ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

THE NATURE, ATTITUDE, IMPACT AND PROBLEMS OF COUNSELING SERVICES PROVIDED TO SEXUALLY ABUSED FEMALE CHILDREN: A CASE OF SOME SELECTED ORGANIZATIONS IN ADDIS ABABA

BY

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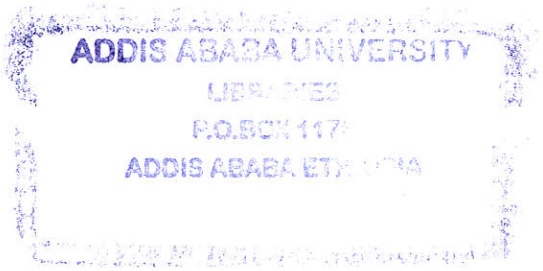

July, 2007

Addis Ababa

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A Thesis Presented to
The School of Graduate Studies
Addis Ababa University

In Partial Fulfillment of the
Requirements for the Degree of Master
Of Arts in Counseling Psychology

By
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July, 2007
Addis Ababa

ACKNOWLEDGEMENT

I would like to express my appreciation and heart felt gratitude to Professor Terusew Teffera, my thesis advisor, for his invaluable professional advice by giving me intellectual guidance, unreserved suggestions and constructive comments. Without his great dedication and assistance, the completion of this study would have been impossible.

I am greatly indebted to Ato Yassin Mohammed for his carefully going through my draft manuscript and giving me useful suggestions. My thanks also go to all respondent (clients, counselors, coordinator and also parents of beneficiary children) in the three counseling centers, my family and friends for their moral and material support.

Finally, I express my heart felt gratitude to W/t Kasech Negash for her typing the material in its present form.

ABOVE ALL, ALHAMDULILAHI REBIL ALEMIN!!!!!!!

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Abbreviations

AAU -	Addis Ababa University
ACA-	American Counselors Association
AIDS -	Acquire Immunodeficiency Syndrome
APA-	American Psychological Association
DF -	Degree of Freedom
F -	Frequency
FGD -	Focus Group Discussion
FSCE -	Forum on Street Children Ethiopia
HIV -	Human Immunodeficiency Virus
IFSO -	Integrated Family Service Organization
No -	Number
OPRFS -	Organization for Prevention and Rehabilitation of Female Street Children
RSAC -	Rape and Sexual Abuse Center
SPSS -	Statically Package for the Social Science
STI -	Sexually Transmitted Infections
USA -	United States of America
Vol -	Volume

ABSTRACT

The purpose of this study is to investigate the activities, attitude, impact and problems of counseling services provided for female sexually abused children in some selected organizations in Addis Ababa.

The data were collected through questionnaires, interviews, and focus group discussion and observation checklist. Sixty-four child clients, four counselors, a coordinator, and eight focus group discussion members were involved in the study. Various statistical techniques both qualitative and quantitative such as percentage, and Chi-square test were used to analyze the data. The outcome of the data analysis revealed that counseling service is provided in three major approaches; individual, group and family counseling. It is also identified that most client children have positive attitudes towards the service. Furthermore, the data indicated that clients have benefited a lot from the service. There are also problems in counseling activities and in the actual counseling facilities. For instance, there are no enough professional counselors in each counseling centers to provide psychological treatment and rehabilitative services. The counselors do not have reference materials on child counseling in their office. Moreover, the findings show that the counselors have a lot of practical activities to additionally engage in the counseling centers. Detailed counseling and rehabilitative activities, impacts and problems related to the services were also identified.

Finally, both short term and long term major recommendations are presented in order to improve the counseling services in the selected organizations of Addis Ababa.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

With the widely held view that children are tomorrow's responsible citizens of a country and future builders of a society, due attention and proper care is more than a necessity for their overall development and the realization of what is expected of them in the future.

In spite of this fact, apart from the efforts made to protect from all dangers of life, based on the international and local protocols, some writers suggest that children of the world are in a serious situation even to the extent that they are being seen as 'commodity to be bought and sold' (Miles & Stephone, 2000).

One of the most potentially enduring and life threatening obstacle children face in the process of their development is child sexual abuse. It is damaging action by trusted human beings (Adults and older children), which is intentionally inflicted on weak and unresponsive boys and girls. A growing body of researchers and psychologists reported that sexual abuse of girls is becoming so common in many countries of the world. However, sexual abuse of boys, whether incestuous or not, is relatively infrequently reported, and much less is known about it than about sexual victimization of girls (Kimmel & Weiner, 1985).

Sexual abuse happens to a lot of children irrespective of their age, sex and religion. Further more, it is common to hear that perpetrators of child sexual abuse are individuals

outside the child's family members. But, parents, stepparents, siblings and other distant and/or close relatives of a child, equally abuse even worse than strangers (Facts for Family, 2004).

The harmful effects are more likely to result when the sexual abuse is perpetrated in the family than by strangers (Kimmel & Weiner, 1985). Because of easy access to the child, it is likely that parents and relatives sexually abuse the child more frequently than strangers (Christine, 1993).

Child sexual abuse affects the growing child both in the short-term and later in the adulthood stage. As Brown & Finkelhor (1986) indicated and cited by Celano, Hazzard, Webb and McCall (1996), sexually abused children get difficulties in affective, behavioral, cognitive and interpersonal functioning. Others could also face challenges in dealing with unwanted pregnancy, sexually transmitted disease HIV/ AIDS and associated physical injuries.

In the long-term, childhood sexual abuse interfere and disrupt the life of an adulthood in different forms. Halgin (2000) point out that sexual abuse has a potential to be part of the developing personality of a child and consequently affects the livelihood of the grown adult. It is also a traumatic experience, which permanently challenges the normal pattern of the child's life (Christine, 1993).

One can conclude that short and long-term impacts of being victim of sexual abuse are painful especially on those whose problem is not reported and treated.

It is therefore necessary to seriously consider cases of sexually abused children and immediately provide the necessary support. It is also important to report the incident to the concerned body.

In the area of prevention, one can educate the community and work in collaboration with the relevant child advocacy groups to address the issues of child sexual abuse. Beside this, it is also very important to treat victims by providing appropriate medical treatment, legal services and counseling and psychotherapeutic programs with the help of professionals who are knowledgeable about the incident, causes and consequences as well as treatment strategies.

Therefore, this study attempts to assess the child counseling services offered to sexually abused children and their non-offending parents in some selected centers in the city of Addis Ababa, and to draw conclusions regarding the services provided and recommend on ways of improving the quality of the activities for enhanced service delivery to a wide range of traumatized children and their parents.

1.2 Statement of the Problem

Counseling and organization of psychotherapeutic programs for sexually abused children require well-trained, sensitive and skillful counselors/therapists in a properly established

center so that effective treatment activities can be accomplished. Prendergast (1993) stated that lack of specific practical skills in identifying and managing emotional disturbances of the survivors may result in improper interview and treatment techniques.

Many researchers and counselors believe that the initial stages of counseling are very important in determining the later therapeutic relationship between survivor and the counselor.

The child's disclosing the abuse; interpreting it from the professional point of view and addressing issues related to the sexual abuse requires a coordinated effort of the concerned body including the victims' parents/guardians.

Besides the professional skills required in establishing warm and positive relationship with the sexually abused child, the physical condition of the counseling setting is also another important factor in dealing with the problem. Beutler, Williams & Zetzer (1994) emphasized that treatment settings for sexually abused children has an impact on the psychological services provided for the victims and also his or her family.

As a major concern of this paper, counseling programs provided for sexually abused children would be assessed. In the course of the study, an attempt would be made to answer the following research questions.

1. What kinds of counseling activities are accomplished in the centers?
2. What are the major concerns of clients?

3. What are the specializations of the counselors?
4. What are the extra rehabilitative support provided to victims of sexual abuse and exploitation and their non-offending parents?
5. What is the attitude of beneficiaries, that is, children and their non-offending parents towards the services they are offered?
6. What are the major benefits/impacts the services are bringing on the beneficiary clients?
7. What are the major impediments of the counseling activities in these centers?

1.3 Objectives of the Study

1.3.1 General Objective

The general objective of the research is to study the nature of counseling programs provided for sexually abused children and their impact in bringing the desired change of behavior on victims in some selected NGOs in Addis Ababa.

1.3.2 Specific Objectives

The research aims:

- ◊ To study the major components of counseling service.
- ◊ To explore the major clients' concerns.
- ◊ To assess the attitude of clients towards the service.
- ◊ To identify the major problems of the counseling centers.
- ◊ To assess the impact these services are bringing on the clients.
- ◊ To explore the existence of extra rehabilitative supports.
- ◊ To forward possible and constructive recommendations on the services provided.

1.4 Significance of the Study

The present research hopes that the study will be helpful in the following ways:

- The role of counseling in rehabilitation of sexually traumatized children and their non-offending parents is vital. Such services are given in some NGOs in Addis Ababa. This study helps to share experiences among the centers and learn from each other.
- It enables to see the way counseling and psychotherapeutic programs are organized and rendered for sexually abused children and their non-offending parents.
- It gives us insight about the effects of these services and improvements to be made.
- The result of this study is also expected to be duly significant to provide research-based information on the strength and weakness of child counseling services available, the overall situation of the counseling activities, counselors and progress of behavioral changes on the part of beneficiary clients.
- Since no research has been done, at least to the knowledge of the present researcher, concerning this area in our country, this research can be a stepping-stone for further research.

1.5 Scope of the Study

Counseling services are given in different forms by different individuals including "significant others" in the life of a child. But, this study is delimited to the counseling services in three selected counseling centers in Addis Ababa City Administration. Hence, conclusion to be reached will reflect what the situation looks like in the specific cities.

1.6 Limitation of the Study

Taking time and financial constraints into account, the study is delimited to three organizations working for the welfare of sexually abused children in Addis Ababa. In the selection of the organizations, accessibility of counseling services and availability of counselors in the center have been taken into consideration. The researcher has found it difficult to conduct the study the way he wanted because of:

- ◊ The scarcity of related studies particularly on child counseling and
- ◊ Inability to observe the counseling process to get first hand information.

1.7 Operational Definition of Terms

Childhood: it refers to a period, which begins at the age of two years and extends to the age of eighteen (Cole and Cole, 1989).

Sexual abuse: it is a sexual intercourse of an adult/sexually mature individual/ with children who are not able to consent on sexual involvement.

Counseling: the treatment of mental and emotional disorders through the use of psychological techniques with the goal of behavior modification.

Incest: is sexual contact of family members including parents, stepparents and siblings.

1.8 Organization of the Thesis

The present study has five chapters. The first chapter focuses on the background, statement of the problem, objective and significance of the study. The second chapter comprises review of related literatures. The methodology of the study is explained in chapter three. The result and discussion of the finding are dealt with in chapter four. Finally, chapter five deals with the summary, conclusions and recommendations.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2. 1 Defining Child Sexual Victimization

Child sexual abuse is considered as "the most high-profile crime" (Wikipedia, 2005). Although almost three decades have passed since its recognition, researchers have not yet reached at a universal consensus on which acts to count as child sexual abuse and which are not. To label an act as sexually abusive and illegal between offender and the victim, the type of acts that are sexual or involve sexual organs should be viewed against culturally determined regulation in a given society. Some writers argue that cultural norms of adult-child interaction would not allow us to have a common view of sexually abusive behavior. In this regard, Conte (1994) notes that child sexual abuse is not an easy concept to define particularly in cross-cultural studies.

In defining child sexual abuse, writers like Finkelhor (1994) identify two important variables that should involve in the definition: the involvement of children in the sexual activities and the presence of abusive situations to consider the as act child sexual abuse. According to Smith (2002) child sexual abuse include any of the following acts committed by same or opposite sex adults against children to get sexual gratification: touching breast, buttocks, and genitals and penetration of the vagina or anus with sexual organs or objects. This definition emphasizes both the fact that an adult has power over the child and the sexual activity takes place in order to provide sexual satisfaction to the abuser. Kissing a

child's genitals, rape, group sex including children are other important indications of child sexual victimization (Benedict & et. al, 2004). Other definitions exist which stress the amount of harm done to the victim child. More interestingly, Dominguez, et., al (2001) discuss sexually abusive behaviors classifying in to two: contact (making the child touch the adult sexually, masturbate, engage in oral sex as well as sexual activity with animals) and non-contact (showing pornographic materials, sexualized talk and masturbating in front of the child). Still other writers describe sexual abuse as the involvement of children in sexual activity for commercial and business benefits. According to Hodson and Skeen (1987), exploitations like child prostitution, using children for commercial and/or pornographic materials are child sexual abuse. Sexual abuse can also take place when verbal conduct of sexual nature is used between an adult and child. Making sexual comments to the child, luring, making sexually related phone calls and engage in sexually related correspondence through the internet (Miles and Stephenson, 2006). In its worst form, child sexual abuse may include ritual and cult abuse (Bogorad, 1998).

Incest is a particular type of sexual abuse. Janosik and Davies (1986) define incest simply and directly as "a sexual relation among family members." It happens when an adult uses a child who has a close or distant family knot for any from of sexual purpose. Additionally, the definition allows for a variety of incestuous relationships with in the family including non-biological relatives such as stepparents, stepsiblings, uncles and cousins. It is the most hidden and unreported form of sexual act against child. Incest between father and daughters takes the highest proportion than the statistics suggest (Encyclopedia Britannica, 1993).

While the debate in this area continues, there is some major consensus among scholars about the abusive nature of sexual acts against children. Generally, it is believed that the central characteristic of child sexual abuse is the dominant position of an adult that allows him or her to force or coerce a child into sexual activity to gratify sexual urge.

In general, many researchers have reached in consensus that any form of direct or indirect sexual activities between a child and an adult is child sexual abuse. It is also emphasized that such an act is motivated by inappropriate and "unhealthy" sexual need of adults to involve children who by virtue of their age and position in life, unable to give consent.

2.2 Theoretical Explanation of Child Sexual Abuse

Sex is a pleasurable and joyful activity when it is performed with the right person at the right time and place. In the contrast, it becomes anomalous if it is acted out on children. While there is increased awareness that children have been and still are victims of sexual abuse in one form or another, opinion is divided about why men sexually abuse children.

Since its recognition, many theories have been put forward to explain the cause and incidence of sexual abuse. The more prominent findings however can be put into four basic models: (1) the psychoanalytic model, (2) the personality or character model, (3) the family structure model and (4) the socio-cultural model.

