford to pay for an abortion because they earned relatively more money than the child beggars. Miheret had enough money to pay for her abortion. However, survivors who lacked money end up giving birth to babies.

Helina, for example, said she would have terminated the pregnancy if she had been aware of the pregnancy and the service sooner and had had enough money to pay for an abortion.

***Induced abortion.*** Regardless of legal and medical restrictions on abortion, my discussions with the participants suggest that a significant number of sexually abused children terminate pregnancies through abortion. All of the participants claimed that they knew several sex workers and child beggars who aborted pregnancies. A common method of abortion is to drink traditional medicines prepared from a mixture of leaves and water. These medicines can be bought from traditional healers, mainly elderly women, for a small amount of money. A second method involves consuming a mixture of soft drinks, especially Coca Cola with an overdose of ampicillin tablets. Ampicillin tablets can be purchased at nearby pharmacies without a medical prescription. However, these two methods of abortion can result in health complications, including gynecological problems. A third method of abortion involves procedures performed under professional medical supervision in private clinics.

The survivors' preference of abortion method was influenced by their financial capacity and trimester of the pregnancy. Because private clinics charged the children a lot of money and followed strict rules regarding the trimester of the pregnancy in order to perform abortions, the survivors often terminated their pregnancies through traditional methods or by drinking soft drinks mixed with ampicillin, methods that required relatively little money. Survivors who could afford the cost and whose pregnancies did not exceed three months terminated their pregnancies under medical supervision. Miheret terminated her pregnancy in the 10<sup>th</sup> week at a private clinic in order to avert the stigma and discrimination that her child and she anticipated she and her child would face. She described:

I was very stressed when I was pregnant. I did not want to abort it. However, I thought of the life that my child would have for having a poor and a sex worker mother. People label children born out of wedlock and sex work as '*dikala*'.

Predicting life that my child will have in the future because of having a sex worker mother, I decided to abort the pregnancy. It is not going to be easy for my child to live in this community peacefully. People also insult me for my inappropriate sexual behavior and my decision to deliver the baby.

***Risks related to pregnancy and mothering on the street.*** Unplanned pregnancy held interrelated physical, psychological, and social risks for the survivors. This section describes the major physical risks, primarily lack of basic needs and health problems that the survivors faced during their pregnancies and after the birth of their children. The psychological and social risks associated with unwanted pregnancy are discussed in the subsequent subsections.

Helina, Kidist, and Senait, who delivered babies, identified different health complications faced during their pregnancies. They reported having had respiratory infections at least once due to prolonged sleeping in plastic shelters. Helina described how it felt like to be pregnant and spend her pregnancy on the street. She narrated:

Being pregnant while living on the street was a very difficult experience. I was begging and sleeping in plastic shelters. I used to change my sleeping places frequently in search of a better place to reside. However, all places were uncomfortable for a pregnant girl. I was very sick many times. I had cough, fever, fatigue, and discomfort.

The participants also identified substance use as a common health problem during pregnancy. Kidist and Senait consumed glue in order to cope with cold weather conditions while sleeping on the street. Dependence on glue resulted in sleeplessness, severe headaches, and fatigue. Kidist talked about her health risks associated with consuming glue, reporting:

I was sniffing glue when I was pregnant. I had to consume glue in order to cope with the cold weather condition. I could not stop consuming it until the time I secured a sleeping place. I remember

the sleepless nights I spent on the street. We do not sleep when we consume glue. I also used to face severe headache and fatigue following the consumption of the glue.

In addition, the participants did not have enough to eat and lacked healthy foods when they did eat. Since they were eating '*bulle*', a contaminated food collected from restaurants, they faced intestinal infections. They also skipped meals to save money so as to pay for sleeping places. Kidist and Senait who moved from plastic shelters to rental sleeping places, indicated that they skipped either their lunches or dinners in order to save money. Senait said:

I did not always get enough money for my food and sleeping places through begging. Therefore, I used to skip meals when I get little money. It was better to sleep in an empty stomach rather than spending the money on food.

Despite suffering from interrelated health risks, the participants rarely visited health centers to seek medical treatments. Because the participants lacked information about the availability and accessibility of health centers, they sought medical treatment throughout the full term of the pregnancies only two times. The first was when they faced severe morning sickness and the second was when they delivered their babies. Senait, for example, had not visited a health center until the end of her first trimester despite suffering from severe morning sickness. She stated:

I had been suffering from severe headache, vomiting, cold, poor appetite, and fatigue for long time. However, I had not visited the health center (government-owned health post) until I was four months pregnant... I was not aware that the health center provides free medical service for street children at that time.

The cycle of exposure to various risks persisted after the survivors delivered their babies. During the data collection period, Kidist and Senait had three months old infants and Helina had a toddler of one year and three months. These three survivors shared their common experiences of risks associated with child bearing and child rearing practices on the street. The common risks included lack of basic needs, begging long hours, lack of social support, and health problems.

The participants raised the issue of '*aras bet*' (lit. the time interval starting from the date of childbirth to the christening ceremony) to compare the living conditions of sheltered mothers to those of street girls who deliver babies on the street. In the Ethiopian Orthodox religious tradition, mothers are required to stay in the house until the christening ceremony when baby boys and girls are baptized on the 40<sup>th</sup> and 80<sup>th</sup> days following their birth, respectively. '*Aras bet*' is characterized as a time when mothers establish emotional attachment with their newborn babies, rest, and consume a variety of traditional foods, mainly porridge and soup, to recover from health complications associated with child birth. There is a commonly shared belief that mothers who go out of the home before the christening ceremony will be possessed by evil spirits. Therefore, they stay at home for a prolonged period caring for their babies and themselves. During these times, they receive various forms of social supports such as prayers, financial provisions, food, and help with domestic chores from family members, friends, neighbors, and others in their social networks.

However, the experience of '*aras bet*' was absent among street girls. The participants perceived that it is a privilege exclusively given to sheltered mothers who give birth to babies rather than to street girls. The participants said that they had to engage in begging in the first week following childbirth in order to meet their basic needs. However, they could not even get enough food despite begging for many hours. Helina described:

My daughter and I need to stay on the street for long hours moving from place to place until we get enough money to buy food and secure sleeping place. I am not alone now. I need more money in order to buy milk and other food items for my child and myself. At times, I skip either lunch or dinner in order to save the money and pay for my sleeping place.

Moreover, not only were they at risk of negative health consequences, but so too were their babies, who were reported to have had common colds, skin allergies, and diarrhea. For example, Senait, who reported that her child had had skin allergies, provided a religious explanation as the cause of the problem. She perceived that an evil spirit might have possessed her daughter. Such a mythical explanation of illness had a negative influence on her health-seeking behavior. She did not visit a health center to seek for medical treatment. As a result, the recovery took a long time. She narrated:

My baby had been suffering from skin allergies. Some people told me that she was sick because of ‘*buda*’ (lit. a person possessed by evil spirit and transmits the spirit to the baby when he/she makes eye contact). I was stressed. At times, I cried a lot and wondered why bad things happened to me.

#### **4.4.2. The Psychological Risks of Sexual Abuse**

I explored different types of psychological risks among the survivors of sexual abuse. The major risks included self-blame, low self-worth, reliving trauma (e.g., fears, worries, and flashbacks), use of substances, suicidal thoughts, and relationship problems. In the following subsections I describe these psychological risks, the contexts in which each type of risk was experienced, and the factors that influenced the severity of the risks across the participants.

**Self-blame.** Self-blame involves taking personal responsibility and feeling guilt and shame for the incident of sexual abuse and its associated risks. Survivors who were living in favorable condition with their families blamed themselves, whereas those who had left home because of family violence, neglect, and early marriage tended to blame their parents and guardians for their current unfavorable living condition. Genet, Sorreti, and Kidist, who joined the street because of peer pressure, perceived that they were sexually abused because of the wrong decision they made to join the street. Blaming oneself can result in recalling the painful experiences of the abuse and self-destructive behaviors such as no longer caring for oneself and abandoning ones child. Genet thought that she was sexually abused because of the wrong decision she had made to leave home and practice sex work. She shared how such attribution of blame affected her psychological well-being negatively. She narrated:

I cried a lot when I walked on the street in order to search for sex customers. I blamed myself for the wrong decision I made to come to Addis Ababa. My father did not allow me to leave home. I felt that I ended up having bad life because I disappointed my father. If I had listened to his advise and chose to stay there (the village), I would not have faced all these problems (sexual abuse and its related negative consequences).

In addition, those who became pregnant blamed themselves for making wrong decisions about how they dealt with their unwanted pregnancies. Miheret and Senait said that they had made the wrong decisions to terminate pregnancy through induced abortion and deliver a baby, respectively. Senait blamed herself for delivering her baby given the difficulties she faced with life on the street. As a result, she attempted to abandon her child. She described:

I blamed myself for coming here and living such kind of life. I felt that I should not have given birth to her (her child). It is not easy to raise a child on

the street. I do not get enough money even for myself let alone raising my daughter. At times, I felt hopeless when I lacked support from her father and from the community in general. Consequently, I thought of abandoning her. Once, I went to the police station and asked them (the police officers) if there is anyone who is interested to adopt her.

Similarly, Miheret, who terminated her pregnancy, blamed herself for committing a sinful act. Miheret's religious background had an influence on how she reacted. She grew up attending Sunday school in the church, being taught to fear God and to obey the commandments, where abortion is seen as equivalent to killing a person. Consequently, she considered herself a sinner and felt guilty after she aborted the pregnancy. She equated the act of abortion with killing a person to show the seriousness of the problem. She said: "I felt stressed after I had aborted the pregnancy. I committed a sin! I felt like I killed my baby. It was the biggest sin I committed in my entire life".

Relationship factors also could create and trigger a sense of self-blame among the survivors. The social networks that the survivors formed both with children of the *Merkato* community, who were under supervision of families and guardians, and with street girls served as sources of self-blame in three ways. First, the child sex workers faced stigma and discrimination because of their engagement in sex work. They were considered to be negative role models for other children and were labeled '*shermuta*' (lit. a prostitute) and '*duriye*' (lit. someone who is engaged in antisocial activities mainly addiction and theft). They were forced to dissolve their relationships with the sheltered children. As a result, they started attributing blame to themselves for joining the street and for the sexual abuse. Meron who had previously attributed blame to her parents for joining the street and to perpetrators and social network members for the sexual abuse, began to blame herself after she experienced stigma and discrimination.

Second, the survivors developed a sense of self-blame when they compared themselves with the school children of the *Merkato* community. Their encounters with school children on the street led them to feel guilty for dropping out of the school and facing street-related risks including sexual abuse. They perceived that they would not have faced sexual abuse if they had not dropped out of the school and joined the street. Recalling the sexual abuse, Sorreti blamed herself when she met schoolchildren on the street. She described,

I blamed myself for leaving home and joining the street. I swear to Marry, I often cry when I see students going to school. If I were at home, I would not face all these problems. I do not wish for any child to live on the street. I thought I would have better life when I decided to leave home. However, I faced many problems while living on the street. It is better to be with a family regardless of any problem any child would face.

Similarly, Chaltu, who was admitted to a school as a means of recovering from sex work, developed self-blame when comparing herself with the other children. She recalled her experiences of sex work and sexual abuse while interacting with her classmates and attending class sessions. She also developed a fear of facing social stigma and discrimination by her classmates. Consequently, she dropped out of school. Chaltu stated:

I used to attend my education in the morning and practice '*business*' in the evening. However, I could not attend it properly. I used to think of the bad things happened to me every time I was in the class. I blamed myself for engaging in '*business*'. I used to tell to myself ...what kind of girl was I? ..... 'How on earth a student engages in '*business*'? I did not even listen attentively while they (teachers) were teaching. When the teachers asked me questions, I did not know and answer any. Besides, I used to fear that I

would be embarrassed if someone were aware of what I was doing for a living. Consequently, I decided to drop out of the school to avoid such feelings. (Self-blame, discomfort, fear of stigma and discrimination).

Third, disclosure of sexual abuse resulted in the feeling of self-blame among child sex workers. Mekdes and Sorreti reported that child beggars blamed them for their engagement in sex work as a way of explaining the risk of sexual abuse. Faced with such blame, the survivors accepted personal responsibility for their sexual victimization rather than blaming the perpetrators. My interview with other participants who were engaged in begging also confirmed the child sex workers claim. The child beggars frequently responded that the child sex workers had asked for sexual abuse by taking the risk of having sexual affairs with several sex customers. However, they attributed the blame to their perpetrators and identified lack of safe sleeping place for their exposure to sexual abuse.

**Low self-worth.** Low self-worth as a result of sexual abuse involves negative feelings about oneself, such as loss of dignity; feelings of being unwanted, inferior to others, or being a sexual object; loss of confidence; and a sense of impurity. These feelings results from attribution of blame to oneself for the sexual abuse as well as for the rejection and emotional abuse by perpetrators; the religious and cultural backgrounds of the survivors can contribute to them blaming themselves. Survivors who attributed blame to themselves for the sexual abuse reported low self-worth, which lasted a long time. Alternatively, those survivors who blamed the perpetrators for the sexual abuse did not report feelings of low self-worth.

Rejection by perpetrators was linked with the feeling of low self-worth among survivors of forced sexual partnership. Although the street men were usually the perpetrators of sexual abuse, the survivors acknowledged the positive roles the street men played in providing them emotional comfort and meeting their basic needs in times of needs. The survivors developed feelings of being unwanted and sexual objects when their sexual partners left them for other

street girls and stopped providing social support to them. Mekdes shared her story of rejection by a street man and how it affected her negatively as follows:

They (street men) provide emotional support when life becomes hard on the street. They promise us that they won't leave us alone on the street but they betray us for another girl later. They even talk about the next girl whom they want for sexual partnership in our presence. It really feels bad. You can imagine how it feels like when a man leaves you for another girl after he had sex with you! I felt like I was an object who was created to satisfy their sexual desire. Isn't it too difficult to have this kind of life? I felt bad when he left me for other girl after he spoiled my life. They (sexual partners) should have supported us (street girls) because we face all these problems because of them.

In addition, emotional abuse by perpetrators created a sense of low self-worth among survivors. Perpetrators usually used gender-stereotyping languages such as '*shermuta*' (lit. a prostitute) and '*borko*' (lit. someone who is dirty) when they abused the survivors sexually. All of the child sex workers shared experiences of emotional abuse by sex customers. Some perpetrators, mainly street men, publicly shared information about the sexual abuse with members of their social networks and blamed the survivors, as if they asked for and liked it. As a result, the survivors experienced feelings of inferiority, unimportance, embarrassment, and/ or loss of dignity. Mekdes narrated:

They all raped me and left me there (the place where the abuse happened) alone. When I woke up in the morning, I saw several street men gathered in front of the house. All of them laughed at me when they saw me leaving from the place. I felt embarrassed! They all thought as if I wanted it (group rape). I felt dirty.

Moreover, the religious and cultural backgrounds of the survivors had a significant influence on how they ascribed meanings to their experience of sexual abuse. In a traditional society like Ethiopia, virginity is considered a sign of sexual purity and dignity, whereas sex before marriage is considered a sinful activity. Not surprisingly, the survivors regarded themselves as impure, sinful, and without dignity as a result of the sexual abuse. Consequently, they disconnected themselves from religious institutions. All of the participants responded that they had regularly attended church services before they joined the street. However, they rarely attended church services following their exposure to sexual abuse because they felt they did not deserve to be at a holy place. Genet narrated:

Losing virginity felt like losing ones dignity! I used to recall the bad things I did with sex customers and the street man who raped me whenever I went to the church. Finally, I stopped going to the church. I felt that I was not righteous enough to go to the church.

Survivors who developed low self-worth were involved in risky sexual behaviors. Mekdes and Helina began to intentionally engage in multiple sexual partnerships with street men subsequent to their experiences of sexual abuse. They reported that they did nothing to protect themselves from re-experiencing sexual abuse. Helina, for example, felt hopeless and considered herself to be a sexual object. As a result, she made less effort to avert the risk of sexual partnership with a street man. She described:

I used to take a good care of myself and run away from men when I was virgin. I lost my dignity because of rape! Since then, I stopped fearing the street men. I became a different person. I accepted that it is normal to have multiple sexual partners as long as I live on the street. I lost hope that no place was safe for me to live on the street. I also consented to sexual partnership proposal without having any affection for a man.

The participants also talked about the experiences of other sex workers who used sex as a mechanism to take revenge. According to the participants, sex workers who were HIV positive intentionally engaged in multiple sexual partnerships with street men as well as unprotected sex with sex customers as ways of taking revenge for their sexual abuse experiences and HIV infections. Mekdes, for example, said that her late friend took revenge upon street men and sex customers by engaging in unprotected sex after finding out she was HIV positive.

**Reliving trauma.** Reliving trauma involved fear of being infected by HIV, recalling the painful incident of the sexual abuse, loss of sleep, and nightmares following exposure to sexual abuse. These risks varied considerably among the survivors depending on the nature of their relationships with the perpetrators, the number of perpetrators involved, the frequency of the sexual abuse.

The child sex workers developed a fear of HIV infection following their exposure to sexual abuse. The extent of the fear varied depending on the frequency of the sexual abuse, the nature of the survivors' relationships with the perpetrators, and their knowledge of HIV. Because child sex workers were likely to regularly encounter sexually abusive sex customers, they were more likely than child beggars to develop a fear of HIV infection. Mekdes who reported repeated incidents of unprotected sex narrated her worries as follows:

The first thing that comes to my mind whenever I face unprotected sex with sex customers is HIV. I feared that I might have had HIV several times. At times, I felt that I already had the disease and became hopeless.

However, if the survivors developed trust or maintained a long-lasting relationship with the perpetrators, they did not fear HIV infection. Some perpetrators deceptively gained the survivors' trust by providing false information about their health status in order to abuse them sexually. In these situations, the survivors did not fear becoming HIV infected. For instance,

Miheret did not become anxious and fearful as a result of her exposure to unprotected sex with 'yebet lij' because she believed that he was not HIV positive.

Similarly, the survivors did not develop a fear of being infected by HIV as a result of forced sexual partnerships. There is a widely shared misconception among the survivors that street men are at low risk of HIV despite their engagement in multiple sexual partnerships. This perception of low HIV risk was due to the fact that street men mostly targeted newcomers who were not sexually d before joining the street. All of the participants claimed that their sexual partners did not have HIV, although they did not attend voluntary counseling and testing.

In addition, the survivors' knowledge of HIV transmission influenced their perceptions of their health status. Survivors who had information about the modes of HIV transmission were more likely to fear being infected by the virus soon after exposure to sexual abuse. Those who lacked awareness about the virus, on the other hand, were less likely develop a fear of HIV infection. Genet, Mekdes, and Chaltu did not fear being HIV infected until they disclosed their experiences of sexual abuse to members of their social networks.

Furthermore, recalling painful incident of sexual abuse, loss of sleep, and nightmares were commonly reported by the survivors who faced rape by unfamiliar street men and sex customers, compared to those experienced forced sexual partnership. Genet, Meron, Kidist, Helina, and Mekdes suffered from recalling the painful experience of the trauma of being raped by street men they did not know. Similarly, Chaltu reported the risk as a result of group rape by sex customers.

The number of perpetrators involved in the sexual abuse was also linked with traumatic experiences. Meron, Chaltu and Mekdes, who all reported being group raped, recalled that they recalled the painful experiences of the trauma frequently. In contrast, Genet, Kidist, and

Helina, who each had been raped by a single perpetrator, did not report frequently reliving the trauma of the rape.

The trauma was not a one-time experience, but rather occurred over time. It could be triggered by seeing the perpetrators in other settings, being sexually abused again, seeing scars on bodies, meeting men who shared common behaviors with the perpetrators, and having conflicts with social network members. Because the primary perpetrators of sexual abuse are the street men of the *Merkato*, the chance of the survivors meeting them again is high. Genet and Meron indicated they experienced flashbacks of their sexual abuse when they met their perpetrators on the street.

The trauma became severe when the survivors faced subsequent instances of attempted or completed sexual abuse by the same or different perpetrators. Genet faced the risk of attempted forced sexual partnership by the perpetrator who raped her when she was new to the street, whereas Meron was forced to become a sexual partner to two different street men. The survivors shared their unique experiences of the trauma caused by repetitive sexual abuse. Meron narrated:

There was a street man who had a scar on his neck. My ex-boyfriend left me for him. Imagine how it feels like when a man leaves you for another girl after he had sex with you? Isn't it difficult to have this kind of life? I recall what they did to me and feel bad whenever I see them (perpetrators) talking and laughing together. They do not even care about what they did to me.

Exposure to emotional and physical abuse in conjunction with the sexual abuse exacerbated the risk of trauma among the survivors. The survivors recalled the trauma repeatedly when the perpetrators were physically and emotionally abusive. Genet kept reliving the incident of rape by a street man who beat, threatened, and tied her. Similarly,

Meron and Miheret responded that they recalled the painful incidents of sexual abuse whenever they saw the scars on their bodies.

The survivors also indicated that meeting men who shared common characteristics with the perpetrators and facing sexual partnership proposal triggered the flashbacks of their painful memory. Genet shared her experience of flashback when she interacted with street men and sex customers who displayed aggressive behaviors and proposed sexual partnerships. She narrated:

I used to cry recalling what the man (her first perpetrator) did to me whenever street men proposed to me to become their girlfriend. I felt like I was born to satisfy their sexual need only. I used to recall the incident whenever someone talks to me loudly and yell at me like he did. I also had nightmares and spent sleepless nights.

Moreover, stigma by members of their social networks could result in flashbacks to the trauma. When conflicts arose, social network who either witnessed or were informed about the sexual abuse could become emotionally abusive toward the survivors, calling them insulting names (i.e., *'borko'*). Consequently, the survivors recalled their painful experience of the trauma. Meron described:

There was a cruel girl in our group. We used to sleep together on the street. She still reminds me of the incident of group rape whenever we fight over something. She says, 'hey you! Do you remember what the street men did to you in the plastic shelter?' She tells me that I am *'borko'*. I always remember everything the men did to me and feel stressed whenever she says that to me. I feel crying!

**Substance use.** Some survivors consumed alcohol and/or drugs and/or smoked cigarettes in order to cope with the psychosocial risks associated with sexual abuse. To cope with

rejection by the perpetrators, feelings of fears, and experiences of stigma and discrimination, Miheret and Sorreti consumed '*khat*' and beer, whereas Meron and Mekdes consumed '*ganja*'. They responded that the use of alcohol and drugs negatively affected their physical health and relationships with people. Because they spent so much of their money buying drugs and alcohol, they could not afford to secure their basic needs. They said that they stopped taking care of their personal hygiene as a result of their substance use. Mekdes began smoking cigarettes and consuming '*ganja*' following her group rape. She narrated,

I was at high risk of addiction soon after I faced group rape. I started smoking cigarettes, '*ganja*' and sniffing '*shisha*' (lit. a stimulant drug). I felt depressed when the street man left me for another girl after he spoiled my life. He should have supported me financially and emotionally since I faced all the problems because of him. I had to consume the drug in order to forget these stressful situations.

**Relationship problems.** Anger, mistrust, dissolution of social networks, and fear of establishing a stable sexual partnership in the future negatively impacted survivors' abilities to form and sustain relationships. Anger and mistrust were common reactions of participants who lacked social support from the perpetrators of forced sexual partnerships. Mekdes developed anger and mistrust towards street men when her perpetrator dissolved the sexual partnership and stopped supporting her financially and emotionally in her time of needs. Similarly, the participants showed anger and mistrust towards members of their social networks who did not protect them from the sexual abuse and who stigmatized and discriminated against them in its wake. For example, Meron, who did not receive any support when she faced group rape in the presence of her friends, became angry with and mistrustful of the street girls and dissolved her social network. Similarly, Mekdes, who faced stigma and discrimination as a result of disclosing her experience of group rape to her friend, developed

relationship problems. During the period I conducted my study, neither Meron nor Mekdes had any intimate friends among the street girls to whom they disclosed their sexual abuse experiences. Mekdes narrated:

I used to disclose everything to my friends. From now on wards, I will not disclose about my sexual experiences to any girl. I would rather deal it by myself no matter how serious the problem might be. I do not have close relationship with street girls now. I do not trust them anymore. I would rather disclose about my experiences of sexual abuse to the street men than street girls.

Moreover, the participants who were engaged in sex work expected that they would face trust issues, lack of freedom, emotional abuse, lack of support, stigma, and discrimination in their relationships with others in the future. For example, they anticipated marital problems because of their past histories of sex work and sexual abuse. They used the metaphor '*prison*' to describe the lack of freedom to socialize with people and the emotional abuse they expected their husbands to impose because of their histories. They further suggested that relationship problems might lead them to rejoin the street. Feven shared the stories of street girls who faced trust issues, lack of freedom, and emotional abuse in their marriages and how such information led her to fear she, too, would have marital problems in the future. She said:

Some men propose to us for marriages promising that they would give us better life. However, street girls who practice sex work do not want to get married. I do not think that we will have stable marriages. We think that marriage is like a prison. Street girls who are divorced share us about their marital problems. They were not allowed to leave the house and meet friends because their husbands suspected them of cheating. They also faced emotional abuse for having history of sex work. Therefore, most street girls

do not have interest in marriage. We will not have any place to go if we fight with our husbands. We do not have parents or relatives who can be there for us to resolve conflicts and support us in times of our needs. The only option we will have is to join the street again.

**Suicidal thoughts.** Suicidal thoughts resulted from experiencing group rape and its associated prolonged psychosocial risks, such as fear of being infected by HIV, self-blame, low self-worth, flashbacks, stigma, and discrimination. Mekdes thought of committing suicide after she experienced group rape. She said she did not know how to handle the many negative thoughts and feelings she was experiencing, a situation made worse by a lack of support from her social network. Consequently, she contemplated suicide as a means of avoiding the traumatic experience. She narrated:

I thought of committing suicide when a group of street men raped me. It was really a painful experience. A friend of mine whom I trusted very much told her friends that I was raped. They used to stare at me whenever they saw me on the street and in our sleeping place. I felt sad and lonely whenever I saw their facial expressions. They insulted me saying that I am '*borko*' when we fought.

Moreover, living in an environment where suicide was not uncommon had an influence on survivors' decisions to consider it. In the interview sessions, the participants shared stories of survivors, who committed suicide as a result of their exposure to various health and psychosocial risks associated with HIV infection. They responded that they also would commit suicide if they found out they were HIV positive. Considering the fact that the survivors were engaged in risky sexual behaviors, including sex work and multiple sexual partnerships, it is quite possible that they will become HIV positive at some future point and will face the same dismal fate if interventions are made available to them. Miheret, for

example, shared the story of her friend who committed suicide and how that act would be a common response of other survivors if they were infected by the virus. She described:

My friend was only 15 years old when she had HIV. She used to practice '*business*'. She had been sick for long time but we found about it late. We had been supporting her when she was sick and finally, she was informed that she had HIV. Then, she committed suicide. I think most street girls will have the same fate if they are found to be HIV positive.

#### **4.4.3. The Social Risks of Sexual Abuse: Stigma and Discrimination**

I explored the participants' experiences of social risks, mainly stigma and discrimination in their relationships with various groups of individuals such as street girls, street men, bed renters, the police, and passersby. The participants described various forms of stigma and discrimination and the contexts in which they faced those behaviors. Stigma took the form of blaming the survivors for joining the street and name-calling for their engagement in activities such as substance use and sex work. Some of the major labels given to the survivors included '*duriye*' (lit. someone who has no manner) and '*shelle*' or '*shermuta*' (lit. a prostitute).

Participants who were originally from the city and were engaged in begging had a high chance of meeting people they knew on the street, including family members, neighbors, and friends. Meron described how her neighbors stigmatized her when they saw her begging and sniffing glue on the street. On several occasions, she was blamed and abused emotionally by using offensive words for joining the street and for engaging in activities considered antisocial. Stigma, in turn, negatively affected Meron's psychological well-being. Meron narrated:

Our house is not far from this neighborhood. Everyone in the community blamed me for leaving home whenever they saw me begging on the street. They also saw me at inappropriate places such as under bridges and in plastic shelters while consuming drugs and glue. They called me '*duriye*'. They did not give me money. They said, go to hell! You are on the street because of your own problems! This feels bad.

Unlike child beggars, child sex workers were at low risk of being stigmatized by passersby because they were less visible on the street during the day. However, they faced severe forms of stigma and discrimination in their day-to-day relationships with peers, street men, bed renters, and policemen. They were labeled '*shermuta*', '*shelle*', and '*borko*' to describe their engagement in multiple sexual affairs and rape experiences.

All of the child sex workers shared experiences of stigma or discrimination. Policemen were identified as the major perpetrators of stigma and discrimination. They abused the survivors emotionally, using insulting words whenever they saw them searching for sex customers on the street late at night.

In addition, policemen discriminated against the survivors in many other ways. First, they physically abused the child sex workers for walking on the street late at night. The participants said that child sex workers were more likely than child beggars and street men to face repetitive physical abuse by policemen. Feven was a good example of child sex worker who was hit by a car while attempting to escape a policeman who was chasing her in order to beat her.

Second, the police did not render support when cases of sexual abuse were reported. Instead, they blamed the survivors for their decision to join the street and practice sex work. Meron said she reported the repetitive sexual abuse by a street man to the police. However, she did not receive any support from them in order to avert the risk of re-experiencing the

sexual abuse. Instead, the policemen blamed her for joining the street, sniffing glue, and being on the street late at night and attributed her victimizations to these factors. She described:

The police do not do anything to help us. They (the police) blame us for being on the street. Since they see us sniffing glue and going here and there on the street, they think that we left home because of our behavioral problems. They think that we asked for sex. Therefore, we do not report the incident of rape thinking that we do not get any support. I reported once when the street man forced me to become his girlfriend. I showed them the wound on my hand. However, they did nothing to the man even after they saw the wound on my hand.

Similarly, Miheret reported the forced sexual partnership perpetrated by her bed renter's son to the police. The police advised her to settle the problem with her perpetrator and also blamed her for practicing sex work. She was told that sex was what she did for a living and it did not matter whether or not she had given consent. As a result, she was subjected to repetitive sexual abuse by the same perpetrator for a long time. She narrated:

They (police) advise us (street girls) to settle the problem by ourselves rather than accusing the perpetrators legally. They even abuse us emotionally calling us '*Shermuta*'. You know what, the man (the bed renter's son), is physically attractive, well dressed, and regarded as disciplined in the area. No one would believe me if I told them (the police) that he raped me. Instead, they blame me for accusing him of the abuse. If the man denied that he did not do anything to me, who would believe me? 'Do you think they would believe him or me?' For sure, they would blame me for saying that.

The third form of discrimination by the police involved lack of support in the face of financial exploitations by street men and sex customers. Despite practicing sex work regularly, the child sex workers frequently lacked money to meet their basic needs due to their financial exploitation by street men and sex customers. They were required to provide money regularly to their sexual partners and some male members of the *Merkato* community. In addition, some sex customers refused to pay them for sexual encounter. In order to cope with their financial exploitations, the children stole money and belongings from their sex customers. However, theft put the children at high risk of additional financial exploitation if the sex customers reported the case to the police.

The sex customers would intentionally increase the amount of money stolen as a means of taking revenge against the child sex workers. In such circumstances, the policemen punished the child sex workers for false accusations of theft. Consequently, the child sex workers were forced to pay many times over the actual amount of money taken, or even what they could make through practicing sex work as frequently as possible. Genet narrated:

He (a sex customer) brought the policeman to the place where I was standing on the street. He told him (the policeman) that I stole his money and mobile phone. The police asked me to return back his phone and money. But that day, I didn't steal his phone and the amount of money he claimed to be stolen. It was much fewer than that. I told them to pay back the money some other time since I did not have any. Since then, they kept coming to my sleeping place almost every day. I realized that the man would not allow me to work if I did not pay him soon. Therefore, I had to meet sex customers as many times as possible to pay the money back.

Bed renters were also identified as being among the primary perpetrators of stigma and discrimination against child sex workers. They insulted and warned child sex workers not to form social relationships with their children. When Meron was practicing sex work for two weeks, she lost all of her friends due to prolonged emotional abuse, warnings, and intimidation by members of the *Merkato* community. She described:

Once, someone warned my friend not to go with me because I was a sex worker. She (her friend's parent) also kept warning me while we (Meron and her friend) were walking together on the street. It feels bad when someone insults you publicly. I lost all of my friends because I was a sex worker.

In addition, some bed renters did not rent sleeping places to some child sex workers, suspecting them of being thieves, addicts, and bad role models for their children. Even those bed renters who rented sleeping places to child sex workers did not allow them to spend the night in their houses unless they paid in advance on a daily basis. As a result, when the survivors lacked money they were forced to sleep on the street and faced the risk of sexual abuse. As it was described earlier, Chaltu and Mekdes were forced to sleep in the open space when they lacked money to pay for sleeping places and as a result faced attempted sexual abuse. In addition to their own experience, the participants also talked about the experiences of street girls who had left the area and started sleeping on the street due to prolonged stigma and discrimination by different bed renters.

Moreover, the bed renters did very little to protect child sex workers from sexual abuse committed by male members of the community. The child sex workers believed that they did not receive support because of their engagement in sex work and their status as outsiders. The bed renters thought of child sex workers as sexual objects who were paid to satisfy men's sexual desire. Hence, they normalized any sexual activity committed without the consent of

the survivors, rather than protecting them from the perpetrators. In addition, child sex workers were labeled *mete* (lit. someone who migrated from another town or village) in the community. Therefore, they were not treated the same as other female members of the community and did not receive the support they needed in the face of the sexual abuse. Miheret faced repetitive sexual abuse by two male members of the community although she reported the case to her bed renter. She narrated:

He (the perpetrator) was born and has been living in this area but I am '*mete*'. There is nothing they (renters) can do for us. They (renters) only care for girls who were born and raised in this area. They blame us for practicing sex work and tell us that we deserve the abuse. I told her (the bed renter) that her son abused me sexually. She asked me whether I am telling the truth or lying. I told her that it was true. But she told me that her son does not do something bad like that. Since he is her son, she trusts him than me.

When ill, child sex workers experienced severe forms of stigma and discriminations by bed renters. According to the child sex workers, "every type of illness that child sex workers face is perceived as AIDS". The bed renters called the child sex workers '*beshetegna*' (lit. someone who suffers from diseases) and '*edsam*' (lit. someone who suffer from AIDS) when they had fights. Rather than supporting the survivors when they had problems, the bed renters forced them to leave their houses because they feared transmission of the HIV virus.

Fear of facing stigma and discrimination by bed renters because of illness is linked with the risk of repeated sexual abuse. Survivors who had a history of health problems tolerated repetitive sexual abuse perpetrated by bed renters' sons for the sake of averting the risk of being stigmatized and discriminated by other bed renters. Miheret who had anemia as well as

repeated STI tolerated the sexual abuse committed by her bed renter's son because she had a positive relationship with the bed renter. She believed that she would have faced severe forms of stigma and discrimination by other bed renters if she changed her sleeping place in order to avert the sexual abuse. She narrated:

I had to tolerate the abuse in order to survive. If I left the place because of her son, other renters would have not supported me when I had been sick. I had no any money to pay for the sleeping place and medication. I have seen the problems my friends faced by bed renters. They (bed renters) think that we are HIV positive if we get sick of any disease since we are engaged in sex work. Consequently, they force us to leave their sleeping places and rent it to another person. Even if the societies' attitude towards people living with HIV is changing now, I think they still discriminate child sex workers in various ways. They do not help us if we are sick.

Street girls and street men also stigmatized and discriminated against survivors who faced group rape or suffered from STIs. The survivors were labeled '*borko*' and '*edsam*' and were excluded from the major social activities such as eating, playing, and sleeping in groups. Such experiences of stigma and discrimination usually occurred when members of the social networks were having fights. As a result of being group raped, Meron and Mekdes were labeled '*borko*' and '*edsam*' and dissolved their social networks.

Moreover, bearing and raising children born as a result of sexual abuse is a source of stigma and discrimination. The children are labeled '*dikala*' (lit. an illegitimate child who is not socialized properly by both parents) in the street subculture. Similarly, in their day-to-day interactions with various groups of individuals in their communities, mothers are blamed for their sexual behavior and for their decisions to give birth.

