

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

SEXUAL ABUSE OF GIRLS WITH DISABILITY:
A CASE OF FOUR GIRLS IN ADDIS ABABA

BY

MERON MOHASSEN



JUNE 2006

SEXUAL ABUSE OF GIRLS WITH DISABILITY:
A CASE OF FOUR GIRLS IN ADDIS ABABA

A THESIS SUBMITTED TO THE SCHOOL OF
GRADUATE STUDIES OF ADDIS ABABA
UNIVERSITY

IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER
OF ARTS IN SPECIAL NEEDS EDUCATION

BY

MERON MOHASEN

JUNE 2006

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

SEXUAL ABUSE OF GIRLS WITH DISABILITY: A CASE OF FOUR
GIRLS IN ADDIS ABABA

BY

MERON MOHASEN

APPROVAL OF THE BOARD OF EXAMINERS

Chairman department
Of graduate committee

Tirussew Teferra,(Professor)
Advisor

Internal examiner

Dr. Mengistu Legesse

External examiner

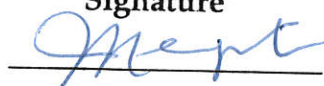
Dr. Tefaye Semela

Signature



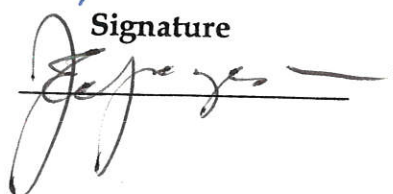
Signature

Signature



Signature

Signature



Signature

DEDICATION

This thesis is dedicated to eliminate the silent scream of sexual abuse of girls with disability through research and information.

Acknowledgements

Alhamdulillah!

Writing a thesis may be a personal task, but it is rarely completed alone. I have many people to thank.

My sincere appreciation and heartfelt thanks goes out to my Advisor Professor Tirussew Tererra for continual effort caring enough in correcting, guiding and inciting the research.

I note my thanks to girls with disabilities who share their painful memories. And whose narration gave life to the research and their strength inspires whoever reads. I thank all the participants of the FGDs who also volunteered.

I would exceptionally like to thank and owe it all to Sara for believing in me and making things possible. If it weren't for her, I would still be dreaming to get here.

My warmest thanks are reserved for my family especially "Mami" for making me feel at home and to my Dad and Mam for their endless support. To my sister Helina and her husband Bob, to my entire uncles Girma, Nunush, Mohammed, for their invaluable assistance and encouragement.

I would particularly like to note my sincere thanks to Ato Isayas, Dr. Belay, Fetum, Lily and Sofi, Beti, Mente, Liule, Yetnebersh, Hanan and Berenedth who tremendously supported me during the writing of this thesis.

I thank you all!

Table of Contents

	Page
Acknowledgements	I
Table of Contents	II
List of Tables	III
List of Figures	IV
Abstract	V
Acronyms and Abbreviations	VI

CHAPTER ONE

1. Introduction

1.1 Background of the Study.....	1
1.2. Statement of the Problem.....	2
1.3. Objectives of the Study.....	3
1.4. Significance of the Study.....	4
1.5. Delimitation of the Study.....	4
1.6. Limitation of the Study.....	5
1.7. Operational Definition.....	5

CHAPTER TWO

2. Review of Related Literatures

2.1. Defining Sexual Abuse.....	6
2.2. Myths and Misconceptions Regarding Sexual Abuse and People with Disabilities.....	7
2.3. Nature and Prevalence of Sexual Abuse.....	9
2.3.1. Nature of Sexual Abuse	9
2.3.2. Prevalence Rate of Sexual Abuse.....	12
2.4. Legal Aspect of Sexual Abuse in Ethiopia.....	14
2.5. Factors Increasing the Risk of Violence.....	15
2.5.1. Societal Factors.....	15
2.5.2. Educational Factors.....	16
2.5.3. Health Care System Factors.....	16
2.5.4. Individual Factors.....	17

2.6. Perpetrators of Sexual Abuse.....	19
2.7. Consequences of Sexual Abuse.....	20
2.7.1. Health Factors.....	21
2.7.2 Psychological and Behavioral Factors.....	23
2.7.3. Physical Factors.....	24
2.7.4. Educational Factors.....	24
2.7.5. Economical Factors.....	24
2.7.6. Social Factors.....	25
2.8 Coping Mechanisms.....	25
2.9. Preventive Methods.....	26
2.10. Interventions Methods.....	30

CHAPTER THREE

3. Methods and Procedures of the Study

3.1. Design.....	34
3.2. Participants.....	34
3.3. Tools.....	36
3.3.1. Interview.....	36
3.3.2. Focus Group Discussion.....	37
3.4. Method of Data Analysis.....	37
3.5. Ethical Consideration.....	38

CHAPTER FOUR

4. Case Presentation and Discussion

4.1. Case Presentation and Discussion - 1A and B.....	40
4.2. Case Presentation and Discussion - 2A and B.....	57
4.3. Case Presentation and Discussion- 3.....	69
4.4. Case Presentation and Discussion- 4.....	78

CHAPTER FIVE

5. Summary, Conclusions and Recommendations

5.1. Summary.....	89
5.2. Conclusions.....	90
5.3. Recommendations.....	93
References	95

Appendices

- Appendix 1 Interview Guide for Sexually Abused Girls with Disabilities
- Appendix 2 Interview Guide for Parents or Caretakers of Sexually Abused Girls with Disability
- Appendix 3 Focus Group Discussion Guide For Teachers and Related Others
- Appendix 4 Picture of the Incident of Sexual Abuse in Case One

List of Tables

List	Page
Table1: Background Information about the Four Girls.....	40
Table2: General issues of cases.....	87

List of Figures

List	page
Figure :1 The First Offender	43
Figure :2 The Second Offender	46

Abstract

The purposes of this study were to understand the level of sexual abuse of girls with disability and its consequences. To achieve these objectives, data were collected from four sexually abused girls with disability, their respective parents and FGDs with teachers and related others. In-depth interviews were held with all the respondents using an interview guide. The participants were purposely selected and the data were analyzed qualitatively.

An effort was made to find out about the vulnerability factors, perpetrators, coping strategies and effects of sexual abuse. The results revealed that girls with disabilities are victims of abuse because of their vulnerability. Their inability to hear, understand, communicate, see etc. and challenges resulting from the society and from the surrounding environment, and absence of sexual education were major factors. Offenders were found to be a relative, neighbor, unidentified stranger and a person who is known by the victim took advantages of their vulnerability. Hence, it results in repeated and severe sexual abuse causing never-ending problems of psychological, behavioral, physical, educational, social and economical to health factors. As a result, parents and the society at large are negatively affected.

Finally, providing appropriate sex education in relation to age appropriate and type of disability, training people in a variety of professions in communicating with and responding to the special needs of victims with disabilities; creating a safe environment that allows victims to disclose, a zero tolerance campaign designed to raise shifting awareness, focusing on research that is disability-specific sexual abuse cases, empowering measures, enhancing assertiveness and confidence of girls actually speaking up for themselves, organizing rehabilitation and counseling centers recognizing the special needs of girls, amending inadequate laws and criminalize crimes involving girls with disability are among the factors that are recommended to prevent sexual abuse.

Acronyms and Abbreviations

AIDS-----Acquired Immunodeficiency Syndrome

HIV-----Human Immune Virus

STDs-----Sexually Transmitted Diseases

HI-----Hearing Impairment

VI-----Visual Impairment

MR-----Mental Retardation

PD-----Physical Disability

FGD-----Focus Group Discussion

CHAPTER ONE

1. INTRODUCTION

1.1. Background

Sexual abuse is a very common experience in our society as a whole. It is painful to focus on something many of us would like to avoid even thinking about. Though it was once something that everyone knew about, but few people talked about, it has been one of the most pervasive but carefully ignored features of social life (Davis, 2005).

Sexual abuse includes a wide range of sexual activities that are forced upon someone that consists of sexually inappropriate and non-consensual actions. The act of sexual abuse has no restrictions. It can happen to anyone and anywhere, since it is a social attack against women irrespective of religious, disability, age, etc women's can be potential victims of sexual abuse and all men can also be potential rapists (Sara,2001).

In the case of girls with disabilities, although there have been several national studies of sexual abuse, none have included girls with disabilities in which disability status could be identified. Sexual abuse and other forms of violence perturb the lives of most girls and young women. Nonetheless, none of these matters have included girls with disabilities; nor have they even well thought of disability as an identifying marker. However, available data show that girls and young women with disabilities experience violence within the family, institutions and community at higher rates than their non disabled counterparts (Rousso, 2001).

Elman (2005) noted that men sexually abuse women with disabilities at a similar or higher rate than women without disabilities. Doucette (1986) as cited in Elman (2005) further estimated that women with disabilities to be one and a half times as likely to have been sexually abused as their counterparts without disabilities. Further, Erickson (2003) added that people with disabilities are four to ten times more likely to be victimized than people without disabilities. Moreover the international research mentioned that

regardless of age, race, ethnicity, sexual orientation or class, women with disabilities are assaulted, raped and abused at a rate of at least two times greater than non-disabled women (Chappell 2003: 5).

But in Ethiopia, where women with disabilities considered being safe from sexual abuse; talking about it seems unusual and shameful. For this reason, most cases are underreported because of its hidden nature. As a result, knowledge of the magnitude and prevalence rate of sexual abuse and disability in particular is not known because of the absence of research.

The first step in addressing this epidemic of sexual abuse requires societies to recognize rather than deny the visible issue. Thus, it is indispensable to expose what takes place in the lives of girls with disability in order to begin a thorough examination of abuse.

1.2 Statement of the Problem

There is a disbelief that no one would abuse a girl with disability and some will think that no one will ever harm a girl with disability and there is a myth saying '*who will abuse a person with disability ?*' But some studies indicate that the statistics are higher for sexual abuse among persons with disabilities than they are for the general public.

Though the problem is intense, sexual abuse of girls with disability are often overlooked in research. Elman (2005) revealed that the immense and important research on the sexual abuse of women often ignores disability, and disability research rarely considers the sexual abuse of women with disabilities. In addition Erickson (2003) added that sexual abuse against women is a mostly ignored epidemic. He further mentioned that unlike child abuse, elder abuse and domestic violence, abuse against the disabled has been largely ignored despite an epidemic of violence. Similarly, Nosek and Howland (1998) concluded that there is no question that abuse of women with disabilities is a

problem of epidemic. They further added that there have been virtually no studies that examine the existence, feasibility, or effectiveness of abuse interventions for women with disabilities. Erickson (2003) also noted that detailed statistics about the problem does not exist, that can in turn create a barrier to understand the scope of abuse against people with disabilities. Hence, it is this area that seems to present the greatest likelihood of a failure to protect them from sexual abuse which is important part that cannot be ignored off. Therefore, the aim of this research is to find out sexual abuse and its consequences and coping mechanisms employed by the victims. The study is hoped to shed light on the issue of sexual abuse of girls with disabilities in particular and women in general. Thus, this study will answer the following research questions.

1. Why girls with disability are at a higher risk of sexual abuse?
2. Who are the perpetrators of sexually abused girls with disability?
3. How did the abuse occur?
4. What are the effects of the abuse on the life of girls in general?
5. How do sexually abused girls with disability use to cope up with the abuse?
6. What similarities and difference exist in sexual abuses in relation to types of disability?

1.3 Objectives

The overall objective of this study focuses on understanding the sexual abuse of girls with disabilities and its consequences. The specific objectives of this study are to:

1. Get an insight into why girls with disabilities are at higher risk of sexual abuse.
2. Identify the perpetrators of sexual abuse of girls with disability.
3. Identify how the abuse occurred.
4. Find out the problems that arise as the result of sexual abuse.
5. Identify how sexually abused girls with disability cope with these problems.
6. Find out the differences and similarities exist in sexual abuse in relation to types of disability.

1.4. Significance

1. There are so many researches that are being conducted around the area of sexual abuse of girls. However, there is hardly any research conducted on the area of girls with disabilities in our country. Therefore, this study will contribute to the knowledge building in the area.
2. The finding of this study can serve as raising the awareness of sexually abused girls with disabilities for public information and address the issues.
3. It will give an insight for sexually abused girls their families and the society at large about the problem and learning to report the situation.
4. It may also serve as valuable information for concerned agencies, service providers schools, institutions, and can also serve as spring board to undertake further studies in the area.

1.5. Delimitation

- ✦ The study is delimited to sexual abuse that involves forced sexual intercourse without the consent of girls with disability while the definition encompasses a lot more features.
- ✦ The participants of the study were those sexually abused girls with disabilities who are above the age of fifteen as it is believed that they could express themselves well enough.
- ✦ The study is delimited to Addis Ababa since the researcher faced problem of finding more than one center that deal with girls with special needs in regions than where more available respondents can be found in different place in Addis. Besides, as far as disability and sexual abuse concerned, it is generally believed that in regions both are a taboo than inner city due to different various exposures.

- * Although the researcher is fully aware from existing literature that many disabled boys experience sexual abuse and are also possible victims, the researcher included only girls with disabilities in this study since there could not be found a single respondents

1.6. Limitation

- * The study deals with only to few cases of sexually abused girls with disabilities in only four areas of disabilities since it is beyond the capacity of the researcher to trace and find all sexually abused girls.
- * The study did not include sexually abused girls with multiple disabilities since there could not be found a single reported case.

1.7. Operational Definitions

Disability: for the purpose of this paper, the term disability encompasses a person with visual, hearing, physical and mental impairment. Or any limitation that significantly affects a person's mobility, sight, hearing, verbal communication or intellectual functioning.

Girls: who are above the age of fifteen are used for this purpose.

Perpetrators: persons who use girls with disability for sex without their will or consent

Sexual Abuse: a violation of sexual intercourse committed on someone vulnerable.

Consequences: are problems that resulted in psychological, behavioral, physical, educational, social and economical to health problems

Coping Mechanisms: are means created by sexually abused girls to live with the wounds of abuse.

CHAPTER TWO

2. REVIEW OF RELATED LITERATURES

2.1. Defining Sexual Abuse

Sexual Abuse includes a wide range of behaviors, but not limited to exposures, inappropriate touching, sexual contact and intercourse.

According to Gelles (2003) sexual abuse begins with kissing or fondling and progress to more intrusive sexual acts, such as oral sex and vaginal or anal penetration.

Even though sexual abuse according to different writers include different range of characteristics and different ranges of behaviors from unwanted touching to denying sexuality they do have something in common.

Dominquez et al., (2002) stated that the most common definition of sexual abuse, however, is any sexual activity involving a person where consent is not or cannot be given. Nosek and Howland (2003) added sexual abuse is being forced, threatened, or deceived into sexual activities starting from touching to intercourse or rape. Where as, sexual abuses as it is stated by Cooney (1987) include experiencing genital exposure, fondling, forced touching, inappropriate kissing, or oral sex. They may also be forced to watch others engage in sexual activities. Additionally, sexual abusive behaviors include various elements as listed in Balogh, Bretherton, Whibley, Berney, Graham, Richold, Worsley and Firth (2001) like forced sexual contact of any kind, sexual contact with a person who is unable to give consent by virtue of age, immaturity or intellect; the victim may be forced, bribed or coerced into sexual contact. Davis (2005) further added that sexual abuse includes a wide range of sexual activities that is forced upon someone in a non-consensual manner. Sexual abuse also consists of a number of sexually inappropriate actions, such as exposure to sexual materials (pornography), the use of inappropriate sexual remarks/language, not respecting the privacy (physical boundaries) of a child or individual (e.g., walking in on someone while dressing or in the bathroom),

fondling, exhibitionism, oral sex and sexual intercourse (rape) Department of Human Service Texas Association Against Sexual Assault (TAASA, 2002).

In relation to studies made around the area of people with disabilities sexual abuse , including unwanted or forced sexual contact, unwanted touching or displays of sexual parts, threats of harm or coercion in connection with sexual activity; denial of sexuality, sexual education , information, forced abortion or sterilization; can be included Ticoll (1994).

2.2 Myths and Misconceptions Regarding Sexual Abuse and People with Disabilities

People all over the world as well as in our country use myths to make sense out of a situation; or people use myth to protect themselves from hurting realities. Especially myths involving to abuse of girls with disabilities are kinds associated with mistaken beliefs or misconception that are far from reality. Abramson and Mastroleo (2002) state that because of the common misperception that individuals with disabilities are asexual and are not at risk for sexual or other forms of abuse.

TAASA (2002:2) in their studies of sexual abuse of persons with disabilities list the following myths:

The "Dehumanization" Myth: - Sadly, people with disabilities are still portrayed and seen as less than full members of our society. Such images allow offenders to justify their offenses because the victim is not really a fellow human being. Since the offender sees himself as more human and therefore more valuable, he sees nothing wrong with exploiting the individual he perceives as less valuable to meet his own needs.

The "Damaged Merchandise" Myth: - The damaged merchandise myth asserts that, because the life of the disabled person is worthless, they have nothing to lose in death. If the sexual abuser employs similar reasoning, it allows him to regard his victim's life as worthless. This provides an offender with a rationalization for the choice of victim, as well as erasing any guilt or inhibition about exploiting a person with a disability.

The "Feeling No Pain" Myth: - People with disabilities are often described as immune to pain and suffering. This myth allows offenders to rationalize their crime by saying that the victim really was not hurt by it.

The "Helplessness" Myth: - The interpretation of people with disabilities as vulnerable or helpless may contribute to their abuse. The perception of vulnerability is known to affect the selection of victims by sex offenders.

Zavirsek (2002:276) also listed three misconceptions towards sexual abuse and disability.