2.2.1 The Psychosexual Model

This model assumes the fundamental psychodynamic determinants to explain the occurrence of child sexual abuse. Its explanations of deviant sexual behavior were initially attributed to Freud, who proposed four states of childhood development: oral, anal, phallic and genital. He viewed sexual deviance as an expression of the unresolved problems experienced during the stages of development. With respect to perpetrators, Nabokov (1955) as cited in Finkelaor (1979), " a negative sexual experience could have a similar effect by either deterring the individual from normal psychosexual maturation or driving him into a compulsive repetition of the original situations in an effort to change the out come". According to the psychodynamic theory, sexually deviant behaviors in general, child sexual abuse in particular is the result of being physically, emotionally and/or sexually abused during childhood. Since the early works of Sigmund Freud, this model conform that unhealthful psychosexual experience affects early emotional development and maturity. In turn, the individual is forced to act out in the same fashion. Some adults engage in sexual activities with children because they are sexually immature. Hodson and Skeen (1987) further affirm that these individuals even believe that there is no problem with their sexuality and use defense mechanisms to repress their desire to sexually involve with children.

Apart from the mentioned possible causes that drive adults to commit sexual crime, the psychoanalytic model also attempted to explain why children are sexually victimized.

In relation to victims, the psychosexual model theorizes the children's contribution to their victimization. Beside the descriptions regarding the offender it also places the blame of childhood sexual abuse and incest on the victim child. Based on Sigmund Freuds' psychosexual theory, Finkelhor (1979) point out that children have an intense desire for sex with adults and they act sexually in a way that instigate adults to engage in sexually abusive behaviors. Likewise, RSAC (2002) further casts the daughter as the active desiring agent who wishes her father to become her love object and therefore seduce him to engage in sexual act, i.e. incest.

2.2.2 The Personality Character Model

People who have a specific sexual interest in children are considered as having personality disorder. Hence, the personality character model offers the personality profile and the motivating factors for the individual to rely on children as sexual objects. However, it focuses on labeling of the perpetrator to imply the way he/she is.

There is no single child sexual offender personality type. Some of the descriptions identified by Flowers (1986) regarding child sexual abusers include the following: They are self-centered, highly frustrated, and chronically aggressive as well as suspicious people.

It is also believed that sexual offenders have traits that impinge on relating to others which possibly could generate inappropriate sexual behavior. Finkelhor (1979) indicate that most child sexual offenders had been in a disturbed relationship with their partners that gradually triggers incest anxiety towards children. He further affirms that few of them

have a relatively deep-rooted interest to sexually involve with children but others are afraid of adults and adult sexuality.

It has been conformed that most child sexual abusers have emotional disturbances. Accordingly, they are unable to express or display their emotion in a positive, socially and morally acceptable manner. Hodson & Skeen (1987) noted that many child sexual offenders have low self-esteem, cannot control their impulses and use defense mechanisms to repress guilty feelings. Slowly but surely, the cycle of sexually victimizing children will continue unless these individuals either voluntarily take counseling to resolve these psychological issues or being caught and sent to jail.

Other personality characteristics that have been consistently associated with child sexual abuse include introverted or withdrawn behavior (having few or no friends); feelings of masculine inadequacy; need to dominate and control family relationships and often skillful at lies (Sexual abuse and Sexual Assault, 2004).

With respect to victim children, those who have poor psychological and interpersonal functioning with peers like having low self-esteem, appear rejected and loneliness are some of the personality components that put them at risk of victimization (Hodosn and Skeen, 1987). In other cases, the child's appealing physical appearance could possibly draw the perpetrators' attention. According to Finkelhor and Baron (1986) cited in Mullen and Fleming (1998), the child's physical attractiveness, personality character and/or physical maturity increase the vulnerability of being sexually abused. Pretty and trusting children are the main targets of perpetrators (Mullen and Fleming, 1998).

2.2.3 The Family Structure Model

In explaining the cause and occurrence of child sexual abuse, the family structure model focus on the dynamics of each family member. The model put forward that incest take place when adult family members fail to carry out their responsibilities for children in the family. The family structure model also emphasize on family disturbances as the root cause of most incest. Among the many factors allied to it, Mullen and Fleming (1998) describe martial dysfunctions like divorce, separation, domestic violence, and the presence of stepparent as major associates to the occurrence of child sexual abuse either in the house or outside the home. When conflict is present between husband and wife, and is aggravated by poor mother-daughter communication fathers turn their affection toward their daughters. Incest, as explained earlier, is a sexual relationship between family members who are too closely related. More importantly, this theoretical model blames the mother for two basic reasons; ".... not fulfill her assigned role as sexual provider for the husband, or her nurturing role as mother and protector of her child and mother's failure to provide adequate nurturing means the love-starved and seductive child turns to and accepts the sexual advances of the sex-starved father as a substitute for the mother's love....." (RSAC, 2002). Beside poor parent-child attachment, the coexistence of behavioral and psychiatric problems, drug and alcohol abuse, physical abuse, unemployment and illiteracy in the family environment contribute to the occurrence of child sexual abuse (Beutler, et. al, 1994).

As opposed to the psychoanalytic and the personality character model, which focuses on the individual psyche and the personality traits respectively, as the cause of child sexual abuse, this model, focuses on the failures of healthy family interactions as the root cause of the incidence.

2.2.4 The Socio - Cultural Model

Socio-cultural model explain child sexual abuse in terms of social, economic and political systems, which enforce male dominance over women and children. "The cultural beliefs that underpin the male-dominated system contribute to making women and children sexually vulnerable" (Finkelhor, 1979). In a society where children are given less status and regarded as weak and adult supporters, they can also be used as means of sexual outlets. Benedicts, et., al (2004) hypothesize cultural norms like authoritarian way of controlling a child and considering them as property ultimately teach men to exercise their sexual power on children. Similarly, Flower (1986) affirms that the learned child raring approaches applied in the society have an impact on modifying expectations of child behaviors and parental roles.

Income and social status were also found to be related to likelihood of occurrence of child sexual abuse. According to Finkelhor (1979), social isolation is one of the prominent reasons for incest to take place especially when it is linked with poverty as well as social incompetence. He also added that these factors independently or collectively may tend a family to isolate and then maintain deviant family interaction including violence and incest.

In traditional socialization process where by adult dominance and child submissiveness are encouraged sexually aggressive behavior may prevail. Even in the 20th century, the so-called "modern era" unless women and children are not provided appropriate and effective legal, social and economic support, women have no choice other than struggling to prevent further victimization of their children (McClendon, 1991).

Unlike the psychoanalytic theory, this model does assign responsibility to a sexual abuser, but argues that socialization contributes to child sexual abuse and that woman and children are passive, vulnerable and unable to resist.

2.2.5 Integrating Theories

The mentioned theoretical explanations of child sexual abuse have got some important framework in understanding the typology of abusers and victims. Unfortunately, theories related to child sexual abuse from individual perspectives do not sufficiently explain the whole issue. Taken as a whole, they tend to miss motivating and facilitative factors leading to the occurrence of child sexual abuse.

It is therefore relevant to include specific preconditions mostly developed from clinical works for an individual to sexually involve with child/children. They are believed to have significant contributions in the area of therapeutic intervention on both adult perpetrators and victims. These preconditions to child sexual abuse, which integrate the various theories about why individuals begin to participate in sexually abnormal behavior; addresses the motivation to offend and the rationalization of the behavior; focus on the

inhibitions of the offenders and how these barriers are weakened and distorted thoughts can lead to unusual actions.

Finkelhore (1984) provides the four-factor models of preconditions needed to be met before the occurrence of a wide variety of sexual abuse:

1. There needs to be a motivation on the part of the perpetrator to sexually victimizing a child.
2. For the perpetrator, there needs to be a resolution of internal barriers to sexual victimization of children.
3. There needs to be a possible ways of dealing with the resistance of potential victim.
4. There needs to be controlling of external factors impeding involvement of child sexual abuse.

2.3 Child Sexual Abuse in the Legal Context

2.3.1 International Laws

There are different kinds of crimes against children throughout history. Sexual abuse is a crime mostly committed by trusted adults who are supposed to be caretakers. What is worse is that any adult can be perpetrator and children of both sexes can also be victims (Smith, 2002). It is unquestionable that they should be protected from all forms of abuses and maltreatments that impede their overall development, as they are not able to do so by themselves. Thus, In order to protect and safeguard children of the world from all kinds of harms and abuses, The United Nation Convention on the Rights of The Child, with 54 Articles, adopted a resolution in 1989. The convention generally states: "The child, by

reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth."

It also specifically requires state parties to take proper measures against sexual abuse of children before it occurs and after cases are identified and reported to the concerned body. In relation to this, a more elaborate legal provision of the convention is stated in article 34. It asserts the child's right to protection against all forms of sexual abuse and exploitation including being forced to engage in unlawful sexual activities, prostitution and pornography.

The Convention on the Rights of the child is an internationally recognized legal framework. It serves as a useful tool for agencies working to protect children, giving them the legal ' power' to enforce against sexual abuse and exploitation.

2.3.2 Ethiopian Laws

Beside the international legal instruments, national laws also exist to protect children from various forms of abuses and maltreatments. The existing laws in Ethiopia contain articles that prohibit parents and the general society from inflicting harm on children. For instance, the penal code of Ethiopia, Article 576: 1&2 (FDRE, 2005) indicates that a guardian or tutor who inflicts any kind of harm on a child or who neglected the welfare of the child may be deprived of his rights and punished by imprisonment.

The penal code also has ample legal provision against child sexual abuse including rape, sexual outrage and exploitation. Article 626: 1 clearly states that adults, who provoke, encourage, involve and exploit children aged 13-18 for any kind of sexual activities would be punished by three to fifteen years imprisonment. As far as sexual abuse committed against young children of age 12 and below is concerned, the same article number five notes that the perpetrator would be imprisoned for fifteen to twenty-five years. It further states that if the sexual abuse incident consequently brought serious mental or physical illness or death on the part of the victim, the offender is sentenced to life imprisonment.

Despite the above-mentioned legal provisions, which are meant to criminalize all sexual acts and exploitations, children are still increasingly being used as means of sexual outlet, including as sex-slaves. What is important to note here is that formulation of the law by itself does not have an effect on reduction, if not elimination of such crimes. Much depends also on the way in which the law is enforced.

By and large, to prevent a crime and specially preventing a child from being sexually abused is the goal of all social institutes particularly the law enforcement agencies. However, first, there is lack of well-defined mechanism among the state parties to ensure whether the rights of the child are respected or not.

Second, understanding of child sexual abuse as a serious violation of the basic human rights of the child, the investigation and legal proceeding in the justice system is perceived to be weak in the efforts made to control this crime. As it has been presented through the

media, brief reports of a court, for instance, tend to concentrate on 'serious and sensational' sexual crime cases committed against young children. It requires greater concern and a strong commitment of all professionals and the general society in addressing the issue of child sexual abuse especially for those children who are at risk.

Finally, because of the complex nature of the incident, "conclusive physical evidence of sexual abuse is relatively rare in suspected cases" (American Psychological Association, 2001). Besides, there are rarely any witnesses as supportive evidence to the incidence. Even after reasonable and concrete evidences are presented to the court, men in general are believed more than women and definitely more than children (McClendon, 1991). It is important for the victim child and non-offending parents to feel supported through the legal process. While it is believed that sexual victimization can never be the child's fault, they can be challenged by lawyers standing by the perpetrators which can also be a "traumatic incident" for them (Wikipedia, 2005).

2.4 Estimates of Child Sexual Abuse

It is a very difficult task to estimate any form of deviance in the general population particularly sexual offending targeted against children (Terry and Tallon, 2002). Many writers affirm that sexual crimes have the lowest rates of reporting for all crimes. According to Finkelhor (1994), the most popular researcher in the field of sexual abuse, finding statistical records of child sexual abuse cases actually occurring is almost impossible. Similarly, The American Psychological Association (APA, 2001) further asserts

reveal that out of the total reported child sexual abuse cases, 30-40% are committed by family members while about 50% of them are abused by someone the children know, close and trust (Darkness to Light, 2005). It can be concluded that the rest 10-20% children are abused by strangers. This fact is also seems true in the Ethiopian context. According to a study conducted by Gobena (1998) the prevalence of child sexual abuse in the general society is about 38.5 %. Out of these, 29% of them are abused by their family members and 68% of them are victimized by adults the children know.

Other researchers argue that, since most child sexual abuse cases remain undisclosed, a more meaningful picture of the scope of the problem is obtained by asking adults if they were sexually abused as children. Based on this assumption, a survey conducted by Finkelhor (1994) found out that approximately 20% of adult women and 5% to 10% of adult men in the United States experienced sexual abuse at some time in their childhood. Here, it has to be noted that the results of such study provide estimates of the prevalence of sexual abuse in the population from which the group is selected.

But, such statistical figures indicate only the tip of the iceberg. It is predicted that if all sexual abuse cases were identified and recorded, the data would be very shocking.

2.4.1 The Case of Addis Ababa

The problem in understanding the magnitude of child sexual victimization cases in poor countries like Ethiopia is not getting much attention. Most estimates of the distribution of sexual offenders as well as victims in the general population are derived from forensic

sources, that is, samples of those whose victimization have been directly reported to the concerned legal institutions/police. Accordingly, the Addis Ababa Police Commission report indicates that there was no reliable data recorded before July 2005 regarding crimes committed against children including child sexual abuse. Even the statistics recorded between July 2005 and December 2006 does not reveal the nature and magnitude of child sexual abuse reported cases to the office due to luck of comprehensive data management system.

Overall, the Addis Ababa Child Protection Units database illustrates that between July 2005 and December 2006, about 1666 different forms of crime cases were committed against children. Out of these, 383 (23%) are child sexual abuse cases. Classified statistical figures of the data are summarized in the following table.

Age Range	Sex				Total	
	Male		Female			
	Freq.	Percent	Freq.	Percent	Freq.	Percent
0-9	12	3.13	95	24.81	107	27.94
9-15	28	7.31	225	58.75	253	66.06
16-18	2	0.52	21	5.48	23	6.0
Total	42	10.96	341	89.04	383	100

Source: Child Protection Units-Addis Ababa Police Commission

This data was taken from a police report of child sexual abuse cases and includes all known incidents of sexual assault against children where an arrest occurred.

Gender of Child Sexual Abuse Victims

According to Addis Ababa Police-report data, the majority of victims of child sexual abuse are young females. Between the year and the six months stated, about 89% of victims were found to be female children and the rest 11% were males.

Age of Child Sexual Abuse Victims

There is evidence that the risk of child sexual abuse may differ for females and males at specific ages. For girls, the risk may be highest either when they are in pre and early adolescence. According to the report, children below 9 and 9-15 were the victims in about 25% and 59% respectively. For boys, the risk is also highest when they are in preadolescent and early adolescence. According to the data, 9-15 year old boys accounted about twice as many cases of sexual abuse as boys aged 0-9 and 16-18.