The perpetrators also abuse the survivors emotionally using insulting words such as ‘*shelle*’ or ‘*shermuta*’ when they suspect that the survivors are engaged in multiple sexual affairs. Senait was emotionally abused by the perpetrator her sexual abuse and was stigmatized by street men despite the fact that she had not had sexual relations with anyone other than her sexual partner. She narrated:

The street men talked that I might have had this child because of rape. My boyfriend was imprisoned soon after I got pregnant. He is still in prison. I visited him to tell him about my pregnancy but he insulted me thinking that I had the baby from other men. I also took my child with me another time. He did not care about us at all. I think the street men might have told him that I had the child from another person.

#### **4.5. Summary of Major Findings about Experiences of Risks among Sexually Abused Female Street Children**

The finding revealed that all female street children were at high risk of facing sexual abuse while working and living on the street. Each participant had a unique story of both attempted and completed sexual abuse. The types of sexual abuse that the children experienced were broadly categorized into two based on the characteristics of the perpetrators and survivors: sexual abuse perpetrated by street men and sexual abuse perpetrated by sex customers. The first category of sexual abuse specifically included forced sexual partnerships with familiar street men and rape by unfamiliar street men who belonged to different streets. The second category of sexual abuse included unprotected vaginal sex and ‘abnormal’ sex (i.e. oral or anal sex and group rape), which were exclusively committed by sex customers against child sex workers.

Various risks exposed female street children to sexual abuse. They were broadly categorized into individual-level and environmental/contextual-level risks. The individual-

level risks included the perpetrators' and survivors' characteristics, which increased sexual aggression and the likelihood of being sexually abused. The perpetrators' characteristics mainly included being street leaders, sex brokers, young, and intoxicated. In addition, the survivors' characteristics mainly included being new to the street, being a sex worker, and consuming substances.

The environmental/contextual risks mainly included the physical, social, and time contexts, which aggravated the incidents of sexual abuse to occur. The physical risks included the bus station, unsafe sleeping conditions, the springs where child beggars washed their clothes and took bath, and unfamiliar places where child sex workers practiced sex work. Risks associated with the social environment mainly included the street subculture that normalized and tolerated sexual abuse. The tolerance and normalization of sexual abuse in the street subculture was manifested in four ways. First, there was a shared belief among street children that sexual partnership was a strategy of protection from harms related to street living, rather than sexual abuse. Hence, street children played insignificant support to protect the survivors from sexual abuse.

Second, there were circumstances rape was taken as 'instrument of revenge' against children in the street subculture. Street men perpetrated rape and served as accomplice in rapes against female street children for failed sexual partnership proposals. In addition, members of social networks did not protect survivors from rape by unfamiliar street men in times of conflicts.

Third, survivors' membership to social networks composed of negative role models increased their risk to sexual abuse. Child sex workers were seen as negative role models to beggars, street vendors, and bed renters in influencing their decisions to take sex work as a survival strategy, which in turn increased survivors' risk to different types of sexual abuse. In exchange for financial incentives, the child sex workers also served as sex work brokers in

linking the survivors to sexually abusive sex customers. Fourth and finally, the engagement of street men in sex work industry was another indicator of the street subculture that tolerated and normalized sexual abuse of female street children. Sex work brokers linked child sex workers to sexually abusive sex customers, perpetrated rape, and served as accomplice in rapes committed by unfamiliar street men.

The context of time was also linked with incidents of sexual abuse. Child sex workers more likely faced sexual abuse in the contexts of spending the night with sex customers, practicing sex work regularly, and non-fasting seasons. In contrast, child beggars did not describe any time contexts that either increased or reduced their likelihood of being sexually abused.

Sexual abuse held negative consequences on the physical, psychological, and social well-being of the survivors. The major risks included physical pain and injuries, STIs, abortion, childbirth and its related challenges, self-blame, low self-worth, fears and worries, flashbacks, substance use, relationship problems, suicidal thoughts, stigma, and discrimination. Each survivor reported a minimum of three and a maximum of ten risks, for negative consequences of sexual abuse.

The comparative analysis of the survivors' accounts showed that the types, the number of incidents, risk factors, and negative consequences of sexual abuse varied across the survivors. Compared to child beggars, child sex workers more likely reported different forms of sexual abuse: forced sexual partnerships, rape by unfamiliar street men, and unprotected vaginal and 'abnormal' sex with different sex customers. They regarded sexual abuse as a 'predictable experience' that could occur at anytime. They reported repeated incidents of attempted and completed types of sexual abuse in the contexts of rental sleeping places, searching for sex customers on the street, sleeping in open spaces, and meeting sexually abusive sex customers.

In addition, not all survivors experienced negative consequences of sexual abuse similarly. Child beggars more often experienced physical risks; challenges mainly associated with pregnancy and motherhood on the street, but reported less psychosocial risks. In contrast, child sex workers experienced more psychosocial risks compared to challenges related to pregnancy. The finding further showed that some survivors persistently experienced interrelated physical and psychosocial risks over a course of time, whereas others showed recovery from the risks at some point of time and developed positive sense of well-being.

In order to explain why and how the survivors differently responded to risks associated with sexual abuse, I explored the experiences of resilience among sexually abused female street children. The survivors' accounts showed that street working and living would have exposed them to more repeated incidents of sexual abuse and its associated negative consequences than what were reported, if they had not utilized protection and coping strategies. In the next chapter, I present the findings about the experiences of survivors who lowered and averted risks of re-victimizations as well as coped with the negative consequences of sexual abuse. I specifically present the survivors' personal strategies, the roles of their social networks, and the availability and accessibility of environmental or community resources to the survivors in protecting them from incidents of sexual abuse and overcoming the physical, psychological, and social risks associated with sexual abuse.

## CHAPTER FIVE

### Findings about the Experiences of Resilience among Sexually Abused Female Street Children

#### 5.1. Introduction

In this chapter, I provide comprehensive descriptions of the experiences of resilience among sexually abused female street children. The chapter addresses **Research question 4:** How do female street children lower and avert the risk of being sexually abused?, **Research question 5:** How do female street children cope with risks for negative consequences of sexual abuse?, and **Research question 6:** How do female street children ascribe meanings to the efficacy of the risk aversion and coping strategies they use in the face of sexual abuse and these strategies' impacts on enhancing their well-being?

I provide two broad definitions of resilience in the face of sexual abuse. One definition of resilience refers to the capacities of survivors and the available environmental resources (i.e. social networks and community resources) to protect the survivors from the risk of sexual abuse. Three superordinate themes were identified from the data 1) personal strategies of the survivors to deal with risks that expose them to sexual abuse, 2) the positive influences of social networks in protecting the survivors from sexual abuse, and 3) the roles of community resources, mainly drop-in-centers and safe homes in protecting the survivors from sexual abuse. A second definition of resilience refers to the personal capacities of the survivors and the available environmental resources in helping them cope with physical and psychosocial risks subsequently faced because of sexual abuse.

Survivors' risk reduction and avoidance strategies vary considerably depending on the types of sexual abuse. Each survivor utilized distinct strategies in order to reduce or avert sexual abuse perpetrated by familiar street men, unfamiliar street men, and sex customers. However, not all survivors were effective to avert the risk of re-experiencing sexual abuse. Some survivors effectively avoided re-experiencing sexual abuse, whereas others reported

repeated instances of sexual abuse. Hence, resilient survivors were those who effectively averted instances of sexual abuse.

Similarly, the survivors utilized different types of coping strategies to deal with physical and psychosocial risks. Some survivors relied on their personal resources in order to cope with those risks, whereas others utilized both personal and environmental resources, such as social support from social networks and community resources. In this case, resilient survivors were those who effectively coped with physical and psychosocial risks for negative consequences of sexual abuse.

In each subtheme, I offer the survivors' perspectives on the efficacy of each protection and coping strategy in overcoming risks associated with sexual abuse. I also offer a conceptual map that shows the effectiveness and ineffectiveness of the protection and coping strategies.

## **5.2. Utilization of Personal Risk Reduction and Aversion Strategies**

The survivors utilized distinct protection strategies in order to reduce and avert different types of sexual abuse. The first category of protection strategies were utilized to reduce and avert anticipated and attempted sexual abuse committed by familiar and unfamiliar street men, whereas the second category of protection strategies were utilized to reduce and avert anticipated and attempted risks of sexual abuse in the context of practicing sex work.

### **5.2.1. Strategies to Reduce and Avert Anticipated Risks of Sexual Abuse by Street men**

The survivors described their abilities to anticipate risks that expose them to sexual abuse and planning ahead to avert sexual abuse before it occurred. The survivors who successfully averted re-victimization of sexual abuse by familiar and unfamiliar street men shared their distinct protection strategies. The protection strategies mainly included securing 'safe' sleeping places, resistance to sex work and engagement in socially acceptable survival

strategy, avoiding the consumption of substances, and engagement in sexual partnerships with street men. The efficacy of the protection strategies varied considerably across survivors. A certain protection strategy was effective for some survivors and ineffective for others.

Table 4. List of risk reduction and avoidance strategies in the face of anticipated sexual abuse committed by street men

Specific strategies	Participants
Securing safe sleeping place	All
Engagement in socially acceptable work	Kidist, Helina, Senait, Meron, & Genet
Engagement in sexual partnerships	Miheret, Genet, Feven, Mekdes, Kidist, & Senait
Avoiding the consumption of substances	Kidist, Helina, Senait, Genet, Meron, & Chaltu

**Securing ‘safe ’ sleeping places.** As discussed in chapter four, unsafe sleeping condition was found to be the major risk that exposed child beggars to sexual abuse by unfamiliar street men. To minimize the risk, child beggars chose ideal streets on which to construct plastic shelters and to avoid visibility to perpetrators. Unlike most street men who slept in open spaces, such as under bridges and on the verandahs of shops and bars, female street children constructed temporary plastic shelters around churches, mosques, and damaged buildings in order to reduce their visibility to perpetrators and receive protection from security guards and passersby.

Meron, Kidist, and Senait considered the aforementioned places to be relatively safer than other locations on the street where they were raped. They reported that they did not face rape by unfamiliar street men after they moved to such places. Meron said that she left the street of *Piassa* where she faced group rape while she was sleeping with a group of female

street children. She claimed that she did not face any incident of completed sexual abuse by street men after she moved to the new street. She described:

We used to sleep in a damaged building which is located around ‘*American gibi*’ (lit. compound of Americans) area. It looks like a ‘house’. It is like a hole and has a door too. Currently, it does not exist anymore. This place was relatively safe as compared to other streets like the bus station, shops, and banks. I would have faced sexual abuse repeatedly if I were living near to bus station and shops.

However, the strategy of changing location and securing new plastic shelters on the street was not effective in order to avert the risk of forced sexual partnerships. Despite changing streets, Meron was forced to become a sexual partner to four street men. She narrated:

We (street girls) often change our sleeping places due to conflict with street girls and fear of facing sexual abuse by the street men. However, we encounter new sexually abusive street men whenever we change the places. At times, we tolerate the abuse thinking that we would face the same problem regardless of changing the street.

Securing rental sleeping places was another strategy to avert the risk of sexual abuse by street men. The cost of the sleeping places ranged from a minimum of 20 Birr to a maximum of 60 Birr per night based on their quality. The amount of money the survivors earned on a daily basis determined their access to safe sleeping places. Because child sex workers earned relatively large amount of money, they could afford to pay regularly for rental sleeping place. Since joining the street, all of the child sex workers rented temporary sleeping places in the *Merkato* neighborhood, specifically in an area called ‘32’. Regardless of this, all of them

shared their unique stories of attempted or completed sexual abuse by street men in the context of their sleeping places and waiting for sex customers on the street late at night.

However, securing rental sleeping places is effective for child beggars in averting the risk of forced sexual partnerships and rape by unfamiliar street men. During the study period, the child beggars who previously slept in plastic shelters on the street of *Piassa* managed to move to *Merkato* neighborhood to secure sleeping places. The child beggars said they did not face any type of sexual abuse after they secured sleeping places.

Three major factors explained the reasons for minimal risk of child beggars to sexual abuse. First, street men in the *Merkato* neighborhood mostly targeted child sex workers for a forced sexual partnership for the sake of financial benefits. Because child beggars lacked money, the street men less likely approached and forced them to engage in sexual partnerships. Second, compared to the child sex workers, the child beggars did not stay long on the street late at night. Third, unlike child sex workers who rented rooms shared with street men and sexual partners, child beggars rented sleeping places that were exclusively shared with street girls.

**Resistance to sex work and engagement in socially acceptable survival strategies.**

Throughout the interview process, the child beggars acknowledged their capacities to resist sex work and engage in socially acceptable survival strategies in order to explain the reason that lessened their risks to sexual abuse. In contrast, child sex workers felt shame, blamed themselves, stigmatized, and discriminated for their engagement in sex work. They also recognized that sex work put them at high risk of facing sexual abuse by different perpetrators. In what follows, I present the success stories of participants who managed to avert the risk of sexual abuse through resisting sex work and engaging in socially acceptable survival strategies.

The child beggars shared their successful strategies of resisting sex work despite living in an environment where a large number of female street children and young women practiced sex work. Kidist responded that a sex worker who belonged to her social network advised her to engage in sex work. However, she rejected her advice and avoided having frequent contact with her. She recognized that sex work put her at high risk of sexual abuse and HIV. Unlike other survivors who were easily persuaded by social network members and engaged in sex work, Kidist advised child sex workers and child beggars about risks associated with sex work. She narrated:

Oh my God! I have never done that (sex work). I do not even wish for an enemy to be a sex worker! I do not want to have diseases. I don't even have close friends, who practice sex work. There was one girl in our group, who was a sex work. She told me that I would gain more money if I were a sex worker. I chose to avoid meeting her frequently after she said that to me. I advised her to quit sex work otherwise she would die of HIV. However, she did not quit it. Sex workers are not like us (child beggars). They are different group. They knew they are going to face sexual abuse when they decided to practice sex work, right? They followed the men to the bedrooms!

Similarly, Helina shared her story of resistance to sex work despite persuasion from male community members who promised to give her money in exchange for sex. She reported that sex work was a sinful activity, which would lead a girl to lose self-respect and acceptance from the community. Comparing herself to child sex workers, she considered herself as a girl with a strong religious life principle and self-respect. She described:

Most street girls follow men whenever they are shown money but I do not do that. Several men promised to give me money in exchange for sex but I have never consented to practice sex work since I joined the street. I have not even

thought about it for a second. It is a sinful activity. It is against my life principle. It causes you to lose your self-respect and acceptance from others. I always wanted to engage myself in good jobs (socially acceptable survival strategies) in order to improve my life.

The child beggars identified bed-renting job, street vending, and domestic work as socially acceptable survival strategies that increased their financial capacity to meet their basic needs and lessened their risks to sexual abuse. Some survivors engaged in a single survival strategy, whereas others engaged in two or more survival strategies at a time. They also changed their survival strategies over time in order to earn more money and reduce their risk of exposure to sexual abuse. In the following subsections, I present the survivors' perspectives on how engagement in each of these socially acceptable survival strategies helped them reduce and avert the risks of sexual abuse. In addition, I describe the major personal and structural challenges that the children encountered while doing the jobs.

***Bed-renting job.*** As previously mentioned in demographic background of participants, there were two types of contractual agreements, which were made between the employer and employee in bed renting job. In the first form of contractual agreement, the employee was provided with basic needs, including food, sleeping places, and clothing, in exchange for cleaning the house, washing bed sheets, and bringing customers to the sleeping places. The employer in these agreements was in charge of collecting the money from customers. In the second form of contractual agreement, the employee was required to take full responsibility for all aspects of renting the lodgings, including cleaning, searching for customers, washing bed sheets, and collecting money from customers. The employee in this agreement paid a predetermined amount of money to the owner on a daily basis. In return, the employee was provided with a sleeping place for herself and extra sleeping places whose rental income she

could keep. The employee could increase the cost of each sleeping place to get more profit from the job.

Child beggars and new comers engaged in the first form of contract since they lacked experience doing the job. Meron, who had been working and sleeping in plastic shelter on the street of *Piassa* for a year, engaged in the first form of contract when she moved to the *Merkato* neighborhood. She thought the bed-renting job helped her secure a safe sleeping place, food, and clothing in exchange for doing the job. She also reported avoiding sniffing glue, which she had consumed to cope with the cold weather condition on the street. Meron did not report any incident of rape by street men during the time she worked in bed-renting job. She described:

After some time, I met Lemlem on the street. She is engaged in bed-renting job. We (Meron and her friend) used to buy biscuits and tea from her. She asked me to start the job with her. She promised me she would give me food and a sleeping place if I work with her. Then, I decided to work with her because I wanted to be at a safe place where I do not face sexual abuse. She also brought my friend to do the job with me. We washed the bed sheets and blankets and cleaned the house too. We also walked on the street every night to search for customers who would rent the sleeping places. She (Lemlem) provided us with food, clothing, and sleeping place in exchange for our services. My life would have been worse if she had not brought me here. That is much better than sleeping on the street, isn't it?

Unlike child beggars and new comers, child sex workers who lived in the *Merkato* neighborhood for a long time, commonly engaged in the second form of contract as a means of recovering from sex work. Genet was the only child sex worker who was engaged in bed-renting job as a strategy of recovering from sex work and its associated risks of sexual abuse

by street men and sex customers. Unlike Meron, who was paid in-kind, Genet agreed to the second type of contract, which granted her to keep cash payments from renting the extra beds; she spent her bed-renting job income on meeting her basic needs. At the time of the study, she practiced sex work rarely and returned back to her sleeping place before it became late. She responded that the job helped her to reduce her risk exposure to sexually abusive street men and sex customers. She further reported that she managed to save some money that will help her to quit sex work in the near future. She illuminated:

I am engaged in a bed-renting job now. The owner (employer) has given me 14 beds to rent them and out of which, she has allowed me to take the money I would earn from renting the three beds. Besides, I increase the price when I rent each bed. The average price she has set for each bed is 40 Birr but I rent it in 50 or 60 Birr.

Despite its positive contributions, bed-renting job put the survivors at risk of labor exploitation, physical and emotional neglect, and financial exploitation. The survivors were required to spend much of their time cleaning the house, washing the blankets and bed sheets, and searching for customers by walking the street at night. Meron described her experiences of labor exploitation she faced while working the bed-renting job as follows:

You have no idea how tiresome and boring it was to wash the bed sheets and the blankets! I faced back pain as a result of washing them. The drunkards (customers) do not even put their shoes off when they sleep. They also vomit on the beds. They even put used condoms on the bed.

In addition, Meron reported experiencing physical and emotional neglect by her employer if she did not make enough money by renting the beds. She faced a lack of food, emotional abuse, and a lack of freedom to socialize with her friends. Consequently, Meron

decided to engage in sex work in order to avert those risks and make her own living. She narrated:

We (her friend and she) did not get customers regularly. During this time, she treated us badly. She blamed herself for bringing us to her place. She stopped providing us food. We could not live with her peacefully. She insulted me when she saw me talking to friends. Then, I decided to engage in sex work. I really hate to do that, but I did not have any other option to survive.

During the time of the study, Meron had decided to recover from sex work after two weeks. She started a new bed-renting job, which granted her cash payments under the second form of contract. She perceived that because of her second bed-renting job, she was at low risk of sexual abuse, compared to her previous situations.

Genet also added about the financial risks associated with the bed-renting job under the second form of contract. She reported that she was required to give a certain amount of money to her employer daily regardless of whether or not all the beds were rented. As a result, she was forced to withdraw some money from her savings to pay her employer. She further reported that she would also pay money to the employer if the blankets or the bed sheets were torn or stolen. However, despite the various financial risks associated with the job, Genet continued to be a bed-renter in order to recover from sex work and avert the risk of sexual abuse. She narrated:

It (bed-renting job) is a risky business. We do not get customers all the time. However, I am required to pay the total amount of money I agreed to pay her (employer) every day. Besides, I need to pay money if the street men (customers) steal and tear the bed sheets and the blankets. I know sex workers who quitted the job and started practicing sex work later because of lack of money but I do not quit.

*Street vending.* Street vending involves selling petty items such as vegetables, fruits, candies, sanitary products, and biscuits on the street. Kidist, Helina, and Senait engaged in this survival strategy. In order to obtain items to sell, they collected and sorted vegetables and fruits in the open markets. They were provided with leftover produce and a small amount of money in exchange for their labor. In addition, they sought financial support from community members in order to buy the petty items.

Kidist was successful in making a profit selling the petty items because she had experience doing this kind of work while living with her parents. She claimed that the job of selling fruits and vegetables increased her financial capacity and her acceptance in the community. She described:

I was working with merchants who sell vegetables and fruits around *Piassa*. My job was sorting out the spoiled vegetables such as potatoes, garlies, and onions. They used to give me 50 Birr and leftover vegetables whenever I do the job. It did not take me much time to accomplish the job. I used to sell the vegetables on the street and earned money. I was also working the job when I was living with my parents at *Shero Meda*. Therefore, I did not find it difficult. Selling vegetables was much better than begging in terms of gaining more money as well as to gain acceptance from the community.

After some time, Kidist stopped selling vegetables and fruits and started working '*jeblo*' or '*suk bederete*' (lit. shop on my chest), which is another form of street vending. She used to carry a collection of items such as biscuits, gum, sanitary napkins, and candies in a cardboard box on her chest and sell the items while walking the streets of *Piassa* and *Merkato*. She earned enough income to be able to secure a sleeping place and other basic necessities. She

regarded '*jeblo*' as more profitable than selling vegetables and fruits because the items lasted for a long time, whereas the vegetables and fruits were rotten in a few days.

Helina, after relying on begging for about two years, started selling petty items in order to move from sleeping in a plastic shelter to a rental-sleeping place. She reported that she never faced any form of attempted or completed sexual abuse since changing her survival strategy. She described:

I used to sell vegetables and fruits that the merchants gave me in exchange for collecting and sorting them out. I used to spend the money I earned by selling the items in order to secure my sleeping place. I also cooked the vegetables for food.

Although the survivors reported that street vending enhanced their financial capacity, they could not maintain their jobs for long. Kidist, Helina, and Senait identified strict legal rules and regulations about street vending that influenced their decisions to quit the job. They used the metaphor 'hide and seek' to describe their experiences of frequent warnings and pursuits by the police to get them to leave the street. At times, they lost the items they were selling on the street while running to escape the police and then return to their sleeping places without money. Consequently, they quit street vending and then turned to other survival strategies, which increased or lessened their income. Helina described:

I stopped selling the vegetables and the fruits because of the police. We (street girls) are not allowed to sell anything on the street. We often run when they (police) come to us. At times, I lost some pieces of the vegetables and the fruits on the street and return back to my sleeping place without earning any money. Since I carried my child on my back, I could not manage to escape with all of the vegetables. There were also

circumstances they (the police) took my vegetables and throw them under bridges.

Kidist and Senait started begging after they quit the street vending. In contrast, Helina engaged in domestic work soon after she quit street vending. She regarded herself as a hard worker and successful in terms of her good work habits and ability to avert the risk of sexual abuse, as compared to other survivors especially child sex workers.

***Engagement in domestic work.*** Domestic work includes cooking food, cleaning houses, and washing clothes of individual households. There are two types of contractual agreements between domestic employers and domestic workers: full time and part-time. In the first type of contract, the domestic workers are required to live with their employers and are provided with food, sleeping places, and money for their labor. In the second type of contract, they are provided with food and money and return to their rental sleeping places after they finish their work each day.

It is uncommon for female street children to engage in domestic work for two major reasons. First, the children's past experiences of labor exploitation, physical and emotional abuse, and neglect by the employers resulted in a lack of motivation to engage in these jobs. Feven and Chaltu, who were domestic workers before they joined the street, quit their jobs and joined the street as a means of coping with the unfavorable living environments they had as domestic workers and searching for a better life. Neither planned to engage in domestic work in the future. Second, there is lack of interest and trust among community members to hire female street children as domestic workers. As described in chapter four, Genet migrated to the city to be employed as a domestic worker but ended up joining the street because of a lack of support from community members.

Helina, however, managed to be employed as a part-time domestic worker in different households of the *Merkato* community. She reported that her personal characteristics of being

a child beggar, being able to do domestic chores, and possessing good communication skills determined her chances of getting the job. She thought begging was perceived as a socially acceptable survival strategy and community members of the *Merkato* neighborhood had a kind heart toward child beggars. In contrast, child sex workers were subjected to stigma and discrimination because sex work was considered socially taboo. Unlike most female street children who lacked the skills needed to perform domestic chores, Helina had developed her skills of cooking, cleaning houses, and washing clothes with assistance from her bed renter. Consequently, she managed to earn enough money to meet her basic needs.

Moreover, Helina was very selective when she chose a certain survival strategy over others. She calculated the benefits and risks associated with different types of survival strategies based on their financial benefits, perceived emotional and advice support from employers, and the physical setting of the work. She shared stories of rejecting various types of jobs that required her to work late at night, sleep in unsafe places, or put her at risk of practicing sex work. For example, she refused to accept a job offer to prepare food in a restaurant despite the fact that the employers promised to pay her more money than the average salary paid for domestic work. She described:

I wash clothes and bake *Enjera* in different households in order to earn more money. There were also people who wanted to hire me and requested me to live with them. My role would be cleaning houses and baking *Enjera* for the restaurant. They promised to pay me 700 Birr per month. However, I did not want to take the job since my bed renter supports me a lot in many aspects. The place may not be comfortable to me. I would face sexual abuse if I decided to change my job.

In general, good working habits put the survivors at low risk of exposure to sexual abuse for three reasons. First, good work habits helped the survivors earn enough money to secure

rental-sleeping places, which lessened their risks for sexual abuse. Second, good work habits lessened their risks of engaging in sex work, survival strategy that would have increased repeated incidents sexual abuse by different perpetrators such as street men, passersby, and sex customers. Third, good work habits enhanced the survivors' recovery from glue, which was one of the major individual-level risks that exposed child beggars to sexual abuse. Helina, Kidist and Senait did not face any form of sexual abuse after they became engaged in street vending or domestic work. Similarly, Genet and Meron were successful in averting rape by unfamiliar street men, but were still at high risk of forced sexual partnerships when they engaged in bed-renting job.

**Avoiding the consumption of substances.** As described in the previous chapter, I found that consumption of glue was an individual-level risk factor that exposed child beggars to the risk of rape in the context of sleeping on the street. Here, I discuss how the ability of the survivors to cope with glue was a source of strength to reduce re-victimization. As of the end of the study, all the child beggars - Meron, Kidist, Helina, and Senait – had recovered fully from glue.

Recovery from glue was not a one-time experience but rather a step-by-step process that required the survivors to recognize consumption of glue as a health problem and a risk factor for sexual abuse as well as to engage in multiple survival strategies and secure rental-sleeping places. All of the survivors stopped consuming glue after they were engaged in various income generating activities, such as street vending and bed-renting job, and secured sleeping places. None had tried to recover from glue when they slept in plastic shelters because glue was primarily consumed in order to cope with the cold weather conditions.

Each of the participants shared their strengths and challenges in the process of recovering from glue. Kidist, Helina, and Senait were able to stop consuming glue shortly after they secured rental- sleeping places. Kidist described:

I was introduced to something I did not like (glue). The bad thing I did in my life was consuming glue. I am free now! I have never consumed glue since I secured sleeping place. I do not want to die. I want to live long! It surprises me to know how I managed to stop it shortly!

Unlike other survivors, Meron's recovery process from glue took a long time despite the fact that she engaged in a bed-renting job and had secured a sleeping place. She explained that her friends whom she kept meeting on the street influenced her recovery negatively. During my study period, Meron stopped consuming glue. After successful recovery from glue, however, she was introduced to another drug, '*ganja*', in order to cope with emotional problems. By the end of my study, she was still struggling to reduce her intake of the drug. She described:

I used to experience heartache because of sniffing it (glue) frequently. Although she (a bed renter) gave me a sleeping place and food, I could not stop meeting street children and sniffing the glue within a short time. I used to meet them and sniff glue in the evening and return back to the sleeping space late night.... I thank God I do not sniff glue anymore! However, I started consuming '*ganja*' when life became difficult again. I still consume '*ganja*'. I could not stop it.

Although none of the child sex workers reported having consumed '*ganja*' or alcohol before being raped by unfamiliar street men, they recognized that '*ganja*' and alcohol would have increased their risk to rape. Genet and Chaltu had never consumed any type of drug and alcohol despite persuasion from members of their social networks since they joined the street. They said they knew some child sex workers who were raped following intoxication with

drugs and alcohol. Thus, they considered avoiding alcohol or drug in order to avert rape by street men. Genet narrated:

I have never drunk alcohol since I came here. Some girls initiated me to consume alcohol and '*khat*' but I didn't consume any... I thank God for that. Some street men also persuade girls to drink alcohol, take all of their money, and rape them. I should not consume alcohol or drugs in order to be safe.

**Engagement in sexual partnerships with street men.** A commonly shared perception among participants was that little could be done to avert the risk of forced sexual partnerships while working and living on the street. Therefore, most survivors normalized, tolerated, and consensually maintained sexual partnerships with the perpetrators as a strategy of averting repetitive rape that they might face by street men. Along with the negative associations and problems, the forced sexual partnerships also conveyed some degree of protection and benefits.

Kidist, Senait, and Helina acknowledged the role of their perpetrators in protecting them from rape by unfamiliar street men while they were working and sleeping in plastic shelters. As described in chapter four, Kidist and Helina considered dyads of female members to be less able to avert the risk of rape in the context of sleeping on the street. They thought that unfamiliar street men raped them because their sexual partners were imprisoned. They said they would not have been raped if their sexual partners were not in jail. Similarly, Miheret, Genet, and Mekdes explained that they maintained sexual partnerships with their perpetrators in order to avert additional sexual abuse and financial exploitation they might face by other street men. Kidist narrated:

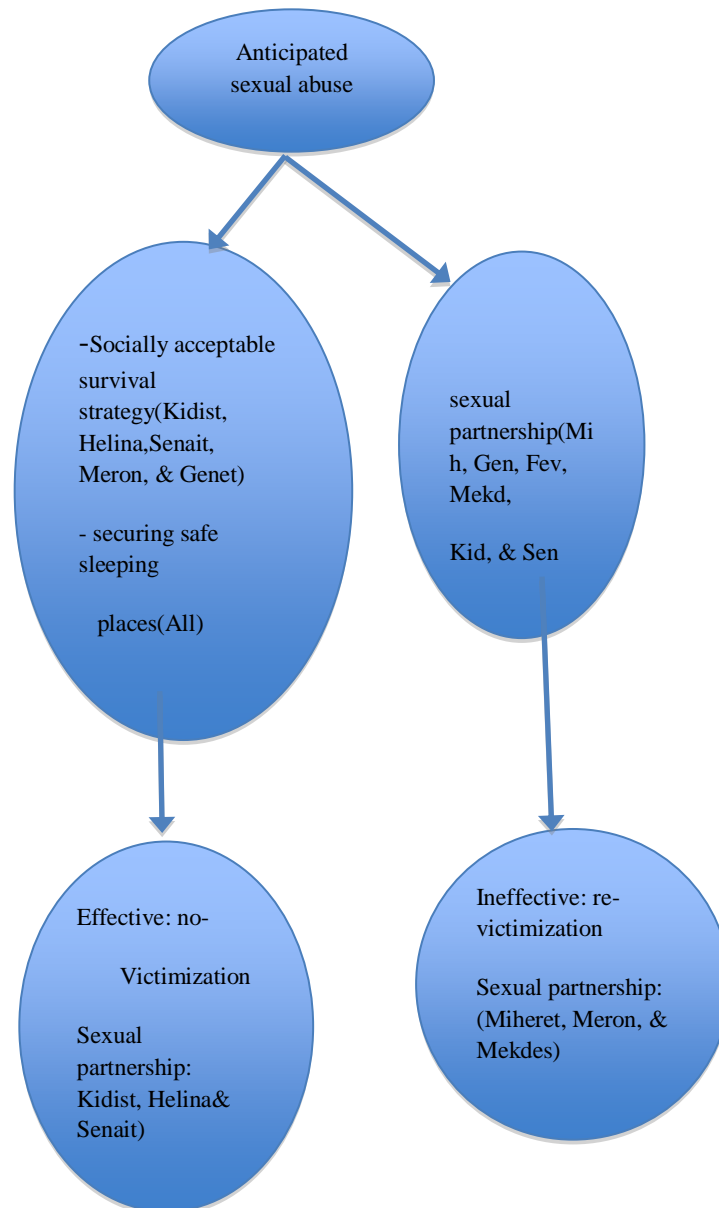
I was raped after he (her sexual partner) was imprisoned because of theft. He has been sentenced for 2 years. We used to sleep in a rental-sleeping place.

He used to protect me from those violent men. After he was imprisoned, I started changing sleeping places (plastic shelters) frequently. Then, I started sleeping with street girls who could not protect me when I faced rape.

I compared the efficacy of survivors' engagement in sexual partnerships with street men in reducing the risk of re-victimization. Child beggars' sexual partners served as a source of protection from sexual abuse perpetrated by other street men in two ways. First, the street men served as providers of food, sleeping places, and money to the child beggars. Second, they committed physical violence against potential abusers of the survivors in the context of sleeping in open space. None of the child beggars reported incidents of attempted or completed rape while being in relationships with their sexual partners. However, the strategy was effective for some short time. Because, street men were often imprisoned, the survivors ended up enduring forced sexual partnerships and facing rape by unfamiliar street men.

Compared to child beggars, child sex workers were at high risk of rape by unfamiliar street men despite their engagement in sexual partnerships. Because they were forced to practice sex work as frequently as possible to meet the financial demands of their sexual partners as well as their own basic needs, their long hours on the streets placed them at risk of encountering rape by unfamiliar street men. In addition, the street men frequently changed sexual partners and, as a result, the child sex workers were subjected to endure forced sexual partnerships with other street men over time. Therefore, engagement in forced sexual partnerships served as a risk to sexual abuse, rather than a source of protection from sexual abuse. For example, Miheret and Mekdes were subjected to face repeated incidents of attempted or completed forced sexual partnerships with street men.

Figure 3: Conceptual map showing protection strategies and their efficacy in avoiding re-victimization of anticipated sexual partnerships and rape



### 5.2.2. Strategies of Averting Attempted Sexual Abuse by Street Men

I found that the survivors utilized distinct types of protection strategies to avert the risk of attempted sexual abuse. These strategies primarily included avoiding contact with and visibility to perpetrators, negotiating with perpetrators, screaming to seek support from

passersby or street men and women, and seeking support from the police and bed renters. In this theme, I present the stories of both successes and failures, as told by the survivors who employed these protection strategies to avert the risk of forced sexual partnerships by familiar street men and rape by unfamiliar street men.

Table 5. List of risk aversion strategies in the face of attempted sexual abuse committed by street men

Specific strategies	Participants
Avoiding contact and visibility to perpetrators	Genet & Chaltu
Negotiating with perpetrators	Sorreti
Screaming to seek help from security guards and passersby	Chaltu, Mekdes & Sorreti
Seeking support from the police and the bed renters	Miheret and Mekdes

**Avoiding contact with and visibility to the perpetrators.** Unlike most survivors who maintained sexual partnerships with their perpetrators, Genet and Chaltu averted the risk of forced sexual partnerships despite facing repeated warnings and prolonged intimidations by the perpetrators. They employed specific strategies such as avoiding relationships with street men, refusing offers they were not comfortable with, changing places of work and sleeping, and escaping from situations felt to be threatening or dangerous. Chaltu, the only survivor who had not had a sexual partner since she joined the street, was able to avert the risk of having a forced sexual partnership by avoiding relationships with street men and refusing their offers. She described:

Most street men force us to be their girlfriends. Some street girls smile at them when they talk to them, whereas others fear them like ghosts. However, I do not talk and smile when they give me sexual compliments. I change my direction when I see them coming to me. There was a street man who used to

follow me on the street. He was originally from *Jimma*, a town in Oromia region, and used to sell second hand clothes on the street. He used to rent a sleeping place in the same neighborhood I live in. He asked me to be his girlfriend but I was not interested. He used to warn me that I either should give consent to his proposal or leave the area. He cut his hands using blade out of anger when I told him that I do not love him. My friends advised me to be his girlfriend so that he would support me financially but I did not consent to his proposal. If he cut his own hands for saying no, he would cut my throat when we fight on something. Finally, he left the area.