First, since disabled persons were not seen as sexual beings, it was widely believed sexual violence cannot happen to them. The more they were perceived as children or as child-like adults, the more it was believed that disability itself prevented them from becoming objects of sexual abuse. In this case, disability does not prevent the person from abuse; on the contrary, it causes the abuse.

Second, the common attitudes towards disabled people were dominated by the idea that disabled persons are powerless and innocent cripples towards whom nobody would react violently.

Third, if people with disability do not have their own sexuality and agency, nor even any knowledge about sex, they are not able, it was believed to share the responsibility of sexual violence. Meaning, their not knowing prevents them from becoming actively involved in the activity that demands two 'actors'.

Thus, these myths leave girls with disabilities at considerably higher risk of sexual abuse. They are supposed not to have sexual feelings and desires like everyone else or, conversely, to be "over-sexed."

2.3 Nature and Prevalence of Sexual Abuse

2.3.1 Nature of sexual abuse.

"Many issues had surfaced. But one stood out above the others, violence against women with disabilities. Suddenly, it was everywhere; in the rural areas and in the cities, in the operation rooms and on the psychiatric wards, at home, on the streets. Women are at risk. Women with disabilities are at greater risk." Pelletier (2003:3).

Especially women with disabilities are vulnerable at all stages of their lives because they are women and because they have a disability and the incorrect statement that girls with disabilities are asexual has not secured them from being sexually abused. According to Reese (2005:3) because of society's lack of understanding and undervalue of people with disabilities many falls under the experience of the following

- *professionals make decisions about their lives*
- *Being regarded as a child*
- *Being unable to speak out*
- *Requiring intimate care*
- *Being isolated by society*
- *Being devalued by society*
- *Being viewed as totally protected*
- *Lack privacy and confidentiality*

Therefore, falling under these situations can cause people with disabilities not to value themselves and they may feel as if they have no voice or even trust their judgment.

These ultimately will provide more opportunity for abuse to occur. Rousso (2001) added that persons with disabilities often are perceived as sick, helpless, incompetent and asexual and as powerless. In addition, they are also deprived of the skills and opportunities they need to know and deal with violence. Consequently, the negative environment gives license to perpetrators, who may view girls and young women with

disabilities as easy targets. Disabled women's Network (2002) further added more to the point that girls and women with disabilities became, more likely to be victims of violence because of their vulnerability.

Sexual abuse happens almost anywhere and it occurs in a variety of settings. It can occur everywhere at any time. A girl with disability is still at a higher risk of being sexually and physically abused even if she is removed from the home and sent to foster homes or institutions. Sexual abuse can also happen inside the home, outside the home, (in group homes or institutions), on the job, on transportation systems, while riding the bus or a taxi. In school, on a bus, in a group, in residential facility, in the family, service and institutional settings at a higher rate than their non disabled counter parts...etc (Davis, 2005; Abramson and Astroleo, 2002; Ticom,1994,Rousso,2001)

Sexual abuse of girls with disabilities is complicated and worse than other victims in due to three major points. Wolbring,(1994:2) stated:

- 1) disabled people are the highest risk group for abuse and violence and society is not even aware of the problem.
- 2) support for disabled victims is much less available than for non-disabled victims.
- 3) the abuse and violence against disabled people is much more commonly accepted and less frequently punished than for the other victims groups.

The sexual violence also has different appearance. According to Sobsey (1994) as cited in Rousso (2001:47) "analysis of several studies of children and adults with disabilities who have experienced abuse suggested that the abuse is often severe, involving penetration and chronic involving repeated incidents." Ticom (1994) added that *the abuse these individuals experience is often chronic and severe*. Research exploring disabilities has identified that women with disabilities are more likely to remain in more repeated

abusive relationships and they experienced abuse for longer period of time (Frantz, 2005; Nosek, Howland, and Young, 1997, as cited in Rousso, 2001).

Furthermore, Erickson (2003) added that victims with disabilities suffer repeatedly and they are easy targets for perpetrators. On the other hand, Pelletier (2003) recognized girls with disabilities have a less than equal chance of escaping; have little access to services for violence and girls with multiple disabilities are also multiply abused. In line with this, Iglisias (1998:13) supported women that suffer the most severe and frequent attacks are those with a multiple-disability, problems in mental development, problems in communication, and those disabled from birth.

Besides, for each disability type, different dynamic of abuse takes place. According to Pelletier (2003) women who have speech, hearing and/or visual impairments and women with developmental disabilities and also women with multiple disabilities can have difficulty in attracting help, resisting during sexual assault and/or difficulty in identifying their assailant. In addition, some disabilities may limit a young woman's ability to defend herself or move away from perpetrators. Davis (2005) supplemented that for women with physical disabilities, limitations in physically escaping violent situations are in sharp contrast to women with hearing impairments, who may be able to escape but face communication barriers in most settings. Other than the disability it itself, perpetrators give hard time by denying access to communication, manipulating with or giving incorrect dosage medication, denying or creating long wait is for food, failing to attend to personal care or medication, not reporting medical problems, and manipulating the mental health system to discredit the victim (Frantz, 2005).

On the other hand, some hold the view that the policies and practices which deny disabled people the experience of knowing their sexuality and to enjoy the same opportunities as non-disabled people in expressing their sexual feelings is equally abusive.

The bottom line is even if there exist a difference in disability type and difference to escape violence ;certain commonalities exist across disability groups, such as economic dependence, social isolation, and the whittling away of self-esteem on the basis of disability as a precursor to abuse Davis (2005).

Erickson (2003) pointed out that most physical or sexual abuse against people with disabilities happens to those who are mentally retarded. And it is estimated that 90 percent of people with developmental disabilities will be sexually abused in their lifetime. UNESCAP (2003) Hope on Women and Disability reported that most of the sexual abuses turned out among the girls and women with intellectual disabilities. In the second frequency of sexual abuse towards girls and women with disabilities comes to hearing impairment, taking the advantage that these people would not be able to communicate to others. According to Sullivan and Knutson (2000) as cited in Davis (2005) though any type of disability appears to contribute to higher risk of victimization, intellectual disabilities, communication disorders, and behavioral disorders appear to contribute a high risk level, and having multiple disabilities (e.g., intellectual disabilities and behavior disorders) result in at an even higher risk level .

Based on the estimation of Common Wealth (2005) ninety percent (90%) of special needs children have been sexually abused in some fashion; including boys, girls and even infants and toddlers. Moreover as Nosek and Howland (2003) summarized that there is no question that abuse of girls with disabilities is just a problem but it is and epidemic proportion. Pelletier (2003:2) ended that "'Sexual Violence seen as National Crisis'". Violence against women with disabilities is not only a crisis; it is an outrage and a disgrace."

2.3.2 Prevalence Rate of Sexual Abuse

Societal awareness of the situation of people with disabilities related to abuse is lower than the non disabled people. Wolbring (1994) mentioned that though a variety of studies exist which show that people with disabilities are likely to be in higher risk of being

abused than non disabled people, society is absolutely not aware of the extent of abuse against people with disabilities. Detailed statistics about the problem do not exist that create a barrier to understand the scope of abuse against people with disabilities. Our failure to appreciate the widespread nature of sexual abuse recently means that empirical evidence is limited and that we only have a tentative understanding of its patterns in the general population Balogh et al, (2001). But, estimates show people with disabilities are four to ten times more likely to be victimized than people without disabilities, yet no one agency collects statistics on violence against people with disabilities Erickson, (2003:2) however, in the general studies made around revealed that a girl with disability is two times more likely to be sexually or physically abused than girls without disabilities (Myers, 2005).

According to Sobsey (1988a: 1) as cited in Pelletier (2003:3) complemented that people with disabilities are more likely to be subjected to sexual abuse and assault than their non-disabled peers. The exact degree of risk appears to be at least 150% of that for individuals of the same sex and similar age without disabilities. Besides, Wolbring (1994) reported from the study of Sobsey and Varnhagen that the risk of sexual abuse of people with disabilities is at least one and a half times as high as for others without disabilities. When only more severe forms of abuse are considered that risk may be three or more times as high as the risk for people without disabilities. On the other side, Frantz (2005) cited people with disabilities face a four to ten times higher risk for abuse than those who do not have a disability Furthermore, Sobsey (1994 as cited in Rousso 2001) summed up that the abuse rates of adults with disabilities may be between 1.5 and 5 times the rate for non disabled adults, whether the definition used is broad or narrow, and whether the focus is on single or multiple incidents.

Baced on studies above though girls experience, the higher risk for abuse the problem does not stop there but goes on for longer period of time and also having a high probability of repeat victimization regardless of their living situation (Rousso,2001 and Frantcz,2005).

than the rapist. Disability Awareness in Action (1997:17) confirmed that it is very likely that cases against abusers of disabled people will not come to court. It is also hard to pass up the conclusion that social attitudes and their articulation in the legal process operate to protect not the victim but the perpetrators. Besides, there are effective social as well as legal constraints which prevent women from making use of their legal rights Sara (2002:16).

2.5 Factors Increasing the Risk of Violence

2.5.1 Societal Factors

One of the reasons women with disabilities are at a higher risk of being abused is the attitudes that society holds towards them. Women in general are seen as objects of aggression and control, and when a woman has a disability she is an easy target for rape and physical assault (Canadian Abilities Foundation, 1995). Frazee (2000) as well mentioned that series of interrelated factors contribute to the abuse of girls such as systems; traditions and customs that consider girls less desirable; negative social attitudes that view girls as liabilities and properties. Because of the strong emphasis on physical appearance in every society, women with disability are made to feel less worthy than non-disabled women. The negative self image, along with the silence or non belief of victims and the lack of prosecutions of alleged abusers increases the risk of sexual abuse (Disability Awareness in Action: 17).

Besides, according to Frazee (2000) women with disabilities are often devalued by society because of both their gender and their disability. They are viewed by society as being physically and/or sexually undesirable, incapable of emotional caretaking and/or incapable of contributing to the economy. For many ill and people with disability, social isolation caused by institutionalization, hospitalization, "specialty" education and/or overprotection can push them to the periphery of society, where they are vulnerable to predators (sexual abuse of adolescents with chronic conditions: 212-3)

Abramson and Mastroleo (2002) generalized; social isolation is associated with a higher risk for abuse as well as creating barriers for disclosing abuse. Besides, lack of reporting and prosecution and others are also major risk for abuse.

2.5.2 Educational Factors

Quite often, parents, caregivers and special education teachers do not teach children with disabilities about sexuality, abuse prevention, self-protection or personal safety strategies, in an effort to “protect” the child. Thus, children with disabilities may lack knowledge about their bodies, well relationships anyhow to protect themselves. Thus, Renooy (2002) stated due to limited sex education and isolation, some young girls with disabilities may not understand what is happening to them in an abusive situation. Lacks of adequate education and availability of appropriate educational materials are also a case in point.

2.5.3 Health Care System Factors

Lack of full access to violence related support services; like services for (rape), crisis or victim service program and lack of support for care-givers or not knowing the services exist and incapable of gaining access from services will in turn increase the risk factors (Frantz, 2005; Renooy, 2002; Ticoll, 1994).

For young people with chronic conditions, putting up with situations, expecting a low down level of privacy and a high degree of physical intrusion is a way of life. They may have been forcibly controlled when refuse to accept frequent physical examinations or attention to bodily needs, and therefore have learned not to fight or object and if procedures are performed in demeaning or insensitive ways, they may feel they should tolerate the abuse. Thus, it can increase the risk of abuse (Adolescent Medicine Committee, 1997:212).

2.5.4. Individual Factors

According to Abramson and Mastroleo (2002:12) girls with disabilities are at risk because of the following factors:

- Person with physical disabilities may depend on others to meet some or all of their basic needs. Care providers, including family and paid or unpaid personal care workers, may be involved in close, frequent contact in the most intimate and personal parts of the individual's life (e.g., assistance with bathing, toileting, changing clothes, other hygiene-related tasks), which can increase the opportunity for sexual or other abusive acts. Persons with physical disabilities may be less able to defend themselves or escape abusive situations.

_ A desire to please or make friends is common among individuals who have not been offered the opportunity to interact in society. Youth with cognitive disabilities may be overly trusting of others and easier to trick, bribe or coerce, especially when offered friendship, money or a gift. These youth may unknowingly participate in activities that may be exploitative or illegal.

_ Person with cognitive disabilities may not understand the difference between sexual and non-sexual touches and, if they are abused, may not understand that the violation is not normal, especially in cases of sexual abuse.

_ Person who are blind or have low vision may not be fully aware of their surroundings, especially on public transportation or within the community. This can make them vulnerable to exploitation by others.

_ Many persons who are blind or deaf/blind are taught mobility and Braille by guided physical contact. An individual may be conditioned to touch due to ongoing personal care or other disability or medical-related services. Being touched, often without permission,

can provide confusing messages about space, boundaries and physical contact with others.

_ Some persons with disabilities may have limited vocabulary or communication skills that can pose barriers to disclosing abuse or assault. Some people who have speech impairments utilize communication boards; many of these devices, however, do not include vocabulary for reporting abuse or other victimization.

-Individuals who are deaf may experience barriers with disclosing abuse without an interpreter or other assistive devices. Perpetrators may believe they can getaway with abusive behavior if their victims cannot report it due to a disability.

_ Many individuals with disabilities are taught in school, through service providers and family members to do as they are told, to comply with requests of others, and to control difficult behaviors. Youth with disabilities often are not taught about boundaries, assertiveness, or the right to say no especially to authority figures to painful or other unwanted touches. Compliance training can make the individual vulnerable to abuse or exploitation.

_ Yoder (2003) stated that many people with mental retardation do not recognize abuse as abuse. This is often further complicated by several factors including a desire to be accepted, dependence on the abuser, having been taught or having learned compliance, or being extremely fearful to tell anyone about the abuse. It is also clear that many people are unable to communicate their hurts and fears with words and end up "acting out". Their efforts to let people know something is wrong often get treated as behavioral problems rather than communication efforts. Iglesias (1998:13) further extended that several factors have been identified which may increase the exposure of people with disabilities to violence and abuse, including some additional points mentioned by (Davis and Frantz, 2005; Renooy, 2002).

- *The fact of being less capable of self defense (physical).*
- *Greater difficulties to report maltreatment due to difficulties in communicating.*
- *Difficulties in accessing information and counseling places, due mainly to architectural and communication barriers.*
- *A lower self-esteem and disregard of their image as women.*
- *The contradiction between the assignments of traditional roles to women with the lack of these roles in disabled women.*
- *A greater amount of dependence on other people for care.*
- *Fear of reporting the abuse, as it might cause the breaking of bonds and loss of special care.*
- *Having to live in environments that favor violence: broken homes, institutions, residences and hospitals.*
- *Less credibility when reporting these attacks in certain institutions*

2.6. Perpetrators of Sexual Abuse

Abuse is the trauma to the hearts and souls from being deceived by the people who are loved and trusted ones around. The problem of assault and abuse against persons with disabilities is complicated by the fact that most of the abuse is perpetrated by someone near (e.g., family member, intimate partner or personal care provider) with whom the individual has an established relationship. (Abramson and Mastroleo 2002:6). Further Ticoll (1994) suggested that the betrayal of one who is dependent on another for survival represents a "monumental misuse of position of power".

The perpetrators can be employee, caregiver, attendant or interpreter, a partner, husband, neighbor, co-worker, a doctor, or therapist or other health professional, one who pretends to be a friend, a family member (brother, father, uncle, grandfather, cousins, step-family members) may also be someone we depend on for daily needs. UCDAVIS health system (2000) added victims with disabilities have similar relationships with their offenders as other victims have with their offenders except that only about ten percent are only strangers. People with disabilities are more likely to be victimized by caregivers in the field of health, education, rehabilitation, or social systems that provide services to them. Sobsey and Doe (1991 cited in Ticoll 1994) further added that more than half of

the abuse of people with disabilities is perpetrated by three groups of offenders: family members, paid care-givers, and other people with disabilities especially those clustered with their victims in services settings.

On the other hand, perpetrators tend to pick a victim who they think is vulnerable, someone they can threaten. Erickson (2003:4) added perpetrators believe women with disabilities do not have sexual feelings, do not feel pain, and defenseless, are burden and therefore deserve to be abused. Since they are easy to be taken an advantage of and will not make good witnesses in court. On the other hand, sometimes the abuser tires to convince the disabled woman or others that he is doing her a favor since few men will have sex with disabled women Disability Awareness in Action (1997:17).

Moreover, places can also open up a space for perpetrators. Ticom (1994) picked up family and services institution as a risk place for perpetrators. Isolation, overwhelmed by the demands of caretaking, lack of respite, negative social attitudes towards disability which may be lived out, or struggled with, in parents' reactions and attitudes etc are risks factors in the family. Where as, According to Sobsey (1994) as cited in Tiom (1994) the large numbers of people involved, the close physical and emotional contact involved in the care they provide, and the power inequality between the service provider and receiver of care are cited as factors which increase the risk of abuse to people with disabilities in service and institution settings.

2.7 Consequences of Sexual Abuse

Sexual abuse has the capacity to damage people extreme seriously. Survivals are affected in so many ways that cannot be measured. The duration, nature, and context of the attack influence the shape of the damage. Though there are extensive research examining the effects of violence in the population at large, relatively little research has been conducted focusing particularly on the effects of violence and abuse on people with disabilities (Ticom, 1994). Nevertheless, studies based according to Stuart and Stuart, (1981); Sullivan, Vernon and Scanlan, (1987) as cited in TAASA (2002) showed that people with

all kinds of disabilities suffer just as much emotional trauma, physical injury, and social consequences of abuse as any other victim. Wolbring (1994) compared counselors' descriptions of behavioral symptoms in a group of sexually abused persons with disabilities to those without disabilities and found variety of same symptoms have been described among people with disabilities as well as those who do not have disabilities .