Official statistical records, provided that they are properly documented, can be used to policy makers as bases for new procedures in controlling such crimes. For instance, increase in the number of child sexual abuse reports over a period of years may lead to considerations of some changes in the approaches of dealing with cases.

2.4.2 Why Child Sexual Abuse Cases Underreported?

Professional opinion is divided regarding why child victims and their families keep the abusive act as secret. On one hand, Miles and Stephenson (2006) explain that:

- Children may find it difficult to describe the incident;
- Victims may be threatened by the offender that something bad will happen;
- Some victim children may think that they will not be believed;

- Others may feel shameful or afraid of the consequences especially if the child victim is reliant on the perpetrator.

Further, it is believed that some, particularly young children do not even know that they are victims of sexual abuse.

On the other hand, Pence and Wilson (1994) point out that those who are concerned about the safety of the child including relatives, friends and neighbors fail to report child sexual abuse cases because of some unjustifiable reasons. For instance, they may be are afraid of being involved as a witness during court proceedings (Encyclopedia Britannica, 1993). Thus, it remains to be "a social problem with serious consequences for the child victim and their families as well as adult offenders" (Hodson & Skeen, 1987).

In addition to these, sexual abuse is a complex phenomenon because of its attachment to sex, which has been and still is uncomfortable to talk about without restraint especially in conservative society like ours. Darkness to Light (2005) documented that over 30% child victims remain silent. Children are afraid of talking about sex and sexual issues as they are told that it is "taboo". This in turn affects victims' freedom to disclose what has happened/ is happening to them and identify offenders to take the necessary measures.

Generally in developing world, due to limited researches done, societal perception with regard to reporting sexual abuse as well as lack of programs that deal with child sexual abuse cases create difficulty to estimate the prevalence of these critical issues (Delano, 1998).

2.5 Identifying Child Victims of Sexual Abuse

Children are not physically and psychologically prepared either to entertain or protect themselves from adult sexual stimulation. Furthermore, they have limited life experience so that they can easily be misled and tricked. Following victimization, "it is rare for a child to speak directly about sexual abuse" (Dominguez, et. al., 2001). As a result, many writers describe the physiological and behavioral signs to be considered in identifying child victims of sexual abuse.

2.5.1 Physical Signs of Child Sexual Abuse

Medical investigation is one of the reliable sources in diagnosing victims of sexual abuse (Smith, 2002). However, pediatricians are advised that suspected child sexual abuse should be investigated very carefully and appropriately. According to Kellogg (2005), children may present variety of general or non-specific signs and symptoms including physical or emotional abuse or other stressors unrelated to sexual abuse. Thus, a thorough pediatric examination should be performed by well-trained and experienced health care professionals.

Many writers forward variety of physical signs that directly or indirectly are indicatives of sexual victimization. Most sexually abused children experience pain on their genital area, which can also be associated with difficulty in urination (RSAC, 2002). Dominguez, et. al., (2002) also note a host of physical symptoms and sexual behaviors exhibited by victims of

:hildhood sexual abuse including excessive masturbation, avoidance of touch and hyper igilance.

)ther physical signs of recent sexual abuse may include difficulty in walking or sitting, ain, bruises, bleeding or itching in genital area or mouth, pregnancy or sexually ansmitted disease specially in preteens and repeated urinary infections (Bogorad, 1998); dominal infections (Shives, 1990) and extreme fluctuation in heart rate and bed wetting (lominguez, et. al., 2002).

2.5.2 Behavioral Signs of Child Sexual Abuse

Children subjected to sexual abuse also demonstrate significant behavioral indicators. Frequently cited symptoms include withdrawal and mistrust of adults, secretiveness or unusual aggressiveness, refusal to go to school, doctor or home, wearing long sleeves to hide bruises (Bogorad, 1998); becoming quite and depressed, preoccupied, hyperactivity or anxious (Miles and Stephenson, 2006); low self - esteem and committing suicide (Howe and associates, 1999).

Behaviors related to sex, which is inappropriate for the child's age levels are considered to be important indicators of sexual victimization. It includes public masturbation; sexual play with dolls and inviting others to sexual activities (Renzetti, Edleson and Bergen, 2001). Zastraw and Kirst - Ashma (1997) pointed out that the child may touch the self or others in sexual manner. Although such unexpected sexual behaviors are common aftereffect of sexual abuse, most researches affirm that all sexually abused children may

not develop these behaviors. Chromy (2006) studied 125 sexually abused children who received counseling service. In the study, the clinical records of children who displayed sexual behavior were compared to those who did not. It indicates that children who were abused with more frequency and at a younger age exhibited sexual behavior than those who were not. Others display signs of being victimized in the types of pictures they draw and the games they play. These children enjoy drawing and playing games that consists of sexual nature (Bogorad, 1998). In addition, these and other sexually related behaviors may not be displayed immediately the sexual abuse incident. However, as the children mature, these sexualized behaviors may gradually be reflected in different forms. Renzetti, et. al., (2001) predict that these activities may be identified as promiscuity or the children may be involved in prostitution or pornography.

However, children vary widely in their reaction to sexual abuse. It depends on the victim's age, gender, type of abusive act and the degree of family and community support (Miles and Stephenson, 2006); identity of the perpetrator and duration and frequency of the sexual abuse (Renzetti, et. al., 2001).

2.6 Consequences of Child Sexual Abuse

Generally, it has been shown that experiencing trauma, including sexual victimization can have an effect on the person's ability to function normally. Children experience a wide range of short-term and/or long-term effects as a result of sexual involvement with an adult. Beside the physical and behavioral signs discussed previously, the impact of child sexual abuse may range from no apparent effects to very severe ones. According to

American Psychological Association (APA, 2001), victim children may exhibit behavior problems ranging from separation anxiety to posttraumatic stress disorder. Similarly, RSAC (2002), also documented that child victims of sexual abuse could develop clinically significant disorders, such as Major Depressive Disorders, Dissociate Disorders, Substance-Related Disorders as well as Eating Disorders. It further mentions that as children mature to adulthood they can experience impairments in social and occupational functioning. Examples include isolation/withdrawal, phobias, aggression, poor work performance and disturbed interpersonal relationships.

2.7 Coping Mechanism

According to Zastrow and Krist-Ashman (1997), coping mechanism is an individual's reactions to deal with the problems in everyday life. This definition refers to the measures people take in order to overcome difficulties faced in life. Individuals differ in the way they cope with problems they encounter. But in general, Baker (1995) discuss that coping involves: " obtaining functional information; thinking about and planning for the future; controlling emotions; control needs for immediate gratification as well as identifying alternative ways of approaching a problem and evaluating the pros and cons of each alternative" (cited in Zastrow and Krist-Ashman, 1997).

Child victims of sexual abuse try to cope with their victimization in different manners. Prendergast (1993) mentions three categories of child victims depending on the way they deal with their victimization. In the first group, some children named as "deniers". These children who recognize that their bodies have been violated want to forget that sexual

abuse ever happened. They remain silent and prefer not to report or talk about it at all. In other words, they are preoccupied in attempting to avoid the sexual event from their mind. The second category includes "adjusters". These victims simply put the full responsibility of the offence on the perpetrator and believe that they have no contribution for their victimization. They are ready to express their anger onto the perpetrator. Interestingly enough, these victim children are courageous to discuss the issue with their parents and friends even ask for counseling. In the third section, "acceptors" are grouped. Sexually victimized children in this group believe that their victimization cannot be controlled. As a result, they do not exert some influence to stop the act even if they can. These children are obedient to the perpetrator and can be used for a longer duration. They are the most seriously affected by the incident as their self-image is damaged and the negative effects of sexual abuse are long lasting.

On the other hand, RSAC (2002) categorize coping mechanisms victims use in to two- "healthily and unhealthily". Healthy copings are useful and adaptive. It includes reading, self-help literatures, seeking spiritual guidance/support and physical exercise. Where as, unhealthy coping skills are dangerous to the child and others, such as alcohol/drug abuse, aggressive behavior, compulsive sexual behavior and spending more time on work and other time-consuming activities.

Generally, coping mechanisms serve victim children to get relief from their memories of trauma at least for a short time. Counselors have professional responsibility to recognize and encourage useful coping skills in accordance with the counseling service.

2.8 The Role of Counseling in Rehabilitating Sexually Abused Children

Sexual abuse is one of the traumatic incidents any child could experience. It lays the bases for interpersonal, social, academic and even occupational problems in the child's present and/or future life, the need to rehabilitation services are very essential. Hence, counselors and mental health professionals recommend that all victims of sexual abuse should take counseling to express feelings and explore alternatives actions that could lead them to normal life. Irrespective of the degree of severity as well as the effects of the crises, 'early identification of sexual abuse victims appears crucial to reduction of suffering, enhancement of psychological development and for healthier adult function' (Faulkner, 1996). For some victims, the effect of childhood sexual victimization may not come to the surface until they reach adulthood. Thus, issues may be triggered and they may suddenly find themselves unable to cope. In support of this, Davies (1986) suggests that underestimating the potential effects and delays in rehabilitating victims only contribute to difficulties in later life.

When it comes to dealing with sexually victimized children the issue of counseling is important as treating the physical injuries. Providing immediate counseling service to victims and their non-offending parents/legal guardians help to a gradual recovery from emotional and behavioral disturbances caused by sexual abuse.

Counseling services and psychotherapeutic programs provided in a safe and nurturing environment have a positive effect in rehabilitating victim children and their families. RSAC (2002) identified the following typical functions these services could have.

1. Through counseling/ therapeutic sessions, the victim child recognizes that he/she is not responsible for the act.
2. These services are steps in teaching children to restart healthy relationships with adults.
3. Children regain sense of trust, security and well being as they interact with counselors who fully respect them.
4. Victim children learn skills that protect them from further abuse in the future.
5. These programs can be opportunities to discuss issues regarding sexual identity.
6. They guide victims; particularly teenagers to systematically identify their feelings, thoughts and behaviors.
7. Counseling sessions encourage victims to get sense of self-control and choice, which keep them on the truck of healing.

Among the valuable program activities in rehabilitating victim children, individual counseling help to vent out the major concerns and fears in a confidential manner particularly for teenagers. In group counseling settings, members discover that they are not alone; learn from one another and from the counselor who leads the group. Counseling and psychotherapeutic programs do not only facilitate the psychological well being of sexual abused children. Besides, they are opportunities to learn new behaviors. In addition, clients learn how to express their emotions positively and how to protect

themselves from potential abusers. One of the most interesting parts of group counseling for sexually abused children is that each member gets an insight of "I am not alone. Others have also experiencing what I am going through." Furthermore, counseling provides the support system necessary to deal with trauma of sexual victimization. In family counseling programs for example, non-offending parents/legal guardians get together to identify how their victim children could be affected; learn how to deal with them and even how to play their part in protecting their children from further abuse.

Counseling and psychotherapeutic programs in general are used to respond to varieties of emotional and behavioral manifestations victims as well as non-offending family members could go through due to sexual trauma. The benefits of the services could range from being able to deal with immediate subjective discomforts to reaching full potentials or cope better with problems child victims could face in their life.

While the benefits of counseling in one way or another appears to be unquestionable, there are some reservations on its impact on some children. According to Milne (2003), there is documented evidence that some victim children will continue to face difficulty in establishing loving relationships with others including sexual relationships as they associate sex with hostility, aggression, fear and guilt. Being an adult, even being a parent may produce anxieties related to sexual abuse. Milne (2003) for example states that: "a mother who was sexually abused by her father may fear that her husband will do the same to their daughter."

2.9 Counseling Sexually Abused Children and Their Non-offending Parents

2.9.1 What is Counseling?

Different scholars define counseling in different ways. For example, The American Counselors Association (ACA, 1997) state that counseling is the use of mental health, psychological or human development principles, through cognitive affective behavioral or systematic application of techniques that address wellness, personal growth or career development as well as pathology.

Accordingly, Yusuf (1998) noted that counseling is a therapeutic and growth process through which individuals are helped to define goals, make decisions and solve problems related to personal social educational and career concerns and so on. It is also important to note that counseling is not an activity limited to therapeutic objectives. It further can be used in order to promote the well being of an individual, which ultimately empower the person to "fully participate and benefit from the economic and social development of the nation" (Gordon, 2000). In general counseling consists not only of treating clients (individual, couples, groups, families, etc.) who want or referred to mental health professionals, but also of helping them recognize individual circumstances and make proper decision (Mekdes, ND).

When it is applied in the treatment program of sexually victimized children, counseling should be provided not only for the victim child but to siblings, non-offending parents and

even the perpetrator. However, in this particular study, the focus will be on counseling of sexually abused children and their non-offending parents.

2.9.2 Counseling Sexually Abused Children

Generally, child counseling is a special professional treatment and helping program within the field of counseling. As part of rehabilitation services, researchers have come up with different techniques of counseling applied while treating victim children. These include, crises counseling, individual counseling, group counseling and family counseling (with non-offending family members).

Any therapeutic program begins with clear, at least little information regarding the clients' individual, familial and psychosocial scenario. However, an assessment method applied to investigate the situation of the client differs from one another. The diagnosis and treatment approaches used in treating children are not the same as employed with adults (Encyclopedia Britannica, 1993). Thus, counselors are required to consider different techniques, beyond listening and talking, to diagnose and evaluate how the experience of sexual abuse affected individual child and then decide on the extent of counseling sessions each child would take to deal with the trauma.

Child counselors use different treatment approaches to help children. Some of the most sensible therapeutic activities to deal with sexually abused children include play therapy, art therapy and bibliotherapy (RSAC, 2002); drama therapy, music therapy and dance therapy (Miles & Stephenson, 2000). These therapeutic programs are so important

particularly for young children to express a range of emotions and test new functional behavior patterns. Nevertheless, some adolescents may not benefit from such programs unless they are interested or appreciate playing like small kids.

Rehabilitation is often a long process. Some researchers and professionals believe that short/long term counseling services focusing on emotional needs alone are not enough to 'successfully' rehabilitate child victims of sexual abuse. Different aspects of their life should be revitalized. In regard to this, Miles & Stephenson (2000) recommend the following additional issues in rehabilitating sexually abused children.

A) Checking whether the basic needs of victims are fulfilled or not specially those who are dependent on commercially sexually abused children and on the street.

B) Physical and health needs including nutritional status and vulnerability to illness (not only STIs).

C) Educational and vocational training to provide alternative income.

D) Socializing with peers, schoolmates, community or other affiliations.