Similarly, Genet averted the risk of forced sexual partnership by changing her place of work. As described in chapter four, the bus station was a risky physical environment where street men targeted female street children for sexual abuse and financial exploitation. Genet was raped by the street man who picked her up from the bus station on the first day she arrived in the city. Since then, she faced frequent attempted sexual abuse by the same and different perpetrators. However, she was successful in averting the risks of sexual abuse by changing where she worked from the bus station to the street of *Piassa*. She described:

When I notice that someone is following me, I leave the area and go to some other places or I will return back to my sleeping place before it gets dark. I had to go to *Piassa* to avoid meeting the person who raped me when I came to Addis Ababa. I have not seen him since I started working at *Piassa*.

**Negotiating with perpetrators.** Negotiating took the form of offering money to perpetrators in order to avert the risk of forced sexual partnerships. This strategy was rarely utilized among child sex workers. Sorreti, for example, was able to avert the risk of a forced sexual partnership by regularly giving money to her perpetrator in exchange for not engaging

in a sexual affair. However, the strategy was not fully effective as she later did give in to having a sexual partnership with the perpetrator. She narrated:

I promised to give him money so that he does not force me to be his girlfriend. We had the deal. I used to give him the money regularly. However, he kept persuading me to be his girlfriend. Finally, I understood that there was no way he was going to leave me alone. Besides, there were also other street men who were warning me to leave the area unless I became their girlfriend. Then, I decided to be his girlfriend so that they would leave me alone.

**Screaming to seek support from passersby, guards, and street individuals.** Sorreti, Chaltu, and Mekdes reported that they successfully averted incidents of attempted rape by unfamiliar street men by screaming. As described in the previous chapter, these survivors labeled themselves '*ged yelelachew setoch*' and lacked money to secure safe sleeping places regularly. As a result, they were subjected to face repeated incidents of attempted rape in the context of waiting for sex customers and sleeping on the street. Mekdes shared her strategy of averting attempted group rape through screaming as follows:

We (Mekdes and her friend) were waiting for sex customers on the street for long hours. We could not return to our sleeping place because we did not have any money to pay. That was my first time to sleep in an open space. Then, a group of street men came and asked us to go with them. I screamed to seek help so that they leave. Then, one of the men cut our faces with a blade. Then, guards came and protected us from them.

**Seeking support from the police and bed renters.** Reporting the incident of sexual abuse to the legal system was uncommon among female street children due to four major reasons. First, forced sexual partnerships were normalized and tolerated as predictable

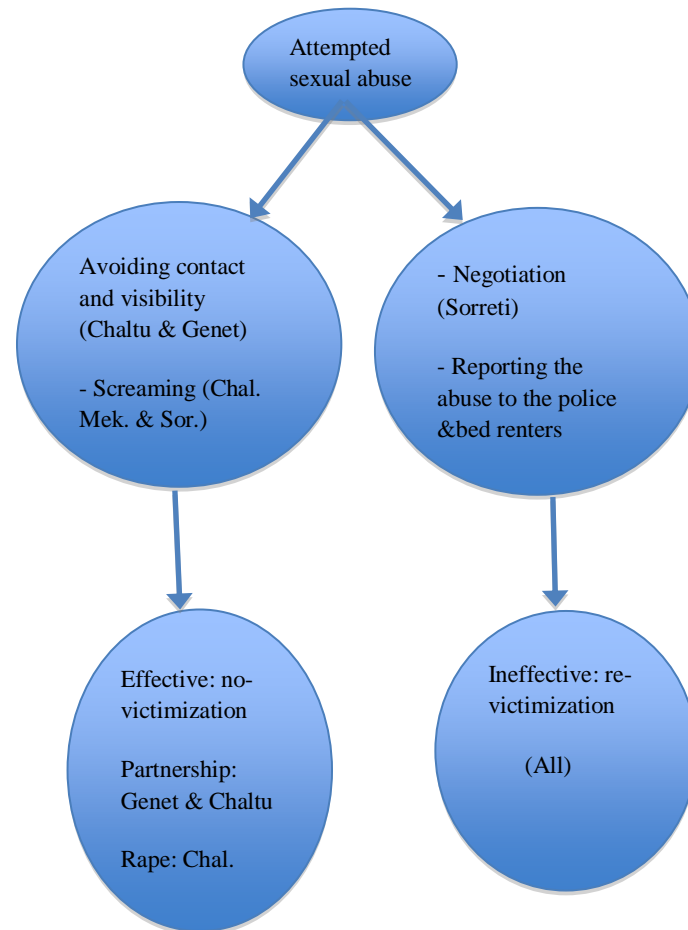
experience of street girls in the street subculture. Hence, the survivors redefined their abuse experiences as a survival strategy to avoid the risk of repeated sexual abuse. Second, the survivors did not know the identity of perpetrators who were strangers to them. Third, they feared facing physical abuse and being forced to leave the street by the perpetrators. For example, Feven, who was forced to become the sexual partner of a street man, said she did not report the sexual abuse due to fear of facing physical abuse and being forced to leave the area. She illuminated:

We (street girls) do not report the sexual abuse to the police due to fear of physical abuse and leaving the area. If the perpetrator belonged to this neighborhood, he would not allow me to work and live in the area. He would beat me following me everywhere I go. Even if I decide to report the case, no street girl can testify as a witness because she may also face the same problem if he (the perpetrator) finds out about it.

Fourth, even when the survivors reported sexual abuse incidents, the police did not offer them support. As described in the previous chapter, Miheret and Meron identified lack of support from the police as one aspect of social risks. Instead, the policemen blamed them for joining the street, consuming alcohol, glue or drugs, practicing sex work, and emotionally abused them using insulting words. Therefore, the survivors stopped seeking support from the police and were subjected to face repeated incidents of sexual abuse by the same or different perpetrators.

Apart from this, Miheret reported the incident of forced sexual partnership to the bed renter, who was the mother of the perpetrator, when she did not get any support from the police. However, she did not receive any protection from the bed renter due to lack of trust. Consequently, Miheret endured the sexual partnership until her perpetrator left the *Merkato* neighborhood.

Figure 4: Conceptual map showing protection strategies and their efficacy in averting re-victimization of attempted sexual partnerships and rape



### 5.2.3. Strategies Employed to Avert Anticipated Risk of Sexual Abuse in the Context of Sex Work

The child sex workers shared their stories of successes in reducing and averting the risk of sexual abuse in the context of practicing sex work. The major risk reduction and avoidance strategies included choosing and meeting sex customers based on certain predetermined criteria, practicing sex work at a familiar place, avoiding consuming drugs and alcohol, avoiding spending the night with sex customers, and spiritual beliefs and prayers. The table

below summarizes the major types of protection strategies and in the subsequent sections detail descriptions of the strategies are provided.

Table 6. List of risk reduction and avoidance strategies in the face of anticipated sexual abuse committed by sex customers

Specific strategies	Participants
Choosing and meeting sex customers based on predetermined criteria	Miheret, Genet, & Feven
Meeting sex customers at familiar places	Genet, Feven, & Mekdes
Avoid spending the night with customers	Genet and Feven
Avoiding the consumption of alcohol and drug (with the exception of <i>'khat'</i> ) prior to meeting sex customers	Miheret, Genet, Feven, Chaltu Mekdes, & Sorreti
Spiritual beliefs and prayers for protection	Genet and Sorreti

**Choosing and meeting sex customers based on predetermined criteria.** Practicing sex work with sex customers who were familiar and trusted was a common protection strategy utilized to avert the risks of physical abuse, sexual abuse, and financial exploitation. Child sex workers who regarded themselves as *'ged yalachew setoch'* or *'lottery winners'* engaged in sex work with sex customers who met certain predetermined criteria. These criteria included the child sex worker's knowledge of the sex customers, the sex customers' clothing styles, age, and speech patterns (i.e., accents and voice tones).

The child sex workers maintained frequent contact with a category of sex customers regarded as *'yebet lij'*, married men, rich men, *'neke'* (lit. modern or city men), and *'sugar daddies'* (lit. older men). More specifically, the child sex workers chose to meet sex customers who did not utilize forceful strategies to engage them in unprotected and

*'abnormal'* sex, did not abuse them physically, and did not refuse to give them money in their previous encounters. The survivors managed to meet the sex customers through making phone calls and waiting for them on specific streets.

Genet, Feven, and Miheret had been practicing sex work regularly with married men, *'sugar daddies'*, and *'yebet lij'*, respectively. Feven maintained long-term sexual affairs with some sex customers whom she trusted as a means of reducing the risk of repetitive sexual abuse. She categorized sex customers into *'good'* and *'bad'* men. She ascribed *'good'* to the men who provided her with financial, emotional, and advice support and *'bad'* to those who were physically and sexually abusive and who refused to give her money in exchange for sex. She believed that maintaining long-term relationships with a few sex customers reduced her risk of repetitive sexual abuse. Unlike most child sex workers, Feven faced unprotected sex only once. She described:

I usually meet customers whom I know very well and trust. We do not always meet bad men. We also meet good men. There are also men who feel sorry for us when we tell them how we ended up on the street. They give us money without having sex. There are also men who propose to us for marriage so that we leave the street and live better life. I have their numbers. I will meet them when they call me.

Similarly, Miheret felt that having regular sex customers reduced her risk of exposure to repetitive sexual abuse. She maintained long-term relationships with a few sex customers who used protection, did not insist on undesirable sexual activities, and had not been physically abusive in her previous encounters with them. She would make phone calls to arrange her meetings with sex customers and would then stand at specific streets to meet them, steps she thought reduced her risk of rape by street men because she was not moving from place to place late at night. She illuminated:

I meet sex customers whom I trust in order to reduce the risk of unprotected and '*abnormal*' sex. All men are not bad. There are also good men who do not force us to perform '*abnormal*' and unprotected sex. There are also men who feel sorry for us, give us money, and buy us food without having sex. There are also men who advise us to quit sex work and promise to help us achieve our goals. I do not go to far places to search for customers, but rather my customers find me at my usual place. I also call them when I need money.

In addition, there was a common perception among child sex workers that sex customers who wore decent clothes and were originally from the cities knew about and used condoms, paid enough money in exchange for sex, were less physically abusive, and were not engaged in risky sexual behaviors, compared to rural men. Miheret, for example, chose potential sex customers based on their clothing style in order to reduce the risk of unprotected sex. She described:

The first criteria I consider to choose a potential sex customer is his wearing style. I choose those who wear clean and decent clothes. When those men who wear dirty clothes approach me on the street, I tell them that I go with them if only they give me much money in advance. I often request them to give me three folds of the amount of money, which I often receive from other sex customers, so they stop insisting and leave me alone. I prefer not to do any '*business*' than going with them (those who wear dirty clothes).

Similarly, Feven, who faced the risk of unprotected sex once, said she preferred to meet sex customers whom she called them '*neke*' (lit. modern men). She perceived that these men had knowledge of and used condom and paid her more money. She narrated:

I do not practice sex work with rural men for two reasons. First, they do not pay us (street girls) much money. Second, they do not use condom. I differentiate them (rural men) from others (city men) by their accents... they say, “*anchi lij be amsa birr kenegar tehejalesh*” (lit. “Hey you! Do you want to go with me in 50 Birr? She spoke by imitating their accent). I really hate to go with these men!

The participants further evaluated the efficacy of the strategy of meeting familiar sex customers based on absence of facing incidents of unprotected sex with the same or different perpetrators. Genet and Feven reported being successful to avert incidents of sexual abuse. In contrast, Miheret reported two incidents of unprotected sex with familiar sex customers who previously did not engage her in unprotected or ‘*abnormal*’ sex.

**Meeting sex customers at familiar places.** Taking a ride with sex customers to distant places, according to the participants, was seen as a risk factor for sexual abuse, especially for group rape. The participants reported that their past exposure to sexual abuse when accompanying sex customers somewhere far away taught them a lesson and they would not repeat that same mistake. Therefore, they chose to meet their customers (whether familiar or unfamiliar) either at familiar hotels, where they could get protection from managers and waitresses or at their sleeping places, where they could seek support from bed renters.

Genet, Feven, and Mekdes practiced sex work at familiar hotels. In addition, Mekdes met sex customers occasionally at her sleeping place. The participants reported that they had never experienced any unwanted sexual activities since they started utilizing the strategy of meeting sex customers at familiar places. The hotel managers and waitresses forced the perpetrators to leave when the children screamed for their support.

**Avoiding spending the night with sex customers.** As described in chapter four, the survivors’ risk of sexual abuse was perceived to be high when they practiced sex work during

the whole night. Therefore, some child sex workers started practicing '*gizeyawi*' or 'short' work hours to reduce the risk of encountering intoxicated sex customers and to increase the likelihood of being able to receive support from hotel managers and waitresses if abusive situations arose. Genet and Feven explained that the customers they met after midnights were intoxicated, physically abusive, and refused to pay money in exchange for sex. Therefore, they practiced sex work for only a few evening hours and returned to their sleeping places early. They reported that they did not re-experience sexual abuse using this strategy.

**Avoiding the consumption of drugs and alcohol.** With the exception of '*khat*', the use of drugs and alcohol was seen as a risk that increased the likelihood of sexual abuse among child sex workers. All of the child sex workers avoided consuming drugs and alcohol prior to meeting sex customers. They reported that such strategy preceded other strategies such as choosing familiar sex customers and familiar places in order to avert the risk of sexual abuse effectively.

I identified three categories of child sex workers based on their history of substance consumption. The first group was those who had never consumed any type of substances since they joined the street. Genet and Chaltu acknowledged their resistance to substances despite persuasion from members of their social networks as an indicator of success in averting repeated incidents of sexual abuse. Although Chaltu reported the highest number and severe form of sexual abuse incidents, she perceived that the number was few, compared to the experiences of sexual abuse faced among addicts.

The second category included those who successfully recovered from alcohol and drugs at the time of the study. Feven, who once developed dependence on '*ganja*' and alcohol, shared her successful story of recovery. She identified two major factors that influenced her successful recovery. First, she learned from observing the negative consequences of drugs and alcohol had for her friends not to repeat the same mistake. Second, her past success in

coping with painful experiences helped her to develop self-confidence in order to cope with her present situation, which was the risk of alcohol and drug consumption. She described:

Consuming drugs and alcohol is a bad experience. I stopped everything ('*ganja*' and alcohol) when I was aware about their negative consequences on addicted street girls. I had a friend who could not even wash her face, eat food, and do any other activities unless she consumed '*ganja*'. The girl did not even care for her personal hygiene. Every problem we (street girls) face gives us lessons but our (street girls) major problem is, we repeat our mistakes. I coped with more severe challenges than these ('*ganja*' and alcohol) since the time my mother died. Stopping '*ganja*' was not difficult for me.

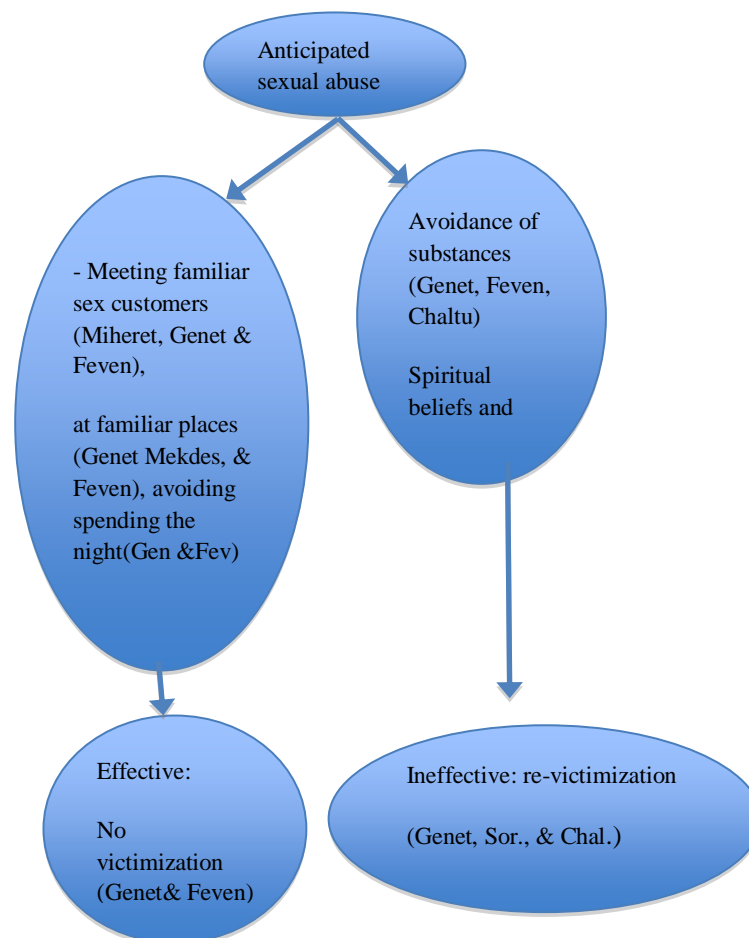
The third category included child sex workers who could not overcome their dependence on *khat*, *ganja*, or alcohol. There was a common perception among several of child sex workers that *khat* did not hold negative health outcomes and did not hinder their capacity to protect themselves from sexual abuse. Miheret, Mekdes, and Sorreti consumed *khat* regularly. I personally believed that their denial to recognize the negative consequences of the drug is an indicator of addiction, which could have increased the survivors' risk of facing repeated incidents of sexual abuse.

**Spiritual beliefs and practices.** Sorreti acknowledged the role of her spiritual faith and prayers in protecting her from sexually abusive sex customers. Although Sorreti was disconnected from a church because of feelings of worthlessness, she claimed that she often engaged in some spiritual activities such as fasting (i.e. abstaining from food and sex), praying, and making coffee on some days of the week. She believed that such spiritual activities played important roles in enhancing her protection from sexual abuse. She further claimed that not all incidents of sexual abuse were managed by her own skills; rather, God,

she felt, was in charge of controlling her perpetrators' bad intentions and giving her the ability to escape from sexual abuse. She thought her prayers worked because she had not been severely assaulted physically and sexually.

Despite her claims of being successful in averting sexual abuse, Sorreti reported more incidents of attempted and completed sexual abuse as compared to other child sex workers. Unlike other survivors who possessed personal skills of anticipating risks of sexual abuse and utilized distinct protection strategies to successfully avert attempted sexual abuse, Sorreti primarily relied on wishing herself luck to meet sex customers who would not abuse her sexually. She did not utilize any of the aforementioned protection strategies that were intended to avert anticipated risk of sexual abuse. As a result, she reported repeated instances of attempted and completed sexual abuse.

Figure 5. Conceptual map showing protection strategies and their efficacy in averting anticipated sexual abuse by sex customers



#### 5.2.4. Strategies Utilized to Avert Attempted Sexual Abuse by Sex Customers

Child sex workers usually negotiated about the sexual activities they would be willing to perform and the use of condoms prior to going to a hotel with their sex customers. However, some sex customers utilized either persuasive or forceful strategies to engage child sex workers in unprotected vaginal and ‘abnormal’ sex. The survivors shared various strategies they utilized when faced with attempted sexual abuse. Some of these strategies included rejecting the financial offer, offering the sex customers advice on alternative sexual activities and health risks, providing false information, begging, and screaming.

Table 7. List of risk avoidance strategies in the face of attempted sexual abuse committed by sex customers

Strategies	Participants
Rejecting financial offer	Miheret & Chaltu
Offering the sex customers advice on alternative sexual activities and health risks	Feven
Providing false information (e.g. pretending as sick)	Miheret, Genet, & Mekdes
Begging/crying	Miheret, Chaltu, Mekdes, & Sorreti
Screaming to seek help from hotel managers and waitresses	Miheret, Sorreti, & Mekdes

Miheret and Chaltu reported that they averted incidents of sexual abuse several times by rejecting financial offer and instead left without taking any money. Similarly, Feven was successful in convincing her potential perpetrators in order to use condoms by providing advice about the health risk of HIV. Feven carried condoms whenever she met her sex customers. The strategies of rejecting financial offer and advising perpetrators were merely effective when the perpetrators utilized persuasive strategies and the children practiced sex work at familiar places where they could receive support from hotel managers and waitresses. Feven described:

Your safety depends on your ability to convince the men to use condoms. I tell them that I am at high risk of HIV, whereas they are married, having children, and individuals with a good life and purpose. I also tell them that they should not cost their lives for the sake of sexual gratification that lasts for only five minutes.

Most of them took my advice and stopped insisting me for unprotected sex.

In addition, the survivors mainly provided false information about their health status in order to escape from their perpetrators. Miheret pretended she was suffering from symptoms of AIDS when she tried to persuade her customers in order to use condoms. However, claiming to be HIV positive was not effective for Miheret all time. Although the strategy of falsely claiming to be HIV positive was effective in averting the risk of unprotected vaginal sex, it did not protect her from unprotected oral sex. Similarly, Genet and Mekdes managed to escape from their perpetrators by pretending they were sick, asking their perpetrators for permission to go to the toilet, and then running away.

If the aforementioned strategies failed (usually when the perpetrators utilized forceful strategies), the survivors would then utilize begging. Begging took the form of crying and questioning the perpetrators, asking them 'Don't you have a sister?' 'Don't you have a mother?' 'Don't you have a daughter?', questions designed to make perpetrators feel sorry for the survivors and let them go. With the exception of Feven and Genet, all of the child sex workers responded that they had utilized this strategy but they ended up facing either unprotected sex or utilized other strategies to avert the risk of sexual abuse. Miheret was the only survivor to effectively avert a single incident of attempted sexual abuse by using this strategy.

If begging failed to deter the perpetrators, the survivors would scream for help from managers and waitresses if they were at familiar hotels. Mekdes averted an incident of unprotected sex by obtaining support from a waitress whom she knew very well. She said

that she often informed the waitress to check on her before she entered in hotel rooms. She described:

He threatened me telling that he will tear my body if I do not consent to his request (oral sex). I screamed very loudly in order to seek help. Then, she (waitress) dropped by and smacked him on the face. She knew that I am a good mannered girl. I don't steal from people and I don't lie to anyone. Then, I returned back his money and left the room. It is better to sleep with any empty stomach than risking ones life.

Unfortunately, screaming was ineffective when the survivors sought support from unfamiliar hotel managers and waitresses. Miheret and Sorreti shared their encounters of hotel managers and waitresses who had negative attitudes toward child sex workers and who did not protect them from their perpetrators. Miheret shared her story of lack of support from a hotel manager who blamed and emotionally abused her when she screamed for help. She narrated:

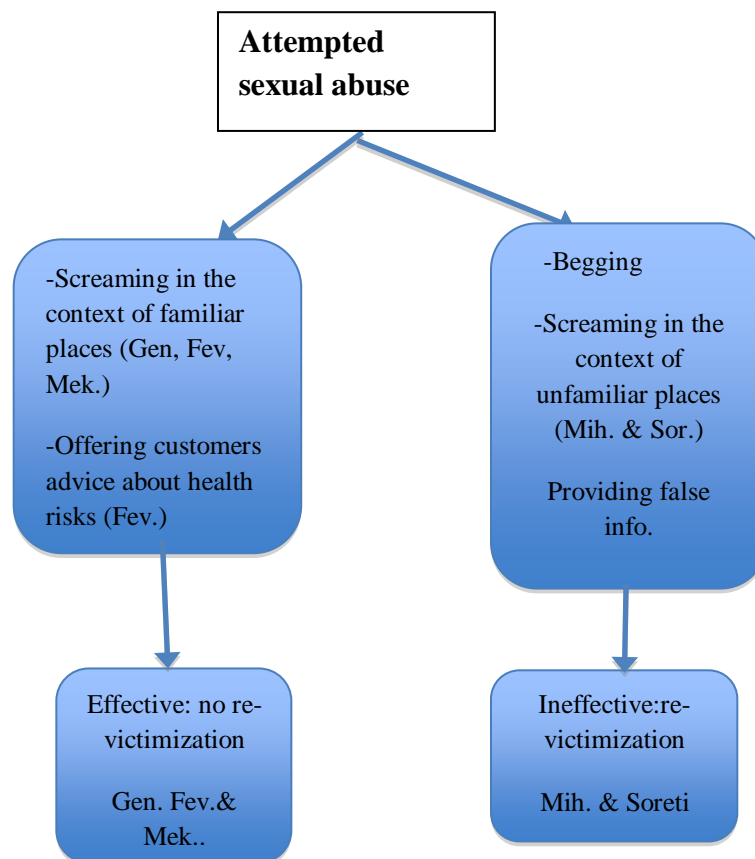
When I screamed, the manager came and took the side of the customer. He said.... oh, it is you! He insulted me. He told the customer to do whatever he wanted to do because I was paid to do the job. The elders (hotel managers) are conservative. They blame every girl for engaging in sex work but young managers understand our (street girls) situations and support us.

Sorreti also believed that hotel managers and waitresses did not protect her because they thought she was thief. She explained that hotel managers and waitresses failed to intervene when she screamed thinking that she was fighting with the sex customer over lost property and money. Even if they did intervene, the perpetrator pretended his money and personal belongings were stolen. Consequently, support would be withdrawn, leaving her vulnerable

to unprotected and 'abnormal' sex. Sorreti shared her experience of sexual abuse by a perpetrator who accused her of theft as follows:

I screamed when the customer forced me to engage in unprotected sex. Then the waitress knocked at the door in order to find out what happened but she did not protect me. The customer told her that I stole his money. If some one blames a sex worker for something she did not steal, she will not get any support.

Figure 6. Conceptual map showing protection strategies and their efficacy in averting re-victimization of attempted sexual abuse by sex customers



### 5. 3. The Positive Influences of Social Networks in Protecting the Survivors from Sexual Abuse

Social networks had both positive and negative influences on the survivors' well-being. As described in the previous chapter, survivors who were members of social networks

composed of negative role models were pressured to engage in sex work and subsequently faced sexual abuse by different perpetrators. Similarly, survivors, who were members of social networks characterized by conflictual relationships, less likely averted incidents of rape by unfamiliar street men in the context of sleeping on the street. In other words, the survivors who faced repetitive sexual abuse lacked social support from their social networks.

In this superordinate theme, I describe the positive influences of social networks in enhancing the protection of survivors from sexual abuse. I found that survivors who were members of supportive social networks utilized effective protection strategies in order to avert sexual abuse. In the subsequent sections, I specifically describe the formation, types, and roles of social networks and also factors that determined the survivors' access to various types of social support from social networks.

### **5.3.1. The Formation of Social Networks**

As described in the demographic information section of chapter four, most female street children had formed relationships with female street children before they joined the street; those relationships influenced the survivors' decisions to leave home and join the street. The children also established new social networks with various groups of individuals, such as street children and women, bed renters, and other members of the *Merkato* community, after they joined the street.

The most common form of social networks was formed among street girls. The structures of the social networks varied considerably based on size, gender dynamics, working conditions, age, ethnicity, and personal characteristics of members, such as clothing style, slangs, and the use of drugs. The size of the social networks ranged from 2 to 8 members. Dyads and triads mainly included intimate friends who were homogenous in terms of age, sex, working condition, and ethnicity. All of the survivors mentioned at least two intimate

friends in their social network circles with whom they shared personal and cultural characteristics in common.

Larger social networks (e.g., more than three members) were primarily formed for social gathering purposes, such as eating food, consuming substances, and playing and to avert harms (physical and sexual abuse) committed by outsiders. Larger social networks among child sex workers were also known as a '*jema*' (lit. a group formed for the purpose of chewing *khat*) in the street subculture. Members of a '*jema*' typically included members of different age groups, sexes, and ethnic backgrounds, primarily *Oromo*, *Amhara*, *Welaita*, and *Gurage*.

Apart from the social networks formed based on interest, there also were circumstances in which the survivors were forced to join certain types of social networks. Forced sexual partnerships resulted in the dyadic relationships of survivors and perpetrators and social networks that included their respective friends. In addition, new child sex workers were forced to join existing large groups of experienced child sex workers and female street leaders who had lived in the area for a long time. The street leaders (i.e. experienced/older sex workers) dictated the newcomers' expected behaviors, such as the specific streets where they were allowed to search for sex customers, the importance of respecting the leaders, and expectations that resources (money and food) would be shared among members in times of need. Although this type of social network could create stress, the survivors acknowledged the positive contributions of some members in providing social supports in their times of needs.

Most of the social networks formed among street children were temporary in nature due to physical mobility and conflicts. The survivors formed and dissolved various social networks since they joined the street. All of the child beggars dissolved their previous social networks when they moved to the *Merkato* neighborhood for the purpose of securing sleeping

places. Later, they formed new social networks with other street girls who lived in the same neighborhood. Similarly, the child sex workers dissolved their social networks mainly due to conflict over material resources and relationship problems.

The survivors also formed social networks with members of the *Merkato* community, mainly bed renters and their children. The participants characterized their relationships with these individuals as weak in terms of intimacy. The survivors only sought material and financial supports from these individuals in times of needs; they did not maintain regular contact with these individuals.

### **5.3.2. Social Networks as Sources of Social Support**

The survivors who used effective protection strategies were successful in becoming part of social networks with resources and in eliciting those supports from social network members. The survivors acknowledged the positive roles of social networks members in influencing their personal protection strategies through providing social support. Some of the major types of social support included information, advice, material, and financial provisions.

**Information and advice support.** Street girls provided others in their social networks with information about risks that increased exposure to sexual abuse and advice about appropriate strategies to avert them. These suggestions mainly included choosing suitable working and sleeping places, engaging in socially acceptable survival strategies, and avoiding drugs and alcohol. Kidist, Helina, and Senait reported that they were engaged in street vending because of the positive role models in their social networks who explained how the job was done and its economic benefits.

Like the child beggars, the child sex workers reported that they had developed the knowledge and skills to avert risks of sexual abuse in the context of practicing sex work from information and advice they received from members of their social networks. Feven and

Genet, who were the most successful survivors in averting incidents of sexual abuse by sex customers, reported the positive roles of the larger social networks had for them in ensuring their protection from sexual abuse. They shared that their friends provided them information about the characteristics of sexually abusive street men and effective strategies of averting sexual abuse. For example, they were advised to avoid meeting intoxicated sex customers and not to spend the night with the customers and were provided with information about where they could receive support from hotel managers or waitresses. Genet narrated about the advice she received from her friend as follows:

She (her friend) strictly told me that I should not spend the whole night with sex customers at *Piassa*. The men we meet late at night are those who got drunk and force us to do inappropriate sexual activities. They also don't offer money after they had sex with us... There are also many girls in the compound where I rented my sleeping place. Most of them have bad experiences (sexual abuse) because of practicing sex work. We discuss about how we protect ourselves from rape.

Members also shared information about the negative consequences of sex work and advised each other to change survival strategies. Genet said that she decided to engage in a bed-renting job because of the information and advice she received from recovered sex workers who were engaged in the same job. She reported that the job helped her save money and lessened her frequency of meeting sex customers.

**Material supports.** The participants described receiving sleeping places and food in their times of need from their social network members. The bed renters mainly provided sleeping places and food when the survivors faced financial difficulties. Some bed renters extended the day of payment for the sleeping places, whereas others provided the sleeping

places for free until the survivors earned money. However, not all of the survivors were provided with sleeping places by their bed renters; rather, those who were offered sleeping places had positive relationships with people (e.g, had no history of conflicts and theft), avoided consuming drugs and alcohol, were engaged in begging, and were able to do domestic chores.

Helina, Kidist, Senait, and Miheret reported that they always were provided with sleeping places when they had financial problems. Helina, in fact, managed to stay for about a year at the same sleeping place because she maintained positive relationship with the bed renter and other street girls. She regarded herself as a good-mannered girl, as compared to child sex workers because of her engagement in socially acceptable behaviors. She explained that child sex workers frequently changed their sleeping places not only because of lack of money but also due to their engagement in antisocial activities such as addiction, theft, and physical violence. She described:

She (the bed renter) does not force me to pay daily. There were times I paid her after four days. Bed renters do not trust other girls who are engaged in sex work and addicted to glue and drugs. They don't like to rent their sleeping places to these girls since they are bad influence to their children. They also do not trust them since they are thieves. They may leave the sleeping place in the next day without paying. However, she (the bed renter) trusts me.

Similarly, Senait, who experienced only one incident of sexual abuse, acknowledged the contribution of her bed renter in providing her a sleeping place when she had financial problem. She narrated:

There were several times when I lacked money to secure for food and sleeping place. However, she (the bed renter) did not force me to pay daily.

She tells me that I can pay her when I get money. She is really a good person. It is a blessing to have her in my life. She tells me that she would understand what I might face (sexual abuse) if I leave her place. I might be raped while sleeping on the street.

Provision of sleeping places and food was characterized by reciprocity. The survivors who helped their bed renters with domestic chores were provided with sleeping places in times of financial need. Helina explained that her ability to do domestic chores was an influential factor in helped her receiving various supports, including a sleeping place from her bed renter. Throughout the interviews conducted with Helina, she repeatedly said “I help her and she helps me”, which powerfully illustrates the importance she attached to reciprocity in the provision and receipt of social support. Unlike most child beggars and child sex workers who stay on the street for long hours, Helina returned to her sleeping place early to help her bed renter with cooking, cleaning the house, washing clothes and dishes, and making coffee.

Similarly, Miheret was provided with a sleeping place for free when she had financial problems. Unlike Chaltu, Mekdes, and Sorreti who were forced to leave their sleeping places due to lack of money and who ended up facing attempted sexual abuse by unfamiliar street men, Miheret had been allowed to stay at the same sleeping place since she joined the street. She explained that her ability to support her bed renter by doing domestic chores influenced her access to the sleeping place. Consequently, she managed to avert the risk of rape by unfamiliar street men that she might have faced if she had an unsafe sleeping place.

The social networks of street girls also protected the survivors from the risk of sexual abuse through sharing sleeping places. Helina, Senait, and Kidist reported that they received protection from large groups of street girls while they were begging and sleeping on the street. As previously described in the section of personal protection strategies, the

participants chose ideal streets to construct plastic shelters in order to avoid being visible to perpetrators. However, securing a safe physical space was not enough to avert the risk of sexual abuse; it also was important to form large and supportive social networks.

Members of their large social networks protected them from instances of attempted sexual abuse by walking in groups, screaming for help from passersby, and committing physical violence against the perpetrators. Helina did not face any form of sexual abuse when she lived with a large group of street girls and elder women for about two years. Similarly, Kidist was not exposed to rape by unfamiliar street men until she dissolved her large social networks and joined dyads.

Like the child beggars, Genet, who was a child sex worker, received food and sleeping places from a street girl. She became friend with a girl she met on the street on her second day in the city. The friend shared her sleeping place and food with Genet for about four months. As a result, she neither reported experiencing attempted or completed sexual abuse during those periods. Genet narrated:

She took me to her sleeping place and told me about what she worked for a living (sex work). I had lived with her for about four months. She had provided me with food and a sleeping place.

**Creating job opportunities and providing money.** Apart from providing sleeping places and food, the bed renters and some community members of the *Merkato* neighborhood also created job opportunities and rendered financial support to survivors, mainly to the child beggars. Genet and Meron were provided with bed-renting jobs so that they would secure their basic needs. Similarly, Helina was employed as a domestic worker with the help of her bed renter who provided her information about the available job opportunities and persuaded the employers to hire Helina. Similarly, Kidist and Senait received money in order to engage in street vending and secure sleeping places. All of the participants perceived that they would

have faced repetitive sexual abuse if they had not been provided with the job opportunities and money.

In rare cases, the social networks of street girls also served as a source of financial support to members in their times of needs. Kidist, Helina and Senait reported receiving money from street girls when they lacked money to secure sleeping places and to buy food. In contrast, none of the child sex workers received money when they lacked money. With the exception of Genet, all child sex workers reported that they often fought with members of their social networks over stolen property and other relationship problems.

**Linking the survivors to community resources.** Street girls played an important role in linking the survivors to rehabilitation centers that were aimed at rehabilitating and reintegrating sexually abused female street children to their families and communities. I found that all of the survivors were informed about the availability of drop-in-centers and safe homes from their social network members. However, not all of them were beneficiaries of the rehabilitation centers. Survivors who belonged to social networks composed of members who were beneficiaries of rehabilitation centers were more likely joined the centers. Social network members influenced survivors' decisions to join the centers by advising them about the importance of the services at the rehabilitation centers and accompanying them to the centers.

At the time of the study, Kidist and Helina were active beneficiaries of rehabilitation centers, whereas Miheret, Mekdes, and Chaltu quit rehabilitation centers, and still other survivors such as Genet, Feven, Meron, Sorreti and Senait did not join rehabilitation centers. In the subsequent section, I provide detailed descriptions of the survivors' perspectives about the roles of rehabilitation centers in enhancing their protection from sexual abuse.