"While disability status puts young women and girls at risk for violence, violence puts girls and young women at risk of becoming disabled." Rousso (2001:2). Renooy (2002) further added that sometimes violence and abuse can worsen a disability, or even cause one. Besides Nosek, Howland and Hughes, (2001) as cited in Rousso (2001) supplemented that for young women with disability, violence can lead to secondary disabilities.

The consequences of sexual abuse result in harmful psychological, behavioral, physical, educational, social, and economical and health factor.

2.7.1 Health Factors

Abuse gives rise to health problems to the victims. It can lead to long-term health problems including:

A. Unwanted Pregnancy

Sexual abuse can lead to indirectly unwanted pregnancy. It has also had adverse impacts on pregnancy. That is associated with risk of abortion, miscarriages and premature labor. Since there is no provision for the right of abortion in Ethiopia, safe abortion is difficult to obtain, as the result they resort to unsafe abortion, which may have other negative outcomes in their health, and it is usually followed by complications around.

On the contrary, Disability Awareness in Action (1997:14) cited that research shows pressure is put on disabled women to abort pregnancies and to be sterilized. In line with

this, depending on the interpretation one gives, the Ethiopian Criminal Code, Article 551 under C and D stated that terminating pregnancy is allowed by the law if the child has an incurable and serious deformity; or if the pregnant women, owing to a physical or mental deficiency she suffers from or her minority, is physically as well as mentally unfit to bring up the child.

Another risk associated with unwanted pregnancy is the fact that child bearing before the girls are biologically mentally and psychologically mature. It is associated with adverse health outcomes both for the mother and the child. In addition premature or low birth weight child occurrence of complications on existing fetus and suffering from premature labor and miscarriage cannot also be ignored.

B. Sexually Transmitted Diseases/ HIV/AIDS

In rape situation where a girl cannot negotiate a safe sex, it is highly likely to have STD's or HIV/AIDS. These venereal diseases can cause painful infections that can damage reproductive organs. The possibility of having these two will worsen the situation. Especially in Africa, where having sex with a virgin believed to be a cure for HIV/AIDS girls with disabilities are at even higher risk because they are assumed to be virgins.

C. Gynecological Problems

These gynecological problems includes painful infections that damage reproductive organs, bleeding, perforation of the uterus, infertility, genital infections or discharges and swelling in the genital area causes difficulties to sit comfortably, pelvic pain, painful menstruation, can be stated. Fistula cases, sexually transmitted infections and circumcision will also intensify the situation at hand (Cooney, 1987 Tesfaye, 2003; Yohannes, 2003; Rousso, 2001; Davis, 2000; Dominquez et -al Cooney, 1987, Sara, 2001).

2.7.2 Psychological and Behavioral Factors

Although the impact of abuse is very huge that can last for a lifetime on the victims, it leaves family members, neighbors, communities and significant others around enormous psychological trauma.

Regardless of the circumstances surrounding sexual abuse (e.g., length of time it occurred, who the abuser is and the victim's age), all forms of sexual abuse is serious and has the potential to be very damaging to the individual if left unaddressed and unspoken. However, individuals who experience long term chronic abuse by known, trusted adult at an early age suffer more severe damage than those whose perpetrator is someone not well knows and that begins later in life and is less frequent (Tower 1989 as cited in Davis 2000).

Girls with disabilities who experience violence and abuse may face shame, fear, nightmares, anger, guilt and self-hatred, low self-esteem, sleeping difficulties, feeling of powerlessness, loneliness, and isolation. They may have difficulty forming healthy relationships and knowing whom to trust. They may experience, overly compliant behavior, Posttraumatic stress disorder alienation and dissociation self-injurious, depression, withdrawal, noncompliant, aggressive behavior are also included.

Those who experience sexual assault or long-term sexual abuse may exhibit difficulties with eating, sleeping and concentrating; feelings of being unclean; mood swings with no apparent cause; intrusive thoughts of the assault; flashbacks; respond aggressively or withdraw socially from others, have difficulty concentrating are visible effects (Renooy, 2002; Abramson and Mastroleo, 2002; Davis, 2000; Ticoll, 1994).

2.7.3 Physical Factors

Victims can suffer from physical injuries and/or additional disabilities. This includes death, suicide, illness (acquiring infections), serious body injuries (loss of body parts, dysfunctions of body parts) or body injuries like scars, bleeding bruises, lacerations or abrasion. Bruises in genital areas, tearing of vaginal or anal area, pain in genital areas, signs of physical abuse, head aches ...etc are the ones which require period of healing (Davis, 2000; Abramson and Mastroleo, 2002).

2.7.4. Educational Factors

It is crystal clear that someone experiencing this intense pain will find it hard to attend school or even hinder someone from going to school on a regular basis or study properly. As a result, the victims will perform poorly. Regarding this Wall (1992:25) as cited in Tesfaye (2003:28) confirmed that "students can have trouble learning, drop a class or drop out of a school, loose trust in school officials, become isolated, fear for personal safety. Besides, students can be impaired and prevented from "full enjoyment of educational benefit is, climates or opportunities." As the result, their future educational attainment will be questioned.

2.7.5. Economical Factors

Persons with disabilities are known to be the poorest of the poor in every country. "Abuse against women and girls with disabilities represent a hidden obstacle to economic and social development as it disables them to use their full energy, undermines their confidence and compromises their health. Thus, the society is deprived from the full participation and contribution of women in development. "Report on violence against women in Ethiopia (1997:9). Therefore, because of all the effect that results from sexual abuse, girls with disabilities cannot fully lend their toil or resourceful ideas.

Fear of violence limit is them again from participation in public life that can in turn affect the development of the wider community through it is effects on women's participation in development. And If girls with disabilities do not have skill or training they need to have will be dependent and cannot participate in the national development program as the result both the individual and the society in general will be negatively affected Almaz (1996:9).

2.7.6 Social Factors

The effect of sexual abuse has an impact on the victims and can cause a social stigma as well. According to Crossmaker (1991; Cohen, 1993 as cited in Ticollm 1994) stated that the negative responses from others, re-victimization (by repeated sexual abuse or by people not believing or questioning the woman's credibility) On the other hand, some believe that if women with disabilities are mistreated or sexually abused they should not complain or make further demands because they are very lucky for whatever they get Disability Awareness in Action (1997:13)

Besides, forced sterilization without informed consent in convince of others is used to prevent women with disability having children and mistakenly to "protect" them from sexual abuse. It may prevent a pregnancy following rape but not a sexually transmitted disease or other trauma (Ticom: 17).

2.8 Coping Mechanisms

Coping mechanisms as Glynis Breakwell's analysis cited in Kelly (1988) defined as strategies as any thought or action which succeeds in eliminating or ameliorating threat to the self. Individuals can cope a situation negatively or positively or even can stop coping at all (suicide attempts, breakdowns).

The experience of abuse can affect young women in different ways. How one girl deals with it will vary from another girl. Kelly (1988) suggested that some girls use forgetting or burry the memory of victimization or attempt to suppress the feelings it evokes. Talking to supportive friends is also an important factor in helping them cope.

Remembering and working through the past is also an essential aspect of coping. Disabled women's Network (2002) added that talking to a friend, going to counseling or talking to a counselor and getting help from support person or an advocate will help.

On the other hand, some will begin to drink alcohol or use drugs; smoke...etc when they feel sad or when they do not want to remember things (Renooy, 2002).

2.9. Preventive Methods

The imperative way to stop sexual abuse is to prevent it from happening in the first place. Even though the general public hates to admit it, sexual abuse of girls with disabilities is not possible but it is actually happening. Wolbring (1994) forwarded that there is hardly any effort prevention programs exist which adapt towards the special need of people and no awareness is raised in society that people with disabilities are actually the group of society which is the most likely one to be abused.

In order to prevent, the first step is identifying the magnitude of the problem and facing the ugly truth that people with disabilities are more vulnerable to sexual victimization than those without disabilities (Davis, 2000).

Further, Davis added that in order to stop repeated victimization, sexual abuse must be reported. Because without reporting, there can be no trial of offenders or treatment for victims. Concerning this point Yoder (2003) stated that not just reporting the abuse is enough but also working to help people in understanding when they are being abused are also crucial, even though both are more easily said than done.

Above all every sexual abuse, regardless of who the victims are must be taken seriously and for that, societal attitudes must change to view victims with disabilities as having equal value as victims without disabilities, and give them equal advocacy Davis (2005).

On the other hand, preventive method according to Dominquez et al., (2002) can be viewed as primary prevention that is increasing in public awareness to address the issue

in order to decrease the frequency and occurrence. The Secondary prevention targets services in order to avoid occurring at abuse prevention programs and safety education taught to children in schools. Tertiary prevention targets services to victims of sexual abuse with the goal of minimizing its negative effects and avoiding reoccurrence.

Whereas, Canadian Pediatric Society (CPS) in their study of Sexual Abuse of Adolescents with Chronic Conditions (1997:212-3) stressed on very fundamental points of prevention issues that must be in:

1. Institutional

- thorough screening and monitoring of employees and volunteers;
- chaperoning of physical examinations and procedures;
- supervision of outings; patient privacy; and investigation and reporting of allegations of sexual abuse.
- in addition; parents should be advised to inquire about these institutional policies and to conduct their own intensive screening when hiring private caregivers.
- those working with teens with chronic conditions should also understand the full range of normal sexual activity (including masturbation) for this age group, and should respect the privacy requirements of adolescents.
- a review of the available material makes it clear that proper training of licensing officers in issues of sexual abuse is essential. Physicians can be involved in the development of resources for this training.

2. Educational

- Adolescents with chronic conditions, parents, and caregivers place high priority on access to appropriate information about sexuality. This includes information specific to different developmental levels and disabilities with regard to personal rights, safer sex, and sexual abuse, and could also include a component on assertiveness training and self-defense.

children's own expression of sexuality and on their vulnerability to abuse.

Ticoll (1994) also added specific preventive measures within a variety of settings including:

- ensuring that people with disabilities know their rights and how to report abuse; providing information with respect to abuse and neglect, the requirement that reporting be made to the police or the child welfare authorities, that investigations happen quickly and that the safety of the individual from the perpetrator be ensured;
- sex education and clearer guidelines with respect to sexual activity within residential settings;
- assertiveness training and empowerment of people to resist abuse;
- education of service providers/professionals on the relationship between abuse and disabilities, and on making appropriate referrals for children with disabilities;
- educating professionals who come into contact with children and adults with disabilities on the relationship between maltreatment and disabilities, on identifying possible abuse, and on making appropriate referrals

Furthermore, Pelletier (2003) stated that women whose bodies do not meet the criteria of the general public may be seen as unattractive and therefore not in need of information on sex but women with disabilities do have sex, with consent and without it. Therefore, many women with disabilities receive little sex education or none at all. However, the real and important thing is giving specific, clear sex education that includes information on how to avoid unwanted contacts should be made available to all women with disabilities. Davis (2005) supplemented that sex education must be provided on a regular, on-going basis and self-determination and relationship-building skills taught so individuals with disabilities can learn how to develop safe relationships. Classes on sexual violence should be offered to teach individuals how to respond and protect towards sexual abuse.

people in a variety of professions in communicating with and responding to the special needs of victims with disabilities (Yoder, 2003).

2.10. Interventions Methods

Empowerment of women

Clearly, society's attitudes about girls with disabilities continue to contribute to their disempowered position and vulnerability to sexual abuse. Empowering themselves to speak off their problems publicly and to use their voices collectively to transform into practice and bring about changes in their life. Elder (1993:1) suggested as the " first step that sexual abuse is something pervasive, and we do not want to re-victimize the victim, and it's OK to talk about it, has been very slow coming."

Community support services

Women with disabilities who find themselves suffering the aftermath of sexual assault or abuse often have nowhere to turn. Indeed, emergency shelters, rape crisis centers, sexual assault centers and counseling programs that are physically accessible to women with disabilities and which are experienced with their needs are still rare.

According to Cooney (1987:74-83), the followings treatment are important to follow regardless of specific nature of abuse, how recently or how long the abuse took place.

Medical services.

Since a sexually abused girl's body has been used without her consent, a complete medical examination by the physician who understands the nature of sexual abuse can eliminate the fear someone holds ,figure out pregnancy or venereal disease including HIV/AIDS , damages in the body ,genital areas ...etc. and gives solution for it.

Sex education

Reeducating the confused victims in individual or small group meetings with a nurse or health educator must be the first step towards reeducating. The victims of the abuse must have the opportunities to ask questions and to correct distorted information about sex.

Counseling services

There are many varieties of counseling available to victims of sexual abuse. It provides the support system necessary to deal with the abuse and to put it to an end. Among them: individual counseling, help to get past the painful experiences and will help the client to get well eventually. In group counseling also member can learn from one another and from the counselor who leads the group. They learn how to express their emotions in a positive way, how to stand up for themselves and how to cope with potential abusers. Group counseling experience can be extremely helpful in preparing them to relate to others in a more positive manner. In groups that are composed of victims in the same age category, each member realizes that indeed others have experienced similar abuse and can understand the wound and chaos associated with it. Besides, sexual abuse and the aftermath of reporting may have resulted in changes for all members of the family. In family counseling immediate family gather to work on problems that are part of the family and problems related to how each sibling reacts to the victim and to each parent can be resolved in the family counseling. It can also strengthen the parent-child relationship and to ultimately increase the level of family functioning (Cooney, 1987).

Even though all the above conditions are necessary and essential conditions to be fulfilled, generally it is known that programs to assist abused women are often architecturally unreachable, lack interpreter services for women with hearing impairment, and are not able to accommodate women who need assistance with daily self-care or medications (Nosek, Howland, and Young, 1998 cited in Erickson, 2003). Further Erickson added that crisis intervention for women's shelter are also problematic for women with disability, if the shelter is inaccessible or unable to meet her needs for personal assistance with activities of daily living and if the shelter staff are unable to

communicate with person with hearing or speech-impaired women because "Without adequate services we can not reach out to victims," (Poore as cited in Erickson 2003).

Andrews and Veronen (1993) cited in Erickson (2003) list four requirements for effective victim services for women with disabilities:

First, service providers need to provide adequate assessment of survivors, including questions about disability-related issues.

Second, abuse service providers should be trained to recognize and effectively respond to the needs related to the disability, and disability service providers should be trained in recognizing and responding to physical and sexual trauma.

Third, barriers to services should be eliminated by providing barrier-free information and referral services, by ensuring physical accessibility to facilities, by providing 24-hour access to transportation, to interpreters, and to communication assistance, and by providing trained personnel to monitor risks and respond to victims receiving services through disability programs.

Finally, persons with disabilities who are dependent on caregivers, either at home or in institutions may need special legal protection against abuse.

Ticoll (1994:28) extended that effective response to abuse include:

- effective internal protocols in health, social service and educational settings for identifying, reporting and responding to victimization;
- reforms to the judicial system to ensure that people with disabilities have recourse to the courts;

CHAPTER THREE

3. METHODS AND PROCEDURES OF THE STUDY

3.1. Design

The major objective of the study is to investigate the sexual abuse of girls with disability and its consequences. Thus, for the study which strives to explore and understand the sexual abuse of girls with disability, qualitative research approach is considered to be appropriate. Peter (1994) stated qualitative research is an exploration, elaboration and systematization of the significance of an identified phenomenon. Merriam (1988) also explained that in qualitative research one is interested in process, meaning and understanding. As a result, it could suffice to use qualitative method.

Accordingly, Merriam (1988) multiple case studies involve collecting and analyzing data from several cases. For this reason, the researcher has chosen to study the sexual abuse of girls with disabilities through qualitative inquiry designed as a multiple case study. Yin (2003) added that when the same study contains more than a single case, the study has used multiple case designs. And the evidence from multiple cases is often considered more compelling and the overall study is therefore regarded as being more robust. Yin (1984) as cited in Merriam (1988) stated in qualitative multiple case studies "one attempts to build a general explanation that fits each of the individual cases, even though the cases will vary in their details."

3.2. Participants

Participants of the study are four sexually abused elementary school girls with disability. They were selected from four different special schools and centers. Besides, their parents, teachers and related others were approached to triangulate and supplement the data.

Key informants

Key informants in this study were selected purposely. Merriam (1988) explained one needs to select a sample based on the assumption that one wants to discover, understand, and gain in sight from which one can learn the most. Thus, the researcher considered those that provide fresh and rich information. In addition, participants also helped in suggesting a possible and accurate candidate for the FGDs. Based on the above considerations, the following factors were taken to select girls who were sexually abused.

- * The abusive relationship that involve physical contact.
- * Sexually abused girls with disability who are above fifteen and school girls. This is because there is a need to understand the overall effects of sexual abuse in addition to the accessibility of information that could be gained from the parents, teachers and related others of these girls to supplement the data.
- * Girls who are sexually abused that were identified and labeled as mentally retarded, physically handicapped, visually and hearing impaired found in centers were selected.

Having considered the above criteria's except in the case of girls with MR, and PD the rest of the cases were hardly found. Thus, cases with peculiar features were taken from more possible respondents and the rest of the cases were taken from the only available respondents. Therefore, case (1A) and case (2AandB) were identified as strange and hard to believe since it happened more than ones (repeatedly) (1A) by two different offenders, whom the latter found to be a priest and a relative as well. Case (2AandB) caught the researcher attention because both the aunt and the daughter who are physically disabled abused twice at the same time together by two offenders first and consecutively again by three offenders who could not been identified, in a bizarre ways.

analyst to generate categories their properties and their interrelations as he tries to understand his data (Glaser and Strauss, 1967 as cited in Merriam, 1988).

Phrases, vignettes and important quotes were extensively used in the narratives to create categories and to develop interest in its readability.