E) Spiritual life of victims should be supported in appropriate pastoral discussions.

They further note that it may be necessary to temporarily remove victim children from their home when extreme risky signs of sexually abusive situations are detected. As a last resort, a total separation of victim children from their families may be recommended in situations where the child is experiencing uncontrollable interfamilial sexual involvement /incest/.

2.9.3 Counseling Non-Offending Parents

A caring and believing parent is a crucial key to a child's recovery. Hence, programs that treat sexually abused children should include treatment and services to the non-offending parents/legal guardians. To enable them offer unreserved support to their abused children they need to get counseling. In individual counseling, non-offending parents learn how to cope with complex emotional experiences due to their child's abuse. They can also discuss on strategies to help their child cope with the trauma. According to RSAC (2002), group counseling offered to these parents may focus on topics like guilt/shame, anger, depression, anxiety, fear, legal issues, grief, family dynamics, relationships and sexuality. In addition, group members learn the impact of sexual abuse as well as supportive intervention mechanisms. Eventually, non-offending parents/legal guardians are believed to demonstrate increased knowledge of healthier and protective parenting.

However, counseling and psychotherapeutic programs alone does not ensure the recovery, safety and protection of victims from future abuse. It requires a coordinated effort of different social institutes including child protection and advocacy groups, health professional, legal advisors, school personnel and the like to facilitate and enhance the rehabilitation process of sexually victimized children.

2.9.4 Issues in Counseling Sexually Abused Children

The United Nation Convention on the Rights of the child under article 39 states that;

> *".....to promote physical and psychological recovery and social reintegration of child victim of any form of neglect, exploitation, or abuse; torture or any other form of cruel , inhuman or degrading treatment or punishment: or armed conflicts. Such recovery and reintegration shall take place in an environment which to foster the health, self-respect and dignity of the child (1989)."*

As indicated above, childhood treatment programs need to be accomplished in a safe, non-threatening and nurturing environment that secures the child. It also implies that conveying to the traumatized children that they are valued and accepted as worthwhile person are important components of therapeutic activities. Furthermore, it is important to note that treatment activities should not only focus on the healing process of the emotional trauma. But it should be geared towards the enhancement of the child's positive self-concept that leads to self-respect.

Implicitly, this article also point out that those who are concerned for the recovery and rehabilitation of victim children need to accept and respect the child which is at the heart of successful treatment.

2.9.5 Assessment Perspectives and Linkage

As a cornerstone of therapeutic application, mental health professionals conduct clinical assessments for treatment goal. In many cases, it has been reported that sexually victimized children may not reveal what has happened/happening to them during the initial interview sessions (Bourg, et.al, 1999; Berliner, L. & conte, J., 1993 cited in Amacher, 1999). They can, however accomplish in conjunction with support services, such as medical personnel, legal advisors and the like. Nowadays, there is a growing consensus among professionals that teamwork is the finest way to treat a child victim of sexual abuse. Not only for the sake of assessment, linkage among relevant multidisciplinary team dealing with child sexual abuse is vital for a comprehensive intervention, treatment and ultimately for the restoration of 'normal life' on the part of victim children as well as their non-offending parents/legal guardians.

Assessments of suspected or identified child victims of sexual abuse open the door to stop the current abuse and protection of the child from further abuse. Following initial report of possible child sexual abuse case, according to Amacher (2006) counselors may not be able to obtain the whole scenario of the incident. Consequently, three relevant professionals work in coordination to substantiate the case and move to treatment activities.

Firstly, it is important to consider that victim children can be worried about damage in their body, particularly in the genital area, HIV/AIDS, unwanted pregnancy, STIs, etc, in

the aftermath of sexual abuse. In such cases, a complete medical examination is recommended to eliminate, at least reduce, the anxiety related to these issues.

Secondly, child sexual abuse is illegal. Hence, assessments carried out in legal procedures may be concerned with identification of if and by whom the child has been abused. It is a different form of assessment conducted for forensic purposes (Amacher, 2001). Most importantly, the law enforcement agencies work up on the collection of evidences, testimony and prosecution, as most victims want to see the abuser being punished for the crime. However, if the court's decision turned to be in favor of the offender, Kellogg (2005) warns, "it could result in additional trauma on victim children and their families."

Lastly, assessment of psychological issues may focus more on the incidence and effects of the sexual act, which is of prime importance to counselors dealing with sexually abused children. Evaluation of the child's current functioning can identify signs of traumatic outcomes of sexual abuse.

2.9.6 Training and Supervision of Counselors

According to Cooper and Ball (1987), having theoretical knowledge of child development alone does not help a counselor work effectively with a child who lost trust and feels unloved. This means that the type and extent of practical training the counselor took are crucial in determining the success of therapy. Beginning the selection of suitable individuals, the learned theoretical issues and a range of skills and supervised experience play an important role in understanding and managing the diverse psychological reactions

of victim children. Bad training/being untrained by itself may yield unanticipated harmful effect on the therapist. As some writers stated it:

> *"Bad training may not prepare therapists adequately for the rigor and demands of the work. Training that does not require therapists to have their own therapy leaves their trainees vulnerable to unexpected emotional reactions which they are likely to find difficult to control or of which they may not even be aware when they occur with the patient (Trowell & Miles, 2004:144).*

Counseling children is challenging and complex particularly in dealing with those who cannot articulate their situation. In some cases, it could evoke disturbing feelings within the counselor (McFadden, 1989). Taking appropriate specialized training helps counselors recognize and learn to control such inevitable emotional responses.

According to Beutler, et. al., (1994), child sexual abuse treatment professionals are diverse in their experience, training as well as their professional background. They further recommend that competent child sexual abuse counselors may include Masters-level therapists, clinical social workers, primary care physicians, psychiatrists and psychologists. Beside the qualifications earned, consistent and systematic application of contemporary, therapeutic technique which can be obtained through ongoing and supervision are important for the success of counseling.

In general, anyone who has a limited knowledge and skills of counseling does counsel a child. Nevertheless, someone with more professional training at least in general counseling can be an effective counselor.

To sum up:

Counselors in child rehabilitation settings deal with young children and adolescents (older children) victims of sexual abuse and exploitation, which has an impact on their physical, psychosocial, emotional and academic life.

In order to carry out this study, the relevant literature assessed to investigate what child sexual abuse is and, in the area of identification and counseling victims. From practical counseling appoint of view, the study show the major problems that impede the activities and what alternative solutions can be applied to overcome the challenges. The study is also expected to identify predominant achievements of counseling services.

CHAPTER THREE

METHODOLOGY

3.1 Study Design

In order to study the nature, attitude, impact and problems of counseling services offered to sexually abused children in three selected organizations in Addis Ababa (IFSO, OPRIFS and FSCE) a descriptive survey method as well as qualitative methods was employed. The three organizations under study are operating in the area of child protection, rehabilitation and advocacy particularly in high-risk sub cities of Addis Ababa. Among the many projects IFSO implements, counseling, rehabilitation and prevention of child sexual abuse is one component. Similarly, OPRIFS and IFSO mainly focus on counseling and safe home service for sexually abused and exploited female children who are on the street as well as off the street.

3.1.1 Study Population

The study was conducted in three NGOs operating in Addis Ababa. And the study populations were clients/beneficiary children, counselors, coordinators and non- offending parents/legal guardians of victim children. Totally, seventy-seven respondents participated in the study.

3.1.2 Sample and Sampling Procedure

3.1.2.1 Organizations

The choice of the organizations was purposive sampling method. The three samples of counseling centers were taken because of availability of counselors to provide the counseling service.

3.1.2.2 Source of Data

3.1.2.2.1 Children

During the time of data collection in the three counseling centers a total of 203 sexually abused children (197 girls and 6 boys) living in Addis Ababa are getting counseling and rehabilitation services. The children were stratified according to the centers they are enrolled:

Out of the total population

- 167 (6 boys and 161 girls) are getting the service from IFSO.
- 30 (all girls) are getting the service from FSCE.
- 6 (all girls) are getting the service from OPRIFS.

Even though the age of beneficiary children range from preschoolers to 18 years old, children between the ages of 11 - 18 years and those who took the service for one year and more are proportionally selected for the study. The rationales behind selecting this group of samples are that they are believed to give adequate information than children of early

and middle childhood period. Furthermore, these participants are believed to have adequate experience to express their ideas regarding the counseling service than those who took the service below one year.

3.1.2.2.2 Counselors and Coordinators

Due to limited number of service providing centers and staff members, all counselors and coordinators in the three selected organizations participated in the study. A total of four counselors and a coordinator responded to the questionnaire as well as for the interview questions.

3.1.2.3 Non - Offending Parents/Legal guardians

As it was done for the respondent children, parent representatives have also been taking the counseling service for a year and more. From these, both male and female non - offending parents/legal guardians of beneficiary children were randomly selected with the help of counselors. Eight voluntary non-offending parents participated in the study.

3.2 Instruments

Four types of instruments namely questionnaire, unstructured interview, focus group discussion questions and observation checklist were prepared for data collection. The instruments contained two kinds of questionnaires, one unstructured interview, one focus

group discussion items and one observation checklist. All the items of the instruments were made as relevant as possible to the research problem.

Questionnaire

Two separate questionnaires were prepared:

a) Thirty six close - ended question items (in relation to practices and impact) and four open - ended questions on problems of counseling services were prepared and distributed to a total of 64 proportionally selected client children. All of them properly completed the questionnaire.

b) A mixture of forty-five open and closed ended question items on counseling activities and problem of counseling service were prepared and distributed to four counselors found in the three selected child counseling and rehabilitation services giving organizations. All of them completed the questionnaire.

Interview

Seventeen unstructured interview items on practice, achievements, problems and future prospects of child counseling services were designed for program coordinators.

Focus Group Discussion

Ten unstructured items for the focus group discussion containing items on practices, benefits and problems of counseling services were prepared for group of 10 non-offending parents/ legal guardians of victim children taking counseling service. The focus group

discussion was carried out in one center. A total of eight parents/ legal guardians participated and contributed their own perspectives in the focus group discussion.

The participants, who were willing to participate in the focus group discussion, were purposely selected. The researcher tried to balance the sex of the focus group discussion members as much as possible.

Observation Checklist

In the present study a systematic observation was employed. Based on specific components of observation checklist information was gathered regarding the overall setting of the counseling center. It was applied partially to supplement information provided by respondents and also to assess the quality of the physical facilities established to give child counseling (See Appendix F).

3.3 Pre-test/Piloting

The purpose of the testing was to collect information that would be used for screening and selecting the items. It was also to find out, if wording and instruction of the instrument as a whole were clear and comprehensive to child respondents and service giving professionals. All the instruments used in the study were developed first in English. After extensive and repetitive revision, a copy of the final version of English questionnaires and unstructured interview guide were given to my advisor and two post graduate students of counseling psychology. They were asked to give their reaction on each item of the

instruments. Using the relevant comments and suggestions from the professionals, some adjustments were made. The questionnaire to be filled by client children was translated to Amharic version in collaboration with first year Ethiopian language post - graduate students. Finally, my advisor evaluated the last version of all the instruments and pretest was conducted.

Respondents, who took part in the pre-test, were taken through convenient sampling method. In one of the counseling centers a counselor and two client children were given the questionnaire to read and give their own response. Mean while they were told to ask any question that are not clear or ambiguous. Based on their feedback, some items were discarded and few of them were modified. In order to assess the validity of the two questionnaires (client & counselor) they were given to two instructors in the department of psychology. Except very few modifications, their feedbacks were positive towards the tool in general.

3.4 Procedure of Data Collection for the Main Study

The procedure followed to collect data for the main study was different from the pre - test. Before administering the final instruments for data collection in the selected counseling centers, one day training was given to two research assistants on how to administer the questionnaire.

The researcher also established an appropriate rapport with the subjects to facilitate situations for the research activities. All the respondents were informed about the purpose of the study and how to complete the questionnaire. During the administration of the questionnaire chances for clarification of any question were given. The researcher was in a face-to-face contact situation in the centers when the children completed the questionnaire. The questionnaire was also distributed to the children with the collaboration of the assistants. Research assistants distributed the questionnaires to counselors to fill it during their free time, as they were preoccupied. The interview with the coordinator and FGD were done by the researcher.

The data collection through the interview was conducted by talking with the coordinator face to face. Before conducting the interview, necessary rapport was established with coordinator by creating a conducive atmosphere and explaining clearly to her what the purpose of the interview was. The respondent was also assured that responses would be kept in absolute confidentiality.

Similar strategies were also used for conducting interview with the focus group. The focus group discussion was conducted in one counseling center. Eight members participated in the focus group discussion. Before conducting the focus group discussion, appropriate rapport was established with the group. The group understood that they had to consider their own views in the context of the questions asked. The researcher asked the predetermined open - ended questions in predetermined sequence that appeared logical to members of the group. During the discussion period the task of the group was to focus

individually on questions posed by the researcher. All members of the group heard every one's responses and made additional comments to their initial responses as a result of hearing what others had to say. From each focus group separate responses were collected both by recording their responses in a tape-recorded form and in written form. The meeting, on the average, took one and half-hour. Focus group discussion was conducted where privacy and confidentiality was assured.

3.5 Ethical Issues

Researches that are conducted on human subjects in general, on children who under gone a traumatic experience in particular, require a great precautions in the research problem, design and application. It must be in full compliance with any pertinent institution or governmental regulations. Accordingly, before collecting the data the researcher discussed first with the advisor then with counselors in the three counseling centers on how to administer the questionnaire on child clients. In order to safeguard the identity of victim children, the data were collected only by the researcher with the assistance of staff members. The interview with a coordinator and the focus group discussion were held in a secured manner to facilitate confidentiality.

3.6 Method of Data Analysis

The data collected from the different sources were analyzed and interpreted using both quantitative and qualitative research methodologies. The chi-square test of significance at 0.05 levels was also used in order to see reactive differences among responses on given

variable and real occurrences of the data in the analysis of children's response. It was done by using SPSS version 11.0 program. Responses of the favorable and unfavorable items were given for child respondents on a scale value ranging from five indicating, "Strongly agree" to one indicating, "Strongly disagree".

For counselors, a descriptive analysis was applied. Frequencies and percentages were used for the proportion of responses gained from them. The responses given for open-ended questions and for the interview were analyzed in two ways. Some responses were listed as they are and some other are categorized and their percentage is calculated.

CHAPTER FOUR

RESULTS OF THE STUDY AND DISCUSSION

In this chapter, the results/findings of the study are analyzed and discussed based on the responses given by the subjects.