#### **5.4. The Roles of Rehabilitation Centers in Protecting the Survivors from Sexual Abuse**

Rehabilitation centers were found to be community resources that implement various intervention activities in order to enhance the physical and psychosocial well-being of sexually abused female street children. I found that survivors who effectively averted incidents of sexual abuse were beneficiaries of rehabilitation centers. The survivors sought various services from drop-in-centers and safe homes, which were available in the *Addis Ketema* sub-city as well as in other areas of the city. The drop-in-centers included CHADET and Goal Ethiopia, whereas the safe home was *Elshadai*.

In this superordinate theme, I identified three subthemes. These included: 1) phases of recruiting the beneficiaries, 2) specific types of services that enhanced the protection of survivors from sexual abuse, and 3) factors that influenced the survivors' decisions to refrain from joining and quitting the rehabilitation centers.

##### **5.4.1. Recruitment of Beneficiaries and Descriptions of Services at Rehabilitation**

###### **Centers**

The rehabilitation centers followed step-by-step procedures in order to remove sexually abused children from risky environments that exposed them to sexual abuse and reintegrate them with their families and communities. The procedures included identification, withdrawal, rehabilitation, and reintegration. Identification involved developing area mapping in order to identify areas where female street children were at higher risk of sexual abuse. Many rehabilitation centers identified *Addis Ketema* sub-city, mainly *Merkato* neighborhood as a risky environment because a large number of street children resided and high rate of sexual abuse and exploitation was reported in the area as compared to other parts of the city. Community outreach workers made frequent observation of the neighborhood and conducted interviews with female street children in order to identify potential beneficiaries of the services at the rehabilitation centers.

In withdrawal phase, the community outreach workers described about the objectives and services of the rehabilitation centers to sexually abused female street children for the purpose of recruiting potential beneficiaries. Withdrawing the survivors from street living was not a one-time activity, rather a gradual process. It needed great persuasion to convince the survivors to leave the street and join the rehabilitation centers. All of the participants reported being contacted by community outreach workers at least once but not all of them joined the rehabilitation centers. Kidist, Helina, Miheret, Mekdes, and Chaltu were recruited, whereas Genet, Feven, Meron, Sorreti, and Senait did not join the rehabilitation centers.

The third phase included rendering rehabilitation services. Once the survivors joined the drop-in-centers and safe homes, they received various services that were aimed at enhancing their physical and psychosocial well-being. The drop-in-centers provided soap, sanitary pads, hair oils, bathing and washing spaces, information about risks associated with sexual abuse and health, psychological support, and vocational trainings that would help beneficiaries to generate income and reintegrate them with their families and communities. Beneficiaries were allowed to spend their weekdays (Monday to Friday) at the centers and returned to their sleeping places in the evening. The safe homes provided all of the aforementioned services and additionally provided the beneficiaries with food, cloth, and sleeping places. Beneficiaries were required to stay in the safe homes until they completed the rehabilitation services, which required about four months.

In this subtheme, I specifically discuss types of services that enhance the physical well-being of the survivors (i.e. provisions of soap, sanitary pads, hair oils, bathing and washing spaces, and information about risk factors of sexual abuse and negative consequences of sex work). I will discuss the types of services that enhance the survivors' psychosocial well-being and reintegrating them to their families and communities in section 5.5 (i.e. coping with physical and psychosocial risks associated with sexual abuse).

Among the aforementioned participants who joined the rehabilitation centers, Kidist and Helina had been active beneficiaries of drop-in-centers. The participants believed that the provisions of the services reduced their chances of engaging in sex work, a survival strategy that would have increased their risks to repeated sexual abuse and its associated negative consequences. Kidist, for example, received various types services from three drop-in-centers and a safe home. She described her current experience of services at one of the drop-in-centers as follows:

It has been two months since I started attending the services at the center. The center is helpful to me in many ways. I receive sanitary pads, soaps, hair oil, and more. I believe that these are the most important things I need as a girl. If any girl is provided with such services, there is no need for her to engage in sex work. I am left with a month to complete the program and leave the street.

Helina further described about her experience of a service called *'lij-le-lij'* or *'acha-le-acha'* (lit. peer counseling and guidance) in which a group of beneficiaries gathered to share their stories of success and failures regarding risks associated with sexual abuse. The community workers facilitate the discussion process through posing questions and creating safe environment. Helina believed that the service developed a culture of transparency and corrected behavioral problems among the beneficiaries including recovering from glue and resistance to and recovery from sex work.

I found that child beggars more likely joined the rehabilitation centers and remained to be active beneficiaries, whereas the child sex workers less likely joined the centers and more likely quit the centers even if they were recruited. Unlike Kidist and Helina, Miheret, Mekdes, and Chaltu, who were child sex workers, quit the rehabilitation centers. Similarly, Feven, Genet, and Sorreti, who were child sex workers, did not join the rehabilitation centers.

In the section below, I describe factors that hindered the survivors' utilization of services at rehabilitation centers.

#### **5.4.2. Factors Hindering the Utilization of Rehabilitation Services**

Some of the participants who became beneficiaries of the drop-in-centers and safe homes subsequently quit using those resources. Miheret, Mekdes, and Chaltu had been beneficiaries of the drop-in-centers in order to recover from sex work, whereas Kidist had attended services at a safe home soon after she joined the street. The participants identified personal, relationship, and structural factors that hindered their utilizations of the services. Kidist explained that she left the safe home due to her inability to recover from glue consumption and the strong social networks she formed with street girls. She reported that the safe home had a strict rule that beneficiaries were not allowed to leave the center until the completion of the services. She said she was forced to quit the services in order to enjoy her freedom to socialize with her social network members. She described:

I also joined '*Elshadai*' (name of the safe home) but I quitted it after two weeks. Street girls who are addicts more likely quit the programs. Since they are not allowed to go out from the safe home, they quit the program and join the street in order to consume glue. It was uncomfortable for us (Kidist and her friend). We have been socialized to street lifestyle such as the social gatherings and glue. We could not stop consuming the glue overnight! Similarly, the beneficiaries of drop-in-centers who are addicts of glue are either absent or fall asleep while attending the services since the glue causes loss of sleep at night and fatigue at daytime.

Likewise, conflicts among the beneficiaries were another aspect of relationship factors that influenced the decisions of Chaltu and Mekdes to quit the drop-in-centers after few weeks. Chaltu described:

I went there (the drop in center) few times. I hated to see the street girls fighting whenever they meet in the compound. They even fight at the health post! They tear each other's faces using blades, steal belongings, and talk behind each other's back. I did not like to spend my time with them (street girls who fight).

Similarly, Mekdes quit the drop-in-center because she feared being stigmatized and discriminated against by the other beneficiaries. She mentioned group guidance, one of the components of recovery services, which required beneficiaries to disclose their experiences of sexual abuse to other members of the group. She perceived that disclosing her experiences of sexual abuse to the other beneficiaries would result in her experiencing stigma, discrimination, and flashbacks of the trauma. She narrated:

I quit it (the drop-in-center) because I was afraid to share my experiences to the beneficiaries. I know what I had faced (name callings, isolation, and lack of support) as a result of disclosing what happened to me (group rape) to the girl. I am also very shy that I am not comfortable to talk about sexuality in a group. I used to leave the center whenever they gathered in groups and started discussing about personal experiences.

The structural factors that negatively influenced the participation of the survivors in the drop-in-centers included the limited number and shifts of the services. Participants, namely Miheret, Genet, Feven, and Sorreti reported that the drop-in-centers mainly offer sanitary materials and spaces, which they could afford on their own. They added that the life skill and

reproductive health trainings were held in the morning shift, which was unsuitable for child sex workers who spend much of the daytime sleeping. For example, Miheret quit computer training since she was assigned to a morning course. She also mentioned that child sex workers, compared to other beneficiaries, were absent and fell sleep in the middle of the trainings.

Apart from the drop-in-centers and safe homes, government-owned schools were perceived to playing important roles in enhancing the recovery of survivors from sex work. For example, Chaltu was admitted to a school with the support of a bed renter within few months of her arrival in the city in order to recover from sex work. The bed renter facilitated the registration process, bought her the required school materials, and promised to find her a job that would help her earn income. Although Chaltu dropped out of grade 6, she was forced to start from grade 1 since the medium of instruction in the school was different from her previous school. She had been completing her education in Afan Oromo at her village, whereas the medium of instruction in Addis Ababa was Amharic.

Despite the support, Chaltu was unsuccessful in continuing her education. She dropped out of the school after two weeks due to experiencing psychosocial risks (i.e. low self-worth and fear of facing stigma and discrimination) associated with practicing sex work and experiencing sexual abuse. She described:

I was admitted to the school thinking that I would have better life. Since I do not speak Amharic (official language and medium of the instruction), I was required to start from grade 1. She (the bed renter) helped me register in the school. She also helped me get books. I used to attend the school in the morning and practice '*business*' in the evening. However, I dropped out after two weeks.

## 5.5. Coping with Physical and Psychosocial Risks of Sexual Abuse

In this study, I defined coping as the survivors' any intentional physical and mental responses to the potential and actual negative consequences of sexual abuse. This section offers comprehensive descriptions of the types of coping strategies based on the major themes that emerged from the participants' accounts of physical, psychological, and social risks associated with sexual abuse. The participants not only described the types of coping strategies they employed, but also offered their perspectives on the coping strategies' efficacy in overcoming physical, psychological, and social risks and enhancing their well-being.

### 5.5.1. Coping with Physical Risks of Sexual Abuse

The participants utilized different coping strategies to deal with physical injuries, STIs, and unwanted pregnancy. The coping strategies used to deal with these physical risks included seeking medical services from health institutions and seeking social support from social network members.

Table 8. List of strategies to deal with physical risks associated with sexual abuse

Strategies	Participants									
	Mih.	Gen	Fev.	Mer.	Chal	Mek	Sor	Heli.	Kid.	Sen.
Utilization of contraceptives	X	X	X	X	X	X	X	-	-	-
Seeking and receiving medical treatments (e.g. testing for HIV, seeking for safe abortion, and child delivery service)	X	X	X	X	X	X	X	X	X	X
Seeking for and receiving informational and advice support	X	X	X	X	X	X	X	X	X	X
Seeking for and receiving material and financial support	X	-	-	-	X	-	-	X	X	X

**Seeking for medical services.** The participants mentioned about the available health institutions including a government-owned health post, humanitarian associations commonly known as Sister's House, private clinics, and pharmacies, which deliver medical services in the *Merkato* community and the neighboring area. Some of the major medical services that the survivors sought included contraceptives, medicines, voluntary counseling and testing for STIs including HIV, pregnancy testing, abortion, and child delivery. The survivors were more likely to visit the government-owned health post and the humanitarian associations than private clinics and pharmacies due to their affordability. The institutions provided contraceptives and voluntary counseling and testing for free and medicines for a relatively low cost. In contrast, the medical services at the private clinics and pharmacies were expensive.

**Utilization of contraceptives.** Feven, Chaltu, Sorreti, and Meron perceived themselves as successful in utilizing contraceptives that helped them effectively prevent unwanted pregnancy and its related risks of abortion and childbirth. Depo Provera was the commonly utilized contraceptive among the survivors. Feven and Meron received the contraceptive at the government-owned health post, whereas Chaltu and Sorreti received the contraceptive at private pharmacies.

The participants acknowledged the roles of their social network members and the health extension workers in equipping them with knowledge about contraceptives and linking them to the available health institutions. The social network members provided advice about the importance of contraceptives, rendered information about the physical address of the health institutions, and accompanied them to the health institutions. Similarly, the health extension workers visited the survivors at their sleeping places and provided information about the availability and accessibility of the contraceptives in the government-owned health post. They also offered various trainings aimed at raising the survivors' awareness of reproductive

health issues on one-to-one and small group bases and distributed condoms as part of their outreach services.

Feven adhered to Depo Provera and Implants contraceptives effectively since she joined the street. Consequently, in comparison to the other participants, she did not become pregnant despite her long time involvement in both sex work and a forced sexual partnership. She acknowledged the role of the government-owned health post, which equipped her with the necessary knowledge to utilize the contraceptives. She described:

It (the health post) primarily targets street girls like us (sex workers). They (health extension workers) used to visit us and recruit us through community representatives (recovered sex workers and bed renters) in their outreach services. They gave us identification cards so that we would receive contraceptives and other medical treatments when we (street girls) need. I went there (the health post) in order to utilize the injection (Depo Provera) and the one, which was inserted in my hand (Implant) to prevent pregnancy.

Similarly, Chaltu and Sorreti had the opportunity to attend trainings on reproductive health issues organized by the government-owned health centers and received Depo Provera contraceptives at privately owned pharmacies. They preferred the privately owned pharmacies to the government-owned health post because there were not long queues at the private pharmacies and they had the financial capacity to pay for the contraceptive. Chaltu described:

I receive it (Depo Provera) at a private-owned pharmacy. There is also a health center, which provides contraceptives for free, but I can afford to pay 15 Birr. Besides, several customers attend medical services at the health post. Therefore, I am required to wait long on the queues in order to receive

it (Depo Provera). The pharmacist documents the specific dates that I am expected to take the injections (Depo Provera) on a piece of paper and gives it to me. I can read the appointment dates and go to the pharmacy every three months. He (the pharmacist) also makes sure whether I have menstruation or not before he injects me the contraceptive.

The participants further reported that the health centers' outreach activities were not sustainable. They said they had not participated in any training on reproductive health issues or received condoms from the government-owned health post for the six months prior to my first interview. Considering the fact most participants, especially child beggars and newcomers, lacked knowledge about and utilization of contraceptives, the children's risk of re-experiencing unwanted pregnancy and its associated negative consequences would be high if the outreach activities are not sustainable.

*Seeking for medical treatments.* The survivors sought medical treatments from the nearby government-owned health post, a humanitarian association, and privately owned clinics and pharmacies in order to cope with risks of STIs, physical injuries, pregnancy, and other types of diseases and health needs. Members of their social networks linked the survivors to the available health institutions. As described in chapter four, Miheret, Mekdes, Meron, Chaltu, Sorreti, and Kidist had STIs following their exposure to sexual abuse. For survivors new to the street, disclosure of symptoms of health problems to social network members was the first step in getting access to medical services from the health institutions.

Miheret acknowledged the support of her bed renter who took her to two different private clinics and paid for the medical services. Similarly, Chaltu, Meron, Kidist, Sorreti and Mekdes reported that they visited the government-owned health post and received medical treatments with the support of street girls. Chaltu, for example, reported that her friend advised her to go to the health post. She narrated:

She (her friend) asked me what happened to me when she saw me crying. I told her that I was raped by a group of men. She advised me to go to the health post otherwise I might face severe health problems. When I hesitated to go there (health post), she said, “Do you want to die?” Then, she took me to the health station. I took an injection and tablets. I also tested for HIV and pregnancy. I was found negative.

Unlike most of the participants who visited health institutions only when they suffered from the symptoms of STIs, Feven and Genet tested for HIV two times. They acknowledged the role of the trainings about reproductive health issues in increasing their health seeking behaviors and reducing their risks of stigma and discrimination that they might have faced as a result of disclosing their health status (e.g., symptoms of STIs) to their social network members. Feven narrated:

I go to the health post when I want to test for HIV and take condoms. Before we (street girls) were aware of the availability of such services, we used to be scared and ashamed to share our problems (STIs). We used to fear that they (friends and bed renters) blame us for engaging in sex work and discriminate us in many ways. We used to pretend as if we were healthy when we are sick. But now, we (street girls) became assertive to express our opinions and problems to the health workers. They (health workers) also request us (street girls) to test for HIV in every six months.

Unlike the child sex workers, Helina, Kidist, and Senait visited health institutions rarely. They received free medical treatments only when they faced severe morning sicknesses and delivered their babies. They responded that they were not aware of importance, availability,

and accessibility of prenatal and postnatal care. None of the child beggars had not been contacted by community outreach workers and had not received any training on reproductive health issues. Despite this, they regarded themselves as relatively successful as compared to other female street children who delivered their babies without the support of health professionals.

Among the child beggars, Helina had relatively good health seeking behaviors. Unlike Senait who did not visit a health institution when her daughter had skin allergies, Helina utilized modern and traditional medical treatments with the support of her bed renter. She visited a humanitarian association that rendered free medical treatments for street children when her daughter suffered from intestinal infections and skin allergies. In addition, she bought Oral Rehydration Solutions (ORS) from the nearby pharmacies and utilized traditional medicines prepared from a mixture of plants, mainly *tenadam* and *demakese* when her daughter suffered from diarrhea. She described:

My daughter sometimes faces diarrhea. The bed renter supported me to get free medical treatment from the charity organization, which is located at Sidist Kilo (name of the neighborhood). She (the bed renter) also advised me to feed her (daughter) a boiled rice, *damakese*, and *tenadam* so that she would recover from her illness quickly. I also bought her (daughter) ORS from pharmacies.

Furthermore, Miheret believed that seeking a safe abortion helped her to deal with interrelated risks of unsafe abortion and child bearing and child rearing on the street. Although abortion served as a source of stress to Miheret, she perceived that she was successful in averting the risks of stigma and discrimination that she might have faced as a result of child bearing and rearing on the street. Unlike most street girls who mainly terminated pregnancy through unsafe abortion, Miheret regarded herself as successful for

having a safe abortion with the support of health professionals during her first trimester. As a result, she did not face the types of health complications often associated with abortion.

**Seeking for material and financial supports from social network members.** The participants primarily depended on their social network members, particularly bed renters and street girls, to cope with the physical risks associated with sexual abuse. Apart from providing information and advice about the importance, availability, and accessibility of medical services, social network members provided the survivors with sleeping places, money, food, sanitary items, and used clothes (for them and their children). They also looked after the survivors' babies when they went out to engage in begging, street vending, domestic work, and shopping. The child beggars - Helina, Kidist, and Senait - were the primary recipients of these forms of social support.

In contrast, child sex workers mostly experienced stigma and discriminations when they had health problems. When they were ill, Miheret and Chaltu were the only survivors among child sex workers who received assistance with their basic needs and financial support from a bed renter and a street girl, respectively.

### **5.5.2. Coping with Psychological Risks**

As described in chapter four, the psychological risks associated with sexual abuse varied considerably across the survivors. In other words, not all survivors faced similar types of psychological risks. Although most survivors commonly reported the risk of self-blame (i.e., Miheret, Genet, Chaltu, Meron, Sorreti, Kidist, and Senait), Feven, Mekdes, and Helina did not experience it. Similarly, low self-worth was reported by Genet, Mekdes, Sorreti, and Helina, but not by Miheret, Feven, Chaltu, Meron, Kidist, and Senait. Flashbacks of the trauma were common among survivors who were raped by street men who were not known to them, but were not reported by those involved in forced sexual partnerships. Moreover,

child sex workers commonly reported fears and worries, substance use, relationship problems, and suicidal thoughts as compared to child beggars. In addition, some survivors showed recovery from past psychological risks, whereas other survivors persistently faced the risks over a prolonged period of time.

In order to explain such differences in survivors' experiences of risks, I explored the survivors' coping strategies in response to sexual abuse. The major coping strategies included seeking emotional support from social network members, normalizing the sexual abuse, engaging in religious practices, engaging in leisure time activities, consuming alcohol and drugs, suppressing emotions, testing for HIV, redefining risks as having positive contributions, and having a positive view of the future. The table below presents the summary of types of coping strategies that the survivors utilized to deal with psychological risks of sexual abuse.

The participants also shared their perspectives about the coping strategies' efficacy. They compared their current psychological well-being against their past painful experiences of trauma in order to describe the positive and negative outcomes of their coping strategies. In the subsequent subsections, I present the descriptions of the coping strategies and their efficacy in enhancing the well-being of the survivors.

Table 9. List of Survivors' coping strategies to deal with psychological risks associated with sexual abuse

Strategies		Participants									
		Mih.	Gen.	Fev.	Mer.	Chal.	Mek.	Sor.	Hel.	Kid.	Sen.
Seeking for emotional support	Street girls	-	X	-	-	X	X	-	-	X	-
	Family members	-	X	-	-	X	-	-	-	X	X
Normalizing the sexual abuse		X	X	X	X	-	X	-	X	X	X
Engaging in religious practices		X	X	-	X	-	-	X	X	X	X
Engaging in leisure time activities		X	-	X	-	X	-	-	X	X	-
Consuming alcohol and drugs		X	-	-	X	-	X	X	-	-	-
Suppressing emotions		-	-	-	-	X	X	-	-	-	-
HIV voluntary counseling and testing		X	X	X	-	X	X	X	-	-	-
Redefining risks: things happen for a reason and failure is not an option		-	-	X	-	-	-	-	X	X	-
Having positive view of the future: leaving the street	Strong sense of positive future	-	X	-	-	-	-	-	X	X	X
	Wishful thinking	X	-	X	X	X	X	X	-	-	-

**Seeking for emotional support from social networks.** Seeking emotional support from female members of social networks was a common coping strategy among survivors of sexual abuse especially when they were new to the street. Genet, Kidist, Chaltu, and Mekdes disclosed their experiences of sexual abuse to members of their social networks. The social network members rendered emotional comfort to the survivors, informing them that sexual abuse was a common experience of street girls, acknowledging the survivors' capacities to overcome the risks, linking them to religious institutions, and promising them financial support. Kidist reported that her friend, who was also raped by an unfamiliar street man

around the same time, promised to help her emotionally, financially, and look after her baby. Similarly, Genet told a street girl about rape she faced on the day of her arrival in the city. Her friend told her that rape was a common experience of all street girls and took her to several churches so she could pray and calm herself down. Genet narrated:

I met the girl (her friend) on the street. She asked me what happened to me while I was crying. I told her everything happened to me (i.e. rape by unfamiliar man on the day of her arrival). She hugged me when she saw me crying. She told me that it (rape) would happen to any street girl. She informed me that she was also raped. She told me that there are also girls who faced severe problems than what I faced. She told me that I look strong and have the capacity to cope with the problem. She told me that God would help me have better life. She took me to churches so I would pray. I would have done something bad (self-harming behaviors including suicide) on myself if she had not supported me.

The survivors evaluated the efficacy of the emotional support they received from street girls based on how they assessed their subsequent and current psychological state. With the exception of Mekdes, the other three survivors (i.e., Genet, Kidist, and Chaltu) thought they showed improvements from their past painful experiences of flashbacks, self-blame, and worthlessness; achievement of such improvements was the criterion I used to determine the efficacy of the coping strategy.

Kidist and Chaltu acknowledged being selective about to whom they disclosed their experiences of sexual abuse, revealing it only to social network members with whom they were intimate and had long lasting relationships and who did not have a history of addiction or other behavioral problems. In contrast, Mekdes sought emotional support from a street girl who had behavioral problems and who was a member of a *'jema'* (lit. a group formed for the

purpose of chewing *khat*), rather than an intimate friend. Although the emotional support she received from her friend helped her cope with immediate psychological risks she experienced at the time of disclosure, Mekdes faced prolonged flashbacks of the trauma, hopelessness, loneliness, and relationship problems when her friend disclosed the incident of group rape to other members of a '*jema*'. Consequently, she no longer relied on street girls for emotional support, and instead developed mistrust for her social networks, which she ultimately dissolved.

Apart from seeking emotional support from street girls, Genet, Chaltu, Kidist, and Senait reported that they contacted family members in order to overcome their emotional problems. Kidist and Chaltu visited family members who lived in Addis Ababa and a rural village of *Holeta*, respectively. Similarly, Genet and Senait telephoned family members who lived in rural areas of the country a few times. However, none of them disclosed that they were living on the street or that they faced sexual abuse. In order to avert the negative reactions from family members, they made false stories, pretending to be domestic workers (Genet, Chaltu, and Senait) or beneficiaries of rehabilitation centers that would provide them with job opportunities in the near future (Kidist).

Among the participants, Genet and Chaltu acknowledged the positive roles of their parents in enhancing their recovery in some ways. Their family members advised them to return home, promised to support them financially and send them to school, and offered to link them with relatives who could render support. Genet received advice and emotional supports from her brother whenever she called him in times of stress. He promised her that he would support her financially and help her to enroll in formal education if she returned to the village. He also advised her to contact their relatives who resided in the city when she was in need. As a result, she visited her relatives a few times when she felt stressed. She described:

I have never talked to my mother and father since I came here but I sometimes call my brother. He is a health professional. He does not know I am a sex worker. I told him that I am a domestic worker. I feel happy whenever I talk to him. He advises me to be a strong girl. He promised to send me money so that I would return back to home. He also advised me to meet our relatives at *Addisu Gebeya* when I need help. I went there few times when I felt sad. I had to lie about what I do (sex work) and where (the Merkato neighborhood) I live to all of them.

Similarly, Chaltu visited her mother and brother who lived in a rural village a few times. She brought clothes and coffee beans as a present and owing an apology to her mother for leaving home without her consent. She felt that her mother's forgiveness and blessings gave her emotional comfort and helped her to develop a positive sense of the future. She described:

I bought clothes and coffee beans for my mother. I went there (her village) twice. I felt better when she forgave me for leaving home without her consent. I used to think that bad things (sex work and sexual abuse) happened to me because she cursed me. She does not know I am engaged in '*business*'. I told her that I am a domestic worker. She would kill me if she knew I am a sex worker. They (her mother and brother) advised me to stay with them and continue my education but I refused and decided to return back to Addis Ababa.

In contrast, Senait and Kidist did not receive any emotional support from their family members. However, contacting their family members served as a source of excitement and relief from their painful experiences temporarily. Since Kidist informed her family members that she was living a comfortable life in a rehabilitation center, no one comforted her

emotionally or advised her to return home and continue her education. She, therefore, chose to avoid contacting them when she became pregnant because she thought no one in her family would welcome her with the baby, but might blame her instead. Unlike Kidist, Senait disclosed that she had a baby in order to seek support from her family members. However, she was informed that she would not be reintegrated with her family unless she brought her sexual partner to the village to get married.

**Normalizing the sexual abuse.** This coping strategy was primarily utilized to cope with risk of forced sexual partnership with street men. Normalization is the process of learning to accept, tolerate, and redefine the incident of sexual abuse as a normal, predictable, and common experience of every street girl. Forced sexual partnerships were normalized in the street subculture as a common experience of all female street children. Hence, the survivors redefined forced sexual partnerships as strategy of averting the risks of repetitive instances of sexual abuse. Social network members also did not stigmatize or discriminate against the survivors of forced sexual partnerships. As a result, the survivors showed mild psychological risks in the face of forced sexual partnerships as compared to rape by unfamiliar street men.

As described in chapter four, the survivors reported flashbacks of the trauma, fear of being infected by HIV, low self-worth, substance use, relationship problems, suicidal thoughts, stigma, and discrimination in the face of rape by unfamiliar street men, but not following forced sexual partnerships. Instead, survivors who were in forced sexual partnerships developed feelings of low self-worth when the perpetrators rejected them and ended the relationships.

Normalizing the sexual abuse also took the form of feeling that one's experience of sexual abuse had mild psychological risks as compared to other groups of survivors who experienced incest, group rape, and had children as a result of sexual abuse. Feven perceived that the incident of sexual abuse was common not only among street girls but also among

sheltered children. She viewed her experience of sexual abuse as having mild psychological risks as compared to psychological problems faced by sheltered children who experienced incest. As indicated in the previous chapter, Feven did not report experiencing many psychological risks compared to other participants. Feven said she coped by normalizing the incident of sexual abuse to be common among street girls. She illuminated:

Let alone street girls who live without supervision of parents and are exposed to alcohol and drugs, girls who have never taken any drug and lived under supervision of their parents are at risk of rape. Any girl will be raped if she walks on the street alone at night. There are also girls who are raped by their brothers and other male members of their relatives let alone us who encounter several men. I usually hear stories of girls who were raped by their brothers on radio. I feel so sorry for them. I think they are hurt more than us because someone whom they love and trust raped them. We (street girls) are already on the street and an incident of sexual abuse is expected.

Normalizing also involved blaming the perpetrators and rationalizing their sexual behaviors. Although it was common for survivors to experience self-blame following their exposure to sexual abuse, they learned to shift the blame from themselves to their perpetrators. This was often common when the survivors sought emotional supports from their social network members and aware of the normality of sexual abuse in the street subculture. For example, Meron normalized her experience of sexual abuse blaming street men for not having a kind enough heart to feel sorry for street girls who had children, let alone for her. This belief led her to normalize sexual abuse as a common experience in the street subculture, creating mild psychological risks for her as compared to street girls who

had children. She further explained that street girls who had children suffered from interrelated risks associated with pregnancy and raising children on the street.

The survivors who normalized their experiences of forced sexual partnerships commonly forgive their perpetrators. They claimed that forgiveness played an important role in their recovery process. Some perpetrators of forced sexual partnerships provided basic needs, emotional comfort, and financial support to the survivors. Child beggars recognized the provisions of emotional, basic needs, and protection support from their perpetrators in enhancing quicker recoveries from the sexual abuse. Similarly, the child sex workers - Genet, and Feven - mentioned the positive roles of emotional support they received from their perpetrators in their healing process despite the fact that their perpetrators exploited them financially. Hence, the survivors of forced sexual partnership could more likely psychologically cope; compared to those who were raped by someone they did not know.

**Engaging in religious practices.** This coping strategy involved having faith in God, attending church services, and engaging in prayers and religious rituals in order to cope with negative psychological consequences of sexual abuse. All of the participants were followers of Orthodox Christianity, which is the dominant religion in the country. Miheret, Genet, Sorreti, Meron, Kidist, Helina, and Senait acknowledged the role of supernatural interventions in enhancing their recovery from the psychological risks associated with sexual abuse.

God served as a source of forgiveness and optimism for Miheret, who used to be an active attendee of Sunday school before she joined the street. She primarily relied on God rather than seeking emotional support from street girls. She believed that turning to God helped her avert the risk of stigma and discrimination that she might face by her peers because of disclosure. She described:

The first thing I do whenever something bad happens to me is going to church and pray. If you tell your secrets (sexual abuse and its related risks) to your friends, they may talk behind your back but God does not let you down. Friends may break trust and turn their backs on me but God is the best rescuer. He listens to me and keeps my secret. I know I was a sinner because of my decisions to engage in sex work and abort the pregnancy. However, God is not like people (judgmental). He forgives me for all my sins and will give me a better life in the future. I also ask him to give me the strength to stop practicing sex work.

Having religious faith also involved being thankful to God for the current health status and for anticipating a positive future. Meron reported that she calmed herself and waited for good destiny whenever she experienced stress. Similarly, Helina reported that she was thankful to God because she did not face severe health complications during and after child delivery.

Christening is a religious ritual in which baby boys and girls are baptized on the 40<sup>th</sup> and 80<sup>th</sup> days after their birth, respectively. When it was time for their infants to be christened, Helina, Kidist, and Senait cooked food and made local alcoholic beverages for the feast and celebrated the christening ceremony with members of their social networks. The religious ritual served as a source of excitement, God's blessing, social acceptance, and social support for the survivors. Senait reported that the ritual created feelings of being blessed and belongingness to her larger social network. Similarly, Helina and Kidist responded that the festivity helped them to establish strong social bonds with the godmothers of their daughters, which would allow them to receive from the godmothers' advice, emotional, and financial support in times of needs.

Unlike the child beggars, all of the child sex workers except Miheret felt they were not righteous enough to visit religious places or attend the services in order to cope with their psychological problems. For example, Genet and Sorreti felt impure, sinful, worthless, and persons without dignity whenever they were advised to go to church. However, they engaged in some spiritual activities in order to ask forgiveness from God for their involvement in sex work and to heal from their traumatic experiences. These spiritual practices included abstaining from sex, praying, and making coffee at their sleeping place on Wednesdays, Fridays, and Sundays. They reported that the spiritual activities helped them reduce the risks of flashbacks and feelings of worthlessness and led them to feel optimistic about the future.

**Engaging in leisure time activities.** Leisure time activities include traveling to new places, participating in social gatherings, watching movies, and listening to radio programs. They helped the participants divert their attention from thinking about stressful situations to focusing on enjoyable activities and socializing with members of their social networks. Chaltu visited her friends who lived in *Burayu*, a small town nearby the city, to refresh herself. Similarly, Miheret who was an active member of the '*jema*', shared funny life events and childhood memories, sang traditional and modern songs, and played riddles. She perceived that such activities helped her to stop thinking about stressful situations, at least temporarily. However, Chaltu and Miheret did not disclose their experiences of sexual abuse and the associated risks to members of their social networks due to fear of facing stigma and discrimination.

Similarly, Kidist, Helina, and Feven said they watched movies and listened to radio programs for enjoyment. Kidist and Helina had access to age-appropriate movies, songs, and radio programs from the drop-in-centers. In contrast, Feven visited video shops in the *Merkato* neighborhood, which charged money to view the videos, and listened to radio programs at her sleeping place. The participants specifically reported that watching movies

and hearing radio programs about people who beat various odds helped them normalize their experiences of sexual abuse and taught them lessons about managing the psychological consequences of sexual abuse.

**Consuming alcohol and drugs.** This coping strategy was mainly utilized by the child sex workers rather than by the child beggars. Miheret and Sorreti consumed beer, locally made alcoholic beverages (e.g., *tella* and *tej*) and *khat*, whereas Mekdes and Meron consumed *ganja* in order to cope with psychosocial risks. Miheret and Sorreti responded that they did not worry about small things since they spent most of their daytime chewing *khat* with members of the *jema*. Similarly, Meron and Mekdes perceived that *ganja* helped them smile, laugh, and communicate with street girls freely despite the trauma of sexual abuse. Meron narrated:

Do you believe me if I tell you that I still consume *ganja*? I need to consume it to feel okay. I get it from the street leaders when I get enough money. We (street girls) believe that it helps us to become moody. We (street girls) use different slangs to communicate with others whenever we consume it. It helps me forget the stressful situations, smile, and laugh for a moment.

Regarding the efficacy of the coping strategy, the survivors reported that it helped them overcome their emotional problems temporarily. They still recalled the trauma when exposed to situations that triggered it, such as visibility of perpetrators (Mekdes), observing the scars on their bodies (Meron), or experiencing re-victimization of sexual abuse by the same or different perpetrators (Mekdes). They further recognized that the coping strategy had negative consequences for their physical and social well-being. Because of their use of alcohol and drugs, they lacked money to secure their basic needs, had poor personal hygiene,

and experienced relationship problems with bed renters. In addition, the coping strategy served as a risk factor for sexual abuse and its associated negative consequences.

**Suppressing emotions.** This coping strategy took the form of intentionally avoiding thinking about the incident of sexual abuse and pretending as if nothing had happened. Survivors who either previously experienced or anticipated negative reactions to disclosure from members of their social networks suppressed their emotions. More specifically, survivors who had history of group rape more likely suppressed their emotions rather than disclosing their experiences of sexual abuse to seek help from social network members.

Mekdes no longer sought emotional support from street girls due to past exposure to stigma. She suppressed her feelings and primarily coped by consuming '*ganja*', which helped her forget about the incident of sexual abuse temporarily. Similarly, Chaltu chose to suppress her feelings ever since her intimate friend left the street and joined a rehabilitation center. She narrated:

I sometimes cry when I recall what the men (sex customers) did to me (group rape). I do not tell to friends (the large group) how I feel deep inside but rather keep it to myself. It is good to pretend as if nothing happened in front of them (street girls). I only disclosed it to the Oromo girl (an intimate friend) who joined the safe home when she became pregnant. I have never met her since then.

Although the survivors overcame the risks of stigma and discrimination by suppressing their emotions, they suffered from recalling their painful experiences of sexual abuse from time to time. Hence, this coping strategy was ineffective to overcome psychological risks.

**Attending HIV voluntary counseling and testing.** As described in section 5.5.1. (i.e., survivors' strategies to deal with physical risks of sexual abuse), all of the child sex workers reported being tested for HIV and found to be negative; the child beggars, in contrast, said

they did not know their status. The child sex workers believed that attending the voluntary counseling and testing was helpful to cope with their fears, worries, and flashbacks of the traumatic experiences. Unlike child sex workers who were tested once, Genet and Feven tested for HIV two times. They reported that an awareness of their HIV negative status helped them overcome the prolonged worries and flashbacks they experienced throughout the window period (i.e. during the three months between their exposure to unprotected sex and HIV tests). They also reported that finding out that they were HIV negative made them to feel optimistic about the future. In contrast, none of the child beggars reported being tested for HIV and knew their status in order to cope with fear or worries.