3.5. Ethical Consideration

Since attention should be given for ethical issues in qualitative research, I proposed some ethical perspectives before the in-depth interview and FGDs.

- * Above all first the consent of each school and organization where the participants were selected, the research objectives were articulated verbally to the concerned bodies in order for them to be able to give informed consent.
- * The consent of girls was also orally requested since they have the right to decide to participate or not.
- * The research objectives were articulated verbally and in written form to the parents as well as to the participants of the FGDs after gaining the previous consents.
- * Tape recording was carried out taking into consideration the willingness of each participant including all the FGDs. Thus, if requested not to be recorded, their wishes were well respected.
- * Pseudonyms are used for all cases as a protection and respecting their privacy from being identified.
- * The name of the organization in which the participants were selected is kept behind closed doors since it found to be so easy to reveal as to who they are.

CHAPTER FOUR

4. Case Presentation and Discussion

This part covers the presentation and analysis of the case histories of the participants in the study.

The purpose of this study is to hear the 'voice of girls' who were sexually abused and to understand the sexual abuse followed by its consequences.

For this reason, the first section focuses on case narratives of individual independently followed by its discussion to make the report reader friendly. Finally, cross case analysis was made with in each case.

To understand the sexual abuse of girls and its consequences, analysis was done based on a series of themes using the research question as a lead. However, while discussing cases information were utilized from the case histories of the parents and FGDs to make a compressive analysis.

Table1: Background information about the four girls

Name	Type of Disability	Age	Grade	Parental Condition	
				Reside with	Education
Fikir	MR	16	---	mother	4th
Filega	PD	16	2	aunt	12 complete
Desta	VI	24	8	orphan	illiterate
Tsenat	HI	22	4	father	4th

Case Presentation (1A)

(Fikir)

Introduction

Fikir who is labeled as girl with mild mental retardation, is very much religious, affectionate, kind-hearted, and easy to talk to. She speaks slowly and uses few but strong words to express herself. She has an amazing personality and ability to read peoples heart, if they stay enough around to see who she really is. If they do, she can easily find out what they are up to.

Fikir who is 16 looks very old for her age. Her face looks blemish. She always wears a long skirt and seat outside the classroom alone in the corridor with only table and chair around her. Because she fails to control her bladder, no one is interested to sit around her or teach her including with the rest of her classmates. Besides, her mother now and then find a way to give her some kind of scars on her neck, legs which are unbearable to see.

Even though Fikir cannot remember all the specific details of what happened to her, or cannot tell it bottom-up, she always holds two persons responsible for what happened to her and how she felt about it.

Before, getting the clear story the meeting went on for two weeks. (Each day for about 30minutes to one hour) depending on the mood of Fikir and the method the researcher used. During those sessions, the researcher used different techniques just to get the best out of Fikir. So, drawing pictures and playing with puppets unbelievably helped a great deal and marked a great difference showing what was not their in the picture before.

Though a strong relationship already developed with Fikir, the first day turned out to be a strange and odd one. When the researcher and Fikir were chatting about things that were of no use as compared to what she has in mind at that time, Fikir stopped the researcher and declared she has got some important things to share. And she said let me tell you about that "balege".

She started as.....



Discription - evenit huge part of her is filled with pain i.e. showed by strong and dark colors. She indicated that she is taking it easy with light colours to the side.

The first" balege" guy

He was a person whose house is in front of mine. It is 'equal equal'!!!. He is very old. And he has got a very beautiful wife who looks like Saint Mary. He also has a mother and a sister.

Whenever he sees me outside, it is with an evil eye and he stare at me with his big eyes. One day when he caught me sun bathing, he came and hit me with a stone in my back. So I hate the fact that I see him often and I got mad because he was the one who started everything. What's more, he looks at me as someone who did bad to him. All I wanted is to get him in jail. But I know God sees me down and who is bad is he himself not me!

One day this "balege" came and knocks my door, when I answered the door he asked me and took me to his house which was very dark. We were five in one class room in his house. (See appendix 4) One of them was my friend. Then, he covered my mouth with clothe got me lie down and did "balege" thing. Afterwards, he cleaned my blood with a towel. When I wanted to scream, he squeezed my mouth so tight. And he did that to all of us turn by turn. After that:

Going nuts

My head went crazy. Oh, God! I am... woe!!! Woe!!! (እኔ ማለት እኮ ውይ! ውይ!) My head went wacky I have bad headache that turn my head upside down. Now, I hate everyone in my neighborhood. And I do not want to see them especially his mother and sister

The Second "Chelfit" priest

I do not like the priest he is just as bad as that balege guy. The reason is they are both bad. woe! woe! In Gods name he is a crook. (ወይ! ወይ! በስመክብ እነሱ እኮ ጭልፊት ፍቸው!) One day, the priest took me to his home which was very dark. His house was messy; worn out shabby clothes were all over the place. Besides, there found a toilet in front of his house. 'equal equal'! So, the house stinks just as much of his armpit does.

He squeezed my hand so tight and grabbed me to enter into his house. But I did not want to get inside the house but then again he begged me to enter. My legs could not move at that time. So he hit my back with his umbrella and grabbed my neck and took me inside. Then he makes me lie down and got on top of me. After he finished what he did he pushed me away. Then, I screamed calling my mam's name but no one came.

After wards, he begged me not to tell anyone about it. He gave me one birr to return back. His mind is messed up. When I think it over and over again, he has got never-ending issues. When I told my Mam about it, she told me to shut up. Now he comes to my house once in a while.

The blood sucker

The priest was the one who sucked my blood, my back, my hands and my intestine. I went crazy. I just wanted to see him die. My whole body got sick. I told the doctor about everything. And he even agreed that the guy who did this to me was bad. I spent days in the clinic. My entire body got sick. And they told me that I got pregnant. Afterwards, my tears started to fall dawn and I cried.

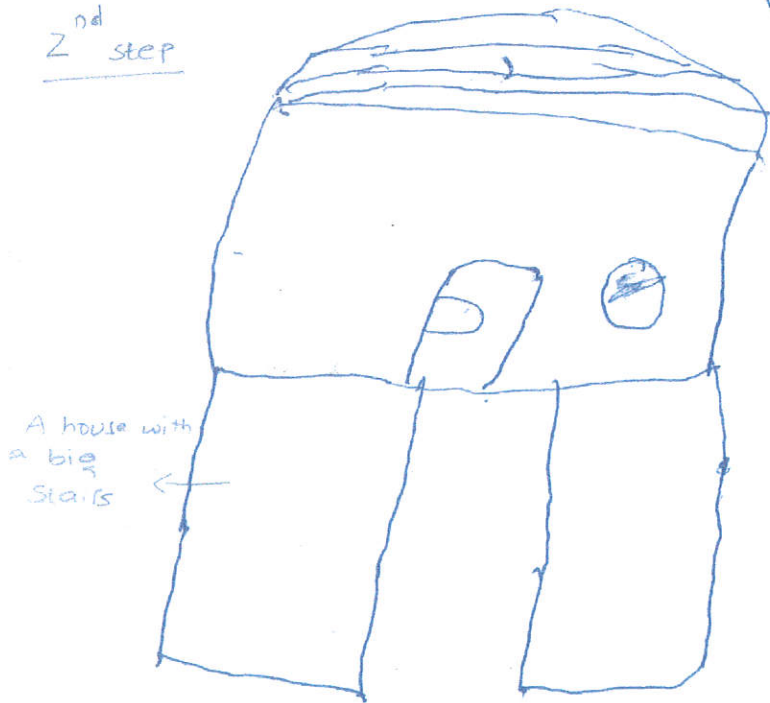
Avoiding unavoidable

What can I do? I just gave everything to God and I told him to hear me. Therefore, I left everything because they are **balege**. Whenever I see the balege guy, I get scared or run away and close our door behind and whenever the priest comes to the house, I will hide behind the curtains. Or else will run as if I wanted to wash my hands.

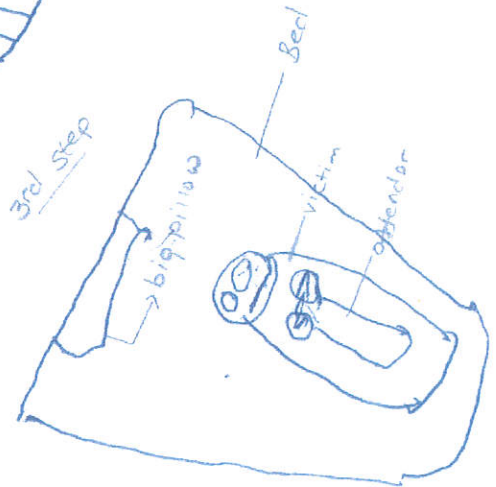
1st Step



2nd step



3rd step



Discription:—A priest who is a relative for the first step look her to his house with a big stairs which ended up in a room in step three.

Case Presentation (1B)

(Fikir's Mother-Mulu)

Introduction

W/ro Mulu is a 60 year widow who lives in a small compartment neighborhood where everybody seems in each other business and throats. The houses are so close to each other that it seems the breath of one person can be heard in the next house. She was born in Merabete and came to Addis when her brother got sick. Since then she has been raising her daughter, grandson and lately her niece.

After meeting W/ro Mulu and explained the purpose of the study, I asked her willingness to share what they went through together with her daughter, immediately agreed upon to become part of it. So, after four visit is (which each one took one hour) held in different times cross checking with what Firkir already stated. In all the visit is including the specific time are held in her house in which the mother favored most.

Even though, W/ro Mulu is open, unreserved and can not get enough talking about what already happened, surprisingly always focus only on the first incident and ignore the second one unless she is gently pushed to it, just like her daughter does. Besides, sometimes it seems that she remembers things that are of less value than things which have a significant effect that most people will never ever forget in their entire life even if they wanted to.

So the researcher asked why the first incident is always given due attention and why the second is a closed book among other things? So before getting to the unraveled truth, a little investigation was done cross checking between a mother and a daughter.

She began with.....

A women's intuition

One day when my daughter came home very late, I saw blood in her legs. So I asked her about it and she told me that it was her period. Then, the next day immediately it stopped. But I refused to question further till it was late. It seemed I got hold of the wrong end of the stick. So after a month I got suspicious because she looked very different than before. And from her looks I knew that she was being deflowered. Just to corroborate my instinct I took her to the hospital for further check up. And the result conformed that I was after all right. Then I requested for further examination but she came clean from everything including HIV/AIDS. When the doctor asked her who did it? She said a neighbor, as I heard it for the first time.

I failed to see it

A man who is over 50 lives in front of our house, as she told me did it in his mother's bedroom. Covered her mouth with cloth and cleaned her blood with a towel. And he also threatened her not to tell anyone. If she did, he told her that he would kill her. As I heard one day, when a neighbor fought with this man because her daughter blamed the man for her sickness, no one in the neighborhood helped her including me because we did not know what she was talking about but later her daughter revealed that he did that to five of them in the same classroom. I really do not know how but she said letting two of them, who are very small in his leg and three of them including Fikir in the bed.

Worthless effort

So first, I went to Woman's Lawyers Association to report the case as I learned what happened but, they told me that the police are the ones who have to deal with this issue. So, the next day I went to Fikir School and told them everything. Together with them, we went to the police station and explained everything. When they heard about it, they promised to give him what he deserves. Thus, the school promised to do everything at their power and asked me to leave everything at their hands, since they already have a

school lawyer there was not a need for me to face everything wide in the open. Or fight face to face. But still there is nothing.

The other way round

In fact things are the other way round and got a little bit out of hand right now because the perpetrator heard about my report. As a result, whenever he sees her or a member of our family, he insulted them and threatens them because he claimed that he saw them in his arch- enemy's house.

Who cares?

When the neighbors heard a little about it, they told me to shut my mouth up just because of one reason with whom that I live with? (ከማን ጋር ልትቀባበሪ ነው?) besides, they call her by the name of oldie (ሸሜ ጉጉ!) to upset her much leave alone helping her out.

Lightning strikes in the same place twice

Before I even finished crying and dried out my tears in counting the cost, the second got in the way. It was all started when Fikir started to change her behavior around food and could not stand the smell of the food in the house. I thought she got sick so I bought her a medicine but things got worse and she started to vomit continuously. Besides, as the day went by her breast got bigger, so I stopped and thought for a second and decided to take her to the doctors in hospital. When they examined her she got pregnant. Thus, I begged them to do abortion for her.

Trouble never comes alone

After the abortion, we returned home but she could not stop bleeding. Thus, we went back again for further check up, I found out that there was a left over in her wombs and that they did it quite awfully and irresponsibly. Therefore, for the second time they cleaned her womb once again. It took them two days to finish it all over. Since then, she bleeds a lot still. Her period has got no pattern at all and it is a lot. It is like unstoppable. She even said to me ' I bled to death! ' (በደፆ አለኩ!)

Moreover, she used to be happy but now she gets upset easily and insult people. She sit is alone wondering doing nothing. She does not want to work or even clean herself. And if I asked her to do it, she thought that it is shameful thing to do. Besides, she gets this unhealthy appetite, she sometimes eats a lot or do not want to eat at all.

During the night, night mares are common and she bed-wet a lot as the result, her clothes, shoes and blanket are short lived ones. Because of this, people avoid her than they did before.

Never know who did it

when I asked her who did this to her, in the beginning she did not want to tell me but later she told me that he was a priest and took her from the house to his home. But then again she might go on and say someone completely different. So I could not lay a finger at a specific person. Thus, I kept quit. Because, I did not know for a fact who, it was and what happened. As there might be some consequence for my actions. Instead I left everything for God. Because men are brutal! They run over you like a donkey. (ወደል አህያ! እንደ አህያ ሰው ላይ የሚወጡ ናቸው!) Generally, I become upset, annoyed and anxious. She would not be in this position if he would not touch her in the first place. I feel so sorry, and I regret much about it.

Once bitten twice shy

After these, I strongly advice my daughter always, never to be near or close to guys. If they come and try to talk to her, she has to scream because I told her they can infect her with HIV/AIDS. Since I found ultimate solution for a pregnancy, I would not worry about it now.

Thanks to the integrated family organization, that helped me financially as well as morally by giving us counseling serves and also medical examination to my daughter well being.

Discussion

Perpetrators

As she identified the first offender who lives in front of her house is a neighbor like she describe it as "equal equal", is a man above 50 and married. Since it used to be a neighbor who raise and protect other person's children as if their own, it was no odd for girls to go if asked to. Since Youth with cognitive disabilities may be overly trusting of others and easier to trick, bribe or coerce, especially when offered friendship, money or a gift. These youth may unknowingly participate in activities that may be exploitative or illegal (Abramson and Mastroleo, 2002). This proved that this particular girl is given an offer she cannot possibly refuse. Thus, in this first incident, the offender involved her in a sexual abuse with the other four girls in a most unthinkable and bizarre ways. He used normal and sneaky way of asking the five girls to his home for a play or something. Hence, who in the world will suspect something harmful will happen to all the five girls together?

After he unbelievably did his despicable evil deed', as Fikir mother indicated, he threatened to kill her if she breath to a single soul. And of course since he threatened to kill her, she just kept it all to herself until when she asked to.

As to the second offender, as impossible as it may sound is a priest who comes in her home once in a while. Even though Fikir's mother did not want to believe what Fikir told her about the priest, her mother found an excuses to burry the truth by saying her daughter cannot just stick blaming one person. But after a little investigation done around the researcher discovered as time went by that the priest is not just an offender but also a relative in the family as well. Concerning this particular case, Focus group discussants also witnessed that most of the offenders of girls with mental retardation are the family themselves or some one very near to the family and people who live with them. In addition, Baladerian (1991) as cited in Reynolds (1994) her study of people with mental retardation and sexual abuse identified as 97 to 99 percent of abusers are person known and trusted by the victim.

As the result, the priest one day as she drew in her painting and also as the mother stated took her from her home to his place; grabbed her hand and hit her back to get her in the bed. Since the offender is a priest especially a relative, who might think for a minute something creepy will happen otherwise? Besides, the victim already developed a strong trust over him that she will do almost anything.

Generally, as it is in the case of girls with mental retardation, the offenders are those who are well known by the victim. In many cases, girls with disabilities do not experience violence and abusive behavior from strangers, but from the people they know and trust (TAASA, 2002). Therefore, parents of girls with MR fail to disclose abuse (FGD).

Vulnerability factors

Since, most people have incorrect judgment about person with mental retardation thinking they do not know about anything, which make them an easy target for abuse to occur or easy to be taken an advantage off.

So, the offender in this case thought that the victim may not tell what happened. Even if she tells to someone, who in the world is going to believe her? Or count her word for that matter? unless something visible happened. Who would to trust and stand up feeling it is worth fighting for her? And this is exactly what happened to this particular case. In the first case, she has no one who can stand up for her or even support her behind. And as to the second case, she lost being credible even in the eyes of her mother.

What is more, she never got a chance to know what happened to her. She just knows it as a "balege" thing only and not as an abusive situation which contributed the discloser of the second one as well. Because, girls with MR may not realize that sexual abuse is abusive, unusual or illegal. Consequently, they may never tell anyone about sexually abusive situations (ibid).

Different and unique vulnerability factors were also observed by FGD. Such as the inability to disclose or expose abuse. (አታጋልጠንም/ አታወራብንም) Thinking that these girls are free from HIV/AIDS and the behavior of girls in keeping a secret especially if they are told to do so, were things identified as common factors. But they also identified. Unique factors which is a wise economical use. The offender in the case of MR girls may do what ever he likes just by a single candy or nice word in tricking them for whatever he likes as compared to other girls who require lots of things.

The other most important forgotten truth is the missing of sex education in the life of this girl. Or worse, the incorrect information the school and her mother provided her with in the name of "sex education" For instance, do not be near to man and or scream if man tries to talk to you are some of it which hinder a girl to be in the right track.