4.1 Result/Finding of the Study

4.1.1 Characteristics of Participants of the Study

Table 1 - Characteristics of All Participants of the Study

Types of Participants	Number
Client children	64
Non - offending parents/legal guidance	8
Counselors	4
Coordinator	1
Total	**77**

As shown in the tables 1 above, four groups of respondents participated in the study. These are clients (victim children, non-offending parents/legal guardians), counselors, and a coordinator.

4.1.2 - Socio - Demographic Information of Client Children

Table 2 - Socio - Demographic Information of Client Children

Sex	Frequency	Percentage (%)
Male	0	0
Female	64	100
Total	64	100
Age		
11-14	18	28.1
15-18	46	1.9
Total	64	100
Age at the time of sexual abuse		
5-8	11	17.2
9-12	29	45.3
13-16	24	31.5
Total	64	100
Grade Level		
2-4	13	20.3
5-8	32	50
9-12	16	25.0
Total	61	95.3

The data presented above (Table 2) reveal that all participants (64 client children) are females. The subjects' age ranged from 11 to 18 years. Those who are between 11 and 14 constitute 28.1% of the total samples and the remaining 71.9% of them are between 15 and 18 years of age. With respect to onset of the sexual abuse incidence, a relatively high number (62.5 %) of client respondents were abused when they were in preadolescent periods as far as human life - span is concerned.

As indicated in the literature section, the majority of sexually victimized children are found to be approximately in a similar age range with this typical age group. It implies that offering counseling service to this group of child victims of sexual abuse is essential as they transit to the cross - road between childhood and adulthood. Among the respondents, 70.3% of them are in elementary and junior secondary school levels while the remaining 25% are high school and preparatory class students.

4.1.3 Familial Variables of Child Respondents

Table 3 - Familial Variables of Child Respondents

Living condition	Frequency	Percent %
Live with both parents	17	26.6
Live with relatives	17	26.6
Only with mother	12	18.8
Only with father	1	1.6
Live alone	2	3.1
Others	15	23.5
Total	64	100
Income level		
Satisfactory	5	7.8
Enough	9	14.1
Small	28	43.8
Very small	22	34.4
Total	64	100

Table 3 reflects two important familial variables of clients. In replying to the first item, those children who mentioned that they live with both parents and with relatives are proportionally equal in number (26.6%) each followed by "others" (23.5%), which indicates living with their employers as well as on the street. The rest 18.8% live only with their mothers; where as 2% and 1% of the total respondents live alone and only with father respectively. Here, it is important to point out that to live with both biological parents, as long as they are not offenders, has a greater significant contribution in the protection as well as in the healing process of sexually abused children than for those who are living with relatives or significant others. For children living on the street (those exclusively taking

counseling in FSCE), parental support is almost unthinkable. The highlights of theoretical explanations and related researches done in these areas are in the literature part of the study.

As regards their parents'/legal guardians' income level, the response figures are classified and summarized in the following manner. 43.8% and 34.4% of the subjects revealed that their parents'/legal guardians' income level is small and very small respectively. To the same question, a small proportion of client respondents (14.4%) indicated that their parents'/legal guardians' income is enough followed by those who said satisfactory (7.8%). Still one observes from the data that most children live in low - income level family, which could put them at a greater risk for child abuse and maltreatment including sexual abuse and/or exploitation.

4.1.4 Description of Perpetrators and the Sexual Incidence

Table - 4 Description of Perpetrators and the Sexual Incidence

Relationship with victims	Frequency	Percentage (%)
Father	3	4.7
Brother	2	3.1
Relative	6	9.4
Neighbor	24	37.5
Friend	4	6.3
Teacher	3	4.7
God Father	1	4.6
Employer	4	6.3
Unknown/Stranger	17	26.6
Total	64	100
Place of Incidence		
Home	39	60.9
School	3	4.7
Hotel room	2	3.1
Sport field	2	3.1
Unknown	14	21.9
Neighbor	4	6.3
Time of the sexual incidence		
Morning	13	20.3
Afternoon	12	18.8
Evening	39	60.9
Way of abuse		
By trick/misled	37	57.8
Using force	23	35.9
Using drug	4	6.3

As presented in table 4 above, sexual abusers of respondents classified in to nine cells with respect to their relationship with victims. The data shows that a greater number of respondent children were victimized by someone they closely know. Accordingly, family members, relatives, neighbors, friends, teachers, employers and in the worst cases God fathers in general constitute 73.4% of all abusers while 26.6% of them are strangers the children never met.

With regard to a specific place where the sexual incidence took place a large proportion of child respondents (60.9%) where sexually abused in their homes. Some (21.9%) of the subjects could not mention the place either they do not know or remember where it was. The remaining 6.3% abused in their neighbors' home; 4.7% in the school; equal proportion (3.1%) each in the sport field and hotel room.

In relation to time of the incidence, children experienced the first sexual abuse in the different time of a day. Sixty nine percent of the total respondents indicated that they were victimized in the evenings (between 6pm - 6am). Equivalent number of children (20.3% and 18.8%) reported that the sexual victimization occurred to them in the morning (7am - 12am) and in the afternoon (1pm - 5pm) respectively.

Last, as it is presented in the table, perpetrators used different approaches to sexually engage with child respondents. Based on the three major classifications presented to them, most children (57.8%) revealed that they were tricked/misled by the perpetrators. The other category, use of force, shows 35.9%. Moreover, small proportion, (6.3%), of

sample subjects included in the study indicated that there was use of drug in the course of the sexual abuse incidence.

In general the bio-data, familial situation as well as "by who, when, where, and how" of the sexual incident are the inputs in understanding the client child and they are bases to determine the type and extent of counseling and other rehabilitation interventions.

4.1.5 Socio - Demographic Information of Counselor Participants

Table - 5 Counselors Socio - Demographic Data

Sex	Number
Male	0
Female	4
Age	
26-30	4
Educational level & Experience	
BA - in Educational Psychology + 3 years of experience	1
MA-in Developmental Psychology + Less than one year experience	1
MA - in Counseling Psychology+ 2 years experience	1
MA - in Special Needs Education + 2 years experience	1

As it is indicated above (Table 3), all counselors in the three counseling centers are females. All of them have returned the questionnaires completing properly their own perspectives to the items. The age of the counselors ranged from 26 - 30 years. Except one

BA holder in psychology (25%), most of the counselors in the selected centers (75%) are MA - in different sub - fields of psychology; 1(25%) in Developmental Psychology, 1(25%) in Counseling Psychology; and 1(25%) in Special Needs Education. With regard to their counseling experience three (75%) of respondents had two and more years of experience while one (25%) of the counselors had less than a year of experience. All counselors in he three centers reported that they did not take specialized training in treating sexually abused children.

All counselors work 8 hours per day from Monday to Friday. However, counselors in OPRIFS and FSCE work extra hours in the weekends when it is needed, while counselors in IFSO work on Sundays in collaboration with a psychiatrist from Paulos Hospital and a psychologist from the Department of Psychology - Addis Ababa University.

Among the three counseling centers selected for the study, only one of them has a designated counseling and rehabilitation center coordinator. The coordinator in IFSO is a Psychologist with about three years of experience. In the other counseling centers (OPRIFS and FSCE), the respective counselors work as a program coordinator.

4.1.6 General Situation of the Child Counseling Centers

In all the centers under study, individual and group counseling services are offered. Except in FSCE, family counseling is provided to non-offending parents/legal guardians in the other two counseling centers (IFSO and OPRIFS).

The observation revealed that the counseling centers had separate rooms for counseling victim children and their non-offending parents/legal guardians. Based on the observation checklist, (See Appendix F) it is possible to conclude that the three centers have resemblance in their counseling set up, particularly in their counseling rooms. The rooms are private but also serve as offices. It was observed that all counselors keep records in a confidential manner. However, they use different types of sitting arrangements for counseling. Generally, although the existences of separate counseling rooms in all centers appear appropriate, they are not as such child friendly to interact freely with the traumatized child. This could be the outcome of the counselors being untrained in specific counseling approaches to deal with sexually abused children or lack of financial or professional support from funding organization or the combination of both.

4.1.7 Counselors Response Regarding Further Training Needs

As it was stated previously (point 4.1.3.), the four counselors working in the three organizations did not take specialized training in relation to treating and rehabilitating sexually abused children and their non-offending parents/legal guardians. Thus, all counselor respondents (100%) reported that they need additional training in different areas. Out of the four counselors, training on HIV/AIDS counseling, play therapy and art therapy were noted by counselors in FSCE and IFSO. The counselor in OPRFS indicates that she needs extensive and practical training on sexual abuse issues for her counseling activities.

Through systematic observation, it is noted that all subjects taking counseling service from FSCE are street children suffering from all forms of abuse, particularly sexual abuse and exploitation as they "work" as child prostitutes. On the other hand, child clients and their non-offending parents/legal guardians visiting IFSO get counseling based on a program arranged to each client and according to the need. Beside the counseling service, clients staying in the safe home/foster care in both IFSO and OPRIFS are provided with food, clothe, medical and recreational services until they are reunified with their non-offending parents/care takers.

4.1.8 Major Case Categories and Counseling Concerns

Counselors in the three counseling centers indicated that girls are more in number than victim boys of sexual abuse. Specifically, except IFSO, the remaining two centers exclusively serve only female children. The majority of beneficiary children range 7 - 15 years of age. The major concerns of the client children, as reported by counselors are summarized.

Table -6 Clients Major Case Categories

Center	Case categories as Reported by Counselors
FSCE	Relationship problems
	Personal distress
	Family problems
	Health problems particularly reproductive health issues
OPRIFS	Fear of expressing their situation to their families
	Worried about happening of the same incident in the future
	Worry about the reaction of parents/relative (Feel untreated, Unaccepted, etc).
IFSO	Feeling neglected/discriminated by family members, friends, etc
	Hatred of men in general
	Disinterested to go to school
	Attempt suicide

Counselors reported that clients' concerns had broad perspectives. As indicated in table 6, the three counseling centers deal with diverse case categories. The table shows only the major ones. Clients in FSCE are more concerned with cases ranging from personal to psycho - social adjustment while clients in OPRIFS were found to be very much concerned with their victimization and its consequences. Counselors in IFSO deal with the very series cases including suicide attempts.

Similarly, victim children on their part listed down their major psychological and physical consequence of their sexual victimization for taking counseling and rehabilitation services.

Summary of Psychological Consequences as Expressed by Clients

-Being anxious (nine respondents)
-Feeling lonely (five respondents)
-Fighting with others
-Easily irritated
-Crying
-Not to trust others
-Fear of males
-Feelings of hopelessness
-Unable to feel self-confident
-Attempt to disappear from home
-Suicide Attempt
-Poor academic performance
-No interest to interact with others
-No interest to hear about the incidence
-Feelings inferiority/low self-esteem
-Feeling disturbed/unable to concentrate during study
-Unable to remember things/forgetfulness
-To feel sad when seeing victims of sexual abuse

Physiological consequences as expressed by clients

-Pain during urination
-Heart attack
-Abdominal pains

Generally, all concerns presented both by counselors and clients are related to the clients' sexual victimization. Theoretical explanations and research findings has also substantiated that different victim children experience the consequence of their abuse differently.

4.1.9 Children's Response to the Practices of Counseling Services

4.1.9 Children's Observation of the Counselors Activity

Table -7 Children's Observation of the Counseling Situation

Item No	Item	Number of Client Children						X^2
		Agree (3)		Undecided (2)		Disagree (1)		
		F	%	F	%	F	%	
1	I discuss personal issues with the counselor.	43	67.2	17	26.6	4	6.3	36.969*
2	I discuss academic issues with the counselor.	55	85.9	6	9.4	3	4.7	79.906*
3	I discuss interpersonal issues with the counselor.	59	92.2	4	6.3	1	1.6	99.969*
4	I discuss with the counselor whenever I face any kind of problem.	52	81.3	9	14.1	3	4.7	66.969*
5	I feel the counselor keeps my secrets.	39	60.9	21	32.8	4	6.3	28.719*
6	I think the counselor is motivated to help children.	42	65.6	19	29.7	3	4.7	36.031*
7	It is easy to find the counselor whenever I come for help.	43	67.2	12	18.8	9	14.1	33.219*
8	I think the counselor accepts children warmly.	51	79.7	8	12.5	5	7.8	62.094*
9	I am satisfied with the counselors' activities.	56	87.5	5	7.8	3	4.7	84.584*

* P<0.05

As shown in the Table 7, the agreement of children on items 2, 3, 4, 8 and 9 are relatively high. Ninety two percent agreed that they discuss with the counselors issues related to their interpersonal interaction. Besides, 87.5% of child clients indicated that they are satisfied with the counselors' activities while equivalent percent (85.9%) of them stated that the counselor helped them in their academics. Eighty three percent of the total sample subjects agreed that they discuss on any problem they faced. Eighty percent agreed that the counselors accept children warmly. Child respondents who agreed that they consult on personal issues with the counselor and those who find the counselor

whenever they go to the counseling center are equal in distribution, 67.2% each. Sixty-six respondents agreed that the counselors are motivated to help clients. But the activity of the counselors regarding item 5 is less. Only 60.9% agreed that the counselor keeps secretes in confidential manner. This shows that clients' observation of confidentiality in the counseling relationship should be improved in order for them feel free to discuss their problems and concerns without any restrain.

As indicated in the table 7, most of them (81.3%) agreed that they discuss on any issue they might have and 85.9% expressed their satisfactions about the counselors' activities.

The degree of freedom for all items is 2. The chi-square critical value of each item at 0.05 level of significance is 5.99. The chi-square observed value of each item exceeds the chi-square critical value of each item. Therefore, the client children's observations of the counselors' activities are significant.

4.1.10 Clients Attitudes towards the Counseling Service

Table-8 Client's Attitude towards the Counseling Service

Item No	Item	Number of Client Children						X^2
		Agree (3)		Undecided (2)		Disagree (1)		
		F	%	F	%	F	%	
1	Counseling sessions are interesting to me.	45	70.3	9	14.1	10	15.6	39.406*
2	I feel good talking with counselor.	48	75.0	9	14.1	7	10.3	50.094*
3	My friends are happy about the counseling service.	33	51.6	25	39.1	6	9.4	18.031*
4	I think the counselor easily understand my problems.	44	68.8	15	23.4	5	7.8	38.469*
5	I have a positive attitude regarding the counseling service.	54	84.4	5	7.8	5	7.8	75.03*
6	The counselor is an easy person to talk with.	45	70.3	14	21.9	5	7.8	41.281*
7	The counseling is better than the advice given by my family and friends	50	78.1	7	10.9	7	10.9	57.781*

*P<0.05

As shown in the Table 8 above, seventy percent of client children agreed that they found the counseling sessions interesting. Seventy-five percent of the respondents reported that they feel good when they talk with the counselor. Fifty-two percent agreed that their friends are happy regarding the counseling services they are getting. Sixty nine percent of the respondents stated that the counselor easily understands their problems. Eighty four percent of them expressed that they have a positive attitude towards the counseling service. Regarding the counselor, 70.3% of them agreed that they find the counselor as an easy person to talk with. From the total respondents, 78.1% of them said that the counseling service provided in the centers helped them better than the advice given by their family and friends.