**Redefining risks as having positive contributions: things happen for a reason and failure is not an option.** Survivors who were successful in overcoming past risks associated with unfavorable home environments and street living developed self-confidence and learned the necessary skills to cope with the present risks. Feven reported that her past coping success in the face of various risks gave her lessons and positive energy, convincing her not to give up on herself. As described in demographic information section of chapter four, Feven had been exposed to labor exploitation, educational neglect, and emotional abuse following the death of her parents. In spite of these things, she made efforts to overcome the risks by moving and becoming employed as a domestic worker and a waitress before she decided to engage in sex work.

After Feven joined the street, she also managed to overcome risks associated with sexual abuse. Unlike the other child sex workers, Feven did not report repetitive instances of sexual abuse and the associated physical and psychosocial risks despite her engagement in sex work for a long time. She explained that her past success in coping with early childhood risk experiences influenced her current coping skills and made her to be optimistic about the future. She narrated:

When I think of how I made it today despite suffering from various problems since my early childhood, I feel that I am strong. I do not have any other option but to deal with every problem and survive. Every problem teaches us (street girls) a lesson (coping skill). I have always tried all my best to become a better person. I do not judge myself as a bad person for engaging in sex work. Nothing is impossible for me to live a better life (except marriage) in the future.

Similarly, Kidist and Helina redefined the risk of child bearing and rearing as offering positive contributions in some ways. Unlike Senait who experienced psychosocial risks associated with giving birth to her baby, Kidist and Helina saw motherhood as a life changing experience that served as a source of happiness and that influenced their decisions to engage in socially acceptable survival strategies, secure safe sleeping places, recover from consuming glue, leave the street, and be optimistic about the future. They reported that if they had not had their children, they would still be sleeping in plastic shelters, consuming glue, begging, facing repetitive instances of sexual abuse, and having no sense of optimism. Kidsit and Helina named their children Tesfa (lit. hope) and Masresha (lit. someone who makes one forget a stressful experience), respectively, indicating their feelings of optimism, despite the risks associated with child bearing and rearing on the street. Kidist narrated:

I have been happy since I had my child. I do not worry as far I get money to pay for my sleeping place. I have something to live for, my child! I feel that life will be good in the future. I will engage in various jobs to raise my child.

**Having positive view of the future.** Despite facing interrelated physical and psychosocial risks, all of the survivors had developed a positive view of the future. They dreamt of leaving the street and reintegrating with their families and communities. Some of

the participants had a strong sense of a positive future. They set short-term and long-term goals and identified strategies for attaining them. In contrast, others expressed more wishful thinking; fantasizing about how the future would look rather than planning specific strategies that would help them leave the street. Some of the major strategies considered for leaving the street included engagement in income generating activities, migrating back to their places of origin and continuing their education, and migrating to countries in Middle East.

Kidist and Helina, who were beneficiaries of drop-in-centers, had set short-term and long-term goals for engaging in income generating activities. At the time of the study, the survivors had regularly attended various rehabilitation services that were aimed at enhancing their physical and psychosocial well-being for about two months. They were left with attending life skill trainings that was to be held a few weeks after the completion of my study.

The drop-in-center offers life skill trainings, such as construction trainings and handicrafts, which could help the survivors, leave the street and generate income in their communities. It also provides the beneficiaries with kitchen utensils, bed sheets, mattresses, and a total of 2000 Birr for renting a room after the successful completion of the trainings. Kidist and Helina were planning to attend construction trainings and then use the money to rent rooms far from the *Merkato* neighborhood in order to avoid contact with street children who might influence them to rejoin the street.

However, both of the survivors had no any plan to be reintegrated with their families anytime soon due to fear of experiencing negative reactions for giving birth to babies. Kidist reported that she would rent a room in *Ferensay* neighborhood, which is far away from *Shiromeda* neighborhood, where she used to live with her parents. Similarly, Helina, who was a rural migrant, reported that she was planning to stay in the city.

Regarding income-generating activities, none of the survivors reported being employed in the construction sector despite their plans to attend gypsum training. Instead, they

preferred to engage in street vending such as *'jeblo'* and owning teashops to support themselves and their children. When I asked them their reasons for preferring street vending to construction work, they said they would make better income in street vending because they knew how the job is done. They further added the drop-in-center renders limited trainings that they were forced to choose the construction training over handicraft training. Kidist narrated:

We (beneficiaries of the drop-in-center) will attend life skill trainings after a month. I am planning to attend the gypsum training. We will be provided with 150 Birr at the end of each week of the training. The training will last for four weeks. After we (street girls) complete the trainings, they (staff at the drop-in-center) will provide us with kitchen utensils, mattress, and 2000 Birr to pay for rental rooms or start jobs such as *'jeblo'* and teashops. They also facilitate support for rural migrants who are interested to return to their place of origins. I am planning to rent a room around *Ferensay* (a neighborhood not far from *Sheromeda*, where she lived with her parents) because it is affordable.

Helina also reported that she would engage in street vending (e.g. selling vegetables, fruits, homemade biscuits, and tea) and daily labor at construction sites. She said she would be a positive role model for her child by engaging in socially acceptable survival strategies. She also reported sending her child to a school and giving her a better life. She said:

I am planning to spend the money that the center provides me on securing a room, which will be far away from this place. I will stop begging before she (daughter) turns the age of two. I do not want her to follow my footstep. I do not want her to become a beggar like me. I have a plan to sell tea and biscuits until she turns three. Then, I will send her

to a daycare or school and engage in daily labor activities, which help me get more money. It may be carrying bricks in construction sites.

For Kidist and Helina, 'leaving the street' is equivalent to 'stop begging' and 'changing the street'. They perceived that engagement in street vending and daily labor activities and moving from the '*Merkato*' neighborhood to other neighborhood would lessen their exposure to sexual abuse and the associated risks. They further claimed that the mainstream society would not address them as street children if they engaged in the aforementioned survival strategies and regularly rent a room to live in.

Unlike Helina and Kidist who redefined their experiences of motherhood as a source of happiness and positive future, Senait reported that she suffered from prolonged psychosocial risks because of raising her child. She had experienced self-blame, stigma by street men, and negative reactions from her parents, which, in turn, caused her to attempt abandoning her child at the police station. By the end of my fieldwork, she was planning to give her child up for adoption and reintegrate with her family who lived in a rural village; she intended to continue her education after returning to her home village.

Genet was the only child sex worker, who set short-term and long-term goals in order to recover from sex work and leave the street. She already took a bed-renting job in order to recover from sex work. She also planned to take a job as a domestic worker in the next two months and then at some point return to her village to get an identification card and passport, which would help her migrate to Middle Eastern countries in order to improve her life.

In contrast, all other child sex workers merely fantasized about what they wished would happen in the future without setting short-term and long-term goals and planning specific strategies to change their current situations and achieve their dreams. Meron said she would continue to do the bed-renting job for a while, but eventually hoped to open a restaurant with a group of street girls. Similarly, Miheret reported that she intended to keep practicing sex

work for a long time and did not have any plan to go back home. She anticipated becoming a rich man's wife in the future.

Unlike Genet, Feven and Chaltu responded that they would not be employed as domestic workers even if they had the opportunity because of their past experiences of labor exploitation, physical neglect, and emotional abuse by their employers. Instead, Feven wished to be employed in a beauty salon, continue her education up to grade 10, and become employed in a government organization. Similarly, Chaltu wanted to own a grocery shop, establishing her business with money she hoped to inherit when her father's estate is settled.

Both Feven and Chaltu were planning to remain in Addis Ababa rather than returning to their families who lived in rural villages. In contrast, Mekdes and Sorreti reported that they wished to be reintegrated with their families, but were uncertain about how and when that would be.

Miheret, Feven, Chaltu, Meron, Mekdes, and Sorreti anticipated various personal, relationship, and financial problems that would hinder them from being reintegrated with their families and communities successfully. These participants lacked confidence in their capacity to recover from sex work, feared facing negative reactions from members of families and communities, and anticipated lack of financial support to leave the street. Miheret and Chaltu had doubts about their capacity to recover from sex work successfully. Throughout the interviews, they used a metaphor 'addiction' to describe the difficulties they encountered in trying to stop sex work and engage in other survival strategies. Chaltu perceived that her past failure to engage in a bed-renting job and continue her education negatively influenced her confidence in her ability to stop sex work. She narrated:

I am planning to quit sex work and own a shop (grocery) using the inheritance money I share from my deceased father. The problem is I do not always act on what I plan to do in life. I thought of continuing my

education but I dropped out of the school after attending for few weeks. I was also engaged in bed-renting job with my sister but we could not make it happen because of conflict. I am not sure whether I will improve my life or not.

Relationship problems that these survivors believed would make it difficult for them to reintegrate with their families and communities included fear of facing physical abuse, lack of freedom to socialize with friends, stigma, and discrimination. Miheret, for instance, thought her brother would abuse her physically and would not allow her to make friends if she went back home. Feven anticipated marital problems and negative reactions from community members because of her past history of sex work. Meron feared that her mother would not welcome her if she learned about her life on the street. In terms of financial challenges, Feven, Mekdes, and Sorreti responded they would not be integrated with their communities unless they were provided with financial support, which would help them generate income.

### **5.5.3. Coping with Social Risks of Sexual Abuse**

As described in chapter four, most of the child sex workers reported being stigmatized and discriminated against by various individuals; they said they received minimal social support from their social networks. Such experiences of social risks had direct and indirect influences on their exposure to sexual abuse and consequent psychological risks. In contrast, the child beggars reported minimal risks of stigma and discrimination and maximum social support in times of their needs. Consequently, they were successful in averting repeated incidents of sexual abuse and in coping with the subsequent risks.

In this superordinate theme, the strategies of survivors who were successful in averting the risks of stigma and discrimination are described in detail. I identified three major coping strategies used by survivors: engaging in socially acceptable behaviors, providing false information about one's survival strategies and risk experiences, and maintaining positive relationships with social network members.

Definitions of socially acceptable behaviors varied considerably among the survivors. The child beggars (Kidist, Helina, and Senait) strove to obey the norms of mainstream society, such as engaging in acceptable survival strategies; avoiding drugs and alcohol; following appropriate codes of dressing, hairstyles, and language; and limiting movements on the street. Begging, street vending, and domestic work were considered to be socially acceptable survival strategies. Begging, in particular, was seen as acceptable, as giving offerings to child beggars is considered a righteous act in most religions and communities in Ethiopia.

Regarding their appearance, the child beggars mainly wore long dresses that covered their bodies and did their hair *shuruba* (lit. a traditional hair braiding style). In contrast, the child sex workers wore shorts or mini skirts and colored their hair and either cut it short or added extensions, which are considered inappropriate for children of their age. Hence, child beggars were less likely to be blamed and insulted by members of the *Merkato* community and were less likely to receive social support, whereas child sex workers were stigmatized and discriminated and lacked social support in times of their needs.

Regarding language, child beggars and child sex workers used distinct vocabularies to communicate with different groups of individuals. Child beggars communicated politely, mainly using words commonly employed by members of the mainstream society. They used words such as *sele-mariam* (lit. in the name of marry) and *be-egzeabher* (lit. in the name of God) when they sought financial and material support from members of their social networks

and passersby on the street. In contrast, the child sex workers mostly used slang terms, which are unique to the street subculture and are considered to be deviant by the mainstream society.

The child beggars also took into account physical and time contexts of begging in order to avert the risks of stigma and discrimination. They said they usually sat around churches to beg, were less visible on the main roads, and returned to their sleeping places early. They reported that child beggars who approach cars at red traffic lights, move from place to place frequently, and stay on the street late at night were commonly perceived as *duriye* (lit. someone who is engaged in antisocial activities mainly addiction and theft) by people.

Both child beggars and child sex workers provided false information about their reasons for joining the street, the survival strategies they used, and their risk experiences in order to avert stigma and discrimination. They made up false stories, pretending that their parents and relatives had abandoned them while seeking financial and material supports from passersby and members of the *Merkato* community. The survivors who contacted their family members also pretended; when in contact with their families, the survivors pretended to be domestic workers or beneficiaries of rehabilitation centers in order to overcome negative reactions.

Moreover, the survivors provided false information about their experiences of sexual abuse, STIs, and childbirth to members of their social networks with whom they did not have intimate relationships. Miheret and Chaltu, who had STIs, pretended to suffer from anemia and physical injuries, respectively. Similarly, Kidist and Helina pretended that the fathers of their babies were their imprisoned sexual partners, despite the fact that they had conceived the babies as a result of being raped by street men they did not know. As a result of creating acceptable, albeit false, stories, none reported any stigma or discrimination by members of their social networks.

The survivors also believed that maintaining positive relationships with members of their social networks reduced the likelihood of experiencing stigma and discrimination. Survivors who were successful to avert stigma and discrimination reported being selective to be friend with positive role models and avoiding contact with negative role models such as child sex workers, addicts, and who had other behavioral problems.

In addition, positive relationships were characterized by the reciprocal provision of social support and peaceful resolution of conflicts. Kidist and Helina responded that they were active providers of social support to their peers and their bed renters. Unlike Meron and Mekdes, who faced stigma and dissolved their social networks, Miheret, Genet, Feven, and Sorreti reported that they managed to avert stigma and discrimination by avoiding and resolving conflicts with street girls peacefully. They maintained their social networks through respecting the norms that guided the behaviors of members as well as forgiving and offering apologies when appropriate.

## **5.6. Summary of the Major Findings about Resilience of Sexually Abused Female**

### **Street Children**

As indicated in the previous chapter, the types, the number of incidents, risk factors, and risks for negative consequences of sexual abuse varied across the survivors. Compared to child beggars, child sex workers reported different forms of sexual abuse: forced sexual partnerships, rape by unfamiliar street men, and unprotected vaginal and 'abnormal' sex with different sex customers. In addition, not all survivors experienced risks for negative consequences of sexual abuse similarly. Child beggars often reported physical risks associated with pregnancy and motherhood on the street, but reported less psychosocial risks. In contrast, child sex workers reported severe forms of psychosocial risks compared to physical risks. Moreover, some survivors reported facing persistent physical and

psychosocial risks over a course of time. In contrast, others showed recovery from painful experiences of risks and developed positive sense of well-being over time.

My study of resilience provided explanations for differences in survivors' experiences of risks associated with sexual abuse. I conceptualized resilience into two ways. The first definition of resilience refers to the capacities of survivors and the available environmental resources to protect the survivors from sexual abuse. The second definition of resilience refers to the capacities of the survivors and the available environmental resources in helping them cope with physical and psychosocial risks subsequently faced because of sexual abuse.

Each survivor utilized different protection strategies and coping strategies in order to avert incidents of sexual abuse and cope with physical and psychosocial risks, respectively. However, not all survivors were successful in overcoming risks associated with sexual abuse. I found that mere utilizations of personal protection and coping strategies in order to overcome risks associated with sexual abuse were not indicators of resilience. Resilient survivors were those who effectively averted the risk of re-experiencing sexual abuse and coped with risks for negative consequences of sexual abuse. In contrast, less resilient survivors were those who utilized ineffective protection strategies and, as a result, faced repeated incidents of sexual abuse and those who utilized ineffective coping strategies in order to overcome physical and psychosocial risks, and, as a result, did not show improvement on their wellbeing.

#### **5.6.1. Resilience as the availability and effective utilization of personal protective resources to avert sexual abuse**

The survivors' protection strategies varied considerably depending on the types of sexual abuse they faced. The survivors utilized distinct protection strategies in order to avert sexual abuse committed by street men and sex customers. In addition, they utilized distinct protection strategies that were intended to avert anticipated and attempted sexual abuse.

Hence, the survivors' abilities to anticipate risks that expose them to sexual abuse and planning ahead of effective strategies to avert incidents of sexual were indicators of resilience. Likewise, the survivors' abilities to utilize effective strategies in the face of attempted sexual abuse were also indicators of resilience.

The major protection strategies that were intended to avert anticipated sexual abuse perpetrated by street men included engagement in socially acceptable survival strategies, securing safe sleeping places, avoiding the consumption of substances, and engaging in sexual partnerships with street men. Engaging themselves in socially acceptable survival strategies, such as bed-renting job, street vending, and domestic work, the child beggars were able to move from plastic shelters (i.e. where they faced sexual abuse) to rental sleeping places, where they did not face any incident of attempted or completed sexual abuse. In contrast, the child sex workers faced incidents of sexual abuse despite securing rental sleeping places.

Engagement in socially acceptable survival strategies did not only ensure the capacity of child beggars to meet their basic needs but also enhanced their recovery from glue, which was a substance consume to cope with cold weather condition and, as a result, increased the survivors' risk to rape by unfamiliar street men. Further, work habits lessened the child beggars' risk to forced sexual partnerships by street men who lived in the *Merkato* neighborhood.

Engagement in sexual partnership with street men was another protection strategy to avert sexual abuse. The child beggars were not successful in averting the risk of forced sexual partnerships while working and sleeping on the street. Hence, they normalized their experiences of sexual abuse and consensually maintained the sexual partnerships as a strategy to avert the risk of rape by unfamiliar street men. Similarly, the child sex workers maintained sexual partnerships with their perpetrators in order to avert repeated instances of sexual

partnerships and financial exploitation by several street men and male members of the *Merkato* neighborhood.

However, engagement in sexual partnerships with street men was ineffective for both child beggars and child sex workers. All of the survivors who employed the strategy reported enduring forced sexual partnerships and facing rape. More specifically, the strategy served as a risk factor that increased the risk of child sex workers to frequently engage in sex work and, as a result, exposed them to sexual abuse by unfamiliar street men and sex customers.

The comparative analysis of the participants' accounts showed that child beggars were effective to avert the risk of re-victimization of sexual abuse by street men as compared to child sex workers. The child beggars possessed abilities to anticipate risks that exposed them to sexual abuse and to plan ahead strategies to avoid meeting sexually abusive street men. They resisted practicing sex work, engaged in socially acceptable survival strategies, and avoided consuming substances. In contrast, most child sex workers did not attempt to recover from sex work and substance use. As a result, they reported repeated incidents of attempted or completed sexual abuse by street men in the context of their sleeping places, searching for sex customers, returning to their sleeping places, and sleeping in open spaces.

In such circumstances, child sex workers utilized distinct protection strategies in order to avert attempted sexual abuse by street men. The protection strategies included avoiding contact and visibility to perpetrators, screaming to seek help from people, giving money to perpetrators, and reporting incidents of sexual abuse to the police and bed renters. However, these strategies were found to be least effective. Most instances of attempted sexual abuse were not successfully averted among the survivors.

Moreover, child sex workers' inability to recover from sex work further increased their risks of facing sexual abuse perpetrated by different sex customers. However, some of child sex workers were successful in averting re-victimizations of repeated instances of sexual

abuse. The major protection strategies included meeting familiar sex customers, meeting sex customers at familiar places (i.e., where they received support when they screamed), avoiding consuming substances prior to meeting sex customers, and avoiding spending the night with sex customers. In contrast, child sex workers who reported repeated instances of sexual abuse took the risk to practice sex work with any passersby, went to unfamiliar places where they could not receive support from bar managers and waitresses, and lacked abilities to recover from substance abuse.

### **5.6.2. Resilience as the availability and effective utilization of social support from informal social networks and rehabilitation centers to avert sexual abuse**

Resilience was not merely about the survivors' characteristics and utilization of personal protection strategies but also the survivors' abilities to be part of supportive social networks and beneficiaries of rehabilitation centers that provide them social support. Survivors who were members of supportive social networks utilized effective protection strategies in order to avert sexual abuse perpetrated by street men and sex customers. Compared to child sex workers, child beggars were primary recipients of social support from social networks and rehabilitation centers.

The survivors received information, advice, material, and financial support from different types of social networks formed with street girls and bed renters. Street girls were primary providers of information and advice about strategies of averting sexual abuse to the survivors. More specifically, positive role models such as beneficiaries of rehabilitation centers and recovered sex workers shared about their success stories about averting sexual abuse so the survivors would learn from their experiences. The major information that the positive role models shared included engaging in socially acceptable survival strategies, choosing suitable working and sleeping places, and avoiding drugs and alcohol. The positive role models

further linked the survivors to rehabilitation centers that were aimed at protecting, rehabilitating, and reintegrating the survivors to their families and communities.

In addition, bed renters served as primary providers of material supports such as sleeping places and food when the survivors faced financial difficulties. They also created job opportunities to the survivors by linking them to employers and rendering money needed to engage in street vending.

Not all survivors received social support from members of their social networks. Survivors' personal qualities influenced members of social networks to render social support. Survivors who had work habits, motivation to leave the street, positive relationships, and motivation to recover from sex work and substances more likely sought and received supports from members of social networks.

Further, social support was characterized by reciprocity. The survivors were not passive recipients of social support from members of their social networks. They also rendered various types of social support to individuals from whom they received support. They provided other survivors with information, advice, sleeping place, food, and money. In addition, they helped their bed renters with domestic chores in exchange for receiving sleeping places and food.

Apart from social networks, drop-in-centers served as a major source of social support to survivors. They provided the survivors with the necessary material needs such as sanitary items, hair oils, and bathing and washing spaces. They also equipped the survivors with the necessary information about risks factors of sexual abuse and strategies of averting those risks. Child beggars more likely joined drop-in-centers and remained to be active beneficiaries, and as a result, became successful in averting sexual abuse. In contrast, child sex workers less likely joined drop-in-centers, and more likely quit the services even if they

were recruited. As a result, they were unsuccessful to recover from sex work and avert sexual abuse.

### **5.6.3. Resilience as effective utilization of personal coping strategies and environmental resources to overcome physical and psychosocial risks of sexual abuse**

The experiences of resilience among the survivors varied depending on the types of risks. The survivors utilized different types of personal and environmental protective resources in order to overcome physical, psychological, and social risks of sexual abuse. The major strategies used to deal with physical risks included seeking for medical services from health institutions. The medical services included provisions of contraceptives, testing for STIs including HIV, safe abortion, and child delivery services.

Child sex workers were successful in coping with physical risks of sexual abuse. They had relatively better health seeking behavior compared to child beggars. They prevented risks associated with child bearing and rearing by effectively utilizing contraceptives and seeking for safe abortions. They were equipped with knowledge about and utilization of contraceptives from health extension workers. In addition, child sex workers had access to free HIV voluntary counseling and testing at government-owned health post. In contrast, child beggars lacked knowledge about and access to contraceptives, did not attend HIV testing, and did not regularly attend prenatal and postnatal follow-ups. Further, they more likely relied on traditional medicines than seeking modern medicines from health institutions. Therefore, child sex workers were highly resilient, whereas child beggars were less resilient in terms of overcoming physical risks associated with sexual abuse.

However, child sex workers were not successful in seeking social support from social networks when they were ill. Instead, they were subjected to stigma and discrimination. In contrast, child beggars were provided with sleeping places, money, food, sanitary items, used clothes (for them and their children), and

The survivors utilized different coping strategies to deal with psychological risks associated with sexual abuse. The coping strategies mainly included seeking emotional support from social network members, normalizing the sexual abuse, engaging in religious practices, engaging in leisure time activities, consuming alcohol and drugs, suppressing emotions, testing for HIV, redefining risks as having positive contributions, and having a positive view of the future.

I found that there were individual differences in terms of their coping strategies. The ways survivors of forced sexual partnerships coped with psychological risks were different from survivors of sexual abuse by unfamiliar street men and sex customers. In addition, some coping strategies were common to child beggars, whereas other coping strategies were unique to child sex workers. Further, there were instances when the same survivors utilized different coping strategies to deal with similar risks across different time contexts.

The coping strategies that were commonly utilized among the survivors included seeking emotional support from social networks, normalizing the sexual abuse, engaging in religious practices, and engaging in leisure time activities. However, not all survivors were successful in overcoming their psychological risks by utilizing these strategies. Some survivors showed improved health in terms of increased self-worth, strong sense of positive future, strong social relationships, and increased social support. In contrast, other survivors reported experiencing prolonged worries, fears, flashback, stigma, and discrimination regardless of employing the strategies. For example, survivors of group rape who sought emotional comfort from large group of street girls more likely developed psychosocial risks, whereas survivors who were raped by a single perpetrator and sought emotional comfort from intimate friends showed improved well-being.

There were also individual differences in coping strategies between child beggars and child sex workers. Child beggars more likely normalized their experiences of forced sexual

partnerships, developed strong sense of positive future, redefined their risk experiences as having positive contributions, and engaged in religious practices. In contrast, child sex workers more likely suppressed their emotions, consumed alcohol and drugs, and fantasized about how the future would look in order to cope with risks. The survivors' accounts on the efficacy of the strategies revealed that child beggars were effective to overcome their risks, whereas child sex workers showed either temporary improvement or experienced additional risks by utilizing the aforementioned coping strategies.

The survivors utilized distinct coping strategies in order to cope with social risks of sexual abuse. The major coping strategies included engaging in socially acceptable behaviors, providing false information about one's survival strategies and risk experiences, and maintaining positive relationships with social network members. Child beggars acknowledged their engagements in socially acceptable survival strategies, avoidance of drugs and alcohol, following appropriate codes of dressing, hairstyles, and language; and limiting movements as specific strategies that successfully averted their risks to stigma and discrimination and maximized social support.

The survivors also provided false information about how they ended up joining the street, their survival strategies, and risk experiences in their day-to-day interaction with different individuals. Child beggars pretended that their parents had abandoned them and had their babies as a result of forced sexual partnerships in order to avert stigma and receive social support from people. Similarly, child sex workers pretended to be domestic workers when they contacted their family members to seek for emotional support. When they had STIs, child sex workers pretended to suffer from other health problems (e.g., physical injuries and anemia) to avert stigma and discrimination.

Maintaining positive relationships with social network members was another strategy of coping with social risks of sexual abuse. Both child beggars and child sex workers who were

successful in averting stigma and discrimination reported being selective to choose friends, resolving conflicts peacefully, respecting the norms of social networks, forgiving, and offering apologies.

## CHAPTER SIX

### DISCUSSION

The purpose of this study was to explore the experiences of risks and resilience among sexually abused female street children in Addis Ababa. The participants shared with me their stories of risks that led them to leave home and join the street, experiences of risks associated with sexual abuse, the protection strategies that they utilized to lower and avert the risk of being sexually abused as well as the coping strategies they utilized in order to overcome risks for negative consequences of sexual abuse. I also explored the availability and accessibility of environmental protective resources that provide social support to the survivors and enhance the survivors' capacities to overcome risks associated with sexual abuse. Further, I examined the efficacy of personal and environmental protective resources in overcoming risks associated with sexual abuse and enhancing the well-being of survivors.

In this section, I offer a brief summary of the major findings regarding the survivors' experiences of risks and resilience and place the findings in the context of the existing literature on child sexual abuse and resilience in children. I compare and contrast the findings of the current study with what has been reported by previous studies and identify findings unique to the current study.

#### **6.1. Reasons for Joining the Street**

The study identified interrelated push and pull factors that led the children to leave home and join the street. The major push factors included parental death and its associated risks of labor exploitations, emotional and physical abuse, and neglect of orphaned children by their guardians including stepparents, relatives, and siblings. Previous studies conducted on street children of Kenya, Tanzania, and Nigeria (Lugalla & Mbwambo, 1999; Omiyanka, 2009; Plummer, Kudrati, & Dafalla, 2007) have also indicated that such risks put significant

number of children at various vulnerabilities, of which street life was identified as the major one.

Violence among family members influenced the decision of the children to leave home. Survivors who were physically and emotionally abused by their families or guardians or grew up observing violence between their parents or caregivers joined the street as a means of searching for a better life. This finding is consistent with what has been reported by previous studies (Aptekar, 1994; Gamble, 2010; Kopoka, 2000), which have suggested that families characterized by lack of emotional support, violence, and poor communications among members push children to run away to the street. Further, Shimelis (2015), in his study of the situation of street children in Hawassa, Ethiopia, found that 20% of the sampled participants reported leaving home because of domestic violence.

Early marriage, which was a common practice in rural parts of Ethiopia for several decades (Ashenafi, 2012; FSCE, 2003; Young Lives & UNICEF, 2016), also pushed the children to leave home and join the street. Although the government has recognized early marriage as a harmful traditional practice, criminalized the act, and implemented various prevention programs to eradicate it, the female street children in my study reported that it was still practiced in the Amhara and Oromia regions of the country. Consistent with this finding, Ashenafi (2012) indicated in his study of homeless people in Addis Ababa that early marriage was one of the major causes of rural-urban migration and homelessness among children and women.

In contrast to the push factors just described, the economic attraction of the city lifestyle was found to be an important factor, leading rural children to migrate to Addis Ababa. Child returnees who had been exposed to the city influenced rural children's decisions to migrate by proving them with information about the availability of jobs and educational opportunities and promising assistance in finding jobs. In line with this, studies conducted in Sudan and

Tanzania have also reported that the majority of working street children are rural migrants who came from poor families (Lugalla & Mbwambo, 1999; Plummer, et al., 2007).

However, the reasons for the migration of female street children in my study differ from those reported for the Sudanese and Tanzanian children. The street children in Sudan and Tanzania joined the street mainly to work and financially support their poor families. Unlike those children, the street children in my study migrated to the capital city as a means of escaping from unfavorable living conditions, such as violence, early marriage, labor exploitation, and neglect, and were lured by promises better jobs and educational opportunities. All of them migrated to the city without the consent of their families, who did not support them in making the move.

Once left home, the reality of the working and living conditions on the street did not match the children's expectations. None of the participants was aware of the actual working and living conditions on the street prior to leaving their home. They were misinformed, told they would find jobs as domestic workers, cashiers, waitresses, or garbage collectors and could continue their educations while living in rental houses or with their employers. However, they ended up joining the street and engaging in sex work, begging, street vending, or bed-renting jobs in order to meet their basic needs. Hence, the children left their homes to encounter further risks, of which sexual abuse was the major one.

## **6.2. Definitions and Perceived Risk Factors of Sexual abuse: 'Sexual abuse through the Eyes of Survivors'**

Sexual abuse was a common risk experience among female street children. Each street girl had a unique story of sexual abuse while working and living on the street. Because I was guided by social constructivist research paradigm and designed the study to explore self-definitions of sexual abuse, I focused on the types of sexual activities that the participants regarded as abuse, rather than those they considered consensual sexual activities. I identified

three major types of sexual abuse: forced sexual partnerships with street men known to the children, rape by street men the children did not know, and unprotected and 'abnormal' sexual activities with sex customers. The participants considered these types of sexual activities to be risks that, in comparison with sexual harassment and consensual sex, held negative consequences for their physical, psychological, and social well-being.

All of the participants in my study were forced into having their first sexual experience after they joined the street. This finding is inconsistent with Mitike and colleague (2000) and Olsson (2016), who reported that a significant number of female street children in their studies had history of sexual abuse before they left homes and were subjected to repeated instances of sexual abuse after joining the street. Further, I found that the perpetrators of sexual abuse included street men and sex customers who belonged to different socioeconomic and cultural backgrounds. This is inline with what have been reported by previous studies (Addisalem, 2010; Gebre, et al., 2009).

**Sexual abuse perpetrated by street men:** In my study, street men were the primary perpetrators of sexual abuse against female street children. This finding is similar to the situation of sexual abuse among street girls in Nigerian. Ikechebelu, Udigwe, Ezechukwu, et al. (2008) found that 69.9% of street girls were sexually abused at least once. Regarding the profile of perpetrators, 59.4% of survivors reported being sexually abused by adults, whereas 29.1% reported being sexually abused by older children or adolescents.

My study further identified two types of sexual abuse perpetrated by street men: forced sexual partnerships and rape. In the first type of sexual abuse, the female street children were forced to become sexual partners of street men whom they knew, mainly street leaders; these partnerships often lasted for a prolonged period of time. Consistent with this, Ikechellu and colleagues (2008) reported that 62.5% of female street children were subjected to sexual abuse by someone they knew. Inconsistent with Ikechello and Colleagues' findings, the

female street children in my study were not only sexually abused but also they were exploited financially. Unlike Nigerian survivors who reported being sexually abused on few occasions, the survivors in my study endured the sexual partnerships with the same or different perpetrators for a prolonged period of time.

In the second form of sexual abuse (i.e., rape), the perpetrators were unfamiliar to the female street children. Evidence from the experience of Nigerian street girls also revealed that 37.5% of survivors reported being sexually abused by strangers (Ikechebello, et al., 2008). My study was different from what has been reported in Ikechello, et al.'s (2008) study was that group rape was widely evident among sexually abused female street children of Addis Ababa. In contrast, single person perpetrated sexual abuse against street girls in Nigeria.

**Sexual abuse perpetrated by sex customers:** Unprotected vaginal sex and 'abnormal' sex were identified as the major types of sexual abuse faced by child sex workers. All of the participants who were involved in sex work said that they had been forced on at least one occasion to engage in unwanted sexual activities without a condom being used. This finding echoed that of Baardson (1993), who, in a study of child prostitution in Ethiopia, found that 76% of respondents reported that sex customers sexually abused them. Similarly, Lalor (1999), a prominent researcher on child prostitution in Ethiopia, reported that 44% of child sex workers in Addis Ababa were raped. In a different study, he found that 73% of child sex workers in Addis Ababa had been raped at least once (Lalor, 2000).

The sex customers in my study were said to utilize combinations of persuasive and forceful strategies to abuse the children sexually. Persuasive strategies included promising money and gifts and providing false information such as showing invalid certificates that indicate that a sex customer is HIV negative, claiming to be at low risk of HIV because of one's social status (i.e., being in a monogamous marriage, having children, and being '*yebet*

*lij'*), and promising marriage in exchange of unprotected sex. The perpetrators were said to mainly utilize persuasive strategies to abuse new, younger, rural migrant children as well as those children who did not have adequate knowledge about the risks associated with unprotected sex. In the latter case, the children did not consider their sexual experience as abuse until they subsequently received information about the health risks of unprotected sex from members of their social networks. However, not all perpetrators used persuasive strategies, some employed forceful strategies, threatening and physically abusing the children if they refuse to engage in unwanted sexual activities.

**Perceived risk factors of sexual abuse.** Central to this study was developing an understanding of the survivors' perspectives on the risks that exposed them to sexual abuse. The social constructionist perspective guided my thinking and interpretations about the risks that exposed female street children to sexual abuse. Unlike studies that assessed mainly predetermined psychological characteristics (Cortoni & Marshall, 2001; Daversa, & Knight, 2007; Marshall & Marshall, 2000) or socioeconomic and cultural characteristics (Bograd, 1999; Godezi, et al., 2001) of perpetrators or survivors in order to explain the risk of child sexual abuse, my study provided comprehensive and context specific explanations of risks that exposed female street children to different types of sexual abuse from the perspectives of the survivors. Further, it compared and contrasted between the findings of this study and what have been previously reported in literature on sexual abuse among sheltered children in general and female street children in particular.

I found that the risks that increased the survivors' likelihood of being sexually abused and the perpetrators' sexual aggression were broadly categorized into individual and environmental levels. The findings echoed the major elements of the ecological theory, which mainly included *macrosystem*, *exosystem*, *microsystem*, and *ontogenic* levels of risk factors

(Bolen, 2002; Ungar, 2011). In addition, I found risk factors at each level varied widely across different types of sexual abuse.

In the case of forced sexual partnerships, being new to the street and being a child sex worker were individual-level characteristics (*ontogenic* level risks) that increased female street children's risk to sexual abuse. Newcomers were considered 'clean' (i.e., female street children who did not have sexual experience) in the street subculture because of their sexual purity and lacked protection skills, which increased their risk of sexual abuse. This category of survivors more likely faced sexual abuse within few days of their arrival on the street. This finding is inline with what is reported by Lalor (1999) that younger street girls are the most victimized group because street men perceive that they are at low risk of HIV as compared to older street girls who were engaged in sex work. In addition, child sex workers (mainly those who belonged to a category of *ged yalachew setoch*) were targeted because they were seen as being able to provide for the financial needs of the street men.

Apart from this, being street leaders was found to be an important characteristic of the perpetrators, who used their superior positions to enforce their dominance over the female street children. Street leaders often changed their sexual partners over time whenever new comers arrive on the street and found child sex workers who gained better income than their previous sexual partners.