Consequences of abuse

All forms of sexual abuse can be very damaging to the individual no matter who. Even if she does not realize what sexual abuse is or cannot explain about it due to lots of reasons, it does not mean that she cannot feel and undergo this horrible experience. Hence, words fail her to tell or describe what already happened. Whenever she started to describe it, she

always runs out of words and all her body started to show the deeper pain. As she explained how much she went through and suffer,' Oh, God! I am... woe! Woe!' እኔ ማለት እኮ ውይ! ውይ! Indicates the insufferable pain she has been to which no body knows about it.

Though there were other girls around which can able to show her that she was not the only one about it made things a little easier to talk about it or even spent time coloring her side with pink to show that it is ok dealing with it or coloring despite her huge pain that is also indicated and marked by huge area of red at the other side. Unlike the first one, the second which is unbearable and caused a lot more severe pain that anyone could ever put into words. To begin with, unlike the first offender there is no way that she by herself will tell about the priest guy unless she is asked to. Because he for starters happens to be a priest whom she respect most since she is so religious herself. And second he turns out to be one of her relative as well. Thus, she felt betrayed and lost trust from the well known and trusted relative priest. Therefore, this is the reason why she stated that his mind is messed up which of course there can be no other explanation as to what he did. As a result every time she thinks it over and over again she feels like he has got an endless issue.

Second, the priest left her behind a huge pain which last forever. Pregnancy followed by abortion that causes her to loose lots of blood from her body for two continuous days and more made her to state the priest sucked my blood, back, hands and intestine. And finally she said,. 'My entire body got sick' the mother also witnessed when she explained afterwards, 'I bled to death!' (በደም አለቅ!) implies, during that time she lost not only a lot of blood but also had a huge back pain that left her unable to gain control of herself. In addition to her misery that she felt in her intestine; all her body as a whole also got sick.

Last, not even in her painting she drew, wants to color the second incident. When asked to, she explained 'if I paint it with color, it will not be visible enough to see it.' Indicating that this is another way of showing her pain and making sure that it is visible enough to

show what he did to her. Besides, she does not want to spent time coloring what she cannot stand to see in the first place or even want to talk about it.

On the other hand, what is so complicated and hard is the fact that she gets to see the first offenders a lot. She said, "...I hate the fact that I see him often and I got mad." which can be explained that seeing him often cause her anger, pain and suffering not to mention her deepest fears that she always goes through. Especially, fears of his big evil eyes and the way he sees her like she explained someone who did bad to him. Knowing the fact that she did not do something harmful to him and she knew she has the right to see him like that but not the other way round.

For instance, one time she stated that when he caught her sun bathing, he hit her with a stone in her back. The mother also indicated that 'whenever he sees her, he insult her.' Which indicate that he physically as well as verbally abuses her whenever he gets a chance. Therefore, she also developed hatred for the entire neighborhood especially to his mother and his sister. As she stated before they are at the side of first offender. Thus, whenever she gets to see them she cannot help going crazy which in turn cause her a terrible head aches. Since sexual abuse is not just a private thing which affect the victim herself, the mother also suffer and started to become upset, annoyed and anxious to his intimidation to the entire family. As the result the mother compared the man with a donkey and generalized as 'men are brutal! They run over you like a donkey.' (ወደል አህያ! እንደ አህያ ሰው ላይ የሚወጡ ናቸው!)

She also developed hostile feelings for both offenders. She stated 'I just wanted to see him die.' as in the case of the priest and 'All I wanted is to get him in jail' for the balege guy. Finney (1992) as cited in Rahel (2005) explained that the emotion of hatred as a natural and spontaneous feeling that grows from actions we find reprehensible and when the hurt is unbearable.

Generally, all the words that indicated when she affirmed Woe! Woe! My head went wacky, crazy and mad are words indicating her pain and suffering. What is more, she

knows the names of the perpetrators but she rather wants to call them with her own style which indicates their personality. Meaning mentioning their name is not worse to show who they are instead she refer them as "balege" and "chelfit".

Besides, the mother concerning the behavior of her daughter added that she is unhappy, gets upset easily and insult people. She sit is alone wondering doing nothing and does not want to work or even clean herself. In line with this, in the study of Wolbring (1994) among sexually abused children with disability and non disabled found few categories which were significantly difference appeared to be likely related to disability it iself as to the response of abuse. That is children with disability described as having problems with neatness among the common aggressive behavior, inappropriate anger poor sense of personal safety nightmares, few friends, eating disorder...etc are among the indications.

As the mother also indicates, She has unhealthy appetite which she eats sometimes a lot or do not want to eat at all. Besides, night mares and bed-wetting are common though she has a medical problem of bed wetting already, now a day though, it is way more than before and unable others to be near her. Further, her teachers also witnessed that she become a very quite one than she is before. Which referred as major symptoms of behavioral signs as it is explained in Reynolds (1994).

More, abortion which was done irresponsibly that waited for two days, continues bleeding, irregular menses which is heavy, head aches, pain are among few of the Gynecological problems she experienced. Besides, the blemish skin tone of her face which is getting worse day by day indicated the pain inside her. Like they say 'the face is the reflection of once inside.' Generally, many survivors indicate medical complaints including backaches, skin disorder and genitourinary problems (Williams and Philadelphia, 2000).

Even though all the neighborhood is a victim of not just by one girl with a disability but also four other girls as well, fail to stand up for the only offender and even discouraged one who tries to disclose by saying 'with whom are you going to live with?' (ከማን ጋር ልትቀላባሩ ነው?) They are not only discouraging the mother but also insult the victim as

well. As it is witnessed in the FGD, when people hear things like this, they will go and say, ' For whom God made her so! ' (ደግሞ ይችን! እግዚአብሔር እንዲህ ያረጋችን) Rather than being cooperative for a change.

Other than people's tease, insult or smack, who in the first place will give attention to these girls? Even if people witnessed a girl forcefully taken by, they will not stop it because first they may never suspect a thing like this could happen to a girl with MR. And secondly they fear this girl even to be near with hence some even praise the offender who happens to be with her. "A blessed person!" Besides, the lacks of being competent and credible as a witness in court are additional re-victimization (FGD).

Even though, school is her favorite place, because she fails to control her bladder, she is just not part of the education rather part of the school compound. In addition, it require expense to facilitate or change things around starting from few clothes of hers or shoe, blankets etc to a more sophisticated professionals help. The mother indicated is tired off buying clothes shoes and/or blankets. And if things continue like this, there is a great probability that she will quite school and be dependent and unproductive.

Coping strategies

Since she convinced herself that she can do no single thing about it, or nobody hears her pain she engaged herself in religious activities as a way of ultimate solution to cope up with her problems. So, that is why she stated... 'I told him to hear me'. One time she even told the researcher that today is Saint Gabriel, so I told him everything and things will be ok.

For a period of time she tries so hard not to see the two offenders. But it is entirely impossible. As the result, she developed different mechanisms for both. For the first one she fined it ultimate to run or close her doors behind since he only sees her outside. And for the second, whenever he comes to the house, which she cannot stop, she will hide behind the curtains not to see him or will find an excuse to wash her hands just to get out of the room that he is in.

Case presentation (2A)

(Filega)

Introduction

Filega is a girl with physical disability who lives with her aunt. She only has a problem with one leg (monoplegic). She is 16 and very intelligent and also very smart. Though she started school very late, she was very good at it.

She is so sharp for her age that anything she said did not seem to come out from her mouth. Usually, she is quite and does not want to talk much. She rather wants to keep locked up inside. She usually wears long dresses and adores jewelers. She has her own style and her personality. Moreover, everyone around her knows that she gives highest priority and preference for her education.

Even if she questioned the use of the studying this unspeakable experience, as she saw her aunt being part of it first, 'atter agreed upon to tell what was unspeakable. But was uncomfortable being tape recorded, therefore, the researcher respected her wish which went on for a week. (About an hour each)

She started with.....

I came from a rural place which is very far from here aiming at to be educated and to have a better life just like all the other wishes for. But in the beginning my reason was just to get away from the place I live because the people around me have completely negative attitude about disability. And especially if you are a girl with disability, they will not bother to send you to school. Even though I can tolerate being unable to go to school, one thing that I could not stand and almost was sick and tired of was their insults.

Then my aunt who lives in Addis heard about it and she asked me to come and stay with her. So, I thought if anybody can understand the kind of life I went through, and then

there can be nobody else but her. Finally, I decided to come down to one thing I always wanted, and that was a wish to go to school. Thus, everything was fine and I even stood 2nd and 3rd from my class till unspeakable incidents got me, my aunt and our maid all the three of us.

Fate worse than death

It was one unlucky, unspeakable rainy night where faith seemed to close its door at us just like the rest of our neighbors did. Since, the kebele ruined our house because of illegal built; we left with a ground with nothing on except an empty space. My aunt together with myself that night asked around the neighbors to spend the night at their house, but it seemed that no body is willing even if we tried about four houses finally got unlucky. Hence, we had no choice but to spend the night in a ruined house. Thus, all five of us that day we left with a house with no roofs or walls either. We were simply got nothing except a hard plastic that served us a roof and a blanket as a wall lied down at each others side.

Warning bells began to rang

All of a sudden, as I wake up and opened my eyes, two men where in front of us saying things that brought me back here. I could not think straight but they continued to insult us. I got scared and terrified as my heart started to beat fast. But they took what they wanted and just left. I could not even properly look at who they are because I was so nervous. Anyway it was passed until the second one started.

The next day, things got worse and we were forced to stay in the same place except for two little girls whom my aunt begged the neighbors again for a place finally got lucky that day for only two. So, they spent the night there but concerning us there was nothing that could be done because we were flat broke. Therefore, I including my aunt and our maid had no choice but to stay in the same place that we were before.

That night, though we could not sleep just laid our body being close to each other. It was around the same time that we got robbed, came again two guys. This time they were not after our money or the material we own but they were after us.

Bad is never good until worse happens

As one of them approached and uncover us with insult, slap my aunt who was about to shout, then he put garbage in her mouth and tightly grabbed her as the other one tried to hold me, the first one turned to his friend telling him that I could not run and that he should seize the maid who was about to run off. And he caught her before she even tried. Then, what is left to say, both of them raped us exchanging with each other and I for a moment thought I was dreaming and things happened in the blink of an eye. My mind stopped working. But latter I was unconscious.

I guess after hours, I gained back my coconsciousness but what could be worse than this? I hated myself and I felt like I lost myself. So, I could not care less whatever happened afterwards because I thought nothing could get worse than this.

Tomorrow is not another day but anther dreadful nightmare.

If I known what tomorrow hold, I guess I would not be saying what I said earlier. Though things are bad enough as it was, in my wildest dream, I never thought they could get worse like this or left me speechless.

But things got even dramatic the next night as we still stayed there further with no solution and help around us. Then they came adding their numbers by one and. I could not tell whether they are the same person or not who came by the other night. Quickly they grabbed us and did what they were after. Not only was just they raped us but it was also a gang rape. What is more to say?

Later, I definitely believed we all are infected with HIV/AIDS. So, that was the end of everything to me. All my dreams and hopes passed by me when I got just a little chance. And now I quit school because there is no reason for it. It is much better if I was in a place where I was before. Since what happened was unbearable.

Getting a blood out from a stone

Oh! How can men get crueller than this? Whenever I try to forget, that this ever happened to me, or tries to forget about it, it keeps on chasing me! So now I decided to go back and perhaps be with my family and get change after all. The bottom line is even if I tried to put it at the back of my mind, it seems impossible to forget it because it keeps on hunting me!

Case presentation (2B)

(Birtu--Filega's aunt)

Introduction

Birtu is also a woman with physical disability. She is a very kind, giving and strong woman. She finished her school years working as a maid. So it took her quite long time to be where she is now and passed really tough times. She has two certificates in basic application in computer and catering

Now, she is not just hard worker but also turned to be work provider for others as well. She is taking care of and giving shelter for four girls including a girl with mental retardation and physically handicapped and hearing impaired ones under her roof.

She always welcomes everyone with an open arm. So, it was not difficult to get what is going inside her head. Besides, she wants to tell the whole world about her story even if she gets emotionally upset once in a while. The session went on four six days taking a total of five hours. The first day was so difficult that she could not help crying thus, the researcher postponed it to other time when she felt much comfortable and ready.

As she started from the scratch and went on.....

It started all with one worthless building that was intended to be a bakery house. So, when the construction workers built the house, they made the house a little bigger than it was supposed to be. So, I have no choice but to make the roof a little bit higher. As a result, the kebele came by and told me what I did was illegal. At that time, I guess it slipped my mind to realize what was going wrong. Therefore, one day they came again and ruined my house to the ground. It was a complete disaster that left us in the middle of nowhere.

No matter how things get bad it will get worse

Therefore, we all were forced to spend the night in a house with no roofs or walls. It was in July closer to mid night was raining so enormously that we had to lie down under the falling rain; covered up ourselves with a plastic that was given us by person who lives near by. Round mid night, with a heavy rain felling down, we were almost about to freeze, when two men approach us saying:

Crocodile tears

A: Oh! Our mother's we felt sorry for you!

B: Please do not you have a sister? I literally begged them as they got closer. What do you want please? Do not you just have a heart seeing us lay down like this?

A: Shut up! You crippled! Be with us to get rid off your foolishness and deafness and whatever!

B: please!

A: You cripple! God made you like this knowing your sin.

The insults that made me hate myself and bend my head down were irresistible. But thank God they finally left taking a huge bag with 300 birr in it and the 7 cooking trays that were in the bakery house.

So, the next day I went to report the stolen material but I did not find anybody because they told me that they were in a meeting and it seemed impossible to get them. Hence I run back home feeling so hopeless and so discouraged.

That night, I sent the two little girls at neighbor's house to spend the night because there was nobody who could be willing to let us all spent the night. Hence, the rest of us were forced to stay in that empty house with no roof above us again for the second time.

Unexpected visitors

Since, we could not sleep at a hotel or somewhere else with no money, the three of us ended up lying side by side holding to each other. I did not entirely suspect that they will come back again. But they did. And this time they were not only for the things that we owned but they were also after us. I could not tell whether they are the same person who came the other night or other person this time.

One of them said, as he approached us we just wanted to sleep! We are immigrants and displaced just like you. Then he uncovered us. When I wanted to run, he hit me and I found myself lying on the ground flat out on my face. When the maid tried to escape, he also got her to the ground. She just hit the deck. As I tried hard and wanted to scream he put dirt in my mouth and took hold of Filega on his other hand. We just could not escape them at all. Hence, I and Filega fall under the hands of the guy who hold us and raped us together while the other one was doing the same thing with the maid. That was when I proved a women's weak spot.

No man limps because another is hurt

After everything happened we screamed again and only two people came and asked us about it. Then they said that we should report. But what was worse was seeing us in a position like that; did not even offer us to spend the night in their house even after what happened. And the neighbors who heard about it said that we felt sorry, and some even said, 'For a girl who is good for nothing! What else can she possibly be?' (እንደው አሁን እሷን ሰው ብለው? ከዚህ ሌላ ምን አርጎ ነው የሚላት?)

As soon as the day comes, I went to Women's Lawyer Association for help but then again what is new? So I came feeling sorry for us. And yes again we hold on to our empty house. I guess things never cease to amaze me because for the third time they came down on us for three and raped us again one after the other. Only this time which I could not even though about or say much about it. It left me speechless.

If I were not a physically handicapped person, I perhaps could grab one of them or could just run off, He might not catch me. I felt so sad and so deep. That was for the first time when I felt about my disability.

Unsolved mystery.

I guess they could be around 35 and 40 years of age. From the way they insult us and their attitude, I guess they really new us well even though none of us were unable to recognize them.

It is frightful not to live

Even though all of us were being deflowered Filega was really unconscious for hours and things were really beyond her age and strength. So, I doubted that she became ok. Afterwards, I definitely though we were infected with HIV/AIDS. Therefore, I could not think straight for six month till I took the blood test. Because I believe death is waiting.

And Filega quit her school because she lost the meaning of life and leaving. She used to cry often, became very quite, lost her appetite and face sleeping problems and night mares were common like 'they are coming!' She just gave up completely. She asked these two questions after they raped us. "*Who are we? And what is it with us?*"

I stayed convincing myself that I have HIV virus in my blood. So, I did not question when my menses stopped and hence did not realize that I got pregnant. Because, I heard people say "If you have HIV virus in your blood, you will not menstruate." After four month though, I discovered that I got pregnant. Things got worse. When I shard this with my best friend, she convinced and forced me to have a blood test. So I went for the first time after six months. Though unexpectedly, I came out free. Hence, the next day I took Filega as well and the result were the same. For us that was the beginning of life after death.

Things are not as they seem in the TV

The day after they raped us, I went to Women's Lawyers Association by begging someone to pay for my transportation. At that time I could not even afford a penny but I did not give up and I went there often. The point is though things are not like you see in the TV.

Even now, we do not have any protection. Still they came to our house and knock in the middle of night, besides they threatened us. One day when two friends passed by my house, one of them said to the other, "Do not go near her house!" And the other said "leave her alone! She only left with one leg and I will finish the other, scratch her eyes out and paint her!" When I heard that, I just cried and went to tell the police; from the way they spoke I thought that they might be the one who did that to us. But the police said that, what I said cannot be taken as evidence unless I got beaten and bleed. After that I lost the meaning to go there.

One thing I want to say is, it's not the disability it itself that affects us but it's the sexual abuse that can make us disabled. And it is not my disability that makes me loss hope but rather the incident that took away all my entire strength.