Therefore, the children's response given to items 1,2,5,6 and 7 indicate a relatively high positive agreement on their attitude of the counseling service. But in items 3 and 4, lower agreements are indicated. The degree of freedom for all items is 2. The chi-square critical value of each item at 0.05 level of significance is 5.99. The chi-square observed value of each item exceeds the chi-square critical value of each item. Therefore, the children's attitude towards the counseling service is significant.

This shows that:

- ◊ Children who visited the counseling service are happy.
- ◊ Counselors have tried to accept and understand the problems of clients.
- ◊ Counselors have shown their skills of counseling in order to create positive reaction from the clients.

In support of the above-mentioned clients' attitudes towards the counseling service, the following table illustrates the general attitudes of the respondents towards the counseling service.

Table -9 General Description of Clients' Attitude Regarding the Counseling Service

Classification	Frequency	Percentage (%)
Strong positive	52	81.3
Positive	8	12.5
Negative	4	6.3
Total	**64**	**100**

There were seven items on the client's questionnaire to assess children's attitude towards the counseling service (See Appendix B). Those that scored between 26 and 35 were taken as having strong positive attitude, 21 and 25 as positive and 20 and less as negative attitude. As presented in table 7 above, a greater proportion of respondents (81.3%) were found to have a strong positive attitude while 12.5% of them expressed a fairly positive attitude regarding the counseling service they are getting.

4.1.11. Clients' Response Regarding the Benefits/Impact of Counseling Service

Table- 10 Clients' Response Regarding the Benefits/Impact of Counseling Service

Item No	*Item*	*Number of Client Children*						X^2
		Agree (3)		*Undecided (2)*		*Disagree (1)*		
		F	*%*	*F*	*%*	*F*	*%*	
1	Since I start taking counseling, I am getting better in interacting with my friends.	51	79.7	6	9.4	7	10.9	61.906*
2	Since I start taking counseling, my health is progressing.	54	84.4	5	7.8	5	7.8	75.031*
3	The counseling service helped me to better interact with my family.	51	79.7	6	9.4	7	10.9	61.906*
4	Since I start taking counseling, I have learned how to protect myself from further abuse.	47	73.4	10	15.6	7	10.9	46.531*
5	Since I start taking counseling, the memory of the sexual abuse is decreasing from time to time.	43	67.2	13	20.3	8	12.5	33.594*
6	My families are satisfied with the counseling service I get.	42	65.6	17	26.6	5	7.8	33.406*

* $P<0.05$

As reflected in Table 10, sixty-five percent of client respondents stated that their parents/legal guardians are satisfied with the counseling service they are provided. The

percentage of respondents who indicated that their interaction with their friends is improving since they began getting counseling service as well as those who stated their interaction with their family members is getting better are equal (79.7%). Eighty-four percent of client children have agreed that their health condition is getting better beginning from the time they are given counseling service while 73.4% of the total respondents reported that counseling has thought them in how to protect themselves from similar sexual attack. Sixty-seven percent of them stated that the reoccurrence of the sexual memory is decreasing from time to time since they start taking counseling.

The degree of freedom for all items is 2. The chi-square critical value of each item at 0.05 level of significance is 5.99. The chi-square observed value of each item exceeds the chi-square critical value of each item. Therefore, the benefits/impact of counseling services is significant.

4.1.12 Clients Major Problems and Proposed Solutions

There were three open-ended items in the questionnaire distributed to the client children. They reacted to the questions as follows.

For the item stated: "What are the problems you faced in using the counseling service?" Most children responded that they do not face any problem but about 25% of the respondents replied that they have problems. The major once are presented in the following manner.

1. Unable to get transportation access to frequently visit the center.
2. The center is far from home.
3. Sometimes unable to get the counselors on time.

For item stated: "What are the problems that you encounter during the counseling sessions?"

Again few respondents (15%) of them mentioned the following problems.

- ◊ Afraid of the counselors
- ◊ Being blamed for mistakes
- ◊ Some misunderstandings with the counselors

For the item asking: "What suggestions would you give to improve the activities of the counseling service?"

Ten percent of the client children responded that,

- ◊ The counselors should encourage children to express feelings
- ◊ The counselors should understand our problems easily
- ◊ The counseling sessions should be arranged at least once in a weak not more.
- ◊ The counselors should come on time during the programs.

Seven percent of clients stated that;

- ◊ Programs should be arranged out of the school days.
- ◊ Counseling sessions should not take more time

◊ Counseling should focus on the present and future not the past.

◊ The organization should occasionally collect our opinions about the service

4.1.13 Counselors Major Problems and Proposed Solutions at Each Center

There were three open-ended items in the questionnaire distributed to the counselors. They reacted to the questions as follows.

For the item stated, "What are the major problems of your counseling center?"

Counselor in FSCE and OPRIFS said that:

- Lack of proper facilities and material resources.
- Lack of private room only for the purpose of counseling.
- Shortage of staff members. E.g. Counseling center coordinator

Counselors in IFSO

- Lack of reference materials prepared on counseling and rehabilitation of sexually abused children.
- Lack of well-defined follow up mechanism after terminating the counseling relationship.

Counselor in OPRIFS added:

- The large number of client children (including victims of other types of child abuse and maltreatments)

For the item stated: "What are the major problems that you face as a counselor?" counselors in all centers stated the following.

- Lack of long-term and short-term training on child counseling
- Preoccupied with administrative tasks
- Lack of burnout mechanism. That means, the counselors do not have debriefing sessions

For the item stated: "Give your recommendations in which your counseling center could be improved."

All counselors in the three counseling centers proposed that

- They need short and long term practical training in counseling sexually abused children.
- The organizations have to hire additional manpower.
- The organization has to develop specific job descriptions for the counselor.
- Proper facilities for giving effective counseling service.

Counselor in FSCE reported that the counseling process should be supported by reunification of victim children with their non-offending parents/legal guardians

4.1.14 Result of Interview Responses

4.1.14.1 Coordinator's Interview Responses

The interview guidelines were ten unstructured items designed for the coordinators of counseling centers (See Appendix C). However out of the three centers included in the study, only one of them (IFSO) has a designated coordinator of the counseling center.

For the item stated, "What are the major practical activities of your counseling center?"

The coordinator stated that the major practical activities of the counseling center include:

- Accomplishing the duties and responsibilities of counseling activities for sexually abused children and their non - offending parents/legal guardians.
- Conducting intervention and rehabilitation of sexually abused children.
- Providing Foster care service when the victim children face familial dysfunctions.
- Guiding and counseling victim children experiencing problems related to academic, social and psychological functioning.
- Undertaking home visit service to assess the family situation of the child and take the necessary measure.
- Protection of children from sexual abuse and exploitation by giving awareness raising programs, workshops, trainings etc in collaboration with GOs and NGOs working on child abuse as well as the local community at a grass root level.

For the item stated, "Describe the linkage that you have with other counseling centers, NGOs, GOs and others?"

The coordinator stated the counseling center has a network system with relevant stakeholders (NGOs, GOs, and the community) to work hand in hand to mitigate the problem of child sexual abuse in Addis Ababa.

For the item stated" How do you evaluate your counseling activity in general?"
The coordinator indicated that the counseling center's activities are done according to the project document in line with the plan of action. Since its establishment, the center has been evaluated by different professionals including government supervisors. The feedbacks gained are very positive and encouraging.

For the item stated: "What are the major problems that the counseling center is facing?"
The coordinator stated that the major problems of the counseling center were shortage of professionals to deal with diverse and complicated problems client children and their non - offending parents are facing. For instance, the center has no a legal advisor in order to support the victim's case in court proceedings.

For the item "How do you think these problems could be addressed?"
The coordinator mentioned that hiring additional extra manpower in related field of study is the main solution that possibly could solve the specific problems the center face. It helps to resolve the victim's problems in a holistic approach.

Finally for the item stated, "What are the major achievements of the Center?"

The coordinator stated that the major achievements of the Center were:

- Victim children are getting relief from the sexual trauma as they are provided counseling, medical and financial support, etc
- Client children are able to go to attend their classes properly because of the guidance given by counselors.
- Client children are found to have better interaction with their family members and peers.

4.1.15 Result of Focus Group Discussion

The focus group discussion guides were open - ended items designed for the purpose (See Appendix D). The responses were collected both by recording their responses in tape records form and in extensive write up.

For the item stated "What are the services provided by the counseling center?"

The points raised during the discussion regarding this item were a follows:

- Counseling service in relation to their children's case
- Financial support provided every month
- Medical expenses whenever the victim child get treated
- There is a home visit program to observe the situation of beneficiary children and their parents.

- Safe home service for victim children who have some kind of problem to live with their family.
- Children are given drama and music therapy in the weekends.
- Meetings hold to discuss about the activities given by the center.

For the item stated, "Did you get counseling service in relation to your child's case?"
All of the respondents (100%) stated that they had taken counseling both by junior and senior counselors.

For the item stated: "What are the advantages of these services?"
Group participants reacted that

- They are relieved from the effect of their child's sexual abuse
- They benefited from the financial support
- Their victim child is able to attend classes properly
- They have gained some knowledge in how to support and also protect their child from further abuse.

For the item stated, "Have you observed any positive/desirable change of behavior in your daughter since she began getting counseling service?"

Most of the participants mentioned that they had observed some positive/desirable change of behavior. Two parents indicated that their daughters are now able to study their lessons in the evenings. They further mentioned that the counselors advised them how to organize study programs.

As one participant on her part stated, "My daughter was so aloof. Since she started taking counseling service here, she began to enjoy listening music and to sing. I think she is feeling well now."

For the item stated, "What is your attitude regarding the counseling service?"

- The entire group participants responded that they have positive attitude regarding the service they are provided. Some even added that they do anything to pay back the favor of the center.

For the item stated, "What are the major problems that you see/hear regarding the counseling center?"

The result of focus group discussion indicates that in some cases, counselors are not available when parents come to the center to consult with them. The group also stated that there is lack of awareness among some parents regarding the objectives and values of counseling programs. Two members mentioned that they have observed the counselors being preoccupied with many duties in the office.

4.2 Discussion

In this section the major finding/results of the nature and impact of counseling services are discussed in line with the basic research questions raised. The basic research questions are:

1 What kinds of counseling activities are accomplished in the centers?
2. What are the major concerns of clients?
3. What are the specializations of the counselors?
4. What are the extra rehabilitative support provided to victims of sexual abuse and exploitation and their non-offending parents?
5. What is the attitude of beneficiary children and their non-offending parents towards the services they are offered?
6. What are the major benefits/impacts the services are bringing on the beneficiary clients?
7. What are the major problems impede counseling activities in these centers?

4.2.1 Nature/Activities of Counseling Services

Responses of all subjects; beneficiary children, their non - offending parents, counselors and a coordinator gathered through the questionnaires, interview guidelines, focus group discussion and observation checklist revealed that there are counseling services provided for sexually abused children in Addis Ababa.

The findings/ results reveal that the counselors

- Give counseling in relation to personal, educational, interpersonal and familial problems of client children.
- Refer children to medical and specialized professionals when the client's problem is serious.
- Help parents of victim children how to deal with their sexually abused children.
- Created good relationship with victim children and their non - offending parents.
- Help victim children fill secured and keeping them in a safe home environment.
- Discussed on any issue with clients whenever they face problems.
- Assist children in educating and increasing awareness of protective behavior from such kind of abuse.
- Recognize and promote healthy coping skills, which gradually lead to decreased memory of the incident.
- Follow up the academic performance of victim children particularly in discussing with schoolteachers and directors.
- There are also occasional home visits to assess the family situation of the victim child.

According to Encyclopedia Britannica (1993), it is not advisable even inappropriate to use the diagnosis and treatment approaches to child clients in the same as applied to adults. Accordingly, different approaches that modify the ecosystem of the child should be considered other than focusing on the child's psych only. The findings/results reveal that the counselor's holistic activities are encouraging to victim children to get out of the trauma and live a healthy and productive life. Further more,

to both the parents and victim children seem promising practices of counseling services.

The finding of this study also conforms to the idea that "significant others" in the life of a child play a significant role including a guidance and counselor. Hence, the counseling and rehabilitative services rendered to parents/legal guardians of victim children enhance their protective and healthier parenting strategies, reduce self - blame, demonstrates increase knowledge of effects of child sexual abuse, etc. However, the efficacy rate of the counseling interventions in the three counseling centers cannot be the same. First, as indicated in the bio - data section of familial variables of respondents more than 75% of sample subjects live in a low - income level family. Thus, consistent financial support provided to this family reduces the heightened anxiety produced by poverty and aggravated by the trauma of sexual abuse. Second counseling services rendered to both the victim child and his/her care takers facilitate a better healthier relationship based on understanding than counseling targeted only to a victim child.

Based on the findings, clients in IFSO and OPRIFS gain better therapeutic benefits than clients in FSCE when the natures of counseling cervices in the three organizations are compared. But, the cumulative observation of the counseling activities, as evaluated by the beneficiary children, was significant.

4.2.2 Impact/Benefits of the Counseling Services

The focus group discussion result and the questionnaire response of client's children reveal that they have benefited from the counseling service. The item analysis of the client's questionnaire indicates that child respondents have gained a sense of control over their life in educational, social adjustment and psychological dimensions. Accordingly, non - offending parents who were given psychological support, beside the financial aid, have learned the after effect of sexual abused and how to cope with the trauma.

According to Prendergast (1993), lack of specific practical skills in identifying and managing emotional reactions may result in improper treatment. Similarly, Beutler, Williams and Setzer (1994) add that treatment settings established for sexually abused children has a significant impact on the client child in rehabilitation program in general and psychological service in particular.

Unlike the views of the cited authors, the result of the study shows that the activities and problems of the counseling services have to be improved. The activities of the counseling service have been carried out by professionals from the relevant areas of human development treatment and support.