The street subculture that promotes the superiority of street men over female street children was a major environmental factor that increased the risk of sexual abuse. This finding is inline with the *macrosystem* level risk factors of ecological theory, which identified the patriarchal power structure and collective refusal to recognize child sexual abuse as a social problem (Bolen, 2002; Giddens, 2001; Lindsay, 2005). I found that forced sexual partnerships with street men were normalized and tolerated as a common experience of every street girl. The street leaders dictated the behaviors of all street men, women and children,

who were forced to abide by their rules in order to survive on the street. In response to non-compliance, perpetrators committed physical abuse and forced children to leave the street. I discovered that survivors and members of their social networks generally did nothing to avert the risk of sexual abuse for the sake of surviving on the street. Instead, there even were instances the survivors intentionally consented to the forced sexual partnerships in order to avert repetitive incidents of rape by network members and strangers.

My study further investigated distinct risk factors that exposed female street children to rape by unfamiliar street men. The use of substances was the most important *ontogenic* level risk for both perpetrators and survivors. Being under the influence of alcohol, drugs, or other substances like glue caused sexual aggression among the perpetrators and hindered the protection capacity of the survivors. The child beggars reported that both they and their perpetrators were intoxicated prior to the rape. This is consistent with the findings of studies by Gamble (2010), Lalor (1999), Mitike et al. (2000), Solomon, et al. (2002), and Save the Children (2007), which have reported that the risk of sexual abuse among street children is closely associated with high rates of addiction to alcohol and drugs.

It is possible that the actual frequency of rape following intoxication is higher than what the survivors self-reported in my study. Because high consumption of glue, alcohol, and drugs can result in memory loss, the survivors might have faced repetitive instances of rape but were not aware of or could not recall them. In my previous research with female street children, I found that survivors did not always recall their experiences of rape, and sometimes were not aware of the rapes until their social network members told them about the incidents the next day.

Among this study's female street children, engagement in sex work was another *ontogenic* level risk that increased the likelihood of child sex workers to experience rape by street men they did not know. Unlike the category of *ged yalachew setoch* who were prone to

experience forced sexual partnerships with street men, child sex workers who were labeled *ged yelelachew setoch* were at high risk of rape because they lacked money to rent sleeping places. Instead, they slept at different street corners, leaving them vulnerable to passersby. Individual characteristics of the perpetrators included street men who pretended being sex work brokers and intoxicated street men who belonged to different area.

I also explored the physical and social environmental contexts that aggravated survivors' risk of rape. These mainly represented *exosystem* and *microsystem* level risks, which according to Bolen (2002) included violent neighborhoods, lack of appropriate and safe childcare services, and lack of strong social networks available to children. A prominent source of rape in the physical environment was the bus station, which was identified as an ideal place for perpetrators to pick up rural children who were migrating to the city alone. In addition, unsafe sleeping conditions on the street and using the springs for bathing and washing clothes were other physical settings where the child beggars encountered sexually abusive street men.

Risks associated with the social environment mainly included weak informal social networks in terms of their structures and relationships among the members. Child beggars who belonged to small social networks such as dyads or triads of female members had difficulty averting rapes committed while they were sleeping on the street. Moreover, the social networks characterized by conflicts among its members increased the risk of rape in two ways. First, members could take revenge on those they were fighting with by not protecting them from rape. Second, male social network members could serve as perpetrators and accomplices in the rape of children who had rejected their sexual advances. Further, membership to social networks composed of negative role models (i.e. child sex workers) influenced the bed renters' decisions to quit bed-renting job and engage in sex work, which in

turn, increased their risk of encountering sexually abusive unfamiliar street men in the context of searching for sex customers late at nights.

I also explored the survivors' perspectives on the risks that exposed them to sexual abuse by sex customers. Individual-level risks included perpetrators' characteristics such as being intoxicated, lacking knowledge about condom use, being young, and suffering from psychological problems, mainly the drive for revenge or a sexual disorder. Child sex workers' characteristics that represented individual-level risk mainly included being new to sex work.

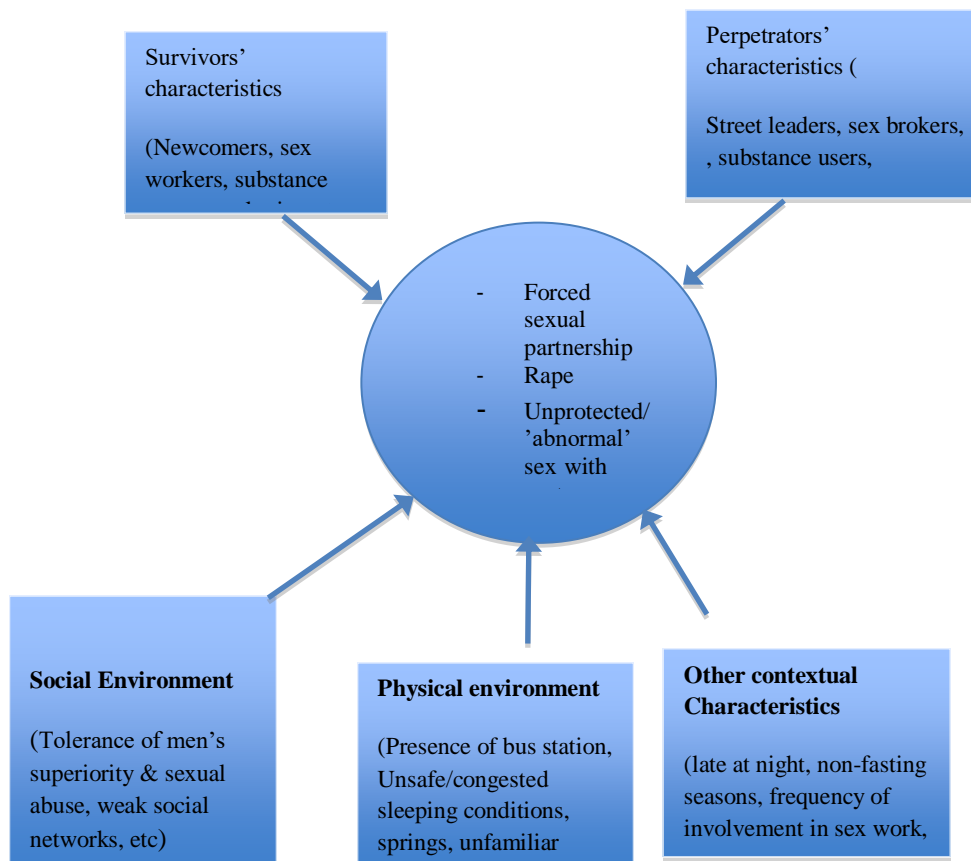
Moreover, the children associated an increased risk of sexual abuse with certain physical settings where sex work was practiced as well as the time when it was practiced. Sexual abuse occurred when child sex workers went to distant and unfamiliar places with their sex customers. In addition, spending the night with a customer, practicing sex work regularly, and non-fasting seasons were contextual risks that increased the likelihood of child sex workers to be sexually abused.

In general, the findings support the major elements of ecological theory, in which risks can emanate from the individual and environmental characteristics. The major individual level risks included the survivors' and perpetrators' characteristics, which increased the likelihood of being sexually abused and sexual aggression, respectively. The perpetrators' characteristics mainly included being street leaders, sex brokers, young, and intoxicated, whereas the survivors' characteristics mainly included being new to the street, being a sex worker, and consuming substances. In addition, the environmental characteristics included the physical, social, spatial or time contexts in which the incidents of sexual abuse occur. The major physical risks that exposed child beggars and child sex workers to sexual abuse included unsafe sleeping conditions and unfamiliar places where sex work was practiced,

respectively. Similarly, the social risks mainly represented the street subculture that tolerated and normalized sexual abuse of female street children.

The comparative analysis of the participants' accounts further showed that child sex workers more likely reported different types of sexual abuse as compared to child beggars. They reported repeated incidents of forced sexual partnerships regardless of securing safe sleeping places, rape by strangers while searching for sex customers on the street, sleeping in open spaces when they lacked money, and meeting sexually abusive sex customers. Figure 8 presents conceptual map that shows multiple and interrelated risk factors that exposed female street children to different forms of sexual abuse while working and living on the street.

Figure 7. Conceptual map to Understanding Perceived Risk factors of Sexual Abuse



### **6.3. Risks Experienced Subsequent to Sexual abuse**

The survivors in this study faced various physical, psychological, and social risks as a result of sexual abuse. The physical risks mainly included STIs and unwanted pregnancy and its aftermath of either abortion or bearing and raising children on the street. These findings are consistent with those of other studies (Lalor, 2000; Marta, 2013; Mitike, et al., 2000; Solomon, et al., 2002), who reported reproductive health problems of street children in Addis Ababa and Hawassa, Ethiopia. In this subsection, I give emphasis on discussing the experiences of risks associated with unwanted pregnancy.

I found that lack of knowledge about and access to contraceptives increased the survivors' exposure to unwanted pregnancy. Consistent with this finding, a study conducted on sexual abuse among juvenile female street hawkers in Nigeria revealed that 43.1% of respondents had low awareness of contraceptive methods (Ikechebellu, et al., 2008). Induced abortion was the preferred option for handling an unwanted pregnancy among child sex workers. The child sex workers thought that in their day-to-day interactions with individuals in the community they would be stigmatized and discriminated against if they had a child while practicing sex work. Consistent with this, Lalor (2000) reported that 54.5% child sex workers in Addis Ababa aborted pregnancies through traditional methods at least once and a maximum of three times. Inconsistent with Lalor's finding, the survivor in my study sought safe abortion from a health institution.

Unlike child sex workers, the child beggars tended to deliver their babies because they were not well informed about reproductive health issues and the availability and accessibility of abortion services. Pregnancy, child bearing, and child rearing practices were found to be the survivors' most challenging life experiences, a finding previously reported by Gamble (2010); Hailu, Tusingwire, Wakira, et al. (2012); and UNICEF (2007). Comparing themselves to sheltered mothers, the survivors who gave birth perceived themselves to be less

privileged because of the interrelated risks faced during pregnancy and after child delivery. Some of the major risks included inadequate and poor quality of food, uncomfortable sleeping places, long hours working, respiratory infections, intestinal infections, and lack of prenatal and postnatal follow-up.

It is common for female street children to experience psychological risks following their exposure to sexual abuse. The major psychological risks included self-blame, low self-worth, fears and worries, flashbacks to the trauma, substance use, relationship problems, and suicidal thoughts. Survivors who experienced self-blame took personal responsibility for facing sexual abuse and its negative consequences, rather than blaming the perpetrators. This finding is consistent with what has been reported by previous studies (Dogangun, et al., 2016; Mitike, et al., 2000), which described a link between sexual abuse and self-blame. Mitike and colleagues (2000), in their study of sexual abuse among female street adolescent in Addis Ababa, found that 72% of the respondents blamed themselves for sexual abuse. In the investigation of the reaction to trauma in sexually abused children and adolescent in Istanbul, Turkey, Kilicoglu (2010), showed that 33% of survivors blamed themselves for the incidents of sexual abuse.

My finding differs from what has been reported by (Dogangun, et al., 2016; Kilicoglu, 2010; Mitike, et al., 2000) because it provided explanations for how the risk of self-blame was experienced among the survivors. I found that factors that led survivors to join the street, survivors' relationships with the perpetrators, and the relationships they had with members of their social networks had influences on how they responded to sexual abuse. Survivors who joined the street despite favorable living conditions at home took personal responsibility for their experience of sexual abuse, whereas those who were forced to join the street because of early marriage or violence in the family were more likely to attribute blame for the sexual abuse to perpetrators. The first group of survivors frequently blamed themselves for the

sexual abuse recalling the good memories they had with their family members and comparing them with unfavorable living conditions on the street.

In addition, the survivors who were raped by unfamiliar street men, compared to those who experienced forced sexual partnerships, experienced self-blame. This finding contradicts that of Briere and Elliott (1994) and Dogangun, et al. (2016), who reported that survivors of sexual abuse more likely developed self-blame in the face of sexual abuse committed by family members or someone they knew, rather than when the perpetrators were strangers. According to Dogangun and colleagues (2016), 60% of the sampled survivors who were sexually abused by their close relatives or some one they knew reported self-blame. In my study, survivors of forced sexual partnerships more likely normalized and redefined their experiences of sexual abuse as having positive contributions. Perpetrators were seen as protectors from further instances of sexual abuse and providers of emotional comfort in times of their needs. In contrast, rape by unfamiliar street men was a source of stigma and discrimination, which in turn caused the survivors to experience interrelated psychological risks including self-blame.

Moreover, the risk of self-blame was developed and triggered by relationship problems between the survivors and their social network members. Child sex workers developed self-blame as a result of facing stigma and discrimination in their day-to-day relationship with bed renters, sheltered children, and child beggars. There were instances of survivors who had previously blamed their perpetrators for their victimizations subsequently taking personal responsibility after experiencing repetitive stigma and discrimination from those with whom they interacted.

I also found that the risk of low self-worth was commonly reported among survivors. The survivors developed feelings of being impure, sexual objects, sinners, worthless, and hopeless. In line with this, previous studies (Ackard & Neumark-Sztainer, 2003; Chen,

Dunne, & Han, 2006; Lin, Li, Fan, & Fang, 2011; Riggs, Alario, McHorney, 1990) associated low self-esteem and poor self-image with childhood sexual abuse, which could be used as equivalent terms to low self-worth. In addition, Worku, Gebremariam, and Jayalakshimi (2006), in their study of child sexual abuse and its outcomes among high school students in South West Ethiopia, reported that feelings of worthlessness, guilt, and hopelessness were common among students who had history of childhood sexual abuse.

My study further explored factors increasing the likelihood of survivors to experience low self-worth and the subsequent psychological risks associated with low self-worth. The feeling of worthlessness was common among survivors who developed self-blame, were emotionally abused and rejected by the perpetrators, and experienced sexual abuse on more than one occasion. The feeling of worthlessness subsequently led the survivors to engage in risky sexual behaviors (Beckinsale, Martin, & Clark, 1999; Edgardh & Ormstad, 2000) and to disengage from religious institutions (Tailor, Pitroiski, Woodgate, et al., 2014).

In the later case, Tailor and colleagues (2014) found that the survivors left churches and other informal faith communities because they developed anger towards God perceiving that he was responsible for not protecting them from the risk. Inconsistent with this, the survivors in my study did not disengage themselves from churches because they blamed or were angry with God for their experiences of sexual abuse. Instead, they attributed blame to themselves and felt they were not righteous enough to go and pray in the churches.

I believe that survivors' fear of being infected by HIV and flashbacks to the trauma represented forms of anxiety. The fear of HIV infection was common among child sex workers who were raped by unfamiliar street men or who were forced to have unprotected sex with sex customers. In contrast, survivors did not fear becoming HIV infected in the face of forced sexual partnerships or unprotected sex with familiar sex customers because of myths about the risk of HIV being low among street men, married men, and '*yebet lij*'. The

participants' fears of HIV infection were not unfounded; previous studies have shown that the risk of HIV is very high among homeless children and youth because they lacked knowledge about the transmission of the virus and faced repeated instances of sexual abuse often committed without uses of condoms (Lalor, 2000; Marta, 2013). Given the survivors' lack of knowledge about HIV transmission and lack of access to regular voluntary and counseling testing, I could say that some of the survivors did not develop feelings of fear because they lacked knowledge about HIV transmission and were not aware of their HIV status.

Flashbacks to the trauma were also common among this study's survivors of sexual abuse. Previous studies (Dogangun, et al., 2016; Molnar, Berkman, & Burka, 2001; Wolfe, Louise, & Wekerle, 1994) also identified PTSD, which mainly included recurrent thoughts of the traumatic event. In my study, the survivors recalled the memory of the sexual abuse, in which they were exposed to rape and the perpetrators were strangers and emotionally and physically abusive. The survivors re-experienced flashbacks when they saw perpetrators, faced repetitive episodes of sexual abuse, met people who shared common behaviors with perpetrators, looked at scars that marked their bodies, and faced stigma and discrimination by members of their social networks.

I also found that the use of substances was reported as both a risk that exposed the survivors to sexual abuse and a negative consequence of sexual abuse. The child sex workers mainly consumed *khat*, beer, and *ganja* to cope with feelings of low self-worth, flashbacks of the trauma, stigma, and discrimination. This finding is consistent with the findings of studies of child sexual abuse among sheltered children (Chen, et al., 2006; Engardh & Ormstad, 2000; King, Flisher, Noubary, et al., 2003; Lin, et al., 2011) as well as street children (Gamble, 2010; Mitike, et al., 2000) that reported substance abuse (e.g. alcohol, tobacco, and drug) as psychological consequence of child sexual abuse. A study that examined the sexual abuse of street children in Romania reported that child sex workers used substances as a

means of escaping from psychological problems associated with sexual abuse (Gamble, 2010). Similarly, a study of sexually abused female street adolescents in Addis Ababa found that 19% of the sampled survivors of sexual abuse consumed *khat*, 18% drank alcohol, and 16.7% smoked cigarettes (Mitike, et al., 2000).

Unlike the child sex workers, the child beggars in my study did not consume any substances to cope with the psychological risks associated with sexual abuse. As of the end of my study, all of them had recovered fully from using glue, which was the only substance they used to consume to cope with the cold weather conditions while sleeping on the street.

Survivors in this study also reported experiencing anger, a finding similar to what has been reported by Fraser, et al. (2004). They developed anger toward street men as well as street girls. Other interpersonal problems reported by this study's survivors included mistrust, conflict, and dissolution of their social networks. Further, survivors who faced rape in the presence of their social networks members and who faced stigma and discrimination developed anger and mistrust and dissolved their social networks. Such risks in turn led the survivors to experience loneliness and stop seeking social support from people in times their needs. Similar to this finding, Godbout and colleagues (2014) have suggested that survivors of sexual abuse are not likely to disclose their experiences for fear of unsupportive reactions from their immediate environment.

Suicidal thoughts appeared to have resulted from cumulative and prolonged psychosocial risks associated with sexual abuse. Survivors who faced group rape and the associated stigma and discrimination were likely to develop suicidal thoughts as a consequence of sexual abuse. Consistent with this finding, studies showed higher rates of suicide among sexually abused children. Perez-Gonzalez and Pereda (2015), in their systematic review of the prevalence of suicidal ideation in minors who have been sexually abused, found that the survivors have a 2- to 3- fold higher risk of suicidal ideation and 3- to 4- fold higher risk of attempted suicide

than children who did not have history of sexual abuse. In addition, Anteghini, Fonseca, Ireland, et al. (2001) and Kilicoglu (2010) found that 52.63% and 36.7% of their sampled survivors of sexual abuse had suicidal ideations, respectively.

My finding differs from other studies (Bogar & Hulse-Killacky, 2006; Phanichrat & Townshend, 2010; Rind, et al., 1998) that found suicidal thoughts as a long-term consequence of sexual abuse among adult women who had history of childhood sexual abuse, rather than an immediate risk experienced following sexual abuse. It is possible that survivors would develop suicidal thought if they experienced severe forms of sexual abuse, stigmatized and discriminated against by their social network members, and found out that they were HIV positive. I also found that survivors who even had not thought of committing suicide reported that they would commit suicide if they were found to be HIV positive. Most notably, survivors who had friends who committed suicide were more likely to consider suicide as an option to overcome stress. Similar to this finding, Whitbeck, Hoyt, and Bao (2000) found that having friends who have attempted suicide has been associated with poor mental health including suicidal behavior.

The social risks that this study's survivors experienced in their day-to-day relationships with others included stigma and discrimination because of their being street children and engaging antisocial activities, generally, and having been sexually abused, specifically. The stigma took the form of labeling, with the survivors being called names such as *duriye*, *edsam*, *shermuta*, *shelle*, *borko*, and *beshetegna* because of their engagement in sex work, using substances, raising fatherless children, and experiencing illnesses. Discrimination was manifested in several ways; child sex workers were subjected to physical abuse (i.e., by the police), not offered protection from sexual abuse (i.e., by bed renters and the police), financially exploited by sex customers who made false accusations to the police, and excluded from some lodgings by bed renters who would not rent them a place to sleep.

These findings are consistent with previously conducted studies (Hailu, 2007; Kelly, 2001), which reported that various groups of individuals such as perpetrators, peers, and other community members perpetrate stigma and discrimination against survivors. Stigmatizations mainly included blaming survivors for incidents of sexual abuse and discrimination mostly occurred in terms of isolating survivors from social activities.

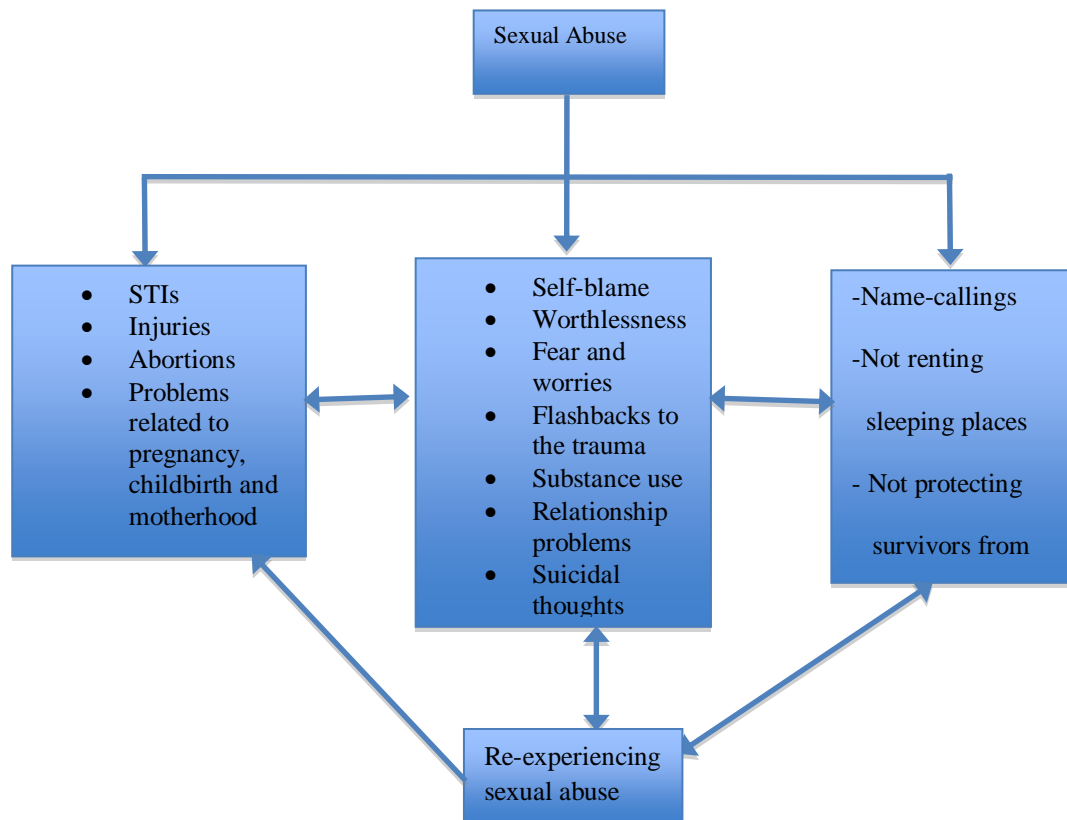
The physical, psychological, and social risks associated with sexual abuse were not singular but rather were interrelated. Physical risks influenced survivors' psychological and social well-being in various ways. Experiences of physical abuse that left scars on survivors' bodies, abortions, and childbirth triggered flashbacks of the trauma and self-blame. In addition, STIs and other types of health problems contributed to survivors' fear of being infected by HIV and facing stigma and discrimination by their peers and bed renters. Likewise, stigma and discrimination led the survivors to experience psychological risks such as flashback of the trauma, self-blame, anger, and mistrust as well as to dissolve their social networks.

My study also showed the influence of physical and psychosocial risks in increasing survivors' risk to facing repeated instances of sexual abuse. Child sex workers who faced health problems were more likely stigmatized and discriminated against by bed renters and, as a result, were forced to leave their sleeping places and sleep in different street corners, which, in turn, increased their risk to sexual abuse by unfamiliar street men. In addition survivors who experienced feelings of worthlessness and hopelessness were more likely to do nothing when faced with attempted forced sexual partnerships with street men.

Further, survivors who were stigmatized and discriminated by bed renters and the police endured multiple sexual partnerships with the same or different perpetrators. When child sex workers lacked money to pay for their sleeping places, the bed renters forced them to sleep on the street; a physical context that increased the survivors' risk to rape by strangers. In

addition, the bed renters did nothing to protect the survivors from sexual abuse even in situations the perpetrators were their sons. Likewise, lack of support from the police led the survivors to develop lack of trust in the justice system and to tolerate further instances of sexual abuse. The figure below shows the major physical and psychosocial risks faced subsequent to sexual abuse, their relationships, and their influence in increasing the survivors' risk to re-experiencing sexual abuse

Figure 8. Conceptual map to understanding the risks for negative consequences of sexual abuse



The comparative analysis of the survivors' accounts further showed that not all survivors experienced the physical, psychological, and social risks similarly. Child beggars often reported physical risks associated with pregnancy and motherhood on the street, but reported less psychosocial risks. In contrast, child sex workers reported severe forms of psychosocial risks compared to physical risks. In addition, some survivors reported facing persistent

physical and psychosocial risks over a course of time, whereas others showed recovery from past painful experiences of risks and developed positive sense of well-being over time.

#### **6.4. Experiences of Resilience among Sexually Abused Female Street Children**

As indicated in previous sections, the types, number of incidents, risk factors, and negative consequences of sexual abuse varied considerably across the survivors. Some survivors were more likely to face different types of sexual abuse repeatedly, whereas others were successful in avoiding incidents of sexual abuse. In addition, not all survivors similarly experienced risks subsequent to sexual abuse. Some survivors reported more physical risks and less psychosocial risks, whereas other survivors reported more psychosocial risks and less physical risks. Further, some survivors persistently experienced risks, whereas other survivors showed recovery from those risks over time. In order to explain why and how survivors differently responded to risks associated with sexual abuse, I explored the experiences of resilience among the survivors.

Drawing on the social constructionist perspective of resilience, I treated resilience as a socially constructed. As the experiences of risks associated with sexual abuse varied widely among the survivors, so were the survivors' experiences of resilience. Hence, I provided definitions and indicators of resilience from the perspectives of survivors. My study differed from resilience studies that equated resilience with children's psychological characteristics and implicitly blamed the children for not possessing extraordinary qualities to overcome risks. I approached resilience as more than survivors' capacities to overcome risks by also incorporating the processes through which survivors and their environments interacted. I found that risks and resilience are embedded within the survivors' physical and social environments.

I provided two broad definitions of resilience from the perspectives of survivors. The first definition of resilience refers to the capacities of survivors and the available

environmental resources to avert the risk of sexual abuse. The second definition of resilience refers to the capacities of survivors and the available environmental resources in helping survivors cope with physical and psychosocial risks subsequently experienced because of sexual abuse.

Both definitions of resilience involved processes of navigation and negotiation for resources and their positive outcomes on survivors' wellbeing. Navigation involved the availability of internal (i.e., personal) and external (i.e., environmental) protective resources that help survivors overcome risk of re-victimization and negative consequences of sexual abuse. Negotiation involved the survivors' effective utilization of personal and environmental protective resources in order to overcome risks associated with sexual abuse. In other words, resilience is not only equated with availability of personal and environmental protective resources but also the appropriateness and effective utilization of those resources. Therefore, resilience is associated with successful prevention of further instances of sexual abuse and recovery from physical and psychosocial risks subsequently experienced because of sexual abuse through effective utilizations of personal and environmental protective resources.

The importance of a particular protective resource and its positive outcome was context-specific (i.e., varies across survivors and time). A particular protective resource that fostered positive outcomes in one context produced undesirable outcomes in another context. Therefore, I took into account multiple indicators (i.e. availability and accessibility of different personal and environmental protective resources and their positive outcomes) to explore the unique and shared experiences of resilience among the survivors. All of the survivors showed resilience in various indicators of resilience but their level of resilience was not similar. Some survivors were highly resilient in some indicators of resilience but were less resilient in others.

In addition, resilience was not a one-time event, but rather an ongoing positive adaptation that differed over time. Some survivors were considered highly resilient across time, whereas others were highly resilient at one time but less resilient at another time, and still others were persistently less resilient across different times. In the subsequent subsections, I discuss the major indicators of resilience among the survivors. I also compare and contrast my findings in relation to what have been reported in previously conducted studies on the resilience of sexually abused children in general and street children in particular.

#### **6.4.1. Availability and effective utilization of personal protective resources to avert sexual abuse**

All of the survivors possessed personal protective resources in order to lower and avert sexual abuse. They employed distinct protection strategies in order to avert anticipated and attempted sexual abuse committed by different perpetrators. The major survivors' protection strategies to avert anticipated sexual abuse committed by street men included: engagement in socially acceptable survival strategies, securing safe sleeping places, avoiding substances, and engaging in sexual partnerships with street men. However, not all of the survivors utilized the strategies and also were successful in averting incidents of sexual abuse. Some of the survivors were successful in averting the risk of re-experiencing sexual abuse through utilizing the strategies, whereas others endured multiple episodes of sexual abuse despite utilizing the strategies.

Child beggars were considered highly resilient in averting sexual abuse through resisting sex work and engaging in socially acceptable survival strategies such as bed-renting job, street vending, and domestic work. Work was perceived to bring social acceptance of survivors by community members, created strong relationships among survivors and their social network members, and increased self-confidence, and self-reliance of survivors. It also

increased the survivors' financial capacity to secure rental-sleeping places, where they did not face any incident of attempted or completed sexual abuse.

Consistent with my finding, previous studies (Bourdillon, 2000; Cohen, 2001; Liborio & Ungar, 2010; Ungar, et al., 2008) found the importance of work in enhancing the resilience of children facing risks. In their study of children's labor and work as a complex phenomenon encompassing risk factor and positive outcomes, Liborio and Ungar (2010) showed that economic activities such as engagement in prostitution, street vending, agricultural work, and domestic work are pathways to resilience for poor children. Similarly, Cohen (2001) found that family-based domestic work enhances sense of autonomy and independence of children in Canada, India, and Norway. Moreover, Tekalegn (2011), in his study of resilient children and youth in Arbaminch town of Ethiopia, identified the quality of resilient children as taking responsibilities in solving their economic problems through running small business activities or engaging in part-time jobs. Such economic activities also helped poor children focus on their work, rather than engaging in risky behaviors such as drug abuse and going to illegal video houses that view pornographic films.

My finding contradicts with previous studies on child well-being (Keilland & Tovo, 2006; Rubenson, 2005) that reported work bringing serious negative consequences on the physical and psychosocial development of children. The studies found that child work and labor was strongly associated with reduced time for play, leisure and peer relationships (Keilland & Tovo, 2006), poor school performance in terms of early dropouts, grade repetition, and low grades (Keilland & Tovo, 2006) and use of illegal drugs (Rubenson, 2005). I fully acknowledge that child labor is a potential risk to children's well-being. I also support the goals of the International Labor Organization (ILO) to eradicate the worst forms of child labor that bring negative consequences on children.

However, I also believe that work had positive contributions for female street children who cannot realistically access protective resources (e.g. support from family, school or other institutions) available to sheltered children who are more privileged social group. Compared to sex work and begging, some forms of economic activities such as bed-renting job, street vending, and domestic work are considered as socially acceptable in most cultures of Ethiopia, generally and in the Merkato community, particularly. Children who are engaged in such socially acceptable economic activities are rewarded emotionally and receive financial and material provisions from different groups of individuals in times of their needs. Consequently, their risk of facing sexual abuse is low as compared to other children who are engaged in sex work.

Ability of survivors to recover from substances was another personal protective resource associated with resilience. Child beggars were successful in this indicator of resilience although some child sex workers also showed recovery from intake of different types of substances. It required a great effort for survivors to avoid using substances while living in an environment where substance use is considered a norm in the street subculture. Engagement in work enhanced the recovery of the child beggars from glue, which was a substance the child beggars consumed to cope with cold weather condition while sleeping in open space or plastic shelters. Consistent with this finding, previous studies (Malindi, 2014; Oliveria, et al., 1992) indicated that resilient street children are characterized as abstaining from drugs, alcohols, and other substances.

Maintaining sexual partnerships with street men was another protection strategy. Child beggars and child sex workers normalized and re-defined their experiences of sexual abuse as having positive contributions to avert repeated incidents of rape and financial exploitations by street men, respectively. However, they all endured either forced sexual partnerships or rape by unfamiliar street men despite employing the strategy. Therefore, the strategy of

maintaining sexual partnership with perpetrators was not an indicator of resilience but rather, a risk factor that increased the likelihood of the survivors to face further instances of sexual abuse by different perpetrators.

Compared to child sex workers, child beggars were highly resilient in averting the risk of sexual abuse. They possessed abilities to anticipate risks that expose them to sexual abuse, to make good choices, and learn from the consequences of those choices. They learned that sleeping on the street, consuming substances, and engaging in sex work expose them to different types of sexual abuse. Therefore, they resisted sex work, engaged in socially acceptable survival strategies, secured safe sleeping place, and recovered from substances in order to avert further instances of sexual abuse.

In contrast, child sex workers showed little effort to recover from sex work and substance use. They engaged in sex work as frequently as possible in order to secure their sexual partners' financial needs as well as consumed different substances. As a result, they reported repeated incidents of attempted or completed sexual abuse by street men in the context of their sleeping places, searching for sex customers, returning to their sleeping places, and sleeping in open spaces.

Resilience was not merely limited to survivors' abilities to anticipate the risk of sexual abuse and to utilize appropriate strategies before encountering perpetrators. My study further identified distinct personal protection strategies that the survivors utilized when faced with attempted sexual abuse by street men. The major strategies included avoiding contact and visibility to perpetrators (e.g. changing working and sleeping places), screaming to seek help from people, giving money to perpetrators, and reporting incidents of sexual abuse to the police and bed renters. However, these strategies were found to be least effective in averting sexual abuse. Most instances of attempted sexual abuse were not successfully averted

because the survivors lacked support from their immediate environment such as the police, bed renters, and peers.

Instead, there were instances when the survivors were subjected to experience additional risks of stigma and discrimination because of reporting incidents of sexual abuse to the police and their bed renters. This finding is consistent with what has been reported by Gamble (2010) in her study of sexual exploitation and abuse of street children in Romanian. She found that the relationship between the survivors and the police was characterized by conflict. The survivors further faced discrimination in terms of financial exploitation (the police taking their money assuming that it was stolen) and physical abuse, rather than receiving protection support from the police. The police lacked personnel, time, and training to support street children facing risks. Similarly, Gwanyemba and colleagues (2016), in their study of resilience among street children in Tanzania, showed that survivors were more likely endured violence, exploitation, and abuse, rather than seeking protection from legal authorities. Inconsistent with my finding, evidence from a study of resilience in Bulgaria revealed that the police was a source of support and brought positive changes in lives of street children (Gilligan, De Castro, Vanistendael, et al., 2004).

The child sex workers in my study further shared their experiences of resilience in the face of sexual abuse perpetrated by sex customers. Not all child sex workers experienced severe forms and repeated incidents of sexual abuse. Some of child sex workers were successful in averting re-victimizations of sexual abuse through employing protection strategies such as meeting familiar sex customers at familiar places, avoiding consuming substances (except *khat*), and avoiding spending the night with sex customers.

Like they maintained sexual partnerships with street men, some child sex workers also maintained sexual affair with familiar sex customers and avoided meeting strangers. Consistent with this finding, Dalla and colleagues (2003) revealed that sex workers in their

study possessed personal resources such as meeting clients in designated areas and refusing to travel more than a few blocks with them. Inconsistent with Dalla's findings, my study's resilient child sex workers did not meet sex customers who were not known to them.

When faced with attempted sexual abuse, the resilient child sex workers also employed distinct protection strategies such as rejecting the financial offer, offering the sex customers advice on alternative sexual activities and health risks, pretending as sick to escape, and screaming to seek help from hotel managers and waitresses. However, the strategies were only effective when the children practiced sex work at familiar places where they received support from hotel managers and waitresses. When sex work was practiced at unfamiliar places, survivors reported facing completed sexual abuse despite employing the strategies.