Discussion

Perpetrators

These offenders though could not be identified by the victims because of the difficulties of the circumstances around like, fear, the darkness, the pouring rain and other issues make the victims unable to recognize the offenders who came not just once but threes consecutively. What is more, the victims did not even get a chance to identify who robbed them first or who abused them twice. Or worse the victims could not tell whether they were the same offenders or not who came by all those times.

But one thing is for sure that the offenders had a good idea about who their victims were. As the aunt suspected that the offenders might be someone who knows them well enough to insult them like the way they did by picking up their disability. And from the sound of their voice the aunt added that they could be a person around 35-40 ages

The offenders in this particular case happened to use what the circumstance provided them with. The advantage and suitable condition favored the offenders to make even more repeated victimization in the victim's own house in a most horrible and unspeakable ways that anybody will fail to describe it. Which indicates that since most of the offenders of girls with PD are whom very near or knows by the offender almost all incidents happen in their own house (FGD).

Since the offenders proved already that their victims brought nothing twice, they convinced themselves that it would not hurt trying one more time by inviting a friend over. Besides, the offenders' not just sexually abuse the victims and used the situation around but also verbally abused and destroyed the victims' self-esteem till they felt it in their bones and the physical attack also causes hurt and injury to their body.

Vulnerability Factors

Persons with physical disabilities may be less able to defend themselves or escape abusive situations. As she explained, 'If I were not perhaps a girl with physical disability, I might get the opportunity to run off just like the offender said.' besides, the aunt also added that if she were not also physically handicapped, she could perhaps get a chance to grab one or run off. Which implies that their disability contribute to mistreatment and repeated abuse. Plus it happened to be the major feature which hindered them from using the alternatives around. Thus, girls with PD are at risk for sexual abuse through no fault of their own because they may be less able to defend themselves physically (TAASA, 2002).

Though the disability in this particular case did not cause abuse by it itself, it contributed for repeated victimization to occur other than having the environment that favored abuse contributed significantly in this situation. Having to live in broken homes, institution, residences and hospitals...etc can be factors that contribute violence to occur (Davis and Frantz, 2005; Renooy, 2002; Iglesias, 1998).

Besides, the negative attitudes in society about disability make it more likely that girls with PH will experience abuse. Most of the society think that this kind of incident will not concern girls with PH hence teaching about sexual issues seems worthless. In addition, since the society commonly believed that these girls will not involve in sexual activities, the offender use them as a safer ultimatum in choosing to attack them (FGD).

Consequences of abuse

Even long before the sexual abuse happened, she is the kind of girl who already suffered from verbal attacks that caused her enough suffering. hence, once when the first incident happened as she stated she hated herself and she also indicated that it left her to be hopeless and torn her apart which made her say she could not care less for what ever happed afterwards because, she trusted there could be nothing worse than what already

happened to her. But things happened far beyond the reality as the second one stepped in the way for the second time when she stated' left me speechless'. Which implies insufferable pain and heart ache that anyone could ever bare to live with. So, she started to ask this questions as the aunt indicated 'who are we? And what is with us?' which indicates that she is blaming herself and hates the fact of being a girl who is disabled. Because why such overlapping incident and hurt can possibly happen to the same person over and over again unless the problem lies with her; were questions that she needed an answer for. Therefore, it is no odd for a girl who experience abuse may feel self hatred (Abramson and Mastroleo ,2002; Davis,2000).

She also developed hatred for man when she stated ' Oh! How can men get crueler than this?' and be this vindictive beings and lost the sense of humanity. She generally also hates the neighbors who could have given their little hands to make things a lot different when they had a chance but instead as she stated closed their doors just like fate does.

Thus, she felt discouraging and quite school because as she explained she did not see the reason after all what happened. Which also indicate her hopelessness and giving up on almost everything except getting ready to die. But knowing oneself to die is not something easy thus she was always filled with fears and worries. The aunt also stated that she could not think straight until for six month which also indicate undergo a time of depression. Consequently, it also resulted in a behavioral changes when she often cry, became a quite one, losing her appetite and face sleeping problems and night mares like 'they are coming!' Were becoming a habit as the aunt stressed.

Besides, she also experienced the common gynecological problems like bleeding a lot, pain in the genital area and tearing as well. Moreover, since both were the victims of unspeakable incident, they lost their virginity. Besides, the aunt also faced with unwanted pregnancy which she happens to know so late. Till that time she thought and followed the myth "If you are HIV positive, you will not menstruate." thought she is educated enough to know how HIV/AIDS differs from the myth what she went through and her heart ache hindered her from the reality she already knew.

Generally, the sexual abuse causes pregnancy, bruises, lacerations and other physical abuse. Headaches, and problems with sleeping, include low self-esteem, shame and guilt, irrational fear, depression and loss of trust. Behavioral difficulties include withdrawal, as well as noncompliant, aggressive, self-injurious and sexually inappropriate behavior (Sobsey, 1994 as cited in Davis, 2005).

On the other side, as the aunt indicated 'For a girl who is good for nothing! What else can she possibly be?' (እንደው አሁን እሷን ሰው ብለው! ከዚህ ሌላ ምን አርጌ ነው የሚላት?) were among few things society holds on. Further, a girl with physical disability fails to get one who stands up for her starting from her family, neighbors generally to the whole society. You rather keep quite than telling others about the abuse and praising God for him to be near with her are common jargons from the general society other than the social crisis where a mother this days fears to leave her daughter to her own father becoming more common now. Which people stopped to fear God, weakness of the legal system and it is punishment, inappropriate media presentation where it can opened the door for other to follow in the offender footsteps, lack of sex education, research and disclosure are more common effects. Generally the truth is dying silently (እየሞቱ ዝግምት ነው) (FGD).

Further, Myers (2005) indicating the impacts society holds quoted, "There is an asexual, dependent, passive stereotype of women with physical disabilities that, in many ways, may lie more at the root of the vulnerability to sexual abuse faced by this population than the disability it itself."

Coping strategies

The scar of abuse stays with the victim for life time. But in order to deal with it, she first engaging herself in the house work till she wears out. But finally she realized that it was not working after all. Hence, she decided to go back to her home town and forget this ever happens. No matter where she goes, one thing is sure as she stated, 'it seems impossible to forget it because it keeps on hunting me!'

Case presentation (3)

(Desta)

Introduction

Desta who is 24 now is cheerfulness happy girl with visual impairment. She loves to laugh and have a good time in every minute. It is not difficult to be around her because she is the kind of person who lives life as if there is no tomorrow.

Naturally she is unreserved to share or explain her story adding once in a while a little humor to it. But as she gets deeper and deeper and thought about that painful scar, her facial expression and body language say it all. But once again, she got the ability to knock herself out of it.

Her parents died when she is little and she was the only child for her parents except her only aunt with whom she has no good relationship with. She used to live in Gonder with the help of missionaries before she came to Addis. The interview went on for four days, taking a total of four hours.

As she started on from when it happened-----

It happened when I was 15. At that time I was in grade eight learning in boarding school. Since it was the school policy for the summer to send students back to their families, I had no choice but to visit my only aunt who lives in Tigray.

The Nerve- racking experience

It happened in 1993 one creepy day on my way to Tigray. That day the nanny from the boarding school accompanied me to the bus station and pled, begged the man who sat down next to me to watch over me. So he gave her his word to get me there safely.

Since he was a stranger who sat down next to me on the bus, I do not even know his name but he sounded like a middle aged and a down to earth person. But unfortunately, the bus went broken when we were almost close to Zarema, the nearest town. Therefore, they told us to walk and finish till the bus was fixed for the next morning. So we had to walk to get to Zarema.

As we went along, the place seemed like a forest, there were huge trees and bushes that gave me scratches in my body. When we passed through, I got suspicious and fearful. So, I started to question where the rest of the people was, he replied that the rest of the people did not know the town as he does and that the road was a short cut. But he deliberately shifted me to the other side of the world and forced me to give myself to him but as I struggled to save myself and wanted to scratch his face with my nails he got me lie down and left me hopeless when I fell in to his hands.

A left over for hyenas

I wanted to scream but I could not. Because he tore his shirt off and put it inside my mouth. After he did what he wished-for, he left me lying in the middle of nowhere. I spent there for two days unconsciously in the middle of nowhere. I was about to die when the guards who protect the forest found me. They even got surprised to see me alive and without being eaten by animals in that forest. I remember now that I felt as if I was dreaming back then when I heard the voice of hyenas in the forest. Unbelievably the guards rescued me and took me to the hospital.

Disease of the soul are more dangerous and numerous

Even if I used to be a good student in my class, after the incident, I did not care about it at all. When male teachers entered in the class, I on the other side had to go out. As a result, I quit schools because it was impossible to learn only by female teachers. So I could not stand the thought of learning by them. Consequently, I had this endless hatred for male. I wanted to kill them all with poison. I used to see them as monsters with a big horn. My

behavior went weird. After that incident for a year I completely shut out man from my life and closed the door behind. What was more, I could not stand to hear their voice even and if I did hear it, I for sure would scream saying they came to eat me or should cover up my ears with my hands otherwise. And it gets worse during the night. These monsters are coming to eat me! Men are coming destroy my life! Were things nothing new for me.

This incident generally gave me hard time trusting others. No matter who they are male or female, good or bad. It left me not to become socialize. Especially with males, as the result I did not have a desire to work with them. Because it seems like they are in the same box. How could I differentiate the good from the bad when the bad ones are those who seemed so good in the beginning?

In addition, since I was fifteen years old during that time, I had appetite and weight loss besides the flash backs. In addition, I also have gynecological problems like bleeding, etches and whenever I answered the nature calls, I also bleed. My womb was eve torn. It took me lots of examinations and ages to get me where I am now. It is countless.

Discovering the unexpected

After one year, when I was asked by a man for a hand in marriage, I decided to take blood test for HIV/AIDS. During that time, I was not fearful or doubting anything nor did I have suffice knowledge about HIV/AIDS but on the contrary I was happy to go there. So my boyfriend agreed upon the issue and we went to take the test.

On the next day, the doctors told me that I am positive but I did not have a clue what they were talking about. So, finally the doctors made it crystal clear that I have HIV/AIDS in my blood. As I heard it right and clear, I fainted. Then I gave up my dreams in life because I never thought that it would be possible to get married and have kids or even could have the normal life to lead. My whole world just got shuttered. Hope was the last thing that crosses my mind.

Not Until I joined and saw people in an organization that I realized things are possible for a person in my situation and have the life that I wanted so bad for so long.

You can not lie to yourself

If I think about what happened to me I got hurt. Because, sexual abuse is like inhuman thing feels like sort of an animal world to me. Even now it does not mean that I do not think about it or I would be lying if I said that everything was washed away but to the contrary I get this sinking and frustrating feeling sometimes.

Vulnerability factors

Being disabled and being female, two significant effects had also significant impact. If I were not a girl with visual impairment, things perhaps would have been different.

If a girl with visual impairment goes to report the incident to the police, most of the time it does not make sense. They just ignore the fact that we are part of the society. Leave alone this, I remember when one person asked me to be his girl friend but I told him that I could not be the one because I have HIV / AIDS. He would not just listen but refused and threatened to kill me which made my life a living hell. Therefore, when I went to report the case, to my surprise the police said "A girl like you?" በንቲ። ሰጠ / ተጨርሶ! Generally, except those offices working around disability areas the rest sees you as something different. So, I can say more than HIV/AIDS our disability avoids us.

Some thought that person with disabilities are free from HIV/AIDS or STDs. Since most of person with disabilities are economically dependent, perpetrators also use that advantage. In other hand, Peoples witnessed most of the time that the perpetrator goes unpunished, so others become a dare evilest towards sexual abuse.

If sex education was taught at school, I might have clues or awareness in how to protect myself. But instead what the school generally thought us was not to become friends with males and still is the issue.

To cope up with the pain

I used to listen to slow music except love songs that says "My love" (አንተ የኔ!) But songs which talked about mothers and countries were my favorite ones. I also read history books and a Bible to calm me down. But latter as I learned that these things could not suffice my need, I decided to get professional help. Even though, I face difficulties dealing with a male counselor in the beginning, it helped me pass through that hatred, to become socialized once again and get my life back.

Reason to ask help or just seek help

The question that stacked in my mind for how long will I stay hiding behind that close door was the beginning to seek help. And second, it was because of my education. Since I could not learn everything by female teachers with female students around, I needed an adjustment. Because I am the only child for my parents, I would love the idea of having a family of my own. To get married and have babies. So, to have all these I had an idea of getting ride off what was staked in my mind and my heart first.

Last but not least, it was a hunger to restore my social life back encouraged me to seek help.

Discussion

Vulnerability factors

There are many factors that contributed for the sexual abuse of girls with visual impairment. Person who are blind or have low vision may not be fully aware of their surroundings, especially on public transportation or within the community. This can make them vulnerable to exploitation by others (Abramson and Mastroleo, 2002). This statement completely proves the story above when she confirmed that she would not have been in that situation if it were not for her inability to see. And that is why she stated if I were not a girl with visual impairment; things perhaps would have been different. Aryal,

(2003) also proved that the major cause for the sexual abuse of blind women is their blindness it itself and trust dependence upon perpetrator.

Besides, a double burden that can leave anybody with no choice except accepting the facts of a weakness of a girl and being disabled also contributed a great deal as she further noted. she added the thought of some which hold the view that girls with visual impairment being free from AIDS or STD's are the ones that cannot be forgotten which place girls at even a higher risk in this days. In line with this, in the FGD discussion, they supported that having sex with a girl who is disabled is considered to be a safe way to have sex. Besides, they further quoted what they heard as:

«ከኢ.ፕ. አ.ዲ. ቪ. ፍ:ዑ-ፖ^ሞ ለመጠበቅ
ከአካል ጉዳተኛ ጋር መጠበቅ»

More over, concerning the three protective rules of AIDS, when it comes to women with disability, the three protection rules reaches up to four starting from abstinent, safe sex, one to one and having sex with person with disability. Not only in Ethiopia, in West African as well, having sex with a girl who has a disability believed to be a cure for HIV/AIDS. Because they assumed that AIDS is a punishment from God and hence, God do not want to punish this peoples because he already once did.

Similarly, trust and dependence upon perpetrator and lack of sex education, not knowing a place, economical dependency and lack of sex education were identified in the FGD as a plus situation for abuse of girls with visual impairment.

Perpetrators

The offender in this specific situation tends to pick a victim who he thinks is more vulnerable and so easy to be taken advantage off. Since she was a stranger for that particular place and could not see what was going on around her, his vicious deeds in this case made him forget his humanity when he left her to die.

Since she could not read or see his facial expressions or body language; he presented himself as very polite and totally nice person. The way he talks or sounds, appeared to be a gentleman that helped him to gain her total trust. Besides, there is no offender who presents himself as someone scary or intimidating in the beginning except using all his power and energy into tricking his victims into winning trust. Thus, her inability to read facial expression and body language, difficulty to escape, Unable to defend and difficulty in visual identification of the perpetrator facilitate things a lot easier (Aryal, 2003).

Though the offender in this case was a total stranger who took advantage of the circumstances around, the fellow visual-impaired males most of the time found to be the one who abuse girls with visual impairment as it is indicated in FGD. In addition, Studies also supported that visually impaired women are equally vulnerable to sexual abuse from blind men. Further, other point stressed in FGD that economical issues also place girls with visual impairment victims of rich person.

Consequences of Abuse

It is obvious that women with visual impairment already suffer from low self esteem due to their disability. In this situation, they face double psychological effects after being victim of sexual abuse. And this sexual abuse warrants greater psychological impacts upon them. The social perception upon them is very negative. They are even more pitied for their troubles. Their education is disturbed. Their low possibility of getting married is further minimized after being victimized (Aryal, 2003).

Even if the effect is so high that cannot be put in to scales of one or two and follows a vicious circle of endless problems. The story indicates that, she went through such a difficult time. In the beginning, she developed endless hatred for man in a word she cannot express. She also started to see man not as a human beings but some kind of elites and monsters with a big horn. She not only hates them all but also cannot stand their voice as well. Therefore, she pictured them as human eaters who are always after her. That results her life to be filled with fears and hatred. Thus, she keeps on saying' these

monsters are coming to eat me! Men are coming destroy my life!' And hence could not help herself, screaming or covering her ears if she hears their voice because of the flash backs. As the result, she started to change her behavior and act completely different. She cuts any relation with people what so ever and loses trust over anybody whether male or female. As a result, she found ultimate solution which keeps her away from everything by locking herself up for about a whole year found to be ultimate solution which indicates in felling loneliness and powerlessness, and isolation from the rest of the world behind.

She generally has a difficulty forming healthy relationships and knowing whom to trust or whom to believe which forced her to see everyone exactly as the same. Thus, she puts all men's in the same box and unable to differentiate the good from the bad.

Apart from these, she also indicated her loss of appetite and her weight in addition to her sleepless nights and flash backs as well. (Renooy, 2002; Abramson and Mastroleo, 2002; Davis, 2000; Ticoll, 1994) explained that sexual abuse exhibit difficulties with eating, sleeping, concentrating; feelings of being unclean; mood swings with no apparent cause; intrusive thoughts of the assault; flashbacks; respond aggressively or withdraw socially from others, have difficulty concentrating are visible effects of abuse.

Therefore, she cannot stand the fact being taught by a male teacher. Hence, starting slowly she cut her class if a male teacher inters but then again she found out that it is impossible to learn with out them. So, she finally decided to quite school. Because, how can she possibly stand steel and learn by those reminders of painful event and result of flash backs, when what she really wanted was killing them all by some kind of toxic that also indicates her anger. This ultimately left her as she indicated to be unsociable.

When her behavior left her to be unsociable with others, leads her not to work with man or with anyone since she hide behind herself. As the result she cannot participate in an effort to support herself or become independent or contribute for the development to the country. If she continues to be in the same position as today, unemployment and hunger will finally be the next drastic issue among other things.

Few gynecological problems that are expected from the sexual abuse are recognized in this girl as well. These are bleeding, Etches and tearing of the womb. Whenever she answered the call of nature, she often bleeds. In addition she got a life time scare and memento of a trip that infected her with HIV/AIDS. So this was the beginning of the problem and in her eyes the end of everything as she stated 'Hope was the last thing that crosses her mind.'

On the other hand, the major problem concerning society found to be negative responses from others i.e. re-victimization. No matter where she goes, be in the hospital or police station as she indicated "A girl like you?" (በእንደገም ብሶ/ ተጨርሶ) is not new. This indicates totally different connotation proving that a girl in her position should not request further when she instead suppose to feel very lucky for whatever she gets and kept quit about it. Which implies these are amongst the other factors which force the victim to remain silent about her suffering, because of what the other will say? Accordingly, who wants to abuse you? And how did you know that it's him? Were common issues and that is why, most of the appeal in court is denied because of the questions in the above. Therefore, they are considered to be incompetent witnesses by police and the courts, particularly if they have difficulty in visually identifying the abuser (Hartin, 2000).

On the contrary, if a girl went to report the sexual abuse by a man who is visually impaired, she considered to be a liar and unacceptable because of the following reasons. "How can a VI girl yourself sue a VI man? And how can a VI man do such a thing? Besides, for a fight that existed between the two people with disability, how in the earth can we put him in trial?"(FGD)

Coping strategies

For all above reasons that she stated in seeking help for herself, she decided not to continue in the same situation as she was before; avoiding herself from the rest of the

world, her dreams and accomplishments that she desire for long time. Therefore, in order to forget things she started out by listening to slow songs except like she stated love song and engaged herself in reading Bible which made her emotionally stable. And when she realized that these methods did not suffice her to go out of the cage, she decided to seek professional help which ultimately changed her life for real.

But, it does not mean that the scares will fade away forever but just hidden some where safe to deal with it positively and will always be part of the rest of her life. So that is why she stated that she even gets this sinking feeling with men around her even now.

Case presentation (4)

(Tsenat)

Introduction

Tsenat who is 22 is a girl with hearing impairment. She is optimist, happy and has a positive outlook about the future. Even though what she has been through is tough and rough.

She strives so hard to make clear of what she wanted to say or let others understand how she feels because she loves to share her experience with others and tries to present it as something that people can learn from it. And that is why she found it easy to tell others about HIV/AIDS than her abuse. Infact she said HIV/AIDS is like Enflwenza. It's just that we have to have good times no matter what and eating well are all about her life principles.

In the beginning though she was not willing to open up due to the above reasons. But later as she understands the purpose of the study, that went on for four days (taking a total of four hours) she started as

I am the youngest in the family. And we are five including me. Naturally, there is no support or care when it comes to me. Even though, my family is not that much educated, nobody tries to understand me other than being egoistical around me. They do not even care whatever happened to me.

Back then, I was in grade four when it happened which was in May 6, 1996 at exactly 9.00p.m in the afternoon.

Unthinkable Happened

I used to work in a bar as a dish washer. At that time I met this hearing person who was around 27. He used to come there very often. One day he asked me out for a cup of coffee and took me to a place around piazza, which I did not know the place that well. After we finished dining, he asked me to sleep with him. I got shocked because I did not expect that this will be the next step that followed. So I told him that I did not want to do it. And when he saw that I was being very serious about it, he also got very serious in fact was more furious than I expected him to be. When he unexpectedly took a knife out threatened to kill me and subsequently ordering me to compromise or otherwise he definitely will put it inside my body. As a result, I just got so scared and become ice frozen but still refused even though I was shaking inside. But it seemed that, he did not want to waste his time arguing with me or listening to my unwillingness. So, he just grabbed my neck and slapped me in the chic and hit me even more. Since I could not able to make sound aloud or shout aloud he did not struggled to cover my mouth but he covered my eyes so that I could not see anyone around carefully. Then he dragged and covered my eyes with his one hand and points the knife at his other hand and led me in one of the rooms like the helpless animal ready to be slaughtered. He just made my blood run cold and he got me scared to death. So, finally he raped me and just left me lying there.

No one can understand me better than I do

Even though, there were people who witnessed what was going on kept quite or got afraid because he looked physical fit. And I did not carefully able to recognize them since my eyes were completely covered.

After he took off, a girl came in and asked me what happened but she could not possibly understand what I was talking about. I could not even go and tell what happened to anyone because after wards my whole body was dog-tired, shivered and lost control of myself. When I gained consciousness I realized that I could not even walk. So slowly I took a taxi and reached home.

Ignoring the truth

When my parents saw me they got terrified and asked what happened to me but I told them that I had this bad headache as they further questioned about my bruises in my face, I told them that it was my own agenda. But as I got better I told everything for my girlfriend who is a hearing impaired one. Then she told me that there was nothing that I should do except to be careful for next time.

Besides I did not want disclose it to anyone or went to the police because, who would interpret what I wanted to say? My inability to communicate or explain myself is so difficult since I am a girl who is deaf. Besides, even if I wanted to report what happened to me, who can understand my language or worse they got surprised even to hear a complaint from me. Thus, I kept it inside. Not to forget mentioning if I were not a girl with this problem, I might get help around.

Scared for life

As time went by I found out that I was pregnant with his child. Since the timing is so bad and impossible to make abortion I left with out no choice except to give unwanted birth

and passed through hard times with my families which is like a nightmare. No matter how I told them the truth latter, no body trusted me and they though that I just brought this to myself. But latter passing all these I gave birth to a baby boy who seemed fine in the beginning but later he died for no reason that I could point a finger on.

After one month I got suspicious because of the death of my baby. Thus, I decided for a check up which I never thought before. The result indicated that, I have HIV/AIDS in my blood. My whole world got shattered and fall apart. Afterwards I got very sick for about one whole year. I used to cry a lot, being sad all the time is like a full time job for me. I also cut my contact with anyone. Other than that, I have terrible gastric, headaches, gynecological problem excess bleeding which is heavy. Not to forget worries whenever my period comes because of it is so heavy and painful as well. Generally, I burnt inside. I hated people very much, still now I do not want to think about it or trust anybody for that matter.

My relation ship with my families even got worse after they found out that I have HIV. Besides, I also lost my mother which made things a lot difficult than they already were. My sisters and brothers even told me that it is because of me that our mother died and blame me for what happened. At some point they even told me that what happened to me was good. It was beyond my mind. They even told me to go out of the house but when I just resisted and stayed with them since I have no alternatives they refused to give me food in the house and they told me that it was not their concern or headaches at all.

Fight fire with fire

Whenever I think about what happened to me I used to get mad. So, I started to drink beer to forget about everything. If I did drink, I could forget about anything and slept peacefully. Even when I was walking in the middle of the road and suddenly thought about it, I could not help myself getting in a bar holding a huge beer.

But recently I got married to a deaf and joined one organization that seemed life changing. Last I got my life back.

Discussion

Perpetrator

The offender as she indicated is a hearing guy around 27 who used to come often where she used to work. So, he started out by appearing as if somebody who really likes her just to get one date with her. Thus, the minute she agreed upon it, took her to a place where everyone is around which first she could never expect something dangerous will ever happen with all the people around her. Second, the offender himself quite knew that since she could not shout or ask some one for help did not mind taking her where ever he liked knowing that she will be under his total control. Consequently, with out making any seen other than which seemed a simple fight between two lovers the offender slowly took one step ahead and In case if she resisted which she did made sure he can rely on his knife knowing that she will not compromise with her life.

Since the offender is a calculative one, he also made sure that his victim could not see anyone or can identify specific person if she wanted one to testify for her. Hence he covered both her eye. Besides, his sexual abuse, he also physically attacked his victim enough to show bruises around her face.

Thus, generally, one who knows how to communicate with girls with hearing impairment or know how to sign are offenders of this girls but most importantly the deaf themselves are mostly the ones who abuse girls with HI (FGD).

Vulnerability factors

Women with hearing impairment face the same risks of abuse that all women face, plus there are additional risk factors specifically related to their impairment. As it is indicated

in the story, if she were not a girl with hearing impairment, she might use the opportunities around.

Besides, she stated that she does not want to disclose the abuse because of her inability to communicate or explain herself or even worse the negative reaction she probably face hold her back to go through further. She stated even if I wanted to 'who would interpret what I wanted to say'? Implies that since girls have limited vocabulary or communication skills pose barriers to disclosing abuse, perpetrators may believe they can getaway with abusive behavior if their victims cannot report it due to a disability (Abramson and Mastroleo, 2002).

On the contrary, girls with hearing impairment most of the time considered to be the one who makes themselves vulnerable for sexual abuse to happen. Which indicates the behavior of girls with HI held responsible and accountable for facilitating the road to abuse. For instance, failure to doubt that no one comes to harm them and considering relationships as a way of getting love and acceptance or being civilized about it are factors listed held accountable other than the lack of sex education and information which also have the same effects as it is explained in (FGD).

Consequence of abuse

The story indicates that she had endless problems with herself and with her families long before the abuse happened and also went from one overlapping awful situation to another. Thus, she already developed negative relationship with her family just because she happens to be among the ones who are unable to hear. Thus, as she indicated there is no support or one who tries to understand her. Statements which indicate how much her family avoid her by blaming her for the death of the mother, refusing to give her food in the house, or worse considering what just happened to her was a good thing and telling her that she is not their concern at all were just enough things to break ones heart with out considering her scare of abuse for a second.

After her knowledge of the pregnancy, things got from bad to worse when her family found out as she stated made her life a nightmare. This just marked the road undergo depression.

After she lost her son that seemed fine in the beginning made her to suspect something might go wrong along the way. As a result, to resolve her sun mystery she decided to take the blood taste which proved her being positive. When she learned that she has got AIDS stated that, 'My whole world got shattered and fall apart' which implied that things got unbearable enough to deal with and got her sick for a whole year and during those times she used to be sad every time, cry a lot, refuse to see anyone... etc Which indicates as a major symptoms of depression involving girls with disabilities. (Best,1991 as cited in Ticom ,19994)

When she becomes too angry and burnt inside, she started to hate people generally and lost her trust. Which are also indications of some of the outcomes of victimization of sexual abuse (Flynn, 1989 as cited in Ticom, 1994).

She also experience terrible gastric, headaches, gynecological problem, heavy excess bleeding, pain and worries... etc. which are also typical sign of heath complication that resulted from abuse as well. More, the slap which marked the bruises in her face is also a physical sign or force in abuse.

On the other hand, not considering the reports of girls with hearing impairment seriously and or not taking ample time in their case were things that can be witnessed in the court room and from police station as a general negative response from the society (FGD).

Coping strategies

Whenever a thought happed to crosses her mind, she tries to hide herself behind the bottles. She explained that whenever she gets mad or though about it no matter where she is as she stated ' I could not help myself getting in a bar holding a beer.' which implies since girls experience depression or severe headaches, they may begin to drink alcohol or use drugs when they feel sad or when they do not want to remember things (Renooy, 2002). Until recently, where she joined a life changing organization and got married, she quit drinking.

Cross Case Analysis

This part deals with the separate and general discussion of each case in the table first followed by common themes and differences existed in between.

Table2: General issues of cases

	Abuse occurs	Incident happen	Perpetrators	Vulnerability factors	Consequences	Coping strategies
Case 1 (MR)	In the offenders houses	twice in different times	-- a neighbor --a close relative	--not knowing abuse as abusive or illegal activity --behavior of girls in keeping a secret -- luck of credibility --missing of sex education	feeling betrayed and lost trust, anger, fear, hatred. getting upset easily, insult people, sitting alone, or refuse to clean owenself, head and back aches, skin disorder, nightmares. being deflowered , pregnancy followed by abortion , bleeding and re-victimization...etc	--religion --avoidance mechanisms
Case 2 (PH)	In the victims own house	twice consequenly	--unidentified two strangers --unidentified three strangers	---unable to defend or escape --having an environment that favored abuse, --missing of sex education.	helplessness, blaming own-self, fears, worries, sleeping problems bleeding, tearing in genital area, bruises quitting school, re-victimization etc	--engaging herself in the house work --changing a place
Case 3 (VI)	In public transportat ion on a journey	once	a stranger who took deliberate of the situation	--unable to be aware of the surroundings dependency and thrust on the perpetrator -not knowing a place --missing of sex education	hatred for all men, loneliness powerlessness isolation, difficulty whom to trust, flash backs , sleepless nights weight and appetite loss, bleeding, etches, tearing of genital areas, HIV/AIDS quitting school and re-victimization...etc	--listening and reading except love songs and books --seeking professional help
Case 4 (HI)	In the hotel	once	one who is known by the victim	--unable to communicate and scream --failure to doubt nothing harmful will come -missing of sex education	worries, isolation, anger, hate , losing trust, crying, nightmares ,depression gastric, bruises bleeding, pregnancy, HIV/AIDS,... etc	--drinking alcohol.

The table generally indicates that girls with disabilities do experience severe and repeated victimization starting from a family, stranger to unidentified offenders which resulted everlasting life time scares. In addition, these girls do not only offended by one but also by a group as well.

The nature of abuse incorporates an almost endless list of injustices and complications which were witnessed in all the individual cases. For these reasons, in order to live with the situation Religion, seeking proffentional help, drinking and engaging in work house activities were different coping mechanisms though their aim all is about to make peace with themselves.

Usually, abuse can happen almost anywhere. It can happen inside the home, outside, on transportation, hotel....etc (Davis, 2005; Abramson and Astroleo, 2002; Ticom, 1994, Rousso, 2001). But almost all times, when it comes to girls with physically handicapped the abuse takes place inside their own house because, just like girls with MR most of the offenders of girls with PD are also persons who knows them, can be trusted as well as person who are close to them. Thus, most offenders take the advantage of their inability to see, communicate or escape. Some people also deliberately abuse women with disabilities because they know they will either have difficulty reporting it to the police and or have little credibility as witnesses in the justice system (Chappell, 2003).

On the contrary, some offenders equate their abuse as if they are doing a huge favor for the victim. And whatever they did they consider it as a good will since they hold the thought that no body will be interested in them (FGD).

But unlike all the other cases, most of the time offenders of visually impaired girls are found to be their fellow visual impaired once. Because they are the one that can be trusted and second, unlike visually impaired girls, the behavior of VI men are considered to be sexually active. And that is why it is quoted in FGD

"እሳማ ያየው አህልና አይነ ሰውር ያየው..... አይበረክትም "

This indicates that the visually impaired offenders already knew that taking advantage over these girls is much easier since they already knew they are trusted; other than their general behavior which is explained in the above.

Similarly, the offenders of hearing impaired girls most of the time also indicated to be their fellow hearing impaired males as well. Because the offender took the advantage of being near, trusted and able to communicate with them (FGD).

Generally, girls with disability as it showed in the above table are vulnerable for abuse other than which specific disability contributed. Factors like missing of sex education, having an environment that favored abuse, behavior of girls, trust and dependency on the perpetrators etc are the case in point. Except the specific reasons like, inability to see or read facial expression and body language ...etc is to girls with visual impairment as inability to communicate or scream ...etc is to girls with hearing impairment and inability to escape or defend...etc is to physically handicapped as to failure to understand the sexual abuse or over trusting behavior...etc is to girls with mental retardation. The rest of issues are all that can be shared with each other.

The missing of sex education for girls with disabilities is also common factors which make girls a lot more vulnerable. Worse the miss information especially in the case of girls with MR on the contrary drives this girls to expose themselves for abuse. Especially girls with MR who only knows that all strange men are the one who kill them if experienced sexual abuse, finally will figure out they do not kill and hence things are not as what they thought or might be. For this reason, it is ok if try it again. Besides, parents or caregivers did not want to talk to their daughter about sexual issues because they think that this is not the concern of their daughter who is disabled (FGD). As the result, some young girls with disabilities may not understand what is happening to them in an abusive situation (Renooy, 2002).

Commonly held societal myths, less support system from the police and court system are first and foremost issues that contribute to the disclosure of abuse. As the result most of

the cases may not even reach to the police station, live alone having the ability or the strength to reach to higher court. Generally, there are many levels to the criminal justice system and each one has its own tests that discourage women with disabilities from striving to attain justice (Chappell, 2003).

Similarly among other personal reasons, parents of girls with disability also feel ashamed even to tell someone about it leave alone disclosing abuse because as it is explained in FGD "what is there to complain for a girl who is disabled and sexually abused?" (አካል ግዳተኛ ልጅ ተደፈረች ብለን) were feed backs that hinder them from stepping just a little and make a difference. In addition, along with the sexual abuse physical and verbal abuse is not new concerning these girls directly from the offenders or indirectly from the society as a whole.

On the contrary, the victims themselves in the first place do not want to go to court because they live in the society where victims told to be quite and discouraged. Even if one who tries to go public do not expect something positive will come out since the judges are part of the society. Not to forget mentioning passing the gates of the police station is difficult as it is (FGD).

On the other hand, though there is no specific research which shows in which type of disability appears to contribute to higher risk of victimization in our country, as it is indicated in all the FGDs, girls with mental retardation and hearing impairment consecutively experience more as it is also stated in (UNESCAP,2003). For the reason, taking an advantage of girls of MR is so easy just as getting away with it. Where as in the case of girls with HI, though communication barriers plays a major role their behaviors in exposing themselves for abuse to occur make them a lot more easier as well.

CHAPTER FIVE

5. Summary, Conclusions and Recommendations

This section include precise summary about the over all thesis and pass conclusion based on the finding following some recommendations.

5.1. Summary

The objective of this study examines the sexual abuse of girls with disabilities and it consequences.

Even though there is no doubt that sexually abuse of girls with disability is happening and considered to be a bigger problem, in Ethiopia though the issue by itself considered to be a bit strange and disregarded. But things' hiding behind a wall of silence does not prevent it from happening. And that is why victims left to cry and scream alone silently owing to themselves.

Data were collected from four sexual abused girls and their parents in addition to the four FGDs. In-depth interviews were conducted with the respondents using interview guide and the data were then analyzed qualitatively.

The qualitative findings from this study indicated that sexually abused girls with disability are vulnerable for abuse for different reasons. And this vulnerability is not solely linked to the disability itself but also they are a result of society's responses or biases that influence the lives of people with disabilities in addition to the absent of sexual education.

Hence, these girls experience repeated and severe sexual abuse starting from strangers, family members to unidentified persons that resulted in endless and everlasting problems

exhibited starting from psychological, behavioral, psychical, educational, and economical, social to health factors. Problems like depression, anger, hostility isolation, self hatred, loss of trust, fear...etc are manifestations of psychological problems. Crying, becoming quiet, eating disorder, flash backs, unhealthy appetite, aggressive behavior, nightmares, problem with neatness, bed wetting...etc are also the result of behavioral problems. Where as, gynecological problems, terrible gastric, abortion, pregnancy, HIV/AIDS, head aches, heavy and irregular menses, skin disorder etc are health issues stemming from the sexual abuse exhibited in those girls. Thus, because of all the above factors, girls mostly forced to quit school or became isolated from the world that can in turn pave the way for unemployment followed by poverty. As a result, girls will fail to contribute their share in the development even though it is obvious that success and progress without the inclusion of person with disability is not achievable.

Generally, sexual abuse is a barrier for the individual education and participation in social development. It also compromises their health and brings additional challenges or re-victimizations from the society among other things. While sexual abuse is not only personal, the parents or care givers and the society generally are also negatively affected.

5.2. Conclusions

Since disability is a risk factor for abuse which added to the fact of being a girl increases the risk to higher rate. As a result, girls with disability are vulnerable for sexual abuse because of their inability to hear, understand, communicate, see...etc. Challenges in addition for their vulnerability resulted from the society and from the surrounding environment as well. Hence, all girls are victims of the above conditions. Besides, they are also experience repeated victimizations. In the case of Fikir and Tifat including her aunt, all are repeatedly victimized by the unspeakable incident. Especially Tifat and her aunt experienced abuse by groups in a most awful way which they even could not get a chance to identify their offenders.

Generally, all girls are mostly at risk for abuse from men they know especially in the case of MR, HI, and VI usually, abusers are those who are close and trusted ones. And who can be more trusted than the fellow VI and HI men in the case of girls with HI and VI? Besides, the offenders also found to be strangers who happen to take an advantage of their vulnerability in the case of Desta, Tsenat and Filega.

The absence of appropriate sex education also leaves girls even more vulnerable. Inappropriate information given by school or by parents contributes and makes things a lot worse than things already are.

More than the disability itself, girls are affected by the sexual abuse. Mulu's explanation in this case seems universal that can be shared by all...' it is not the disability itself that affects us but it's the sexual abuse that can make you disabled. And it is not my disability that makes me lose hope but rather the incident that took away all my entire strength.' Hence, the abuse aggravates their disabilities and causes secondary conditions which can last a lifetime. Therefore, Desta and Tsenat are victims of HIV/AIDS. While Fikir forced to make an abortion which added fuel to the fire. Tifat still also suffers from internal and physical situation as well.

Besides, parents or care givers directly or indirectly were greatly affected by these harsh incidents. Strangely as it may seem, Filega's aunt herself was the victim herself and forced to have unwanted pregnancy among other effects. Besides the mother of Filega and the entire family developed a hostile relationship in which everyday they have to deal with the offender's insults and treatments other than their internal pain. Not to forget mentioning the medical bills.

In order to handle the situation, all girls used their own unique coping mechanisms to survive. Using religion, work, listening to slow music and reading and seeking professional help are found to be escaping methods which indicate positive coping strategies for Fikir, Tifat and Desta respectively. Whereas, Tsenat used negative coping strategies i.e. drinking alcohol whenever something crosses her mind till recently.

things different are part of our priorities? Since, girls with disabilities experiencing abuse severely and repeatedly with out a shoulder to cry on; my responsibility to address the issue seem clear and imperative in this case.

5.3. Recommendations

The following general recommendations are passed concerning the overall situation.

- * Providing appropriate sex education in relation to age appropriate type of disability and learning style or girls need to be given in self protection training which enable them to protection themselves and make decisions that in turn can reduce their vulnerability.
- * Training people in a variety of professions in communicating with and responding to the special needs of victims with disabilities need also be essential.
- * Parents also have the responsibility to teach their daughters and transmit the proper information and work together with school in action to participate that their daughter could be a victim and vulnerability to be taken an advantage off.
- * Reporting can be increased through educating individuals with disability, their parents and societies at large; creating a safe environment that allows victims to disclose. Thus, a zero tolerance campaigns designed to rise in shifting awareness and the growing recognition that sexual abuse of girls is happening everyday at an alarming rate with or without public awareness is not only the victims personal issue.
- * Focusing on research that is disability-specific sexual abuse cases since the first step has to be recognizing the magnitude of the problem and confronting the truth that girls with disability are not just victims of abuse but also are more vulnerable and hence highly victimized.
- * Empowering measures enhancing assertiveness and confidence of girls actually speaking up for themselves can be a stepping stone to change things around.

REFERENCES

- Abramson, W.H & Mastroleo, I.(2002). **Kid & TeenSAFE: An Abuse Prevention Program for Youth with Disabilities.** Austin, Tx: National Resource Center on Domestic Violence
- Alamaz, Haileselassie.(1996). The Impact of Rape and Abduction Against women on the Social, Economic and Psychological Conditions of the victims. Report on the conference: A-BU-GI-DA.
- Aryal, N.(2003). Silent Screams: A study on the sexual violence against blind women of the Kathmandu valley, **A research Report Nepal: by VAW and Disability activists and experts.**
- Balogh, et al.(2001). "Sexual Abuse in Children and Adolescents with intellectual Disability." **Journal of Intellectual Disability Research.** Blackwell science ltd, no 45, pp194-201
- Chappell, M.(2003) Violence Against Women with Disabilities: A Research Overview of the Last Decade. Family violence Newsletter: by BC Institute against violence.
- Cooney, J. (1987). **Coping with Sexual Abuse.** New York: The Rosen publishing Group.
- Davis, L.A(2000). **People with Mental Retardation & Sexual Abuse.** <http://disability-abuse.com/cando/documents/ABUSEQ&A.rtf>.
- Davis, L.A.(2005). **The Arc: People with Intellectual Disabilities and Sexual Violence.** The Arc Riverside's Can Do! Project. [www. Disability -avyse.com](http://www.Disability-avyse.com).
- Dominquez, et al., (2002). " Child Sexual Abuse " in: **Encyclopaedia of Crime and Punishment.** Thousand Oaks: Sage Publications. vol 1 pp 202-207

- Elder,M.(1993)."Deaf Survivors of sexual abuse: A Look at the Issues." **Moving Forward News Journal Inc: moving forward inc. 2 (5).**
- Elman,R. (2005).**Confronting the Sexual Abuse of Women with Disabilities.**
[http:// VAWnet.Org/Sexual Violence/ Research/VAWnet Documents/ AR SVDisability.php.](http://VAWnet.Org/Sexual%20Violence/Research/VAWnet%20Documents/AR_SVDisability.php)
- Erickson,S.(2003)." Abuse of disabled: A Mostly Ignored epidemic." **Article about the need for better training and collaboration concerning victimization of people with disabilities.** (MentionsCAVNET). Orlando Sentinel.
- Flick,U.(2002). **An Introduction to Qualitative Research (2nd ed.).**London: SAGE publications.
- Frantz,B.(2005). "Sexual Violence Against Individuals with Disabilities." **STOP NEWSLETTER:** by the pennsylvania coalition against rape and the pennsylvania coalition against domestic violence
- Frazer, D. (2000).**Abuse of children with disabilities.** .National clearing house on Family violence.Canada: Public Health Agency.
- Gelles,R.J.(2003)."Child Abuse." **Microsoft Encarta Encyclopedia Deluxe:** Microsoft Corporation.
- Hartin,P.(2000) "**When Women Face Abuse**". World Blind Women's Forum.
http://www.crib.ca/eng/national/wbu/wbu_fifth_assembly/speeches/women_face_abuse.htm
- Iglesias, et al.(1998)."Violence and Disabled Women". **A report on specifications on maltreatment against disabled women:**DAPHNE Initiative of the European Commission.
- Kelly,L.(1988). **Sexual Violence Surviving.** USA: The University of Minnesota Press.

- Merriam, S.B (1988). **Case Study Research in Education: A Qualitative Approach**. San Francisco: Jossey Bass Publishers.
- Myers, L.(2005). **People with Disabilities and Abuse: Reading in independent living**. Houston: ILRU Publication Team
- Nosek, M.A & Howland, C.A.(1998). **Abuse and Women with Disabilities**. Unpublished document. http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR_disab.php
- Nosek, M.A & Howland, C.A.(2003). **Abuse and Women With Disabilities**. National Resource Center on Domestic Violence. Unpublished document.
- Pelletier, J.(2003). "Beating the Odds: Violence and Women Disabilities." **Report on Women with Disabilities**. Canada: Dawn Canada Disabled Women's.
- Peter, et al.,(1994). **Qualitative methods in Psychology: A research Guide**. Great Britain: Biddles Ltd, Guildford and King's Lynn
- Rahel, G/Mariam.(2004). **The Psychosocial Effects of Incest on the Survivor Children and their non Offending Parents**. Unpublished document.
- Rajan, D.(2004). **Violence Against Women with Disabilities**. National Clearinghouse on Family Violence, Canada: Public Health Agency.
- Reynolds, L.A.(1994). **People with Mental Retardation & Sexual Abuse**. <http://www.childabuse.org/index.html>.
- Rousso, H.(2001) **Girls and Young Women with Disabilities. Working Paper on Women and Girls with Disabilities**: Centers for Girls with Disabilities.

- Renooy,L.(2002).You Deserve to be Safe:A Guid For Girls With Disabilities. A **Resource Guide**.Ontario:DisAbled Women's Network.(DAWN)
- Sara,Tadiwos.(2001). Rape in Ethiopia.Reflections; Documentation of the Forum on Gender no-5, Panos Ethiopia. Addis Ababa. Unpublished document.
- TAASA, (2002). **Sexual Abuse of Persons with Physical Disabilities**. Department of Human Services.[http:// www.taasa.org](http://www.taasa.org).
- Tesfaye, Alemu.(2003).An Assessment of the Icidence Causes and Effects of Sexual Harassment/ Sexual Assault Against Female Secondary School Students.Unpabished document.
- Ticoll,M.(1994).**Violence and People with Disabilities: A Review of Litreature**. Ottawa.Ontrio:Institute for the National Clearinghouse on Family Violence.
- UNESCAP.(2003).**Women and Disability**. Workshop on International Convention to Promote and Protect the Rights and Dignity of Persons with Disabilities Bangladesh: Bangkok, Thailand.
- Wolbring,G.(1994).**Violence and Abuse in the Lives of People with Disabilities**. <http://www.thalidomide.ca/gwolbring/violence.html>
- Yin, R. K. (2003). **Case Study Research Design and Methods** (3rd ed). London: SAGE publications.
- Yoder,M.(2003). **Sexual Abuse of People with Disabilites**. The Arc www.thearc.org.
- Yohannes,Dibaba.(2003). Sexual Violence Against Female Adolescents in Jimma Town: Prevalence, Pattern and Consequences. Unpublished Document.

- Zavirsek,D.(2002)."Pictures and Silences: Memories of Sexual Abuse of Disabled People." **International Journal of Social Welfare** N, 11 pp 270-285.
- .(1997)."Sexual Abuse of Adolescents with Chronic Conditions." **Canadaian pediatric society (cps)** Pediatrics and child health.2 (3):212-3.
- .(1997).**Disability Awareness in Action** . UK: Disability Awareness in Action.
- .(2002).**Sexual Assault and Women with Disabilities**. Dawn Ontario: DisAbled women's Network Ontario. <http://dawn.thot.net/index.html>.
- .(2003).Wisconsin Coalition Against Sexual Assault. Information sheet.
- .(2005).**Triple Disadvantage : Violence Against Women with Disabilities**. Australia : Domestic Violence & Incest Resource Centre Victoria.
- .(2005).**Glossary of Adoption Terms**. Commonwealth Kentucky. kentucky .gov/ policy/accessibility.htm.
- .(2005).**The Crimial Code of the Democratic Republic of Ethiopia**.No 414/200

Appendix 1
Addis Ababa University
School of Graduate Studies
Department of Psychology

Interview guide for sexually Abused Girls with Disabilities

Background information

Age——

Sex———

Grade——

Family Background

- Educational level of the parents
- Quality of relationship within the family

Abusive situation

- Happenings during the incident(s).
- nature of the incidents(violent or not violent)
- Abuse takes place
- When the abusive relationship started and its frequency
- Understanding of the sexual connotation of the events
- Sentiment experienced during the abuse
- After the experience share it with

Perpetrator

- Age of the perpetrator
- Relationship with the victim
- Approach used by the perpetrators to swindle the victims

Reporting abuse

- Reporting the event
- Reason for reporting or not reporting the case
- Reaction of significant others upon reporting or not
- Support received from significant others

Consequences of sexual abuse

- Health factors
- Unwanted pregnancy
- Sexually transmitted diseases/ HIV/AIDS
- Gynecological problems
- Physical Factors
- Psychological and behavioral factors
- Educational factors
- Economical factors
- Social factors

Legal action taken and its results

- problems encountered in the process

Factors that contributed in which the abuse occurs

- Societal factors
- Educational factors
- Health care system factors
- Individual factors

Coping strategies

- Coping mechanisms
- Receive personal ,group, family counseling
- First time you thought about seeking help
- Feelings that Prompted you to seek help
- persons or things prevent you from seeking help
- Receive support services from government or private organization and their helpfulness

Appendix 2
Addis Ababa University
School of Graduate Studies
Department of Psychology

Interview guide for Parents or caretakers of sexually abused girls with disabilities

Background Information

Mother's Age-----

Level of Education-----Occupation-----

Income-----Marriage life-----

Zone-----woreda-----

Father's age-----

Level of Education-----Occupation-----

Income-----No. Of children in the family-----

Quality of relationship within the family

Knowledge of the abuse (when and how?)

Perpetrator

- age
- relation
- How the perpetrator takes an advantage of the situation around?

Effect of sexual abuse on

- Psychological and behavioral factors
- Educational factors
- Economical factors
- Social factors
- Health factors

Effect of sexual abuse on the

- Family
- Marriage
- Social
- Psychological
- Economical

Reporting

- Time
- to whom
- results obtained
- Reaction or attitude of extended family members neighbors and the society at large after the report

Help

Seeking medical help

- pregnancy testing
- testing for sexually transmitted diseases including HIV
- medical help for cuts, bruises and other injuries

Getting counseling and Support

- going to counseling
- getting help from support person or an advocate
- talking to a friend

Getting support

- schools, , police , women's association, judges, NGO's...etc

Parent- school relation

- on sex education
- discussion on sexual abuse issues

Teaching / discussing with their daughter

- About sexual issues

Appendix 3
Addis Ababa University
School of Graduate Studies
Department of Psychology

This focus group discussion is designed to be conducted with teachers of girls with disability and related others. The main objectives of this focus group discussion are concerning about the general issues about sexual abuse and girls with disabilities.

It is believed that your participation in giving full information, opinions feelings and reactions on this is highly crucial and base for good outcome in this study.

The researcher would like to assure that the discussants may not be quoted without their consent, in the research for what they mentioned. If cases to be obtained included in the research, it is of no doubt, code name will be used. Last but not least this information will only be used for nothing else other than for research purpose.

Introduction

Introduces self and explain how long the session is expected to run.

Focus group objectives

Introduce the aim of the study

Warm up discussions

How is work?

How are your relations with girls who are disabled?

What do you think about the myths surrounding sexual abuse and disabilities are?

Have you come across with girls who are sexually abused in your school?

Awareness of sexual abuse

Can you recognize sexual abuse in the school? If so how?

What are the things you follow after you suspect or find out that a girl is sexually abused in your school?

Sex education

Did you actively seek to teach girls about their right to privacy and to set limits about what happens to/with their body?

Did you seek to help girls to understand that it is a good thing to let someone know if they are in any way uncomfortable with how people touch or interact with them?

Involvement of parents

Do parents actively involve in making suggestion or participate in an effort of educating girls with disabilities about sexual abuse?

What kinds of mechanisms do you use to include parents of children with disabilities to include in prevention, intervention of sexual abuse?

General issues

What are the consequences of the abuse and how devastating is it?

What do you think are the factors that increase the risk of violence?

How do we prevent or assure to stop sexual abuse?

In your experience which area of disabilities are you think more vulnerable to abuse and why?

In your experience who do you think are the perpetrators of sexually abused girls with disabilities?

How do you view the Legal Aspect of Sexual Abuse in Ethiopia concerning girls with disabilities?

How do you witness the support system from schools, courts, police, rehabilitation centers and significant others towards girls with disabilities who are sexually abused?

Appendix 4
Incident of sexual Abuse in case one



DECLARATION

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

Name: Meron Mohasen

Signature: _____

Place: Addis Ababa University

Date of Submission: _____

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

Name: Tirussew Teferra, (professor)

Signature: _____

Date of Approval: _____