However, the service has some difficulties. Such as

- The counselors lacked specific and intensive training in the area of child sexual abuse and psychotherapeutic procedures.
- The large number of child clients and few counselors in the center made the counseling service difficult.
- The counselors are being preoccupied by administrative tasks than as a designated counselor, which impedes delivery of effective counseling.
- Counselors lacked proper facilities to perform child-counseling services.
- The counselors lacked contemporary written reference or audio documents about counseling sexually abused children and their non - offending parents.

Being in such difficult situation, the counselors are trying their level best to accomplish their professional duties and responsibilities working extra hours with out extra benefits. What is interesting is that beneficiaries are satisfied with the counselor's activities. However, the improvements of the counseling services and supplementary rehabilitative programs are more needed.

From the coordinator's interview responses it has been realized that most of the problems mentioned by counselors are well - known by the coordinator and also concerned funding organizations. The coordinator, at her level, is expected to give proper and at least short-term practicable solutions for the problems encountered the counseling center. The findings also indicate that there are very important achievements that encourage the whole staff to further strengthen their efforts despite the difficulties mentioned.

The suggestions given by different respondents of this study generally indicate that:

- Specialized trainings in relation to child counseling has to be given. This could help to enhance the activities of the counseling service.
- Establishing proper office with the necessary therapeutic materials for child counseling. This could help to promote the efficiency of child counseling services.
- Counselors should work as counselors. Extra administrative tasks should be accomplished by other staff members like program coordinator.
- Debriefing sessions need to be scheduled in order to prevent early burnouts.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1. Summary

The objective of this study is to assess the nature, attitude and impact of child counseling services for sexually abused children in some selected NGOs in Addis Ababa Administration.

The study involves sample subjects of sexually abused children (adolescents) who have been taking counseling services for a year and more. The parents and all the counselors in the three centers as well as a coordinator had participated in the study.

In order to deal with the basic research questions of this study, the related literatures were reviewed. With the help of questionnaires, interview guideline, focus group discussion and observation checklist, the activities, attitudes of beneficiaries, the impact and problems of counseling services in the selected centers were assessed. Based on the data obtained through questionnaires, interview, focus group discussion and observation checklist, the findings were analyzed and discussion was made in relation to the existing literatures. Based on the analysis, the following major findings were obtained:

- The counselors offered individual and group counseling to victim children in relation to personal, educational, interpersonal and familial problems.

- The non-offending parents/legal guardians of victim children (in two centers) were provided family counseling services.
- The counselors refer children to medical and specialized professionals when the client's problem is found to be serious.
- The counselors help parents of victim children how to deal with their sexual children
- Counselors have created good relationship with victim children and their non - offending parents.
- The counselors help victim children fell secured keeping them in a safe home environment.
- The counselors discussed on any issue with clients whenever they face problems.
- The counselors assist children in educating and increasing awareness of protective behaviors from such kinds of abuse.
- The counselors recognize and promote healthy coping skills, which gradually lead to decreased memory of the incident.

5.2 Conclusion

Based on the findings, the following conclusions are made:

Firstly, Counselors provided counseling to individual child personally, in group/s and to their families. Besides, counselors helped victim children by offering medical, recreational, and safe home and other rehabilitative services.

Secondly, it was also found out that counselors discussed with victim children in the issues related to academics, psychosocial adjustment, psychological, familial and in any sexual abuse related issues. While dealing with their clients, counselors established positive relationship with both victim children and their non-offending parents.

Thirdly, it is identified that counseling centers lacked designated coordinators to integrate the rehabilitative activities. Thus, counselors are over burdened with administrative tasks. Further more, the counseling centers did not have reference materials/books on counseling sexually abused children and their parents/legal guardians.

Finally, Counselors lacked training on child counseling to deal with sexually traumatized children and their non-offending parents/legal guardian.

5.3 Recommendations

Although the area demands more detailed and frequent study, on the bases of present findings, it is reasonable to forward the following short and long-term recommendations.

5.3.1 For Short-term

- In order to enhance the activities of counseling services, centers should be empowered with appropriate offices and therapeutic materials to work with children.

- Since the major clients are children, it is important for counseling centers specially rooms to be child friendly.

- Counselors should be given an ongoing training based on relevant contemporary reference materials to foster their counseling skills.

- Counseling centers should also consider male counselors/therapists who directly work with victim children to reduce fear of male adults and to teach them how to establish a healthy relationship with them.

5.3.2 For Long-term

- ◊ There should be a comprehensive and continuous training on contemporary therapeutic techniques to deal with children victims of sexual abuse.

- ◊ A well-organized rehabilitative service should supplement the counseling service in order to effectively change the life of victim children as well as their non-offending parents/legal guardians.

- ◊ The network among organizations working on the issue of child abuse and maltreatments should be strengthened to facilitate referral systems in order to mitigate the multidimensional problems of sexually abused children and their parents/legal guardians.

- ◊ Counseling should also use a systematic approach in order to trace the effects of sexual abuse on an individual victim and expected progresses that can be "observed" on a child enrolled in a counseling program by collecting report formats from the child as well as "significant others".

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Appendix A

Addis Ababa University
Faculty of Education
School of Graduate Studies
Department of Counseling Psychology

Questionnaire to be Filled by Counselor/s

Objective: This study is aimed at assessing the nature and impact of counseling services provided to sexually abused children in Addis Ababa. The purpose is to obtain information on how the counseling services are rendered and how it is contributing in changing the life of sexually victimized children.

N. B 1. The information obtained is going to be used only for the research purpose and will be kept confidential.

2. If you encounter any ambiguity, it is necessary to ask.

3. Do not write your name and other related personal information on the questionnaire.

Your cooperation by giving genuine information is highly valuable to complete the study.

Name of the counseling center _____

1 - Age _____

2 - Sex Female ☐ Male ☐

3 - Educational status _____

4 - What was your profession before you become a counselor?

Nurse ☐ Health assistance ☐ Health officer ☐

Psychologist ☐ Sociologist ☐ Physician ☐

Other specify _____

5 - Have you ever been trained in counseling sexually abused/raped children?

Yes ☐ No ☐

6 - If your answer for question number 5 is yes, for how many hours?

_____

7 - Are any areas that you feel you need more training?

Yes ☐ No ☐

8 - If your answer for question number 7 is yes, please specify the area (s).

_____

_____

9 - For how long have you worked in counseling sexually abused/rapid children?

Less than one year ☐ 1 year ☐ 2 years ☐ 3 years ☐

If more, please specify _____

10- Do you have job description?

Yes ☐ No ☐

General Information

11- What is/are your referral system/network in dealing with sexually abused/raped children?

A) Referral sources _____

_____

_____

B) Clients referred to _____

_____

_____

12- How many days per week do you do counseling sexually abused/raped children?

2 Days ☐ 3 Days ☐ 4 Days ☐ 5 Days ☐ 6 Days ☐

7 Days ☐ Other please specify_____

13 - How many hours per day do you work? _____

14 - How many clients do you serve per day? (In average) _____

15 - From the whole clients you serve, who constitute the majority?

Please specify the age range_____

16 - Do you notice sex difference in the number of clients you serve?

Yes ☐ No ☐

17 - If your answer for question number 16 is yes, who visit more?

Males ☐ Females ☐

18 - What are the major topics/concerns clients raise? (Please list them in order)

_____

_____

_____

_____

19 - Which languages do you apply in counseling sexually abused/raped children?

Specify please _____

Counselor's Case Handling Skills

20 - What do you usually do when sexually abused/raped child referred to you for the first time?

Please specify _____

_____

_____

_____

_____

_____

21 - Do you use any guideline/diagnostic format to take interview?

Yes ☐ No ☐

22- Do you have a treatment plan that leads you to the desired change of behavior expected on victim children?

Yes ☐ No ☐

23 - Do you use any kind of standardized test (measurement techniques) to understand the emotional state of the victim child?

Yes ☐ No ☐

24 - How do you usually manage client's emotion?

Please specify

_____

_____

_____

25- How do you usually deal with very young children and those who can't articulate their situation?

Please specify _____

_____

_____

26- Do you use psychotherapeutic models in counseling sexually abused/raped children?

Yes ☐ No ☐

27- If your answer for question number 35 is yes, what are the basic theoretical models you use?

Please specify _____ _____

_____ _____

_____ _____

28- Do you involve family members/guardians of the victim child in the counseling/therapeutic process?

Yes ☐ No ☐

29- If your answer for question number 37 is yes, how it is being done?

Please specify

_____

_____

_____

30- Do you use any other techniques /approaches to support victim children and their families/guardians impacted by the abuse?

Yes ☐ No ☐

31- If your answer for question number 39 is yes, what specific support do you give them?

Please specify _____ _____

_____ _____

32- What are the resources available for sexually abused children referred to you who do not have any family/guardian support?

Please specify _____ _____

_____ _____

_____ _____

33- How do you work with an abused child who is living with the abuser?
Please specify

_____

_____

_____

34 - Is there a follow up scheme?

Yes ☐ No ☐

35- If your answer for question number 44 is yes, what is/are the mechanism/s you use?
Please specify

_____

_____

_____

36- Are there revisits after the counseling process is terminated?

Yes ☐ No ☐

37- If yes, what is the prevalence rate? _____

38- Do you have any network system with other agencies working on the issue of child sexual abuse?

Yes ☐ No ☐

39- Who are the key researchers & organizations you work with?
Please specify _____ _____

_____ _____

40- How will you work with other agency/staff members to ensure the ongoing safety and emotional well - being of victim children in therapy?

Please specify

_____

_____

_____

Information Regarding Abusers and the Nature of Abuse

41. What kind of individuals is reported to be abusers?

A) Age range_____

B) Educational background of abusers

_____

_____

_____

C) Occupation of abusers

_____

_____

_____

_____

D) Income range

_____

_____

_____

_____

E) Relationship to abused children.

_____

_____

42. What are the natures of sexual abuse reported to the center so far?

Problems/ Constraints

43. In your opinion, what do you think are the major problems of your counseling center? (List them in order).

44. What are the major problems that you face as a counselor (List them in order)?

45. Give recommendations in which your counseling center could be improved (Please be open and frank).

Appendix B

Addis Ababa University
Faculty of Education
School of Graduate Studies
Department of Counseling Psychology

Questionnaire to be filled by Clients

Objective: This study is aimed at assessing the nature and impact of counseling services provided to sexually abused children in Addis Ababa. The purpose is to obtain information on how the counseling services are rendered and how it is contributing in changing the life of sexually victimized children.

N. B 1. The information obtained is going to be used only for the research purpose and will be kept confidential.

2. If you encounter any ambiguity, it is necessary to ask.
3. Do not write your name and other related personal information on the questionnaire.

General Information

Name of the organization_____

1. Age_____
2. Age at the time of the sexual abuse/rape incidence_____
3. Occupation_____
4. Grade_____

5. With whom do you live? (Choose one)

A) Father and mother B) With only mother C) With only father

D) With relatives E) With guardians/ not family F) Alone

G) Any other_____

6. Income of the family (Choose one) A) Satisfied B) Enough

C) Little D) Very little

7. Who was the person that sexually abused/raped you?

A) Father B) Brother C) Uncle D) Cousin

E) If any other, please mention_____

8. Where did the sexual abuse/rape incidence happen to you?_____

9. At what time the sexual abuse/rape incidence occurred? Choose one.

A) In the morning B) In the afternoon C) In the evening

10. How did the sexual abuse/rape incidence happen? Choose one.

A) Trick/misleading B) by force C) using drug

D) If any other, please mention_____

11. What kinds of problems did you experience following the sexual abuse/rape incidence? Please list them

_____

_____

_____

_____

_____

12. How long have you been taking counseling service?

_____

13. What other services do you get besides counseling?

Please list them _____

_____

_____

_____

Attitude of Clients Regarding the Counseling Service

Read the statements written below very carefully. Then, using the scaling provided put a tick mark (√) for each of your choices.

1. The counselor helps children on personal problems.

   Strongly agree ☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

2. The counselor helps children on academic problems.

   Strongly agree ☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

3. The counselor helps children on interpersonal problems.

   Strongly agree ☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

4. When I face problems, I like to consult with the counselor.

   Strongly agree ☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

5. The counselor accepts children warmly.

   Strongly agree ☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

6. The counselor helps me to do my best in my academics.

   Strongly agree ☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

7. My parents are satisfied with the counseling support I get from the counselor.

   Strongly agree ☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

8. Counseling sessions are very interesting to me.

   Strongly agree ☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

9. Counseling sessions have changed the way I view the world.

   Strongly agree ☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

10. Counseling sessions make me feel good.

Strongly agree☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

11. I enjoy talking to the counselor.

Strongly agree☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

12. I feel that the counselor understands my feelings so easily.

Strongly agree☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

13. My friends who take counseling are very happy about the counseling service.

Strongly agree☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

14. I feel the counselor keeps all my secrets confidential.

Strongly agree☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

15. Generally, I have a positive attitude towards the counseling service.

Strongly agree☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

16. It is easy to communicate with the counselor.

Strongly agree☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

17. Since I start getting counseling service, I am working better in my academics.

Strongly agree☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

18. Since I start taking counseling service, I became friendly and interactive.

Strongly agree☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

19. I feel that the counselor is very interested and motivated to help children.

Strongly agree☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

20. I am satisfied with the counselor's activities.

Strongly agree☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

21. I feel there is privacy in communicating with the counselor.

Strongly agree☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

22. I feel that the counselor has good relationship with children.

Strongly agree☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

23. The professional counseling service is more interesting than the advices given by my family and friends.

Strongly agree☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

24. The counselor is a very easy person to talk to her/him about any kind of personal issues.

Strongly agree☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

25. Since I start to take counseling, I have learned how to take care of my self from further abuse.

Strongly agree☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

26. Since I start to take counseling, the memory of the sexual abuse incident is decreasing from time to time.

Strongly agree☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

27. It is possible to get the counselors whenever I come to the counseling center.

Strongly agree☐ agree ☐ undecided ☐ disagree ☐ strongly disagree ☐

Problems/ Constraints

1. Please list the major problems you encountered in using the counseling service?

2. Please list the major problems you encountered during the counseling sessions?

3. What do you think to be improved for "good quality" counseling service?

4. What is your general comment about the counseling service?

Appendix C

Addis Ababa University
Faculty of Education
School of Graduate Studies
Department of Counseling Psychology

Interview Guide with Coordinator

Objective: This study is aimed at assessing the nature and impact of counseling services provided to sexually abused children in Addis Ababa. The purpose is to obtain information how the counseling services are rendered and how it is contributing in changing the life of sexually victimized children.

Name of the counseling center_____

1. Age_____
2. Sex_____
3. Educational Status_____
4. What is your field of specialization? _____
5. What was your profession before you become the coordinator for counseling center?