#### **6.4.2. Availability and effective utilization of social support from informal social networks and rehabilitation centers to avert sexual abuse**

I found that possession of personal protective resources was not enough to indicate resilience among the survivors. Resilience was not merely about the survivors' abilities to use effective personal protection strategies but also the availability and accessibility of informal social networks and rehabilitation centers that provide social support. The survivors who used effective personal protection strategies were also successful in becoming part of social networks and rehabilitation centers with resources and in eliciting those resources. Consistent with this, previous studies (Rutter, 2013; Ungar, 2011; Williams & Nelson-Gardell, 2012) indicated that children's resilience depends heavily on the balance between the personal and the social ecological resources available and accessible to children. Therefore, there is a need to assess the availability and effective utilizations of personal and social ecological environmental resources in order determine the resilience of children facing risks.

My study's survivors primarily relied on informal social networks in order to protect themselves from sexual abuse. Consistent with my finding, several studies on street children (Ali, 2011; Malindi, 2014; Naterer, 2015; Oino & Auya, 2013; Omiyanka, 2009; Tyler, et al., 1999) found that engagement in a network of caring and supportive relationships is an indicator of resilience. The survivors had formed social networks with different groups of individuals such as street children and women, bed renters, and other members of the Merkato community. Dyads and triads were the most common types of social networks formed among street girls and composed of homogenous members in terms of age, sex, working conditions, and ethnicity. In contrast, larger social networks composed of heterogeneous members.

The child beggars were successful in forming different types of social networks that provide them with more resources. In addition, they were more likely to sustain the social networks for a relatively prolonged time. In contrast, child sex workers were more likely to frequently dissolve their social networks and to receive minimal social support from social networks in times of their needs.

Mere availability of social networks did not ensure accessibility of social support to the survivors. Despite their membership to social networks, not all survivors were successful in receiving social support from members of social networks. Instead, those survivors who belonged to social networks composed of positive role models received social support. In contrast, survivors who belonged to negative role models were prone to face sexual abuse. There were circumstances social network members did nothing to protect the survivors from attempted sexual abuse or served as accomplice to sexual abuse. Consistent with this finding, resilience studies (Gilligan, 2012; Masten & Powell, 2003) indicated that the mere existence and size of social networks do not guarantee children receive social support. Instead, close

relationships to pro-social and rule abiding children is an important source of social support and predictor of positive outcome among children facing risks.

Social network of street girls composed of positive role models such as beneficiaries of rehabilitation centers and recovered sex workers served as a source of information and advice. Members shared about their success stories about averting sexual abuse in terms of engaging in socially acceptable survival strategies, choosing suitable working and sleeping places, and avoiding drugs and alcohol, so the survivors would learn from their experiences.

The survivors possessed most of their skills of averting sexual abuse through learning from street girls. When new to the street, all survivors lacked the necessary social skills that helped them survive on the street, generally and avert the risk of sexual abuse, specifically. As a result, they were subjected to instances of sexual abuse and the associated negative consequences. As they stayed long on the street, however, the survivors acquired the necessary skills in order to avert sexual abuse. Consistent with this, Cheng and Lam (2010) revealed that street children adapt with their problems positively as they stay long on the street and establish strong social network with their peers.

The positive role models further protected the survivors from sexual abuse through sharing sleeping places, walking in groups, screaming for help from passersby, and committing physical violence against perpetrators. They also linked the survivors to rehabilitation centers that were aimed at protecting, rehabilitating, and reintegrating street children to their families and communities.

My study differs from the previously conducted studies (Malindi, 2014; Naterer, 2015; Oino & Auya, 2013; Omiyanka, 2009), which equated resilience with street children's abilities to form social networks and sustain positive relationships with other street children. The child beggars in my study did not only form and sustain positive relationships with street children but also with members of the mainstream society. They were successful in

sustaining positive relationships with the Merkato community members and maximized their social support. The bed renters provided the survivors with material supports such as sleeping places and food when the survivors faced financial difficulties. They also created job opportunities to the survivors by linking them to employers and rendering money needed to engage in street vending.

Unlike the previously conducted studies (Ali, 2011; Cheng & Lam, 2010; Williams & Nelson-Gardell, 2012) that solely equated resilience with availability of different types of social support that children receive from social networks, my study further explained factors that maximized or minimized social support among the survivors. Survivors' personal characteristics had an influence on their access to social support from social networks. Survivors who had work habits, had motivation to leave the street and to recover from sex work and substances, and had positive relationships with street girls and bed renters were more likely to seek and receive social support from their social networks. In contrast, survivors who lacked the aforementioned characteristics were less likely to seek and to receive social support. Instead, they were subjected to stigma and discrimination, which, in turn, increased their likelihood of being sexually abused.

My study also differs from other studies (Malindi, 2014; Naterer, 2015; Omiyanka, 2009; Williams & Nelson-Gardell, 2012), which treated street children and survivors of sexual abuse as passive recipients of social support from their social networks. I found that social support was characterized by reciprocity. The survivors did not only receive social support from their social networks but also served as active providers of social support to their social network members. They helped their bed renters with domestic chores in order to maximize social support in times of their needs. In addition, they provided other survivors with information, advice, sleeping places, food, and money. Consistent with my finding, Mrazek and Mrazek (1987) found that resilient survivors try desperately to protect other children

from sexual abuse through engaging themselves in altruistic activities such as giving informational and material provisions to other children.

Apart from informal social networks, rehabilitation centers (i.e., drop-in-centers and safe homes) served as source of various types of social support mainly to the child beggars. Drop-in-centers primarily rendered informational (e.g., information about risk factors of sexual abuse and strategies of averting those risks) and material (e.g., sanitary items, hair oils, bathing and washing spaces) support to their beneficiaries. Such social support lessened the risk of survivors to engage in sex work as a means of coping with financial difficulties and enhanced their recovery from substances, and, as a result, reduced survivors' risk to sexual abuse. Consistent with this finding, previous studies (Gilligan, 2004; Gitterman, 2001; Masten & Powell, 2003; Ungar 2013) acknowledged the roles of health and social services including informational, material, and financial provisions from governmental and non-governmental organizations in fostering resilience of children facing risks.

However, this study's survivors had limited access to resources from rehabilitation centers. They primarily depended on their personal protective resources and social support from informal social networks in order to protect themselves from sexual abuse. They were less likely to join rehabilitation centers even if they were informed about its availability and were more likely to quit the centers even if they were recruited. Various personal, relationship, and structural factors hindered survivors' decisions to effectively utilize social support from rehabilitation centers. These mainly included survivors' dependence on substances, strong social network that the survivors formed with street children who were not beneficiaries, conflict among beneficiaries, strict rules of rehabilitation centers, and limited number and shifts of the services.

My study went beyond identifying personal and environmental protective resources that were available and accessible to survivors at a single point of time. I found that resilience was

not a one-time event, but rather a process of navigation and negotiation for protective resources that occurred over time. Consistent with this, Rutter (2007), taking a lifespan approach to resilience, asserted that resilience is “not the chemistry of the moment” but rather an ongoing positive adaptation that evolves at different points in time. It is unlikely that any child would be resilient in all situations across their life span. Further, Ungar (2011, 2008a, 2004) argued that individuals react to risks and protective resources differently. Even in a context where risks and protective resources are commonly shared among various groups of individuals, an individual’s experience of risks and resilience can differ over time. An individual may be considered resilient at one time but not at another time.

My finding differs from previously conducted studies (Malindi, 2014; Malindi & Cekiso, 2014; Mrazek & Mrazek, 1987; Williams & Nelson-Gardell, 2012) that assessed resilience of sexual abuse survivors and street children at a single point of time. I investigated the survivors’ journey or transitions from experiences of risks to resilience and vice versa. I also explained factors that enhanced and hindered their resilience in the face of sexual abuse. The survivors experienced successes and failures in the processes of navigating and negotiating for their personal and environmental protective resources across different times. A particular survivor was found to be highly resilient at one time but less resilient at other times.

I identified three groups of survivors based on their pathways to resilience: highly resilient, relatively resilient, and less resilient. The highly resilient group of survivors composed of child beggars who experienced many turning points and had successful stories of averting sexual abuse from past (i.e. since they joined the street) to present (i.e., at the time of data collection). They possessed several personal and environmental protective resources from time to time. They engaged in different types of survival strategies, moved from plastic shelters to safe sleeping places, recovered from substances, and became active recipients of social support from informal social networks and rehabilitation centers. Consequently, they

showed straightforward growth despite living in high-risk environment, which exposes them to sexual abuse.

When they faced additional risks on their pathways to resilience, the highly resilient survivors changed their personal protection strategies and maximized social support in order to avert further instances of sexual abuse. For example, when the police forced them to stop engaging in street vending, the survivors engaged in domestic work and sought social support from Merkato community members and rehabilitation centers in order to meet their basic needs. Despite frequent pressure from child sex workers, the highly resilient survivors did not take sex work as a means of coping with financial difficulties. They were fully aware of the potential risks that sex work brings on their well-being.

The relatively resilient group of survivors included both child beggars and child sex workers who had stories of successes and failures on their pathways to resilience at different points of time. Unlike the highly resilient survivors who successfully averted sexual abuse, the less relatively resilient survivors were at high risk of sexual abuse. They engaged in sex work when they faced financial difficulties, experienced relapses in their recovery from sex work and substances, and lacked social support from social networks and rehabilitation centers. Consequently, they endured sexual partnerships with street men and re-experienced other forms of sexual abuse perpetrated by unfamiliar street men and sex customers.

The third group of survivors, who are less resilient, exclusively composed of child sex workers whose experiences of risks outweigh their experiences of successes. The less resilient survivors possessed few personal and environmental protective resources across different times. They lacked self-confidence in their capacity to recover from sex work and substances, were less likely to join rehabilitation centers, and were more likely to quit the rehabilitation centers even if they were recruited. Consequently, they reported facing repeated incidents of sexual abuse as compared to highly and relatively resilient survivors.

### **6.4.3. Resilience as availability and effective utilization of personal and environmental resources to overcome physical and psychosocial risks of sexual abuse**

The study distinguished between the constructs coping and resilience. Lazarus and Folkman's (1984) conceptualization of coping as "constantly changing cognitive and behavioral efforts to manage internal and/or external demands that are appraised as taxing or exceeding the resources of the person" (p. 141) influenced my study. Hence, I approached coping as any intentional responses of the survivors, whether adaptive or maladaptive, to deal with potential and actual risks subsequently faced because of sexual abuse. It is limited to personal protective resources of the survivors. In contrast, resilience refers to the availability and effective utilization of personal protective resources (i.e., coping strategies) as well as environmental protective resources that result in improved health (i.e., physical, psychological, and social) outcomes. In other words, coping is one aspect of resilience. However, not all coping strategies are indicators of resilience. Instead, coping strategies that result in positive health outcomes are indicators of resilience.

Protective resources and their outcomes on survivors' well-being were not fixed or constant. I found similarities and differences in survivors' coping strategies and access to environmental protective resources in response to physical, psychological, and social risks. I also found that same survivors utilized different coping strategies and environmental protective resources to deal with similar risks that occurred at different time contexts. Hence, a particular protective resource that fostered positive outcomes in one context produced undesirable or negative outcomes in another context.

Having this conceptualization of resilience in mind, I categorized the survivors into highly resilient and less resilient in terms of post sexual abuse adjustment. The highly resilient survivors were those who effectively utilized coping strategies and environmental protective resources in order to overcome physical and psychosocial risks. In contrast, less

resilient survivors were those who utilized ineffective coping strategies and had no or minimal social support from informal social networks and formal organizations. As a result, they did not show any significant resistance to and recovery from physical and psychosocial risks.

The survivors utilized different types of personal and environmental protective resources in order to overcome physical, psychological, and social risks associated with sexual abuse. In order to deal with physical risks (mainly STIs and unwanted pregnancy), the survivors sought medical services from health institutions including a government-owned health post, humanitarian associations, and private clinics and pharmacies. The survivors were more likely to visit a government-owned health post and humanitarian associations than private clinics and pharmacies due to their affordability. These health institutions mainly provided contraceptives and voluntary counseling and testing (i.e. STIs including HIV) for free and medicines for a relatively low cost.

Compared to child beggars, child sex workers had relatively health seeking behaviors and access to medical services. Health extension workers served as major source of information about the availability and accessibility of the health institutions and medical services to the child sex workers. In addition, they rendered short-term trainings on reproductive health issues and distributed condoms to child sex workers in their outreach activities. However, the health extension workers did not contact and equip the child beggars with such information and did not link them to the health institutions. As a result, child beggars had limited access to contraceptives, HIV voluntary and counseling testing, and regular prenatal and postnatal follow-ups. Therefore, child sex workers were highly resilient, whereas child beggars were less resilient in terms of overcoming physical risks associated with sexual abuse.

Apart from medical services, the survivors sought various types of social support from informal social networks in order to cope with physical risks. Child beggars were primary

recipients of material (e.g., food, sleeping places, sanitary items, and clothes) and financial support in times of their needs although they had limited access to medical services from health institutions. In contrast, child sex workers received no or minimal social support from their social networks when they were ill. Instead, they were more likely to experience stigma and discrimination.

The study further explored coping strategies that the survivors utilized in order to overcome psychological risks associated with sexual abuse. The major coping strategies included seeking emotional support from social networks, normalizing the sexual abuse, engaging in religious practices, engaging in leisure time activities, consuming alcohol and drugs, suppressing emotions, redefining risks as having positive contributions, and having a positive view of the future.

The coping strategies varied across different contexts. The survivors utilized distinct coping strategies to overcome psychological risks associated with sexual abuse perpetrated by familiar or unfamiliar perpetrators. In addition, some types of coping strategies were common to both child beggars and child sex workers, whereas other coping strategies were unique to either child beggars or sex workers. Further, some survivors utilized different coping strategies to deal with same psychological risks across different times.

Seeking emotional support from social networks was a commonly utilized coping strategy among survivors of sexual abuse perpetrated by street men. Both child beggars and child sex workers utilized this type of coping strategy. Dyads and triads characterized by intimate relationships among street girls served as source of emotional comfort to the survivors. They emotionally comforted the survivors sharing their own and other street girls' story of sexual abuse, linked them to religious institutions, and promised them financial support in times of their needs. As a result, the survivors were able to recover from psychological risks. However, disclosure of sexual abuse (especially group rape) by strangers to large social

networks resulted in prolonged psychosocial risks, rather than enhancing the recovery of survivors.

Inline with this finding, several resilience studies (Flores, et al., 2005, Fraser, et al., 2004; Gilligan, 2012; Luthar, et al., 2000; Malindi, 2014) reported the positive roles of higher level of intimate and reciprocal relationships among social networks in enhancing the psychological well-being of children of all ages. Social networks make resilience-enabling resources (e.g. emotional support) available, while the children are simultaneously responsible to effectively use those resources in order to overcome risks. Werner and Smith (1982) specifically identified social competence (e.g. good communication skills) as the major characteristic of resilient children that help them recruit social support from peers. Further, other studies of sexual abuse (Aspelmeier, Elliot, & Smith, 2007; Stark, Landis, Thomson, et al., 2016) found that higher level of secure and quality peer attachment has influence on lowering trauma symptoms and stigma among survivors.

Apart from peers, the survivors sought emotional support from their family members in order to cope with psychological risks. The survivors (i.e., those who were successful in receiving emotional support from street girls) reconnected with their families through telephoning and making visits rarely. Mothers and siblings played various roles in enhancing the survivors' recovery in many ways. These included advising the survivors to return home, promising to support them financially and to send them to schools, offering to link them with relatives who could render support, forgiving them for their wrong decisions to leave home, and blessing them spiritually. These types of support helped the survivors feel optimistic and reconsider reintegrating with their families and communities in the future. Consistent with this finding, previous studies (Garmezy, 1987; Gilligan, 2012; Luthar, et al., 2000; Masten & Powell, 2003; Williams & Nelson-Gardell, 2012) found that children who grew up in families characterized by affection, positive parenting, and strong relationships are appeared to be

more competent to overcome risks. In contrast, children who lacked supportive families were more likely to display disruptive behaviors.

However, the survivors in this study had inadequate emotional support that would help them recover from psychological risks successfully. The survivors did not disclose about their living conditions and experiences of sexual abuse to their families. Instead, they pretended being domestic workers and beneficiaries of rehabilitation centers in order to avoid stigma and discrimination that they might face because of being street children. In this case, it was unlikely the families were able to know the survivors' experiences of risks and to render appropriate and sustainable support to enhance the survivors' well-being. Therefore, seeking emotional support from family members brought temporary recovery from psychological risks rather, than enhancing the resilience of the survivors from time to time.

Inconsistent with my finding, studies of sexual abuse (Chaffin, et al., 1997; Godbout, et al., 2014) reported that survivors less likely sought emotional support from peers and family members due to fear of negative reactions. Instead, they more likely used coping strategies such as suppressing emotions, distancing, and consuming substances. Similarly, studies of street children (Altanis & Goddard, 2004; Malindi & Theron, 2010) indicated that street children mostly relied on unconventional or socially unacceptable tactics (e.g. substance use and theft) because of absence of support from their immediate environment including informal social networks and formal health and social services.

Normalizing was another major coping strategy utilized mainly in the face of sexual abuse perpetrated by street men. Normalization can be broadly conceptualized as a process of learning and accepting sexual abuse as a common experience of street girls in the street subculture. Both child beggars and child sex workers utilized this type of coping strategy mainly in the face of forced sexual partnerships. Survivors who normalized their experiences of sexual abuse show distinct attitudes and behaviors that indicate psychological adjustment.

These mainly included redefining sexual abuse as a means of protection from repetitive instances of sexual abuse, shifting the blame from oneself to the patriarchal culture and perpetrators, and forgiving perpetrators.

The study revealed consistent and inconsistent findings with previous studies of sexual abuse and street children. Consistent with my finding, attributing blame to perpetrators, rationalizing perpetrators' behaviors for being socialized in abusive families and being intoxicated to explain incidents of sexual abuse (McClure, et al., 2007; Wilcox, et al., 2004) and forgiving perpetrators (Menna, 2008; Vilenica, 2014) are coping strategies of young women who showed quick recovery from childhood sexual abuse. Similarly, studies of violence against street children (Gamble, 2010; Gwanyemba, et al., 2016) revealed that survivors were more likely to tolerate violence, rather than seeking support from social service agencies. Inconsistent with my finding, no single study showed that survivors of sexual abuse coped by acknowledging the positive contribution of perpetrators in protecting them from repetitive instances of sexual abuse and by considering themselves healthy as compared to other survivors.

My study further explored the roles of religious beliefs and practices such as having faith, prayers, fasting, and christening in enhancing the survivors' psychological well-being. Child beggars more likely depended on religion to cope with risks as compared to child sex workers. Religiosity served as a source of forgiveness, excitement, optimism, social acceptance, and social support from social networks and other members of the community. Consistent with my finding, several resilience studies of sexual abuse survivors (Mrazek & Mrazek, 1987; Valentine & Feinauer, 1993) and street children (Theron & Malindi, 2010; Ungar, et al., 2008) acknowledged about adherence to cultural traditions including religious beliefs and practices in helping children to be optimistic about the future and allowing them to receive emotional support from their immediate environment.

Further, leisure time activities are found to be protective resources that enhanced the survivors' psychological well-being. The survivors identified social gatherings (e.g. singing, dancing, and playing riddles), watching movies, listening to radio programs, and traveling to new places as major spare time activities. Drop-in-centers served as environmental resources that created suitable conditions for the survivors to engage in such spare time activities. The spare time activities strengthened the survivors' problem solving skills (e.g. skills to divert attention from frustrations to enjoyable activities and to control anger), increased self-confidence, and created opportunities for formation of social networks that provided emotional support. Consistent with my finding, Gilligan (2000) and Kleiber (2004) found the protective roles of spare time activities such as sports and dancing in increasing children's self-esteem and social skills and serving as a source of distraction and escape from daily hustles.

Consuming substances such as alcohol and drugs was a commonly utilized coping strategy among child sex workers who faced severe forms of sexual abuse and lacked personal coping skills and social support from social networks. The survivors consumed substances to avoid thoughts and memories of sexual abuse and the associated psychosocial risks. Consistent with my finding, resilience studies of street children (Altanis & Goddard, 2004; Malindi & Theron, 2010) found that most of their participants relied on substances to cope with emotional problems because they had inadequate access to social support from their immediate environment. In addition, Wills and Hirky (1996), in their Coping Model of Substance Abuse, explained that substance abuse is a deviance behavior motivated by a rejection of a society. They identified large number of negative life events, lack of coping skills, and lack of support from an external environment as factors increasing individuals' vulnerability to utilize substances to cope with risks.

However, the coping strategy of consuming substances was not an indicator of resilience. The survivors temporarily blocked out memories and thoughts of sexual abuse by utilizing this coping strategy. The survivors persistently recalled the traumatic experiences of sexual abuse. In addition, the coping strategy increased the survivors' risk to addiction, which, in turn, exposed them to cyclical patterns of repeated instances of sexual abuse and the associated physical and psychosocial risks. Therefore, the survivors struggled to cope with both direct consequences of sexual trauma and indirect risks associated with substance abuse (poor hygiene, lack of money, stigma, and discrimination).

Suppressing emotions was another coping strategy of survivors who experienced severe forms of sexual abuse (especially group rape) and lacked social support from social networks. The survivors suppressed their emotions and socially isolated themselves to avert anticipated risks of stigma and discriminations associated with disclosure of sexual abuse and seeking emotional support from social network members. Compared to child beggars, child sex workers more likely utilized this coping strategy. In line with this coping strategy, child sex workers consumed substances to avoid thoughts and memories of the sexual abuse and its associated psychosocial risks. Consistent with this finding, studies of sexual abuse survivors (Chaffin, et al., 1997; Godbout, et al., 2014) and street children (Altanis & Goddard, 2004; Malindi & Theron, 2010) revealed that their participants primarily relied on suppressing emotions, social withdrawal, and consuming substances to cope with psychological risks.

Suppression of emotions was not considered an indicator of resilience in this study. Although the coping strategy lessened the survivors' risk to stigma and discrimination, it did not bring any significant contributions in enhancing the survivors' psychological well-being. Survivors who utilized this coping strategy persistently displayed loneliness, mistrust, anger and dissolved social networks.

Cognitive restructuring of risks was another coping strategy utilized mainly among child beggars who normalized their experiences of sexual abuse. The survivors possessed ability to redefine their past risk experiences as having positive contributions in terms of equipping them with self-confidence and coping skills to overcome present and future risks. For example, they redefined motherhood as offering positive contributions in terms of motivating them to engage in socially acceptable survival strategies, secure safe sleeping places, recover from consuming glue, leave the street, and be optimist about the future.

Inline with this finding, previous studies of maltreated children and women survivors of sexual abuse (McClure, et al., 2007; Mrazek & Mrazek, 1987) identified individuals' cognitive ability to perceive painful experiences as lessons from which knowledge and skills are acquired as an internal protective resource that enhanced resilience. Further, resilience theorists (Garmezy, 1987; Fredrickson, Tugabe, Waugh, et al., 2003; Rutter, 2012) acknowledged the positive contributions of low-level risks in equipping individuals with new skills and providing confidence to cope with future risks. Individuals who had previous experiences of coping with risks were more likely to effectively cope with subsequent risks. However, coping with severe and large number of risks negatively affect individuals' resources to cope with subsequent risks.

My study further identified the survivors' coping ability to have a positive view of the future as an indicator of resilience. It distinguished between two constructs: 'strong sense of positive view future' (i.e., having realistic plans) and 'wishful thinking' to describe survivors' experience of optimism. Survivors who had strong sense of positive future set short-term and long-term goals and identified specific strategies of attaining of them. They considered reintegrating with their families and/or communities through engaging in income generating activities, giving a child for adoption, and continuing their education. These survivors mainly included child beggars who had success stories of coping with previous risks and had strong

affiliations with rehabilitation centers that equip them with life skill trainings and render financial provisions.

Consistent with this finding, several child resilience studies (Gilligan & Raghallaigh, 2010; Luthans, Youssef, Avolio, 2007; Mrazek & Mrazek, 1987) found optimism as one of the major indicators of resilience. They suggested that optimists possess emotional ability to dissociate themselves from their current stressful situations and to anticipate positive future by setting goals and strategies that would help them achieve their dreams.

In contrast, survivors who had wishful thinking merely fantasized about what they wished would happen in the future without setting short-term and long-term goals and planning specific strategies of attaining them. Some of the survivors' fantasies included marrying rich men, owning big businesses, and migrating to Middle Eastern Countries. These survivors merely composed of child sex workers whose experiences of psychosocial risks overweigh their resilience experiences. In addition, they lacked confidence in their abilities to recover from sex work anytime soon and anticipated to experience abuse (physical and emotional), stigma, and discrimination in their day-to-day interaction with individuals in the future. Further, they were not beneficiaries of rehabilitation centers that would facilitate conditions for their reintegration with families and communities in short time. From this finding, it can be concluded that survivors who had strong sense of positive view of the future were highly resilient, whereas survivors who had wishful thinking were less resilient.

The survivors in this study further utilized various coping strategies in order to overcome social risks associated with sexual abuse. Child beggars more likely averted stigma and discrimination and maximized social support as compared to child sex workers. The major coping strategies included engaging in socially acceptable behaviors, providing false information about one's survival strategies and risk experiences, and maintaining positive relationships with social network members. Child beggars tended to abide by the norms of

the mainstream society such as engaging in socially acceptable survival strategies, avoiding drugs and alcohol, following appropriate codes of dressing, hairstyles, and language; and limiting movements on the street.

In addition, the survivors provided false information about the reasons for joining the street, their survival strategies, and risk experiences in their day-to-day interaction with different individuals. Child sex workers more likely utilized this coping strategy in order to avert blame, name-calling, and discrimination as compared to child beggars. The survivors pretended that their parents abandoned them, were engaged in domestic work, and suffered from minor injuries and disease when in fact they faced group rape and sexually transmitted infections. However, they were less likely to avert stigma and discrimination despite employing the strategies.

Further, the survivors maintained positive relationships with their social networks in order to avert stigma and discrimination. Some of the specific strategies that the survivors considered utilizing included membership to social networks composed of positive role models, resolving conflicts peacefully, respecting the norms of social networks, forgiving, and offering apologies.

My study further explored the process and changing nature of resilience in the face of risks subsequently experienced because of sexual abuse. The survivors utilized various personal protective resources (i.e., coping strategies) and environmental protective resources across different times. A particular survivor found to be highly resilient in overcoming risks at one time but less resilient at other times. Consistent with my finding, previous resilience researchers (Rutter, 2007; Ungar, 2011, 2004) treated resilience as an ongoing positive adaptation that changes across individual's life span.

My study differs from previously conducted studies of resilience among street children and survivors of sexual abuse (Malindi, 2014; Malindi & Cekiso, 2014; Mrazek &

Mrazek, 1987; Williams & Nelson-Gardell, 2012) that assessed the availability and utilization of various types of protective resources and their respective outcomes at a single point of time. I found that a particular survivor utilized different protective resources to deal with similar and different risks across different times. Hence, the survivors were found to be highly resilient at one time but less resilient at other times. Various factors influenced survivors' decision to choose a particular protective resource over others and to change utilizing the protective resource across different times. These mainly included duration of time that the survivors spent on the street, previous coping experiences, and emergence of new risks or resources.

When new to the street, the survivors were more likely to cope with physical and psychological risks by seeking social support (e.g. informational, material, and emotional) from their social network members. They lacked personal coping skills and information about the availability and accessibility of environmental protective resources such as health and rehabilitation centers. As the survivors stayed long on the street, they more likely developed coping skills and relied on themselves and rehabilitation centers than seeking social support from social networks. The survivors acknowledged that the shift from seeking social support from social networks to relying on themselves and rehabilitation centers minimized potential risks of stigma and discrimination associated with disclosure of sexual abuse.

Past coping experiences also influenced survivors' decision to choose a particular coping strategy to deal with current risks. The survivors persistently utilized coping strategies, which brought effective outcomes on their physical and psychosocial well-being across different times. Some of these coping strategies were seeking social support from intimate friends and formal organizations (i.e., health and rehabilitation centers), normalizing, engaging in socially acceptable behaviors, and engaging in religious practices. In contrast, the survivors persistently changed coping strategies that brought negative outcomes on their well-being

over time. For example, seeking social support from large social networks resulted in severe psychosocial risks among survivors. The survivors, therefore, relied on suppressing emotions, consuming substances, providing false information about their risk experiences, and engaging in religious practice to avert further instances of stigma and discrimination.

In addition, emergence of new risks or protective resources had an influence on the survivors' resilience across different times. Survivors who re-experienced sexual abuse while coping with previous physical and psychosocial risks less likely showed improvement in their well-being. They were required to utilize more protective resources to recover from both previous and current risks. Practically, however, the survivors more likely relied on personal coping skills than utilizing the available environmental protective resources in such situations. The major coping strategies included suppressing emotions and consuming substances that resulted in negative outcomes. In contrast, survivors who were resourceful and successfully averted the risk of sexual abuse were more likely to show dramatic improvement in their physical and psychosocial well-being over time.

My study further explored survivors' pathways of resilience across different times. There was no uniform or one directional process of resilience in the face of risks. I identified three common patterns of resilience in terms of survivors' access to protective resources and the positive outcomes of these resources over time. These included straightforward progression, relatively upward and little downward progression, and downward progression. Based on these patterns, I categorized the survivors into highly resilient, relatively resilient, and less resilient, respectively. Survivors under each category had unique characteristics and access to protective resources that distinguish them from other categories.

The highly resilient survivors characterized child beggars who showed straightforward progression by utilizing several personal and environmental protective resources to overcome risks associated with sexual abuse from time to time. They avoided re-experiencing sexual

abuse, recovered from physical and psychosocial risks of sexual abuse, and had a strong sense of the positive future. Hence, the survivors' protective resources outweigh their experiences of risks.

The relatively resilient survivors included both child beggars and child sex workers who showed upward and little downward progression. Unlike the highly resilient survivors, these survivors possessed limited protective resources that would help them overcome risks associated with sexual abuse. They more likely relied on personal coping strategies than environmental protective resources to recover from physical and psychosocial risks. The relatively resilient survivors further reported repeated episodes of sexual abuse while coping with previous risks. Re-experiencing sexual abuse in turn resulted in relapses because the survivors had inadequate protective resources to overcome past and current risks. Unlike the highly resilient survivors whose protective resources outweigh risks, the relatively resilient survivors strived to make balance between risks and protective resources over time.

The less resilient survivors mainly included child sex workers who showed downward progression from time to time. These survivors mostly reported repeated incidents of sexual abuse and utilized personal protective resources, which were less effective to overcome risks associated with sexual abuse. In addition, the survivors predicted experiencing more risks in the future. Therefore, the survivors' risk experiences outweigh their protective resources.

## CHAPTER SEVEN

### CONCLUSION AND SOCIAL WORK IMPLICATIONS

#### 7.1. Conclusion

The purpose of this study was to explore the lived experiences of risks and resilience among sexually abused female street children in Addis Ababa from the perspectives of the participants. The stories of the survivors explained two broad thematic topics: experiences of risks and experiences of resilience. The first theme primarily focused on discussing types of sexual abuse, risks that exposed the survivors to various types of sexual abuse, and risks that the survivors faced subsequent to sexual abuse. The second theme described the survivors' personal capacities and their access to environmental protective resources that protect them from the risk of sexual abuse and enhancing their recovery from negative consequences of sexual abuse.

The study overcame major theoretical and methodological limitations of the existing literature on children's experiences of risks and resilience in the face of sexual abuse. Theoretically, it provided comprehensive and context-specific understandings of risks and resilience, rather than employing the universal, narrow, and Western definitions of the constructs. It identified multiple definitions of sexual abuse, explanations of risks associated with sexual abuse, and indicators of resilience that were unique to female street children. Methodologically, the study employed an Interpretative Phenomenological Analysis, which best suit to explore the experiences of risks and resilience from the perspectives of the survivors. Unlike quantitative studies, which homogenizes the accounts of the survivors and categorize them into resilient and non-resilient based on specific predetermined criteria derived from specific theories, this study treated children as social actors who can make sense of and actively construct their experiences. Therefore, it captured the survivors' multiple meanings and ongoing experiences of risks and resilience in their own words.

The study produced context-specific definitions and types of sexual abuse that differ from what has been previously reported in the child sexual abuse literature. Unlike most of the existing risk-based studies that solely focused on reported cases of rape, my study identified multiple types of sexual abuse such as forced sexual partnerships with street men, rape by street men, and forced unprotected and 'abnormal' sexual activities with sex customers. All of the survivors were forced into having their first sexual experience after they joined the street. The perpetrators of sexual abuse included street men and sex customers who belonged to different socioeconomic and cultural backgrounds.

One of the new findings of this study involves the risk of forced sexual partnerships among female street children. Such partnerships are regarded as an 'informal marriage' in the street subculture, with the survivors calling the perpetrators their husbands and the perpetrators calling the survivors their wives. Child sex workers are sexually and financially exploited in forced sexual partnerships. They are forced to practice sex work as frequently as possible for sake of providing money to their sexual partners.

Central to this study was developing an understanding of the risks that exposed female street children to sexual abuse. Being guided by the social constructionist perspective, my study provided context-specific explanations of risks that exposed female street children to different types of sexual abuse from the perspectives of the survivors. Unlike the previously conducted studies that gave much attention to perpetrators' and survivors' characteristics, the findings of this study revealed the influences of individual characteristics and physical and social environments in increasing the likelihood of the survivors to experience sexual abuse.

The major individual level risks included the survivors' and perpetrators' characteristics, which increased the likelihood of being sexually abused and sexually abusive, respectively. Individual-level characteristics included being new to the street and being a child sex worker. Most of the survivors were sexually abused within few days of their arrival on the street.

There was a commonly held myth in the street subculture that new comers are HIV negative and lacked protection skills so many potential perpetrators targeted them for sexual abuse.

Engagement in sex work also increased the survivors' risk to various types of sexual abuse. Child sex workers were more likely to face repeated episodes of sexual abuse as compared to child beggars. The study distinguished between two categories of child sex workers, namely '*ged yalachew setoch*' and '*ged yelalachew setoch*' based on the amount of money they earned through sex work. The first category of child sex workers was targets of forced sexual partnerships for the purpose of sexual and financial exploitations by street leaders. The second category of child sex workers was targets of rape by intoxicated strangers and sex brokers in the context of walking and sleeping on the street for long hours. Apart from this, the survivors were subjected to experience unprotected and 'abnormal' sex in the context of practicing sex work.

The use of substances was another major individual level risk that caused sexual aggression among the perpetrators and hindered the protection capacity of the survivors to avert the incidents of sexual abuse. Survivors who were sexually abused in the context of sleeping on the street and practicing sex work reported that the perpetrators were intoxicated. In addition, child beggars consumed glue, whereas child sex workers consumed *Khat*, alcohol, or drugs prior to their experiences of sexual abuse.

The environmental level risks included the physical, social, spatial or time contexts in which the incidents of sexual abuse occur. A prominent source of rape in the physical environment was the bus station, which was identified as an ideal place for perpetrators to pick up rural children who were migrating to the city alone. In addition, unsafe sleeping conditions on the street and using the springs for bathing and washing clothes were other physical settings where the child beggars encountered sexually abusive street men. Further,

child sex workers associated an increased risk of sexual abuse with unfamiliar places where sex work was practiced.

Risks associated with the social environment mainly included the street subculture that promotes the superiority of street men and normalizes sexual abuse. The street leaders dictated the behaviors of street men, women and children, who were forced to abide by their rules in order to survive on the street. Survivors and members of their social networks generally did nothing to avert the risk of forced sexual partnerships for the sake of surviving on the street. In addition, the risk of forced sexual partnership was redefined as a means of survival and a strategy for protection from harm related to street living including sexual abuse. Therefore, street leaders often changed their sexual partners over time whenever new comers arrive on the street and found child sex workers who gained better income than their previous sexual partners.

Membership to weak informal social networks in terms of their structures and relationships among members is another most important risk associated with social environment. Social networks characterized by small in size, conflicts among its members, and composed of negative role models increased the risk of rape. Small size social networks were not physically strong to protect the members from sexual abuse committed in the context of sleeping the street. In addition, rape is used as an 'instrument of revenge' in the street subculture. Social network members could take revenge on those they were fighting with by not protecting them from rape and serving as accomplices in the rape of children who had rejected their sexual advance. In addition, survivors' membership to social networks composed of negative role models influenced their decisions to engage in sex work, which in turn, increased their risk of sexual abuse.

Other contextual conditions associated with an increased risk of sexual abuse included the time context. Most perpetrators targeted the survivors at late nights except perpetrators of

forced sexual partnerships. I also found that frequency of practicing sex work increased the likelihood of child sex workers to be sexually abused. Child sex workers who met sex customers regularly were more likely to face attempted or completed sexual abuse as compared to those who occasionally practiced sex work. Further, I uncovered links between religious practices and periods of heightened risk of sexual abuse. It appears that non-fasting seasons increased child sex workers' greater demand for sex work and, as a result, increased the risk of sexual abuse. In contrast, the risk of survivors' encountering intoxicated and sexually abusive sex customers was minimal during fasting seasons.

One of the objectives of the study was to explore risks the survivors experienced subsequent to sexual abuse. The survivors faced various physical, psychological, and social risks as a result of sexual abuse. STIs and unwanted pregnancy and its aftermath of either abortion or raising children were the commonly reported risks. Lack of knowledge about and access to contraceptives increased the survivors' exposure to unwanted pregnancy. Child sex workers preferred to terminate pregnancy through induced abortion, whereas child beggars tended to deliver their babies. The comparative analysis of the findings revealed that child beggars were more likely to experience more interrelated physical risks as compared to child sex workers.

The major psychological risks included self-blame, low self-worth, fears and worries, flashbacks to the trauma, substance use, relationship problems, and suicidal thoughts. Various factors explained why and how the survivors responded to sexual abuse. These mainly included survivors' relationships with perpetrators, number of incidents of sexual abuse, number of perpetrators involved in the incidents of sexual abuse, and the nature of survivors' relationships with members of their social networks.

Sexual abuse by unfamiliar street men and sex customers, as compared to forced sexual partnerships, brought interrelated psychological risks. The survivors experienced severe

psychological risks when the perpetrators were physically and emotionally abusive and the sexual abuse involved more than one perpetrator and occurred multiple times. Psychological risks can also be triggered by relationship problems between the survivors and their social network members. In times of conflicts, the social networks tended to blame, stigmatize, and discriminate the survivors who were sexually abused by unfamiliar street men and sex customers. In contrast, the survivors of forced sexual partnerships less likely experienced severe psychological risks as the street subculture normalize the act.

The social risks took the form of stigma and discrimination because of engaging antisocial activities, generally, and having been sexually abused, specifically. The stigma took the form of labeling names such as *duriye*, *edsam*, *shermuta*, *shelle*, *borko*, and *beshetegna*. Discrimination involved physical abuse by the police, lack of protection from sexual abuse by bed renters and the police, exclusion from some lodgings by bed renters, and isolation from social activities.

In sum, the findings about risks associated with sexual abuse showed that number of incidents, risk factors, and negative consequences of sexual abuse varied considerably across the survivors. Child sex workers more likely reported different types of sexual abuse as compared to child beggars. They reported repeated incidents of forced sexual partnerships, rape by unfamiliar street men, and unprotected and 'abnormal' sex by sex customers. Further, not all survivors experienced the physical, psychological, and social risks similarly. Child beggars reported more physical risks, whereas child sex workers reported more psychosocial risks as a result of sexual abuse. Further, some survivors persistently experienced different types of risks, whereas other survivors no longer reported risks as time passed.

This study's another objective was to explore the experiences of resilience among sexually abused female street children. It aimed at explaining the factors underlying the differences in survivors' risk experiences. Being influenced by social constructionist

perspective, I provided two broad definitions of resilience from the perspectives of survivors. The first definition of resilience refers to the capacities of survivors and the available environmental resources to avert the risk of sexual abuse. The second definition of resilience refers to the capacities of survivors and the available environmental resources in helping survivors cope with physical and psychosocial risks subsequently experienced because of sexual abuse. In other words, resilience is associated with availability and effective utilization of internal (i.e., personal) and external (i.e., environmental) protective resources that help survivors overcome risk of re-victimization and negative consequences of sexual abuse.

I took into account multiple indicators to explore the experiences of resilience among the survivors. The importance of a particular protective resource and its positive outcome was context-specific. It varied across risks, survivors, and time. A particular protective resource that fostered positive outcomes in one context produced undesirable outcomes in another context. All of the survivors showed resilience but their level of resilience was not similar. Some survivors were highly resilient in some indicators of resilience but were less resilient in others. In addition, resilience is an ongoing positive adaptation that differed over time, rather than a one-time event. I categorized the survivors into highly resilient, relatively resilient, and less resilient based their access to various protective resources and their efficacy in averting the risk of being sexually abused and recovering from negative consequences of sexual abuse over time.

Child beggars were highly resilient in averting the risk of sexual abuse. They possessed abilities to anticipate risks that expose them to sexual abuse and to utilize appropriate personal and environmental protective resources to avert sexual abuse. The major personal protective resources included the survivors' abilities to engage in socially acceptable survival strategies (bed-renting job, street vending, and domestic work), secure sleeping places, and successfully recover from substances. Working habit increased the survivors' self-

confidence, financial capacity to secure rental-sleeping places, social acceptance, and social support (financial and material) from community and social network members. It further enhanced the survivors' capacity to recover from glue, which was the substance that increased their risk of sexual abuse in the context of sleeping on the street. Therefore, child beggars' risk of facing sexual abuse was low as compared to other children who are engaged in sex work.

In contrast, child sex workers were less resilient because they showed little effort to recover from sex work and substance use. As a result, they were more likely to face different forms of attempted or completed sexual abuse in the context of their sleeping places, searching for sex customers, returning to their sleeping places, sleeping in open spaces, and practicing sex work with sexually abusive customers.

However, some of child sex workers possessed abilities to predict risks of sexual abuse and were successful in taking precautionary measures to avert further instances of sexual abuse. The highly resilient survivors utilized effective protection strategies such as meeting familiar sex customers at familiar places, avoiding consuming substances (except *khat*), and avoiding spending the night with sex customers. In contrast, less resilient survivors did not consider utilizing the aforementioned strategies, but rather they wished for supernatural protection.

Resilient survivors further possessed distinct personal protective resources to avert attempted sexual abuse by street men and sex customers. The highly resilient survivors were more likely to utilize effective protection strategies such as avoiding contact and visibility to perpetrators (e.g. changing working and sleeping places) in the face forced sexual partnerships and screaming to seek help from people in the face of rape by strangers. In contrast, less resilient survivors were more likely to utilize ineffective strategies such as

giving money to perpetrators and reporting incidents of sexual abuse to the police and bed renters who did not provide protection.

Apart from this, child sex workers utilized various protection strategies to avert attempted sexual abuse by sex customers. The highly resilient child sex workers offered the sex customers advice on health risks, pretended as sick to escape, and screamed to seek help from managers and waitresses in the context of practicing sex work at familiar hotels. In contrast, the less resilient survivors were more likely to utilize begging and crying and ended up facing completed sexual abuse in most instances.

The study further took into account the availability and utilization of environmental protective resources as indicators of resilience. Environmental protective resources included informal social networks and rehabilitation centers (Drop-in-centers) that provide various forms of social support to survivors. Highly resilient survivors who effectively averted sexual abuse were also members of supportive social networks and beneficiaries of rehabilitation centers. In contrast, less resilient survivors who were prone to face repeated instances of sexual abuse belonged to social networks composed of negative role models and characterized by conflicts and had no or minimal access to rehabilitation centers.

The environmental protective resources enhanced the protection of the survivors in many ways. Informal social networks served as source of social support by sharing their success stories so the survivors would learn skills of averting sexual abuse, creating job opportunities, providing sleeping places, food, and money, linking the survivors to rehabilitation centers, walking in groups, and committing physical violence against perpetrators. In addition, rehabilitation centers rendered information (e.g., information about risk factors of sexual abuse and strategies of averting those risks) and materials (e.g., sanitary items, hair oils, bathing and washing spaces) that help their beneficiaries protect themselves from sexual abuse.

However, the survivors were more likely depended on personal protective resources and social support from informal social networks than utilizing resources from rehabilitation centers. Various personal, relationship, and structural factors hindered survivors' access to rehabilitation centers. These mainly included survivors' dependence on substances, strong social network that the survivors formed with street children who were not beneficiaries, conflict among beneficiaries, strict rules of rehabilitation centers, and limited number and shifts of the services.

My study further showed the survivors' pathways of resilience based on their access to different protective resources and their success in averting sexual abuse across different times. I categorized the survivors into highly resilient, relatively resilient, and less resilient. Highly resilient survivors (i.e., child beggars) possessed several protective resources and did not re-experience sexual abuse. The relatively resilient survivors (i.e., child beggars and child sex workers) experienced relapses in recovering from sex work and substance and received minimal support from social networks and rehabilitation centers, and, as a result, they re-experienced sexual abuse. The less resilient survivors (i.e., child sex workers) lacked ability to recover from sex work and substances, were less likely to join rehabilitation centers, and were more likely to quit the rehabilitation centers even if they were recruited. Unlike the other groups of survivors, the less resilient survivors faced repeated episodes of sexual abuse.

The survivors also utilized distinct coping strategies in order to overcome psychological risks subsequently faced because of sexual abuse. The major coping strategies included seeking emotional support from social networks, normalizing the sexual abuse, engaging in religious practices, engaging in leisure time activities, consuming substances, suppressing emotions, redefining risks as having positive contributions, and being optimistic about the future. It is found that the same survivors reported utilizing more than one coping strategy at different times and even concurrently.

The survivors' choice of a particular coping strategy depended highly on the types of sexual abuse. Survivors tended to utilize seeking emotional support, normalizing, engaging in leisure time and religious activities, and having a strong sense of positive future in the face of forced sexual partnerships. In contrast, the survivors more likely suppressed their emotions and consumed substances in the face of sexual abuse by unfamiliar street men and sex customers.

The findings revealed that not all coping strategies were considered indicators of resilience. Instead, coping strategies that produced positive outcomes on survivors' well-being were considered indicators of resilience, rather than those that produced negative outcomes. The coping strategies that were recognized as indicators of resilience included seeking emotional support from intimate members of social networks, normalizing, engaging in religious practices, engaging in leisure time activities, cognitive restructuring of risk experiences, and having a strong sense of positive future. Survivors who utilized the aforementioned coping strategies showed distinct characteristics such as increased self-worth, ability to attribute blame to perpetrators and patriarchal culture, problem solving skills, self-confidence, forgiveness, excitement, increased relationships and social support, and a strong desire for reintegration with their families and communities.

In contrast, seeking emotional support from large size social networks, consuming substances, suppressing emotions, and wishful thinking were associated with negative outcomes and, hence, were not considered as indicators of resilience among the survivors. These coping strategies resulted in an increased risk of re-experiencing sexual abuse and the subsequent negative consequences of recurrent flashbacks, fears, loneliness, mistrust, anger, dissolution of social networks, stigma, and discriminations.

The comparative analysis of the survivors' accounts revealed that child beggars more likely utilized effective coping strategies, whereas child sex workers more likely utilized

ineffective coping strategies. Therefore, child beggars were highly resilient, whereas child sex workers were less resilient in the domain of psychological coping.

The survivors further utilized various coping strategies to overcome social risks. Child beggars were highly resilient in averting stigma and discrimination by engaging in socially acceptable behaviors and maintaining positive relationships with social network members. Socially acceptable behaviors included engaging in socially acceptable survival strategies, avoiding drugs and alcohol, following appropriate codes of dressing, hairstyles, and language; and limiting movements on the street. In addition, they maintained positive relationships, resolved conflicts peacefully, respected the norms of social networks, forgave, and offered apologies in their day-to-day relationships. In contrast, child sex workers were more likely to face stigma and discrimination because of their engagement in sex work and being sexually abused.

The study further explored the changing nature of resilience in the face of risks across time. A particular survivor was found to be highly resilient at one time but less resilient at other times. Two major factors explained the differences in survivors' level of resilience across different times. These included duration of time that the survivors spent on the street and emergence of new risks or resources. As the survivors stayed long on the street, they were more likely to develop coping skills and to access environmental protective resources than when they were new to the street. In addition, the emergence of new risks, for example, re-experiencing sexual abuse, caused relapses and, as a result, the survivors became less resilient. In contrast, the emergence of different protective personal and environmental protective resources resulted in high resilience over time.

My study further identified multidirectional pathways of resilience and categorized the survivors into different levels of resilience across different times. I found three common patterns of resilience: straightforward progression, relatively upward and little downward

progression, and downward progression. Based on these patterns, I categorized the survivors into highly resilient, relatively resilient, and less resilient.

The highly resilient survivors included child beggars who utilized several and effective personal and environmental protective resources and showed successful recovery from physical and psychosocial risks from time to time. They were also successful in averting further instances of sexual abuse, which would have intervened their recovery from coping with previous risks and had resulted in negative outcomes. The relatively resilient survivors included child beggars and child sex workers who showed both upward and downward progression at different times. These survivors more likely depended on their personal protective resources than environmental protective resources to overcome risks. They also re-experienced sexual abuse while coping with previous risks, which, in turn, caused the survivors to multiple risks. The less resilient survivors exclusively composed child sex workers who utilized ineffective personal coping strategies and re-experienced multiple episodes of attempted and completed sexual abuse over time.

## **7.2. Social Work Implications**

The study aims towards providing a holistic response to prevent sexual abuse and enhance the resilience among female street children in Addis Ababa. The findings can be used as an input for social work education, social work practice, social policy, and research. The study further provides various stakeholders such as educators, policy makers, practitioners, and researchers with a better understanding of their roles in enhancing the resilience of sexually abused female street children.

### **7.2.1. Implications for Education**

The study has theoretical implications for risk and resilience research that can serve as source of information for social work education. It provided context-specific definitions of

concepts such as risks, protective resources, and positive outcomes from the perspectives of sexually abused female street children in Ethiopia. It adds knowledge to the existing social work theories of human behavior and practice by incorporating child-centered and culture-specific understanding of risks and resilience. It fills the major gaps of most studies that solely focus on assessing children's risks and resilience based on predetermined measurement criteria of psychological characteristics. It introduced how sociocultural factors shapes children's understanding of their experiences of risks and resilience in the face of sexual abuse. The major sociocultural factors include religion, cultural traditions and rituals, social networks, and norms of street subculture.

Social work education in Ethiopia needs to incorporate the problems of sexual abuse, generally and sexually abused female street children, specifically in the curriculum. The findings of the study can serve as an important source of information for curriculum development in Social Work with Children, Youth, and Families. My prior teaching and learning experiences of social work informed me that most of the social work theories and practice models mainly reflect Western children's experiences. The existing social work literature gave little attention to situations of sexually abused Ethiopian children. Therefore, this study provides contextual meanings of sexual abuse, risks, and resilience to social work educators and students.

Apart from this, my study requires educators and students to translate their theoretical knowledge of risks and resilience to practice. Undergraduate and Masters students need to be placed in organizations working on the area of street children and sexual abuse as part of field education. They are required to assess conduct program evaluation research and to develop prevention and intervention strategies that enhance the resilience of sexually abused female street children. The school should also encourage Masters and PhD students to

conduct comprehensive studies on risks and resilience of sexually abused female street children.

### **7.2.2. Implications for Social Policies**

The study also has implications for social policies. It provides theoretical and empirical evidence to design social policies that aim at preventing the problem of sexual abuse and improving the lives of sexually abused female street children in Ethiopia, generally and Addis Ababa, particularly. Most Ethiopian social policies are mainly informed by risk-based studies about prevalence, causes, and consequences of social problems in order to design programs and intervention strategies to address social problems. The country's national policy frameworks on child sexual abuse mainly focus on identifying preventive strategies that aim to eradicate the causes of the problem at grassroots level. They lack detailed information about risk experiences of various groups of children including sexually abused female street children and fail to apply resilience perspective in designing programs.

In addition, the perspectives of children about their experiences of risks and resilience are not valued in the existing risk-based studies, generally, and in policy formulation process, particularly. Researchers, policy makers, practitioners, and community representatives are often considered as experts to formulate policies addressing the needs of children at risk of sexual abuse. Lack of children's participation in formulation of policies that concern them will automatically result in ineffective outcomes.

Therefore, this study provides holistic policy alternatives and recommendations that aim to protect children from sexual abuse, rehabilitate, and reintegrate sexually abused female street children to their families and communities. The policy alternatives and recommendations aim to strengthen the existing policies and also propose formulation of a

separate policy for sexually abused female street children. The study also dictates distinct roles and responsibilities of various groups of individuals to implement programs.

The study recommends that policy makers should consult information about risks and resilience in order to design prevention, rehabilitation, and reintegration programs. It produced distinct findings of risks and resilience that can be used as an input to design the programs. Regarding information about risks, it identified and distinguished the characteristics of children who are at high risk of sexual abuse and facing severe forms of physical and psychosocial risks. Such information is beneficial for policy makers to reconsider revising their programs in terms of prioritizing the needs of various groups of sexually abused female street children. Clear identification and prioritization of risks would help policy makers and practitioners to design appropriate intervention strategies and to allocate appropriate resources that effectively solve the problem of sexual abuse.

Guided by resilience perspective, my study also promotes the importance of integrating strengths and assets of female street children and communities in solving the problem of sexual abuse, rather than merely fixing their deficits. It acknowledges that children are experts of their lives and have capacities to overcome risks associated with sexual abuse. In addition, the social environment influences the resilience of the children in rendering appropriate social support. Therefore, policy makers are required to identify and prioritize personal and environmental protective resources that play pivotal roles in enhancing the physical and psychosocial well-being of sexually abused female street children.

My study further proposes child-centered approach in order to protect children from sexual abuse and enhance the resilience of sexually abused female street children. Policy makers need to ensure active participation of children in policy formulation, implementation and evaluation of programs. Previous policies and programs mainly require external individuals to planning intervention strategies that aim to help sexually abused female street

children. They do not describe all possible activities that the children can do to empower, advocate, train and help themselves. These activities could lead mismatch between the needs of children and services. Therefore, my study serves as an empowerment approach in ensuring active participation in policy formulation process.

Apart from theoretical implications, my study further recommends practical actions need to be considered by policy makers in order to formulate, evaluate, and revise social policies that aim at solving the problem of sexual abuse. The first and foremost action is conducting comprehensive resilience-based research prior to designing programs. Second, they should initiate the establishment of strong partnerships among various stakeholders. The partnerships play significant roles in conducting research, increasing public awareness, and mobilizing resources (e.g. fund raising, staff exchange, etc.). Implementers include MOLSA, Ministry of Women and Child Affairs, Ethiopian universities, FSCE, community members, and professionals.

Policy makers should consider proposing triangular partnerships among governmental organizations, non-governmental organizations, and higher institutions in the country. For example, the school of social work at Addis Ababa University has integrated field education program in the curriculum in order to engage undergraduate and graduate students in community-based services. Other departments in Addis Ababa universities and other universities in the country should do similar efforts in order to solve the problem of sexual abuse among female street children.

Third, policy makers should initiate for establishment of a professional society working on prevention, protection and rehabilitation of sexually abused children at national and university levels. Members may include teachers, counselors, researchers, childcare service providers, program evaluators, and graduate students. This experience creates opportunity to

share up-to-date empirical evidence about the problem of sexual abuse and propose policy alternatives.

### **7.2.3. Implications for Social Work Practice**

The study identifies empirically supported multi-level intervention strategies focusing on risk reduction, rehabilitation, and reintegration services. It broadly proposes long-term and short-term intervention strategies to address risks associated with sexual abuse. The long-term strategies primarily focus on addressing the root causes of sexual abuse among female street children. They aim at building the capacity of families and communities in order to prevent risks that led female children to join the street and to experience sexual abuse. The short-term strategies mainly include immediate activities that directly focus on protecting female street children from sexual abuse, rehabilitating, and reintegrating them with their families and communities.

The study further recommends child-centered approach that ensures active participation of children in constructing meaningful narratives of their experiences and planning intervention strategies that suit their best interests. The participants proposed various prevention, rehabilitation, and reintegration strategies that further their resilience in the face of sexual abuse. The proposed intervention strategies vary considerably across child beggars and child sex workers.

The long-term strategies of addressing the problem of sexual abuse mainly involve identification of high-risk populations and building the capacities of families and communities. The study revealed that female street children experienced interrelated risks such as child marriage, domestic violence, and child migration and child trafficking, which led them to join the street. In order to solve the problem of sexual abuse at grassroots level, various stakeholders such as local and regional governments, civil societies, and community-

based and faith-based organizations should collaboratively work to improve the quality of life children before they make move from home to the street.

Specific strategies that ensure children's quality of life include increasing communities' awareness of children's rights, child trafficking and street life, increasing financial capacity of poor families, and promoting secure attachment and communications between parents or guardians and children. Despite the Ethiopian government's efforts to eradicate gender-based violence, the study revealed that child marriage is still evident. The study suggests Para-social workers, schoolteachers, religious leaders, and the media to play pivotal roles in educating rural population about the negative effects of child marriages on children's physical and psychosocial development, generally and in increasing children's risk of joining the street and facing sexual abuse, specifically.

In addition, great efforts should be done in order to increase rural and poor communities' awareness of street life. As the study finding showed, none of the children were aware of the working and living conditions on the street before they left home. They all left home expecting that they would have better life. In addition, families or guardians of the children were unaware of the children's working and living conditions on the street, generally, and risks associated with sexual abuse, specifically. Therefore, increasing these high-risk populations' awareness of interrelated risks of street life through media and open dialogue is a suitable strategy to decrease the likelihood of children to leave home and join the street.

Apart from this, various governmental and non-governmental organizations should give more attention to strengthening the traditional extended family by rendering material, educational, and financial services to orphaned children and their parents or guardians. More specifically, intervention strategies should target on maintaining positive relationships among family members. Positive attachment between children and their parents or guardians provides children to fully develop mentally, physically, and emotionally. Therefore, it is

important to provide parents or guardians with trainings on parenting skills, for example, positive child discipline techniques, so that the likelihood of children to consider leaving home and joining the street will be minimal.

The short-term or immediate interventions directly focus on prevention of sexual abuse, rehabilitation, and reintegration by building the capacities of female street children, their social networks, and formal organizations. The study proposes the possible interventions that various organizations and practitioners such as psychologists, social workers, and health workers should act in order to employ resilience-enabling practice. Most of the proposed interventions can be commonly implemented to enhance the resilience of both child beggars and child sex workers. However, some of the specific interventions target either child beggars or child sex workers in order to ensure the best interests and needs of the children.

Establishing safe homes and drop-in-centers that render holistic services is a priority for effectively solving the problem of sexually abused female street children. The findings indicated that the children were more likely to depend on their personal coping skills and social support from informal social networks than utilizing services from rehabilitation centers in order to prevent and recover from sexual abuse. The children were less likely to join rehabilitation centers and more likely quit the centers even if they were recruited primarily because of inadequate services. Therefore, rehabilitation centers need to provide basic needs, counseling and guidance, trainings on reproductive health issues and life skills, recreational activities, and reintegration services in order to enhance the children's resilience.

The rehabilitation centers need to consider planning distinct recruitment criteria based on the children's working conditions, history of substance use, time spent on the street, and nature of relationship with social networks members. The aforementioned criteria have significance influence on the children's motivation for enrollment and successful participation in service delivery and reintegration services. The safe homes would be

effective to achieve their objectives if they recruit, rehabilitate, and reintegrate sexually abused female street children who are engaged in begging, new to the street, have children, and recovered from substance use. In contrast, drop-in-centers need to target child sex workers who stayed on the street for long time, formed strong social networks with street individuals, and substance users. The drop-in-centers would render first phase of rehabilitation services to these groups of children for some time and refer them to safe homes for further life skill trainings and reintegration services.

Both drop in centers and safe homes need to deliver food, sleeping places, washing and bathing spaces, and sanitary items to their beneficiaries. As the findings showed, the drop-in-centers did not render food and sleeping places to their beneficiaries. The beneficiaries were forced to work and sleep on the street. Lack of such services decreased the number of children joining the centers and increasing the number of beneficiaries quitting the centers. Therefore, the centers need to strengthen their capacities to render more services to their beneficiaries and successfully enhance the survivors' resilience.

The rehabilitation centers are also required to closely work with various organizations that render health services. Governmental health posts and humanitarian associations should strengthen their capacities to establish separate medical teams to provide health services for homeless population generally, and female street children, specifically. Health services are most crucial in order to mitigate female street children's risks by improving their knowledge about reproductive health issues and access to contraceptives, HIV prevention resources, and medical treatments. The previous intervention efforts so far gave much attention to child sex workers rather than child beggars. As a result, child beggars were more likely to experience unwanted pregnancy and its aftermaths of childbirth that impose interrelated risks on their physical and psychosocial well-being. Therefore, interventions should give equal opportunity

and access to health services to both child beggars and child sex workers. Health extension workers can serve as conduits in linking female street children to the health posts.

Counseling services are also beneficial to enhance the psychosocial well-being of sexually abused female street children. As the findings indicated, none of the participants accessed professional counseling from any organization in order to recover from psychosocial risks. Instead, they primarily relied on personal coping skills and social support from social networks, which were not always effective to overcome risks. Most notably, child sex workers were more likely to utilize ineffective coping strategies that in turn contributed to additional risks of re-experiencing sexual abuse and the associated negative consequences. Therefore, child-friendly psychosocial services need to be designed in health posts, humanitarian associations, and rehabilitation centers.

Counseling encourages survivors of sexual abuse to develop a sense of gaining self-esteem, coping skills, positive relationship with immediate environments, and being optimistic. Cognitive behavioral therapy can be rendered to survivors immediately following their exposure to sexual abuse. Early trauma cognitive behavioral therapy can serve as a preventive intervention for survivors who are at risk of developing severe PTSD and suicidal thoughts. The treatment can successfully help traumatized survivors manage fears, worries, feelings of worthlessness, and anger associated with sexual trauma. In other words, the therapy decreases the likelihood of the children to developing PTSD, instills hope, and reduces hopelessness.

Drug treatments should also be rendered to survivors who use substances as a means of coping with street living, generally and psychosocial risks associated with sexual abuse, particularly. Substance use is one of the major factors that put female street children at a greater risk of sexual abuse and hinder their enrollment and participation in safe homes. Counselors should render continuous counseling and guidance services to beneficiaries of

drop-in-centers and later, refer the beneficiaries to safe homes, where they are required to receive additional rehabilitation services. Survivors are required to show some level of recovery before their enrollment in safe homes. Otherwise, they are more likely to quit the safe homes within few days or weeks of their enrollment.

The rehabilitation centers should also collaborate with higher educational institutions in order to strengthen the counseling service. Teachers in the School of Social Work and Institute of psychology of Addis Ababa University can build the capacities of service providers by rendering various trainings on psychological and social work theories, counseling skills, and ethical principles. In addition, master's students can be placed in the rehabilitation centers as part of their field education requirements and render counseling services to beneficiaries.

The rehabilitation centers are also required to include different types of life skill and vocational trainings in order to enhance the resilience of sexually abused female street children. The trainings should consider the best interests and needs of the beneficiaries. Trainings on parenting skills should be provided to survivors who have children. The mothers must not feel that they are forced to give their children for adoption or to rehabilitation centers. Instead, they are encouraged to learn the basic skills that help them raise their children until they receive practical support such as financial provision; job opportunities, housing, and other child care services. The trainings also benefit mothers to get an opportunity to build social networks, develop communication skills, and access social support.

Vocational trainings such as hair dressing, food preparation, handicraft, and informal education play paramount roles in preparing sexually abused female street children to be reintegrated with their families and communities. Before the completion of the trainings, practitioners should design specific strategies to contact survivors' families or any other

responsible adults in order to bring successful reintegration. The findings of this study indicate that most of survivors including beneficiaries of rehabilitation centers do not have any plan to return to their families or guardians due to fear of being stigmatized and discriminated. Instead, they prefer to stay alone in the city, which may contribute to the survivors' risk of rejoining the street. Therefore, practitioners should persuade the children to consider returning to their homes, continuing their education, and engaging in job opportunities.

The rehabilitation centers should further design the necessary follow-up strategies in order to successfully reintegrate the survivors who complete the rehabilitation services with their families or communities. Evidence shows that female street children who completed rehabilitation services and return to their families rejoin the street because of stigma and discrimination. In order to overcome this potential risk, Para social workers need to regularly make home visits and render parenting trainings to promote positive relationships between children and their families.

Apart from institutional-based services, rehabilitation centers need to render integrated community-based services in order to bring sustainable solutions to the problem of sexual abuse among female street children. Community-based services fill the major weaknesses of rehabilitation centers by reaching out a greater number of sexually abused female street children and involving various groups of community members who directly and indirectly influence the protection and rehabilitation of sexually abused female street children. The major interventions include establishing self-help groups among survivors who are not beneficiaries of rehabilitation centers and building the capacities of bed renters, police, community-based organizations, and child protection units.

Assisting sexually abused female street children in forming self-help groups is critical for enhancing resilience. Para social workers can facilitate for establishment of self-help groups

from existing social networks of survivors or establish new self-help groups that include homogeneous members and have positive relationships. As the findings indicated, seeking and receiving social support from social networks was associated with lower incidents of sexual abuse and strong recovery from physical and psychological risks. Therefore, it is crucial to use self-help groups as a means of building the resilience of sexually abused female street children.

Self-help groups encourage members to share their sexual abuse stories, learn from each other's coping strategies, share information about the available social welfare services, and discuss plans of reintegration. Survivors who successfully completed rehabilitation services can serve as role models in assisting self-help groups by sharing their successful stories of recovery from drugs and sex work. These activities further prepare members of self-help groups to join rehabilitation centers and to be reintegrated with their families and communities. Practitioners are also required to collaboratively work with self-help groups to render trainings on reproductive health issues and teamwork and conflict resolution strategies and distribute contraceptives to members.

Community-based services further aim to build the capacities of by bed renters, police, and community-based organizations by organizing meetings and trainings on children's rights, risks associated with sexual abuse, and strategies of solving the problem of sexual abuse. As the findings showed, sexual abuse is normalized in Merkato community and survivors receive insignificant protection support from various groups of individuals. In addition, the survivors experience stigma and discrimination for living on the street and facing sexual abuse. Awareness creation programs, therefore, initiate active participation of various stakeholders to protect and rehabilitate sexually abused female street children.

Apart from this, practitioners are required to assist sexually abused female street children to seek social support from community-based organizations. In traditional societies like

Ethiopia, culture and religion has significance influences on the ways individuals give meanings to their lives, generally and to their experiences of sexual abuse, specifically. Pastoral counseling, for example, play great roles in providing emotional comfort, teaching God's love and forgiveness, and advising children to quit sex work and substances. Therefore, an integration of professional practice and traditional support systems successfully enhances the resilience of sexually abused female street children.

Further, a culture of child adoption, '*gudifacha*', should be strengthened to solve the problem of sexually abused female street children. '*Gudifacha*' is a traditional childcare system that has been practiced to promote the well-being of disadvantaged children in Ethiopia for several years. The childcare system decreases the number of children joining the street. However, the practice of adopting children born from homeless people is almost nonexistent. Mothers are forced to raise their children on the street or give their children to orphanage institutions. The study recommends child adoption as an alternative community-based approach of reintegrating sexually abused children with their offspring. Practitioners are required to engage in advocacy programs by promoting domestic child adoption to the mainstream society.

Apart from this, child protection units in local governmental offices need to collaborate with bed renters and police in order to protect children from sexual abuse. Bed renters are a primarily witness of the act of child trafficking, sexual abuse, drug abuse, and sexual exploitations. They rent their rooms to child traffickers, perpetrators, and survivors. Therefore, they are expected to share the necessary information to the police and child protection units in order to reduce incidents of sexual abuse. Similarly, the police should be cooperative to support female street children who reported incidents of sexual abuse, rather than stigmatizing and discriminating them.

#### **7.2.4. Implications for Research**

The study identified some possible thematic areas for future research. Despite my claim that my study is comprehensive in exploring the experiences of risks and resilience, it is not free of criticism. My study solely approached an understanding risks and resilience from the perspectives of sexually abused female street children. I strongly recommend researchers to conduct further studies on the impacts of the larger socioeconomic, cultural, and political factors in increasing the risks of sexual abuse and enhancing resilience of sexually abused female street children. The researchers need to include large samples of families or guardians, rehabilitation centers, policy makers, schoolteachers, and other significant individuals in children's immediate environments. The findings of the studies can be further combined with the findings of children's perspectives for formulation of policy, programs, and intervention strategies to address the problem of sexual abuse among female street children.

In addition, comparative studies should be conducted to explain similarities and difference in risk and resilience experiences of heterogeneous groups of female street children. Researchers need to include large sample size of female street children and employ mixed method design to compare the experiences of risks and resilience based on children's socioeconomic and cultural backgrounds. Further, researchers should conduct longitudinal studies to examine long-term effects of sexual abuse, personal protective factors, and environmental protective factors on the physical and psychosocial well-being of survivors. Such studies will produce findings about distinct types of risks and indicators of resilience experienced throughout various stages of child development.

Finally, I call the need for an evaluation research on the roles of rehabilitation centers in enhancing the resilience of sexually abused female street children. Researchers need to conduct explanatory studies that examine underlying factors increasing higher dropout rates of beneficiaries and decreasing motivation of female street children to join the street. In

addition, further studies need to be conducted to evaluate the impacts of rehabilitation centers on reintegration of sexually abused female street children with their families and communities.

Apart from general research recommendations, I propose research questions that need in-depth investigation on experiences of risks and resilience among sexually abused female street children. These include:

- 1) What socioeconomic, cultural, and political factors increase the risk of female street children to sexual abuse?
- 2) Which types of protective factors are strongly associated with resilience?
- 3) What sociocultural practices enhance the resilience of sexually abused female street children?
- 4) What are the factors increasing dropout rates of beneficiaries from rehabilitation?
- 5) What factors hinder the motivation of sexually abused female street children to join rehabilitation centers?
- 6) What are the impacts of rehabilitations in reintegrating sexually abused female street children with their families and communities?

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**Annex I**  
**Addis Ababa University**  
**School of Social Work**

**Guideline for semi-structured Interviews**

**Part I. Background information**

1) Could you tell me about yourself?

**Probes**

- Where did you come from?
- Your educational background ?
- Family status?
- When did you leave home?
- Why did you join the street?

2) Could you tell me how it feels like to live on the street?

**Probes:**

- What do you do for a living?
- What challenges did you face while working and living on the street?

3) How do you overcome the challenges you face?

**Probes:**

- What do you do to deal with the challenges?
- What sources of support are available to you when you face problems ?

**Part II. Definitions and types of Sexual Abuse**

4) How do you define sexual abuse?

**Probes:** What sexual activities are abuse or not?

5) Could you tell me about your experiences of sexual abuse?

**Probes:**

- How did it happen?
- Who is the perpetrator?
- Do you have any other experiences of sexual abuse?

**Part III. Perceived risks exposing female street children to sexual abuse**

6) Could you tell me about conditions that you think put you at risk of sexual abuse?

**Probes:**

- Tell me about the contexts in which the incident of sexual abuse occurred?
- Probe on each specific incident of sexual abuse

**Part IV. Experiences of Risks Subsequently faced as a result of sexual abuse**

7) Could you tell me how sexual abuse affected you?

Probes:

- How did it affect you physically?
- How did it affect you psychologically?
- How did it affect you socially?

**Part V. The experiences of resilience: Overcoming risks associated with sexual abuse**

8) Would you describe your experiences of protecting yourself from sexual abuse?

Probes:

- What strategies did you use?
- Which strategies were effective?
- Would you tell me your stories of success in averting sexual abuse?
- Which strategies were ineffective? Give me examples.
- What sources of support did you receive from other street individuals?

9) Would you tell me how you managed risks subsequently faced as a result of sexual abuse?

**Probes:**

- How did you cope with the physical risks? (STIs, pregnancy, child delivery, etc )
- What kinds of medical services did you receive to cope with the risks?
- How did you cope with psychological problems you faced as a result of sexual abuse?
- How did you cope with social risks of sexual abuse?
- What external sources enhanced your coping process?
- What factors hindered your process of overcoming risks?

10) How did your coping experiences affect you?

- Do you consider yourself as successful in terms of overcoming risks?

- What would be the character of a person who overcomes with sexual abuse successfully?

11) What are the positive things you have going on in your life?

12) How do you view your future?

Probes:

- What are your future plans?
- What are you doing to achieve your future goals?