_____

6. How many years of service do you have in coordinating the counseling center?

_____

7. What are the major practical activities (objectives) of your counseling center?

_____

_____

_____

_____

_____

_____

8. Who are your target groups?

Age_____ sex_____ Grade_____

9. Describe the linkage that you have with other counseling centers, NGOs, GOs and others.

10. Do you facilitate/organize trainings for your staff timely?
How?

11. How do you evaluate your counseling activity in general? Do you have guideline or manual?

12. What are the major problems that you face as counseling center coordinator? (List them in order of priority)

13. How do you think these problems could be addressed?

14. What are the major achievements of the center?

15. In your opinion, what do you think are the major problems of your counseling center? (List them in order of priority)

16. Please suggest possible solutions.

17. What are the prospects of the counseling service?

Appendix D

Addis Ababa University
Faculty of Education
School of Graduate Studies
Department of Counseling Psychology

Focus group discussion guide prepared to representatives parents/guardians of victim children.

1. What are the services provided by the counseling center?
2. Did you get counseling service in relation to your daughter's case?
3. What are the advantages of these services?
4. What are the disadvantages of these services?
5. Have you observed any positive/ desirable change of behavior on your daughter since she began getting counseling services?

   In relation to social interaction_____

   In relation to academic performance_____

   In relation to eating, sleeping, taking care of personal hygiene, etc
6. What is your attitude regarding the counseling service being provided to you and your daughter? _____
7. What are the major problems that you see/hear regarding the counseling service? _____
8. Is your daughter happy to come to the counseling center? _____
9. In your opinion, what are the reasons? _____

Appendix E

አዲስ አበባ ዩንቨርሲቲ
የስነ ትምህርት ኮሌጅ
የካውንስሊንግ ሣይኮሎጂ ትምህርት ክፍል

በተጠቃሚ ልጆች የሚሞላ (ለአንድ አመት እና ከዚያ በላይ ካውንስሊንግ የወሰዱ ልጆች)፡፡ መጠይቅ የተዘጋጀው በድርጅቱ ውስጥ የሚሰጠውን የምክክር (ካውንስሊንግ) አገልግሎት አጠቃላይ ሁኔታ ለመረዳት ሲሆን ማንኛውም አይነት ምላሽ በሚስጥር የተጠበቀና ከዚህ የምርምር ስራ ውጪ ለማንም ተላልፎ አይሰጥም፡፡ ስለዚህ ነጻ ሆነሽ ጥያቄዎቹን በጥንቃቄ በማንበብ ያንቺን ሃሳብ ለሚገልፀው ምርጫ ሣጥን ውስጥ √ ምልክት በማድረግ መልሽ፡፡ ግልፅ ያልሆኑልሽ ጥያቄዎች ካሉ ያለምንም ፍርሃት መጠይቅ ትችያለሽ፡፡

አጠቃላይ መረጃ

የድርጅቱ ስም----------

1. እድሜ----------
2. ጥቃቱ በደረሰብሽ ወቅት የስንት አመት ልጅ ነበርሽ?----------
3. የትምህርት ደረጃ----------
4. የስራ አይነት----------
5. ከማን ጋር ነው የምትኖሪው? (አንዱን ብቻ ምረጪ)

   ሀ. ከአባትና ከእናት ጋር ሐ. ከእናት ጋር ብቻ ሠ. ከአባት ጋር ብቻ

   ለ. ከዘመድ ጋር መ. ከአሳዳጊዎች ጋር ረ. ለብቻሽ

   ሰ. ሌላ ከሆነ ይገለጽ----------
6. የቤተሰብ መተዳደርያ----------
7. የቤተሰብ የገቢ ሁኔታ (አንዱን ብቻ ምረጪ)

   ሀ. አጥጋቢ ነው ለ. በቂ ነው ሐ. አነስተኛ ነው መ. በጣም አነስተኛ ነው
8. ወሲባዊ ጥቃቱን ከፈፀመብሽ ግለሰብ ጋር ያለሽ ግንኙነት ምን አይነት ነው?

   ሀ. አባት ለ. ወንድም ሐ. አጎት መ. የአክስት/የአጎት ልጅ

   ሰ. የተለየ ከሆነ ይገለጥ----------
9. ጥቃቱ የተፈፀመብሽ ቦታ የት ነበር?----------
10. ጥቃቱ የተፈፀመብሽ ስንት ሰአት አካባቢ ይሆን ነበር?----------
11. ጥቃቱ የተፈፀመብሽ በምን አይነት ሁኔታ ነበር?

    ሀ. በማታለል ለ. በድብደባ ሐ. አደገኛ ዕፅ በመጠቀም

    መ. ሌላ ከሆነ ይጠቀስ----------

12. ወሲባዊ ጥቃቱን ተከትሎ ምን አይነት ችግሮች እና የስነ-ልቦና ለውጦች ተከስተውብሽ ነበር?

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13. ጥቃቱ ከተፈፀመብሽ ከምን ያህል ጊዜ በኋላ ወደ ካውንስሊንግ አገልግሎት ማዕከል መጣሽ?

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14. ለምን ያህል ጊዜ የምክክር/ ካውንስሊንግ/ ስትከታተይ ነበር?

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15. የምክክር/ ካውንስሊንግ/ ሌላ ምን አይነት አገልግሎት ታገኝያለሽ? በዝርዝር ግፊያቸው

ክፍል ሁለት፡- ተጠቃሚ ልጆች በድርጅቱ ለሚሰጠው ምክክር /ካውንስሊንግ/ አገልግሎቱ ያላቸው አመለካከት፡፡

የሚከተሉትን ጥያቄዎች በደንብ በማንበብ ያንቺን አመለካከት በሚገለፀው የምርጫ ሣጥን ውስጥ√ ምልክት በማድረግ መልሽ፡፡

1.ከድርጅቱ ካውንስለር ጋር በግል ችግሮቼ ዙሪያ እንመካከራለን፡፡

በጣም እስማማለሁ☐ እስማማለሁ☐ አላውቅም☐ አለስማማም☐ በጣም አልስማማም☐

2. ከድርጅቱ ካውንስለር ጋር በትምህርት ነክ ጉዳዬች እንመካከራለን፡፡

በጣም እስማማለሁ☐ እስማማለሁ☐ አላውቅም ☐ አለስማማም☐ በጣም አልስማማም☐

3. ከድርጅቱ ካውንስለር ጋር ከሌሎች ሰዎች ጋር ባለኝ ግንኙነት ዙሪያ እንመካከራለን፡፡

በጣም እስማማለሁ☐ እስማማለሁ☐ አላውቅም☐ አለስማማም☐ በጣም አልስማማም☐

4. ማንኛውም አይነት ችግር ሲገጥመኝ ከድርጅቱ ካውንስለር ጋር እመካከራለሁ፡፡

በጣም እስማማለሁ☐ እስማማለሁ ☐ አላውቅም☐ አለስማማም ☐ በጣም አልስማማም☐

5. የድርጅቱ ካውስለር ልጆቹን በጥሩ ሁኔታ ታሰተናግዳለች፡፡

በጣም እስማማለሁ☐ እስማማለሁ ☐ አላውቅም☐ አለስማማም☐ በጣም አልስማማም☐

6. የድርጅቱ ካውንስለር በትምህርቴ የተሻለውን ውጤት እንዳመጣ እገዛ ታደርግልኛለች፡፡

በጣም እስማማለሁ ☐ እስማማለሁ ☐ አላውቅም ☐ አለስማማም☐ በጣም አልስማማም☐

7. ከድርጅቱ በሚሰጠኝ የካውስሊንግ አገልግሎት ቤተሰቦቼ እርካታ ይሰማቸዋል፡፡

በጣም እስማማለሁ ☐ እስማማለሁ ☐ አ፡ውቅም ☐ አለስማማም☐ በጣም አልስማማም☐

8. የካውንስሊንግ አገልግሎቱ በጣም የሚሰብ ፕሮግራም ነው፡፡

በጣም እስማማለሁ☐ እስማማለሁ ☐ አላውቅም ☐ አለስማማም☐ በጣም አልስማማም☐

9. የካውንስሊንግ አገልግሎቱ ስለዚህ አለም ያለኝን አስተሣሰብ ቀይሮልኛል፡፡

በጣም እስማማለሁ ☐ እስማማለሁ ☐ አላውቅም ☐አለስማማም☐ በጣም አልስማማም☐

10. የካውንስሊንግ አገልግሎቱ ጥሩ ስሜት እንዲሰማኝ ያግዘኛል፡፡

በጣም እስማማለሁ☐ እስማማለሁ ☐አላውቅም☐ አለስማማም ☐ በጣም ☐አልስማማም☐

11. ከድርጅቱ ካውንስለር ጋር መነጋገር ያስደስተኛል።

በጣም እስማማለሁ☐ እስማማለሁ☐ አላውቅም☐ አለስማማም☐ በጣም አልስማማም☐

12. የድርጅቱ ካውንስለር ችግሮቼን በቀላሉ የምትረዳ ይመስለኛል።

በጣም እስማማለሁ☐ እስማማለሁ ☐ አላውቅም ☐ አለስማማም ☐ በጣም አልስማማም☐

13. ከድርጅቱ የካውንስሊንግ አገልግሎት የሚወስዱ ጓደኞቼ በአገልግሎቱ ደስተኞች ናቸው።

በጣም እስማማለሁ ☐ እስማማለሁ☐ አላውቅም ☐ አለስማማም☐ በጣም አልስማማም☐

14. የድርጅቱ ካውንስለር ሚስጥሬን ትጥብቃለች።

በጣም እስማማለሁ☐ እስማማለሁ☐ አላውቅም☐ አለስማማም☐ በጣም አልስማማም☐

15. ስለድርጅቱ የካውንስሊንግ አገልግሎት መልካም አመለካከት አለኝ።

በጣም እስማማለሁ☐ እስማማለሁ☐ አላውቅም☐ አለስማማም☐ በጣም አልስማማም☐

16. የካውንስሊንግ አገልግሎት በመውሰዴ ከጓደኞቼ ጋር በቀላሉ መግባባት እችላለሁ።

በጣም እስማማለሁ☐ እስማማለሁ☐ አላውቅም ☐ አለስማማም☐ በጣም አልስማማም☐

17. የካውንስሊንግ አገለግሎት ማግኘት ከጀመርኩበት ጊዜ ጀምሮ በጤንነቴ ላይ የተሻለ ለውጥ እያመጣሁ ነው።

በጣም እስማማለሁ☐ እስማማለሁ☐ አላውቅም☐ አለስማማም☐ በጣም አልስማማም☐

18. የካውንስሊንግ አገልግሎት ማግኘት ከጀመርኩበት ጊዜ ጀምሮ ከቤተሰቦቼ ጋር የመግባባት ክህሎት አዳብሬያለሁ።

በጣም እስማማለሁ☐ እስማማለሁ☐ አላውቅም☐ አለስማማም☐ በጣም አልስማማም☐

19. የድርጅቱ ካውንስለር ልጆችን የመርዳት ፍላጎትና የተነሣሽነት ስሜት አላት።

በጣም እስማማለሁ☐ እስማማለሁ☐ አላውቅም☐ አለስማማም☐ በጣም አልስማማም☐

20. በድርጅቱ ካውንስለር የስራ ሁኔታ እርካታ ይሰማኛል።

በጣም እስማማለሁ☐ እስማማለሁ☐ አላውቅም☐ አለስማማም☐ በጣም አልስማማም☐

21. የድርጅቱ ካውንስለር ከተጠቃሚ ልጆች ጋር መልካም ግንኙነት አላት።

በጣም እስማማለሁ☐ እስማማለሁ ☐ አላውቅም ☐ አለስማማም☐ በጣም አልስማማም☐

22. በድርጅቱ የሚሰጠኝ የካውንስሊንግ አገልግሎት ከቤተሰቤና ከጓደኞቼ ከሚሰጠኝ ምክር ይበልጥ ጠቅሞኛል።

በጣም እስማማለሁ☐ እስማማለሁ☐ አላውቅም☐ አለስማማም☐ በጣም አልስማማም☐

23. የድርጅቱ ካውስለር በማንኛውም ጉዳይ ላይ ለማማከር የማታስፈራ ቀለል ያለች ሰው ናት።

በጣም እስማማለሁ☐ እስማማለሁ☐ አላውቅም☐ አለስማማም☐ በጣም አልስማማም☐

24. የካውንስሊንግ አገልግሎት መውሰድ ከጀመርኩ በኋላ ከተመሣሣይ ጥቃት ራሴን እንዴት መከላከል እንዳለብኝ ተምሬያለሁ።

በጣም እስማማለሁ☐ እስማማለሁ☐ አላውቅም☐ አለስማማም☐ በጣም አልስማማም☐

25. የካውንስሊንግ አገልግሎት መውሰድ ከጀመርኩ በኋላ የወሲባዊ ጥቃቱ ትውስታ ከጊዜ ወደ ጊዜ እየቀነሰ መጥቷል።

በጣም እስማማለሁ☐ እስማማለሁ☐ አላውቅም☐ አለስማማም☐ በጣም አልስማማም☐

26. የካውንስሊንግ አገልግሎት ለማግኘት ወደ ድርጅቱ በምመጣበት ወቅት ካውንስለሯን ለማግኘት እችላለሁ።

በጣም እስማማለሁ☐ እስማማለሁ☐ አላውቅም☐ አለስማማም☐ በጣም አልስማማም☐

የገጠሙ ችግሮች እና መፈትሄዎቻቸውን በተመለከተ

1- ከድርጅቱ የካውንስሊንግ አገልግሎት እንዳትወስጂ እንደ እንቅፋት የገጠመሽን ችግሮች በዝርዝር ገለጪ።

2- በድርጅቱ ውስጥ የካውንስሊንግ አገለግሎት በሚከናወንበት ወቅት የገጠመሽን ችግሮች ግለጪ።

3- በድርጅቱ የሚሰጠው ካውንስሊንግ አገልግሎት አሁን ካለው የተሻለ እንዲሆን ምን አስተያየት ትሰጪያለሽ።

4- ስለ ካውንስሊንግ አገልግሎቱ አጠቃላይ የሆነ አስተያየት ካለሽ ግለጪ።

ከልብ እናመሰግናለን

Appendix F

Observation Checklist

No.	Components	Organization		
		FSCE	IFSO	OPRIFS
1	Availability of child counseling rooms			
2	Privacy and confidentiality			
3	Keeping records of children's cases			
4	Sitting arrangement			
5	Child friendly environment			
6	Extra rehabilitative service availability			

Declaration

I hereby, declared that this thesis is my original work. It 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: JIBRIL JEMAL

Signature: