

Obstacles, controversies and prospects surrounding child abuse management in Addis Ababa.*

Getnet Tadele

Corporal punishment by parents or guardians, family members and relatives is an accepted cultural practice in Ethiopia. Aside from parents and other family members, many children are also abused (physically and sexually) by other persons who by chance meet them. At the same time, there are undergoing activities related to child abuse management by concerned institutions. Coordinated child abuse management involves various professionals and institutions. This paper examines the situation of child abuse and its management in Addis Ababa focusing on challenges and controversies revolving around this social problem. It assess pertinent issues involved in child abuse management on the basis of the information obtained from case studies of abused children and abusers, agents of the criminal justice system (the police, lawyers, the judges), medical professionals, social workers, sociologists, psychologists and etc. The child abuse issue in Addis Ababa appears mainly linked to general conditions of poverty. Further, the main problem in child abuse management seems to be the absence of coordination among various agents, and lack of adequate resources and institutional facilities in place

[Children, Child abuse, child abuse management, police, medical professionals, Addis Ababa, Ethiopia]

Introduction

In every part of the world in general, and in a developing country like Ethiopia in particular, children in urban areas experience difficulties because cities are generally not built with their "healthy, happy growth and development" in mind. In many developing countries, many urban parents and children bear the additional burdens of absolute poverty, insecurity of tenure, poor or nonexistent infrastructure, as well as inadequate and diminishing social, educational and health services (Blanc, 1994).

Compared with the rural sector, the urban sector may appear economically privileged, but it conceals severe problems of resource distribution. Because of rapidly rising populations, the shortcomings of municipal management, and the deterioration of the social and physical environment, urban living is often extremely harsh and exploitative for young people and children. The feelings of marginalization of urban poor families are augmented by the striking contrasts with more affluent urban families.

Current demographic indices show that, in Ethiopia, there is fertility level of 7.7 children per woman and the population grows at an estimated rate of 3.1 percent per year despite high infant mortality, maternal morbidity and low life expectancy at birth. The population age structure is usually pyramidal in shape with children occupying the broad base. The proportion of children below the age of 15 has retrospectively been 33% in 1961, 46.5% in 1987, and 48.56% in 1994 showing an increase in the trend (Almaz and Gobena, 1994). This is also true for Addis Ababa, which comprises 37.74 percent of the country's total urban inhabitants, children making almost half of its population with an annual growth rate of 4.3 percent (CSA cited in Getachew, 1994).

* This article is extracted from a research report entitled "Child abuse management and age determination for young offenders in Addis Ababa" (Getnet, 2000). I have also included two case studies (physical abuse) from my previous work on "Family violence against children in Addis Ababa" (Getnet et al, 1999) which I conducted along with my colleagues: Danial Tefera and Elias Nasir. I should take this opportunity to express my sincere gratitude to Danial and Elias.

About 60% of the dwellers of Addis Ababa live below poverty line and mother headed families prevail in one third to half of the city's population (UN-EPPG cited in Getachew, 1994). Hence, this preponderance of young population and the widespread poverty as well as disruptions of families could potentially mark the possible existence and high incidence or prevalence of abuses and other child related problems in the country.

Concerted and organized efforts have been made to tackle child abuse and neglect through legislation in different parts of the world. In the Ethiopian context, despite the deficiencies of information resulting from the very limited research done on the area, the first statutes in the modern sense were introduced in the 1957 Civil and Penal Codes¹. Yet, child abuse and neglect issues were dealt with in inadequate and fragmented manners. Moreover, the terms in the law are rather general and ambiguous. What makes the matter more ambiguous is that Ethiopian laws give parents the privilege to impose light bodily punishments upon minors (below age of 18). The problem, however, lies in the unclear boundaries or uncertainty of the limits of these privileges and the possibilities of such rights to be exercised devoid of any abuse (Amare, 1992).

Many scholars in the field have exerted and made their own efforts and contributions in giving meaningful explanations to the phrase child abuse. The most likely accepted definition so far given by David Gil states child abuse and neglect as " Any action of commission or omission by individuals, institutions, or society as a whole and any conditions resulting from such acts or inactions which deprive children of their equal rights and liberties and/or interfere with their optimal development" (Gil as cited in Kebebew 1991:18). Despite its wide acceptance, this definition is criticized for being very broad and hence impractical or unrealistic (Amare, 1992). Generally, in simpler and more direct terms, child abuse is explained to mean "The physical or emotional mistreatment and neglect of children or their sexual exploitation, in circumstances for which the parents can be held responsible through acts of commission or omission" (Doyle, 1997:2). While defining child abuse and neglect, Milner as cited in Litty, et al., (1996) gives emphasis to the physical aspects of the abuse (injury) that are inflicted upon a child through those means other than accidental, potentially having risks of death, impairment/disfigurement of health or of any of the body organs. This explanation, however, fails to incorporate the long lasting post-traumatic psychological problems that the child would develop thereafter.

Child abuse takes different forms including the physical, sexual and emotional types. Battering, burning, homicide, abandonment, inattention to health care, deprivation of basic necessities and the like are categorized under physical abuse (CYAO and Italian Cooperation, 1995). Child sexual abuse is any act by an adult towards a child which could be linked to sex in one way or another. Here, a wide range of spectrums can be found like indecent exposure, rape, child prostitution, abduction, incest, and sexual intercourse with children not attaining maturity. Moreover, the so called invisible abuses: Female Genital Mutilation (FGM) and early marriage-are classified under sexual abuse (CYAO and Italian Cooperation, 1995; Original, 1996; Mayeya, 1998). The emotional category of abuse encompasses such behaviors as verbal attacks, deprivation of attention and confinement of children (CYAO and Italian Cooperation).

Child abuse management

Once the problem of child abuse has occurred, what is more important is the management of individual cases in the medico-legal and psychosocial contexts. Here, various professionals are liased with one another in the handling of an abused child in the whole process of medical

¹ In Ethiopian law, excessive punishment amounting to abuse is a criminal offense. Article 626 (2) of the penal code of 1957 condemn the act of inflicting on the child "injury whether foreseen or calculated, whether by abuse of the right to administer chastisement or through ill treatment". However, article 267 (2) of the civil code of 1960 states that the guardian may inflict light bodily punishment on the minor (person who has not attained the full age of 18 years) (Civil Code, 1960). The law also allows the punishment of child offenders by flogging

diagnosis, treatment, rehabilitation or counselling of the victim and/or the abuser, and possible prosecution of alleged perpetrators (Doyle, 1998).

Many researchers stress that the medical examinations are to be administered in such a way that children would not associate them with advances to further abuse particularly in cases of sexual abuse. As it is illustrated, in instances "...where a child has been violently raped, the examination may feel like another rape" ((Nyathi, 1996:19). Abused children are mostly withdrawn, anxious and ashamed. Caution should be taken while dealing with sensitive areas or issues; if otherwise, children will refresh their memories of the abuse and helping them would become a complicated task. During examination, the paediatrician has to start with less threatening parts like hands, feet, mouth, abdomen before going to genitals (Cannavan, 1981; Iliff, 1998). In some difficult circumstances, children have to be given oral sedation prior to the examination period or if a longer investigation is needed, the diagnosis should be done under a state of anaesthesia (Cannavan, 1981; Nyathi, 1998).

When children are abused, medical treatment alone cannot bring about the desired change. Such children are emotionally imprisoned by the very experiences of the abuse. Fear, mistrust, self-denigration and isolation could continually and permanently persist inside them. In order to achieve good results, these children have to be released from such misconception and negative emotions they have developed throughout (Doyle, 1997). This could possibly be solved through counselling and rehabilitation of children by a multi-disciplinary team of clinical psychologists, social workers, psychiatric nurses and the like in combination with the medical professionals (Parsons et al, 1998).

Child abuse management guidelines already in use by health professionals in a developing country like Ethiopia reflect western models which constrain the physician to directly apply them to an economic and socio-cultural milieu of a different traditional society. Hence, a need arises to develop local indices of trauma which may not be the same as the western indicators (Getnet, 1994; Parsons, et al., 1998). Moreover, in a country with shortage of well-trained human resources and poorly developed infrastructure such as Ethiopia, it is obvious that proper and coordinated management of abused children would not potentially be realized in the strict sense of the term. As a result, helping an abused child would hardly exceed beyond curing the bodily (physical) damages. This lack or inadequacy of the psychotherapeutic aspect of the treatment would then make the whole child abuse management incomplete.

As for child abuse management in Addis Ababa, abused children are seen at all levels of health institutions (clinics, health centers, and hospitals) and are usually brought to these places by the police or parents or relatives. Initial examination is done along with the sick children in the usual outpatient emergency department. Sexual abuse (molestation or rape) is suspected from the history offered by the victim and is confirmed by a physical examination although not often diagnostic. Once the diagnosis has been made, the physician is expected to: (i) invite the social worker to help the victim, and (ii) urge the parents/guardians to report the case to the police as they are legally obliged to do so. The physician also conforms to the parents/guardians that the problem is manageable, and the goal of investigation is not to punish but to help parents with better ways of dealing with children's needs and providing them with protection.

In principle, within one week from the first admission of an abused child, evaluations have to be completed, and the team should meet to decide on the immediate and long-term plans. The paediatrician coordinates the health care for an abused child, while the social worker is responsible for coordinating the home visit and evaluation of overall situation of the family.

The role of the criminal justice system in the handling of abused children is by no means the least to be mentioned in this paper. In fact, it is of paramount significance in tracing and prosecuting alleged perpetrators and reinforcing the law through effecting their confinement under the legal domain. Further, such intervention mechanism helps survivors of abuse have

some amount of relief and in the wider context, helps in preventing or minimizing the spread (prevalence) of such criminal act in a society.

However, during trials of child abuse cases, the courts themselves are one source of trauma to the victims. Over loaded court rolls, lengthy trials, frequent postponements, inadequate court preparation, and intimidation by defence lawyers are some of the stressful situations that further victimize the abused children in Ethiopia (Fasil, 1996). High withdrawal rate of cases is also observed since much time elapses from the beginning to the end of especially sexual abuse cases.

Despite the severity of the problem in the country in general and in Addis Ababa in particular, our knowledge of the problems and processes involved in management of child abuse in different institutions is meagre. The purpose of this study is, therefore, to identify the existing prospects, problems and controversies in handling abused children in the health and other concerned institutions in the city.

Methods and sources

The data for this paper are mainly qualitative and have been collected by using focus group discussions, in-depth interviews and case studies.

Using the aforementioned study techniques, relevant data from ten police stations have been collected; these include District (Woredas): 2, 3, 5, 6, 7, 13, 14, 15, 21 and 23. They were selected mainly because they have Child Protection Unit (CPU) in their premises. In-depth interviews and focus group discussions were held with the police and para-social workers who have been engaged in the activities of the Child Protection Units as well as with criminal investigators of the police stations. After data collection from police stations, I switched to Region 14 health institutions. Three paediatric hospitals and four health centers were selected from Addis Ababa. The hospitals include: Black Lion, Yekatit 12 and Zewditu; and the health centers are those situated in such areas: Shiromeda, Yeka, Woreda 23, and Addis Ketema. Medical directors, radiologists, paediatricians, internists, endocrinologists, nurses, social workers, statisticians, gynaecologists and obstetricians and orthopaedists were interviewed on various issues in child abuse management.

Discussions (focus group and in-depth interviews) were also held with other concerned professionals who have participated in the handling of issues related to children. Attempts have been made to gather information on the possible causes of the problems and solutions they envisage as well as the experiences they have accumulated in the course of discharging their day-to-day duties and responsibilities. African Network for the Prevention of and Protection Against Child Abuse and Neglect (ANPPCAN)- Ethiopian Chapter, Region 14 Police Commission Child Protection Unit (CPU), Forum on the Street Children Ethiopia (FSCE), Rehabilitation Institute for Juvenile Delinquents, Save the Children (Norway), Save the Children (Sweden), and Ethiopian Women Lawyers' Association (EWLA) are some of the institutions included in the study. The educational backgrounds of the professionals are diverse, including sociologists, psychologists, social workers, judges, lawyers, etc. working in different capacities in their respective institutions.

In addition, interviews were held with mature children who were abused by their parents and others. Although few in number, abusers whom we managed to find in the police custody were also interviewed.

Moreover, attempts have been made to gather statistical data on child abuse management from hospitals, health centers, child-care institutions, courts and police stations. However, it has been an unsatisfactory venture as recording of information in many institutions in the country is very poor and unsystematized. In addition, many foreign and local written materials were reviewed to get some basic ideas about the background of the problem.

Written information that clearly indicates the researcher and the sponsoring organization was provided to the informants in a way, which is easy to understand, and does not disempower them, and verbal consent was obtained in each case.

Most interviews were tape-recorded, transcribed and translated. What follows is the presentation of interviews with different informants mentioned above. I begin by presenting case studies, followed by the discussion of controversies involved in child abuse management, and discussion and conclusion. In writing this article, for the sake of brevity, I have focused more on the information obtained from case studies, and health institutions, omitting most of the information secured from the police, and other professionals involved in the study.

Case studies**

Physical Abuse

Case 1: Tewabech is a 36 years old woman with five children including Almaz (one of her daughter whom she was accused of abusing). She has a monthly income derived from her late husband's pension (social security fund) which is too small to tell. In order to support the family, send some of her children to school, and pay their school fees, she prepares and sells home made bread called ambasha. The profit is not significant, and there were times she went broke and run for loan. She is single parent who supports the entire family. Explaining why she abused her child, she argued that her daughter steals money for peanut, chewing gum, candy, and so on. *Don't be disappointed if I tell you this. One day I tried to cook grains with water, arekie (locally prepared alcohol), and lemon juice. I put on fire and went out to collect firewood. When I came back after few minutes it was only the liquid which was on the fire. She ate all the grains and felt sick. Because the grain was not cooked....I am here in prison because I am accused of child maltreatment. Indeed, I committed maltreatment against Almaz. But it was not without good reason.*

The abused child, Almaz (ten years old) is illiterate, as her mother could not afford her schooling. She has an insatiable need for education, and wants to go to school. Regarding this, she explained the following with discontent: *I spend the whole day at home while carrying out simple household chores. I am not a lucky child to go to school as children in my neighborhood do.*

Almaz's mother usually stays out of home selling home made bread called "ambasha" on the street to supplement the little she gets from her husband's pension. On September 17, 1998 Almaz's mother went to one of the forests near Addis Ababa to collect firewood. The same day, Almaz had her breakfast a slice of bread. As the time went on, Almaz felt hungry and ate greens that her mother had prepared for the family before she left. In her own words Almaz said the following: *On that day I had only a slice of bread for my breakfast. My mother did not return home on time. I was extremely hungry. As a result I ate very small amount of cooked greens that was reserved for the family*

On her return, the mother picked a saucepan, and realized that someone had eaten the greens. She asked Almaz to tell her who ate it. Almaz did not try to deceive her. She told her mother the truth. In response to this, her mother tied her hands at the back and used a metal, that is usually used for roasting coffee, grain etc., which was heated on a fire to burn both of her hands, legs and hips. Thus, Almaz was seriously wounded, and felt sick and weak. Her mother tried to hide Almaz out of the sight of the neighbors, but one of the neighbors saw Almaz's condition and reported the case to the police. Then, District

** The names mentioned are pseudonyms

(Woreda) 14 Child Protection Unit took Almaz to the hospital and she got the necessary treatment. At the time of interview, she was in a better condition.

The above story shows a common situation in which parents inflict violence on their children. Along with other precipitating conditions, poverty seems to be the contributing factor for family violence against children. Almost all of our informants (the police, medical and other professionals working with children) interviewed also indicated that many factors are responsible for the prevalence of child abuse, poverty being at the top of the list. We interviewed Tewbach while she was in police custody. The fate of Almaz and her other children must be precarious as she was the sole breadwinner for the entire family. It appears that abuse breeds further abuse.

Case 2: Abebe, (14 years old) is middle born son to a family of eight children. The fact that his parents are very poor, they could not provide him with all that the children should get. Their economic condition is such that it is characterized by the struggle to have both ends met. In Abebe's own words: *My parents are so poor that mostly, me and the other children in the house are half starved. They couldn't even send us to school for they are not able to cover the school fee.*

More importantly, Abebe's family is characterized by frequent violence. His mother and father are often in dispute, which burst into serious quarrelling so many times. According to Abebe, both of his parents particularly his mother, often get drunk that she ends up quarrelling with her husband. During this instance of quarrel, the children are made liable to all sorts of harassment including battering, particularly, by the mother. Abebe, explaining this fact, said that: *Whenever my mother gets drunk, we know that we will face insults and beating. She takes to this kind of behavior in many occasions. To escape this danger, there were times that we slept in the houses of neighbours.*

It happens that one child becomes the unfortunate receptacle of extreme anger and abuse on the part of the parent. As to battering, Abebe's case is particular as he is the one who is battered more awfully than other children in the family. At times, the beating is so serious that he found himself terribly wounded. It is often the neighbours who lend Abebe a helping hand and save him. Worst of all, he is beaten with instruments so hurting like metallic materials (Zenezena in Ethiopic), electric wire and so on.

One day, his mother told Abebe that he had to do some business and brought money to her. This kind of instruction was also given to his other two brothers. But, this also brought Abebe another trouble. When it became impossible for Abebe to get some money, he faces terrible battering. Often his mother for failing to give her money beats him. In his own words: *Fearing that I will be beaten by my mother, I run from pillar to post to earn money to give my mother and avoid getting beaten. But, when I get none, my mother beats me.*

Though no visible scar or blemish is seen on Abebe's body, he is put under frequent battering the seriousness of which, some times, forced him to run away from home. Worst, Abebe developed ambivalent behaviour which influenced him not to have any bond of affection with his mother. But some times, only because she is his mother, he feels that she should be loved.

Sexual Abuse

Case 1: Genet is an orphan aged twelve. She was born in Yifat (central Ethiopia). Genet has no siblings. Her mother died when she was an infant. Her father had been a lorry driver before his death about two years ago. Soon afterwards, she was brought to Addis Ababa to live in her uncle's home. There, the life she came across was very difficult. Her uncle is a guard and a diabetic patient spending much of his earnings for buying medicine. Her uncle's wife used to

assist the family's meagre income by baking and selling injera (flat and soft traditional pancake made from cereals), but later on stopped that for she was unable to afford the rising electric bill. In such situations, Genet was being maltreated in her new family.

Meanwhile, a man in the neighbourhood who is single and in his forties approached Genet; in the course of their relationships, he repeatedly raped her. The rapist offered some money as well as food items to her; moreover, he threatened her not to tell anyone about the incident.

After a few months, Genet developed incontinence and her guardians first thought it was due to 'ayne tila' (illness traditionally thought to be caused by evil spirit). Later on, however, they took her to the nearby clinic, and her guardians were told that she had been sexually abused which led to the discharge. Thereafter, Genet revealed to her guardians the identity of the rapist. The case then was reported to District (Woreda) 2 Police Station by her guardians. The police referred her to Yekatit 12 Hospital for examination. In the mean time, TV and radiomen recorded her case and the media (police program) gave her coverage. Ethiopian Women Lawyer's Association (EWLA) after being contacted by Genet's guardians, took the case seriously and referred her to Addis Ababa Fistula Hospital. Genet was hospitalized there for about a month and was given medical and surgical treatments free of charge.

However, it took Genet's guardians about three months to get medical evidence from Yekatit 12 Hospital which would enable them to prosecute the abuser. Moreover, they complained to have spent much money for buying gloves (which the doctors would use for examination), and for translation of the evidence. The medical evidence they received shows only the physical situation of the genitalia (i.e. rupture of the hymnal opening) after the abuse. It does not indicate the occurrence of HIV or any other STDs as well as other essential sequel on the sexual assault.

Due to the economic problem of Genet's family, the case did not reach the court, and the abuser was released on bail after he had been detained for about three months in the police station which if otherwise would have been sentenced with rigorous imprisonment reaching up to 15 years or more. This loophole was advantageous for the perpetrator and would hardly prevent him from further abusive actions against other female children. In this case, the alarming fact is that the same abuser had been charged with four different rape cases.

Genet did not receive any continuous counselling in the medical institutions she had been through and was depressed, morbid and withdrawn. As a matter of fact, such psychotherapy is hardly established in the country for cases of abuse as that of Genet. Hence, the unfortunate children like Genet, who had been in difficult situations at early childhood, have to carry the burden of psychological trauma for the rest of their lifetime unless there is a change in the medical management of health institutions, incorporating psychotherapy as well.

Case 2: Hanna and Bethlehem are 11 and 10 years old respectively. They were both born in Addis Ababa. Both live in the same vicinity and were sexually abused by the same person. The perpetrator is a guard, and initially he created good relationship with them by offering some money and playing with them; and finally he raped both of them. Surprisingly enough, the perpetrator is a married man and has grown-up children. The rape cases were reported to Woreda 7 Police Station three months after the sexual abuse was committed. The delay was due to the fact the victims were afraid and did not disclose the matter to their parents soon. Upon the report, the perpetrator was soon put in police custody and the children were referred to Yekatit 12 Hospital for medical examination. At the hospital, they were given medical treatments (some antibiotics); however, the parents were unable even to afford buying such drugs. The doctors gave them some piece of advice, but there was no proper counselling (psychotherapy) offered. At the time of interview, the abused children were relatively in a better condition, and did not show bad memories of the incident as such.

Case 3: Abebech was only 3 years old when 28 years old man raped her. The incident took place in Metehara Town (Eastern Ethiopia). Initially, the man called her when she was

playing with other children and told her that he wanted to buy her a candy. Then, he took her into a sugarcane plantation and committed sexual abuse against the small girl. After the incident, Abebech was seriously hurt and was sent to Adama Hospital (Nazareth Town); from there she was referred to Black Loin Hospital. After some medical treatment, the hospital administration reported the case to Woreda 3 Police Station in Addis Ababa. Abebech was suffering from incontinence (fistula) after the incident and was hospitalized for two months where the injury was surgically treated. The police immediately detained the rapist with the bloodstains still on his cloth. His case was presented to the court in June 1998, and he was sentenced to ten years imprisonment.

Case 4: Zinet is 13 years old, and was born in the Guraghe area (Central Ethiopia). She has four siblings and was living with both of her parents. She came to her aunt's home in Addis Ababa about three years ago and stayed there for some time. Then, she was employed and started working as a domestic servant. In November 1999, she was violently raped by her employer despite her resistance and cry for help which, unfortunately, no one heard. Afterwards, he forced her to leave the house. Zinet, who at that time was so desperate, called her brother who was living in Addis Ababa and told him the whole story on the phone. Then, the case was reported to Ghandi Memorial Hospital where she was given medical examination, while the perpetrator was put in police custody. The doctors were very much cooperative in handling Zinet's case and the result of the examination (or medical evidence) was readily available within only two days. The medical evidence shows that the hymenal rupture or laceration as fresh but there was no indication as to the presence of any STDs. Zinet did not receive any form of counselling (psychotherapy) from the hospital. She was having abdominal pain after the incident but later on she fully recovered from the tragedy and the bodily symptoms are fading. At the time this study was conducted, Zinet was living with her nephew.

Challenges and complaints that revolve around child abuse management

Informants from the various institutions included in this study indicated that they had encountered the following problems.

Victims do not come to the health institution in time. Thus, it is difficult to know the harm inflicted upon them. As a result, provision of medical evidence becomes problematic too. The difficulty in performing HIV test for sexually abused children is another problem. In the first place, a hospital or health centre does not perform HIV test since there is shortage of facilities; sending samples to other hospitals or medical centres is also costly. In general, as victims of rape are usually lower class people, the expensive HIV test is not affordable. Secondly, it was remarked that a child who is raped today, might not have HIV if tested tomorrow. It takes time until she becomes sero-positive; as there is a time gap known as window period, she has to be tested after three or six months. It is after the window period that the result is indicated as negative or positive.

The health professionals pointed out that there was a format designed by the police for reporting sexual abuse. If one tries to report everything related to sexual abuse, three pages would not suffice. There are many things to be written such as HIV, STDS, and hymen details. It is difficult to accommodate these within a given space of six lines. The first problem is related to the report format used. Secondly, the physicians revealed that they did not exactly know what others (police, court etc.) want to be included in the report. Writing more technical things would not be helpful. They did not clearly understand what the court and the police actually require from them, as far as the report is concerned. It was remarked that it would be better if the format came from them. It would not have been problematic to fill the format accordingly. Thus, what is written on the medical evidence form consists of

information that the police need, but not every observable phenomenon of the abuse. For instance, an informant from Woreda 23 Health Centre admitted that medical evidences are incomplete; they show only the currently observable injury inflicted upon on the child. Any possible harm that can occur in the future is not included.

Pertaining to the inquiry why they write evidences of abuse only in terms of the present situation of the child, ignoring the prospects of the child, physicians attributed the problem to the type of format used. They further explained: *If there were a special format, the problem would be resolved at least partially. For instance, if a child has had a blow on the head and got cranial crack, he may be released from the hospital upon cure. However, there are likely complications in the future, such as epilepsy, decrease in I.Q and diminished learning abilities. We can write the report indicating the possible future conditions...If a child is released from the hospital after receiving treatment for a week, we can write the deficits in charge or liability on discharge; however, the future complications are surely known only to God. It is a very problematic issue, and we do not know how the court improves such things. It is even difficult for them to make decisions per se. We only write the major impacts/effects and those that are readily visible. Anyhow, we hope that these problems would be resolved in the due course of time...*

Further, reporting to the police is a complicated process by itself. If a doctor reports that a girl has been raped, he/she will be asked for evidences that support his/her report which is time-consuming. A case in point is the one cited by paediatrician from Yekatit 12 Hospital. He tried to visualize the process of reporting from legal perspective. He explained that physicians fear reporting for legal reasons. A physician may say: *If the case reaches the court, I may be called upon as a witness. Nobody wants to be involved in such affairs. Above all, the physician is a busy person who passes much of his valuable time with patients. Moreover, the informants stated that the physician does not want to report because what he reports as an abuse case may turn out to be otherwise. It depends on several unforeseen factors. The following is quoted from what a participant in the focus group discussion said. If the case is a suspected child abuse, the law should give me a protection. If the reported case is not as such a real abuse, the perpetrators may accuse me of false allegation. Under such circumstances, the law should defend the physician. Because, if I do not feel safe, I have the right not to report the suspected or identified cases. In cases where there is suspected abusive acts, there must be something that professes them.*

The same physician involved in the focus group discussion narrates his experience as follows: *If I report that sexual abuse was committed, it means that I am a witness. The perpetrator may also accuse me, denying that he did not do it. When I was working in Yirgalem Hospital (southern Ethiopia), I wrote a report on a rape case. I was then working under the guidance of a foreign physician. He wrote the report in English and I translated it into Amharic, and we released the report. The abuser was a high school director. It was unfortunate that I had to travel from Yirgalem to Awassa Town now and then for three months. Initially, I refused to go to Awassa when they repeatedly came to give me a warrant. Then after, they took me to the court forcefully. I had a difficult time for several months. Finally, I was fed up with the situations there, and moved away from Yirgalem to Addis Ababa.*

The informants stated that they did not know when to give the medical evidences. It takes them two to three months to heal a child with broken leg, but the court urges them to give medical testimonies earlier than that. Sometimes the condition may be connected with insurance. There can be temporary or permanent disability or a total cure. Health professionals have their own procedures to manage the injury case, and put the estimated disability in percentile. The court, however, demands them to report within a short period of time. On the part of the health professionals, it is not feasible and appropriate to release the

report until all the processes and procedures are complete. This is the cause of delay in medical reports.

Some health professionals indicated that they usually failed to report to the police due to lack of knowledge, shortage of facilities and the prevailing problems in their working conditions. The participants further narrated the problems encountered on their job: *If the child comes with broken leg, he/she will be treated and sent back. Then after, the police come to conduct interrogations and the whole thing changes to accusation. In fact, following up a case of child abuse is not meant for accusation, or for attacking others. It should rather be used for teaching purposes.*

Medical professionals indicated that some police staff show negative bias towards the doctor who is handling the case, when they want to help the offender. For example, they tell the doctor that the act cannot be considered rape for the girl might be willing to indulge in sex. They take the doctor as a person who wants to do everything in the medical evidences as a calumny. In some cases, the police take the medical evidence themselves, while it has to be taken by the victim. There are police staffs who do not take rape as a serious crime. Such a talking point could be trivial to them. So, they are likely to be reluctant in following up the case and taking legal action against the offender. In contrast, the police alleged that some doctors lack awareness about the problem of sexually abused children, and they take rape as something occurred due to the willingness or fault of the child; consequently, they handle such cases reluctantly. They added that thorough examination is not done for an abused child unless he/she has some acquaintance or relatedness to any of the hospital staff. In a related discussion, the police revealed that there are physicians who provide fake evidences; a case in point is an evidence given by a physician that the hymen of a raped girl was intact while it was not there.

Being ashamed of the rape committed to their daughters, some parents do not feel comfortable to come to a hospital or health centre right after the abuse. Thus, it is difficult to give testimony for something that occurred a long time before. Sometimes, only parents or guardians come to a health institution in order to report a case of child abuse. Since the physician has to see the victim and assess the actual situations, he/she gives an appointment, but that is time-consuming by itself. The police indicated that child abuse cases, (especially sexual types) are reported to the police after weeks or even months have elapsed; in most cases, nobody comes with fresh evidences like bleeding body part.

Another problem that was raised by the police is regarding the complaint related to the time when child sexual abuse actually occurred; i.e., whether it is old or fresh injury. After spending much time on the physical examination, the physician confirms that the harm made to the victim is not a recent phenomenon, especially in rape cases. The police argue that this favours the rapist more if he denies the act. Consequently, the action becomes less punishable as there is no evidence to show the extent of the injury. The physicians remarked that there are many things on which even gynaecologists cannot be dead sure. If it is a fresh injury that has taken place in the period of 24 hours, the blood, the hymen and the torn place can be witnessed. If it is an old bruise or wound, it is difficult to clearly identify what was done earlier. In that case, it is easier and safer to report it as a suspected case. In a related discussion, the police noted that child abuse cases that are committed in the absence of witnesses often fail to be supported by other tests like blood. Thus, the fact that rape usually occurs under concealed circumstances hinders the process of producing evidences. With regard to this fact, the health professionals noted that theoretically, there is a test done to prove such sexual abuse. In this test, the semen taken from a suspected person is examined. This is, however, an expensive test, and it is usually done in the high-income countries. In a poor country like Ethiopia, this is not feasible. What the physician can indicate is whether the child has been raped or not. Therefore, evidences on child abuse are not easy to get because,

for one thing the act is mostly clandestine; for another, the child might be too young to adequately explain what happened to him/her.

There are different departments in the hospital. Pieces of information from diagnoses of all types are summarized. Each diagnosis is interpreted. Whether it is a dog bite or a burn, the diagnosis is developed into a report. Then, the report goes to different departments to be seen by the respective heads. Afterwards, it is typed, duly checked, signed by the medical director, and finally released. The health professionals have different codes for various situations and the codes will be filled. When writing an evidence or medical certificate, there is a special section handling the translation. Medically, physicians often use some Latin words or expressions. Translating Latin into Amharic is a cumbersome task by itself. Let alone the Amharic version, at times even there is shortage of English equivalent for some Latin words. This really makes the whole process of translation a very difficult task. Hence, the difference between original medical evidence written by the physician and its translation is an observable problem as reported by the police. However, some physicians argued that there couldn't be a big difference between the two versions, because there has never been a request from the police to do the translation again.

Besides the aforementioned problems, there is shortage of senior doctors; consequently, the number of cases assessed and finalized becomes highly limited. Thus, the releasing of medical evidences is usually delayed. Teamwork and psychological treatment for abused children were not practiced in most cases. Apart from these, the health professionals admitted that their laboratory facilities are also poor. Although they have the theoretical knowledge, the deficiencies in the laboratory remain stiff obstacles

When the child is sent back home after receiving medical treatment, there could be some problematic situations awaiting him/her at home. The child could be abused again. This is beyond the control of both the medical professionals and the police. What the social worker of the hospital can do is perhaps counselling the parents. Reporting to the police has not been effective as such. Because of all these constraints and problems, a child who has been beaten on the leg and treated today, may come back to the hospital tomorrow with his leg cut. Children may even die as they are made to go back to their offenders. The offender on his/her part does not recognize where the crisis lies.

The lack of uniform level of motivation and commitment among the different agents, the medical professionals and the police is a typical challenge to a coordinated work in child abuse management. Moreover, in the Child Protection Units, awareness creation about the rights of children has been carried out. However, as there is shortage of child welfare centres to accommodate children after legally persecuting their parents, the police keep them in detention centres. This is a big challenge to the process of child abuse management. The action also creates a persistent damage to the relationship between the abused children and their parents.

The issue of legal provisions for child abuse management is a complicated one. There are provisions in the Ethiopian Law about the assemblage of evidences related to child abuse cases. The law states that evidences obtained from witnesses or any relevant materials involved in the offence/abuse as adequate to incriminate a perpetrator; however, if these are hard to find, the words (testimony) of the perpetrator taken at the police station ("crimination") is used by the prosecutor. The latter is mostly dubious and it is a rare case.

According to some legal experts interviewed in this study, the United Nation (UN) convention, the Ethiopian constitution, the Penal Code, the Civil Code and other provisions and declarations are perfect in their speculations on the rights of children. These would be enough if they were fully implemented. The UN convention is endorsed in article 36 of the Ethiopian Constitution. Despite this recognition at constitutional level, complaints arise when it comes to the practice. There are some institutional drawbacks. The law enforcement agents are not well

equipped even in terms of furniture. Besides, these institutions lack trained manpower in the first place, and even the trained ones are not as such competent. Ultimately, the activities are carried out with a lot of deficiencies. Such problems are observable among the police, courts, prosecutor's office, etc.

It was enlightened that the law lacks strength in specifying punishments; judgment is left to the discretion of the judges. For instance, the duration of punishment is not specific in rape cases. The sentence can be seven months, two years or three years. It depends on how severe or moderate the rape is in the eyes of the judge, not on how damaging the situation is for the victim. Regarding a sentence passed against the rapist, he may defend by claiming that he is illiterate or the breadwinner of the family, which are basically irrelevant to what he did. To know that rape is an immoral and evil act, one does not need to be educated. A case in point is a three-year sentence passed against an offender who raped a six-year-old girl. He tried to defend himself claiming that he is the only one who supports his mother; however, it was later found out that he was from a rich family. It was, therefore, stressed that laws dealing with abduction and sexual abuse give maximum discretion for judges, and this has to be improved.

The police noted that the court often releases child abusers on bail even after the police have presented sufficient evidences. Such measure disturbs the smooth relationships the police have developed with schools and communities, because the public feel that it is the police who release such offenders. Offenders released on bail are also encouraged to commit further offences. Moreover, when the police detain an individual with repeated criminal records (child abuse), the court opens the file with the article that entails a single offence, and this creates a gap in the legal provision and practice.

Over all, the main problem seems to be lack of resources and initiative, and the absence of well-organized and smooth communication system. The medical and surgical management seems inadequate, and lack of social and psychological services in the management makes the work incomplete. Usually, physicians have no time to counsel abused children and their parents/guardians because of work overload. In addition, there is lack of coordination and teamwork between the physician, the social worker, the psychologist, and the police. Delay in the production of medical evidence for abused children is attributed to absence of coordination, frequent shifting of board members, shortage of time (particularly on the part of physicians due to other commitments), absence of incentives as well as lack of good working system, training and essential facilities. Further, one can say that the laws of Ethiopia have made adequate provisions on child rights, except for the problems in implementation. The implementation of these laws has had difficulties due to the following two or more reasons: First of all, the law implementing institutions have not sufficiently been established and strengthened. Secondly, even those, which are in place, are not carrying out their duties properly; they lack professional expertise and commitment

Discussion and conclusion

In the preceding presentation, efforts have been made to outline some of the pertinent issues related to child abuse management as depicted by different professionals working in these areas of concern. Now the central question is, what conclusions can be drawn from this presentation?

The prospect of this venture for me is that it is good to encourage sexually abused children, parents, guardians, and the general public to report sexual abuse cases to the police, and bring the perpetrators to the book. Therefore, teaching the parents, guardians and the community at large to report the cases like that of Zenet, Hanna, Bethlehem and Genet and bringing the perpetrators to justice remains not only the responsibility of certain NGOs or the police but also of all citizens. The sad aspect is that most sexual abuse cases are not reported

since it was thought that such children might get stigmatised by their peers and for parents considered it a shameful thing to themselves if the cases were to be publicized². Often children do not tell anyone about sexual abuse for one or more of the following reasons:

1. They are too young to express what has happened to them;
2. They were threatened or bribed by the abuser to keep the abuse a secret;
3. They feel confused by the attention and feelings accompanying the abuse;
4. They are afraid that no one will believe them;
5. They blame themselves or believe the abuse is punishment for being “bad”;
6. They feel too ashamed or embarrassed to tell, and;
7. They worry about getting into trouble or getting a loved one into trouble

Particularly, when abuse is committed within the confines of a home it is difficult to detect as the abusers are usually very close to the victim. Thus, such silence enables sexual abuse to continue, protects sexual offenders and hurts children who are being abused.

It is still reasonable to inform children to report to the police and bring the abusers before justice when their parents and others excessively physically or emotionally abuse them. If the physical abuse is something that can have serious physiological and psychological implications upon the child (as that of Almaz), the police should not withhold from accusing the perpetrators even if they are the parents themselves.

Apparently, nowadays, a number of NGOs in Addis Ababa and other provincial towns are involved in advocating the rights of the children on the basis of Convention on the Rights of Children (CRC) adopted by the General Assembly of the United Nations in November 1989. Some of the NGOs are largely engaged in teaching children and the general public at school and other public gatherings about children’s rights and where and how to report when abused by their parents. This is a commendable effort, and as a result reporting to the police has drastically increased in the past couple of years, and this increase (as indicated by the police) is attributed to more awareness creation rather than increase of child abuse per se³. Some students have been going to the police stations and reporting maltreatment by their parents as well as teachers. The police feel that children have now developed some confidence in the activities of the police stations (Child Protection Units) in terms of safeguarding their rights.

Every child is vulnerable to physical or sexual abuse. Today’s parents must face the possibility that someone may hurt or take advantage of their child. From the case studies, we understand that rarely were the perpetrators strangers, but rather relatives or family members, friends, neighbors, employers, and someone the victims know and trust. The relationship in Ethiopian society is so extended that people put a lot of trust even in the neighbors, and never think their children would be abused. Thus, the very males who should be protecting children

² One of the difficulties in dealing with sexual abuse is the lack of reporting. It is often kept secret by the family and the victims out of fear or shame. When a report is made to the police, a girl may have to suffer even further abuse, as she has to be investigated by a doctor and interrogated by the police. Eventually, families or guardians end up withdrawing the case to avoid any further pain. Sluggish and victim unfriendly judicial process is another factor that discourages reporting by families and victims.

³ Thus, the reporting on abused children has increased due to the establishment of CPUs and the resultant public awareness created through contacts with different religious institutions and indigenous associations (idirs, and equbes). One can say that the "increasing" horrible news is not actually due to increasing occurrences of violence. But it is rather due to an increased success in breaking the silence. At this point, the effort of Child Protection Units within the police, and NGOs (particularly FSCE) that provide support to Child Protection Units deserve a specific compliment in pioneering to break the silence by unravelling numerous issues, which probably might not have come to the attention of the public.

are those most likely to abuse them. As most of the children were abused prior to adolescence, the effect of sexual abuse may go much more than sexual behavior per se; it may affect their sense of who they are as persons. Further, as most of the children who were abused are poor, sexual victimization and social isolation coupled with poverty will have a damaging impact on their self-esteem. Although sexual abuse and exploitation are harmful for any girl, more socially and economically disadvantaged children have a host of other external predicaments that complicate their internal crisis or difficulties. The girl child who has been abused ends up with a destroyed future especially if she is from poor family. Counseling and social services are necessary, but they are far from sufficient to achieve more meaningful goals.

Usually health institutions and the police are the first source of help for abused children. Yet, health institutions and the police in Ethiopia (as presented before) have very limited resources, and lack clear initiative. There is a need to advocate for support for the health care system. Health and other concerned institutions need to develop more sensitive approaches and policies with clear guidelines on how to deal with child abuse (particularly sexual abuse). Health care workers also need to be supported to be able to understand the issues and to counsel girls and their families. There is a need to establish the necessary facilities with the health care system to test HIV, and essential drugs for STDs and other infections must be available. Creating a support system for the abused children from low-income families also appears timely intervention. Communities need to be facilitated to discuss and increase their awareness of the different forms of sexual and physical abuse, its impact and the circumstances that put a child at risk. There is a need to urge the judicial system to create 'victim-friendly' courts. (Mbanje, 1999)

Overall, it is not possible to anticipate socio-economic development without proper upbringing of children as the future of the nation depends on its young generation that is well prepared to assume meaningful role in the society. Children should be protected from all types of abuse both by the family and society at large. The current endeavour by NGOs or governmental organizations, however, may not take us any further towards ameliorating the problem. Nothing has been done to give lasting solutions to the problem of child abuse. The reasons behind parents' abusive/offensive acts are not usually considered. Most of the parents are engaged in physical abuse only because they are extremely impoverished, frustrated and forced to sustain their livelihood under such circumstances. Simulating what is being done in countries with different socio-cultural conditions (in the West) may not solve the problem⁴. The efforts of most NGOs are limited to the mere organization of some workshops on which colourful papers are presented and shelved at the end of each workshop. Spending a large sum of money on research, conferences and workshops only to put the outcomes of the research and conference proceedings on the bookshelf is futile exercise. All these do not mean that there are no NGOs at all that have been undertaking commendable and genuine efforts for disadvantaged children and their families.

The mere existence of CPUs and its preventive program will not bring about a decline in the number of abused children, unless abusers' basic problems are fundamentally alleviated. The government, NGOs, and the public needs to be initiated to find ways and means through which such serious problems can be tackled. Nevertheless, what we are currently witnessing is that not sufficient efforts have been made to alleviate the problems of child abuse and child offences, and consequently, such problems will persist in the future. Due to an extreme sense of distress, isolation and loneliness in the city, a lot of mothers even physically abandon their children in the toilet and other unsafe places (Getnet, 1996; Getnet, 2000).

Basically, child abuse or family violence against children is not primarily an issue that centers on individual behavior and responsibility; it is rather a disease of society resulting from poverty, discrimination, ignorance, and a host of other socio-economic and cultural factors. Therefore, rather than viewing certain isolated factors, say lack of knowledge of proper child rearing practice as causing child physical abuse, it is important to consider how other social, economic and cultural factors and other intersecting elements may contribute to the problem under consideration.

As illustrated by the case studies above, most of the abusers (particularly physical abusers), and abused children come from lower economic strata. Therefore, destitute families need special assistance to fend for themselves. In this regard, income-generating schemes through provision of revolving fund and other technical assistance is so essential. In a country like Ethiopia where foster cares or child welfare agencies are "hard to come by",

⁴ The following story from the police substantiates my argument *There was a case in which a child was excessively battered with an electric chord by his father and the abuser was put under police custody until his release by the court order on a 500 birr (approximately \$ 60 US) bail. Upon his release, the father sarcastically told us [the police] to care for the child ourselves, as he would never let him into his home. In such situations, it is very difficult to help the abused children because foster homes are scarcely available, unlike the case of developed countries. Sometimes, there are cases in which we are forced to put aside the law and use our own moral judgment instead. For instance, once upon a time, some members of the community reported to us [District (Woreda) 3 police station] that his stepsister maltreated a child. We went to their house and the abused child told us that his step sister burnt his hand with drops of melted plastic for she thought he stole one birr (approximately 10 US cents) from her, which she later on found when she was searching for some thing else. We took the child to the health institution where he received medical treatment. Then, we summoned the father and told him that the abuser should be accused for her misdeed upon his child. The father was a daily labourer and cohabited with the abuser's mother. His two children were born to his previous wife. The man actually said to us: "If you want to accuse and detain the abuser, that should also apply to me; and keep my children wherever you want. When you accuse the perpetrator (the girl), her mother would throw me out to the streets with my two children". Considering the difficulty of the situation, we were compelled to drop the charge, because it would even worsen the condition of the abused child and his father.*

the best strategy would be poverty reduction, alleviation of stressful situations, rendering of better employment opportunities to the families at risk instead of teaching children to report every minor physical abuse to the police. The task is a difficult one, requiring sustained efforts to tackle root causes related to poverty, family breakdowns, socio-cultural traditions and other factors. Effective programs should combine, for instance, basic education for boys and girls (including various types of support to enable poor children to go to school and to keep them in school), income-generating activities for poor parents to help relieve the economic pressures that push them into abusing their children, and various types of awareness-raising aimed at the community, medical professionals and law enforcers. Unless programmes address the economic reasons why parents abuse their children, prevention cannot be effective. This need of supporting low income families could be further strengthened by the belief that children's needs are "best met by their own parents until proven otherwise" even in those areas where there are favourable conditions for child protective services (Getnet, 1994:95).

Harmony and cooperative atmosphere need to be established among the various organizations that work towards realizing the rights of the child. Since the problem of child abuse originate from many sources, no long-term results can be achieved without the mobilization of a broad range of people and institutions. Basic changes can occur only when different sectors of society have achieved new visions of children and families living in poverty. Improved division of tasks, coordination and intersectoral convergence among government agencies and NGOs at federal, regional and /or municipal level can make demonstrably more effective results possible in relatively shorter times. There are many NGOs and governmental organizations working on juveniles both in Addis Ababa and other regions. As presented before, there is, however, considerable problem of lack of coordination among NGOs themselves and with government agencies working on the same issues. All of them plan their activities independently and operate accordingly. They are, therefore, unable to contribute to efforts of solving child abuse, delinquency and other problems of children. Collaboration, therefore, needs to be constructed with many built-in checks and balances in order to ensure that no single organization can manipulate the situation; instead, each institution, whatever its strengths or weaknesses, is able to realize its potential. Ultimately, various partners ought to be convinced showing them concrete examples of the advantages of working together. The problem of child abuse management, therefore, can be addressed when federal, regional and municipal administration, sectoral ministries (MOLSA, police, courts, health institutions, Ministry of Education etc.), NGOs and the city residents themselves strike an alliance and jointly seek ways to address the problems. Coordination is especially important between the police, the court the social welfare organizations, and hospitals, so that children who are abused are given the proper assistance for recovery and reintegration. Instead of blaming one another for having poor child abuse management, all concerned institutions should come together and work out the activities systematically.

Low pay, poor selection process and insufficient training of law enforcers concerning children's rights often result in corruption and weak enforcement. Providing better incentives, improving training and raising awareness among law enforcers and medical professionals seems essential.

Further, enforcement should not be the responsibility of the police or law enforcers alone. Efforts should be made to set up other enforcement mechanisms, including a task force of relevant government officials from the police, the court, governmental and non-governmental social welfare organizations, education and health sector, in order to coordinate efforts for dealing in a comprehensive manner with child abuse and its management. Effective law enforcement is a social responsibility that requires local

communities to play their own 'watchdog' role. Sensitising village and community leaders, teachers, doctors, nurses and religious leaders to set up community-watch groups, to carry out surveillance, to report abuses against children and to seek assistance for those abused appears effective. Active community participation is more likely to ensure not only concerted action but also, and more importantly, changes in social attitudes and the creation of child-centered caring environments. We need to emphasize the important role of para-professionals-village leaders, religious leaders and teachers, who have first-hand knowledge or a store of traditional knowledge and who have access to people in the community in establishing links between organized programmes and the community. The communities tend to have more confidence and faith in their own members than in outsiders, no matter how well intentioned the outsiders may be.

In the case of victim children (particularly those abused by their own parents and/or guardians), efforts to improve family ties, to help parents provide for the psycho-social needs of the child and to help in reintegration of the child into the family are all important, but where the return of the child to the family is judged to be inadvisable, measures including fostering and adoption must be tried. Recovery and reintegration will never be complete unless efforts are made to monitor and follow up on the children to ensure, for example, that when they are returned to their families, they are not abused again.

Interventions, therefore, which do not take into account the broader social, economic, legislative, environmental and cultural factors pertaining to the issue will fail to change the pattern of the problem. Programs must address both the root causes and the consequences of child abuse. Hence, it is advisable to integrate different activities and strategies to tackle the problem. Although Ethiopia is a poor country to address such prevailing problem adequately, there is a need to be more visionary and daring, willing to dream of a better future. Clearly, political and social will and commitment are crucial. Poverty reduction requires an overall national strategy on many fronts. But it also demands some targeted programs and affirmative action for the poorest groups-among them unemployed, urban slum dwellers, economically disenfranchised single women with children.

However, the temptation of introducing immediately programmes/projects of proven value in Western, industrialized environments without considering particular socio-economic settings of Ethiopia seem to be dangoures⁵. Practically, this will create expensive failures and enormous frustration among service providers (the police, health institutions, NGOs) and the wider society at large. Programmes and interventions against child abuse should comfortably fit with and reinforce positive cultural beliefs and practices. Indeed, interventions and other plans often ignore existing strategies community members use to handle the problem, or are in open antagonism against indigenous treatment. There is a need to examine some of the problems associated with adopting western technology without considering its potentially harmful effects upon existing beneficial social and cultural practices. Governmental and non-governmental organizations, therefore, should

⁵ The fact that physically abused children are encouraged to report abuse cases and accuse their parents/guardians is partly commendable effort since it may have some deterring impacts on potential perpetrators and thereby checking the problem not to recur. In developed countries, when their parents abuse the children, there are societal agencies (foster care, child care institutions) which takeover familial roles for children. Now the question is: do we have adequate institutional facilities in place to accommodate such an increasing number of children reporting minor or serious physical abuse to the police? Is it feasible and affordable to report every minor abusive case (such as pinching and verbal abuse), and accusing the parents/guardians in a poor country like Ethiopia? In a society where there are no adequate childcare institutions to place even abandoned (physically deserted) children, what would be the fate of the abused child, and other children in the family when the parents are detained or imprisoned? The main problem lies in the uncertainty of the children's future for they do not have adequate provisions for them and since childcare institutions have not been well developed in the country.

design and adopt community interventions that are culturally sensitive and reinforce cultural beliefs and practices. The magnitude of child abuse and its effect is mounting in the country. I would certainly never try to suggest that physically abused children were not damaged by the abuse physically, mentally or emotionally. The effects of serious abuses were often very obvious in the forms of scar, blemish or even disability. However, I do not believe that Western models of intervention can always be applied directly to children in Ethiopia and still be useful. I also believe that it is vital to look at parents' and children's own perceptions and explanations of what they do before anyone can try to help children and that we must acknowledge the importance of parents' strategies and forms of control if we are to fully understand what enables them to discontinue punishing/abusing their own children.

References

- Almaz Eshete and Gobena Daniel (1994). The Situation of Children in Ethiopia: Focus on Child Rearing Practices, Abuse, Neglect and Exploitation. In Amakelew Cherkose (Comp.) Proceedings of the Workshop on Child Rights and Child Abuse and Neglect, Addis Ababa November 1-3, 1994 pp 7-26
- Amare Berhe (1992) Child Abuse and Neglect. The Law and Practice in Ethiopia. Addis Ababa (unpublished)
- Blanc, Cristina Szanton (1994). Urban Children in Distress: Global Predicaments and Innovative Strategies, Yverdon: Gordon and Breach Science Publishers
- Cannavan J. William (1981). Sexual Child Abuse In Norman S. Ellerstein (ed.) child Abuse and Neglect- A Medical Reference PP 51-71. New York; John Wiley and sons
- CYAO (the Children and Youth Affairs Organization) and the Italian Cooperation (1995). A Research Report on Child Abuse and Neglect in Selected Parts of Ethiopia. Addis Ababa
- Doyle Celia (1997). Working with Abused Children (second edition) Hampshire: Macmillan Press Ltd
- Doyle Celia (1998). Emotional Abuse: The Role of Social Workers, Medical Staff and Law Enforcement (Abstract) In ispcan (comp.) Op cit
- Fasil Tadesse (1996) The Problem of Prosecution of Cases of Child Sexual Abuse in Ethiopia. Addis Ababa (unpublished)
- Getachew Assefa (1994) Summary of the Situation of Children in Region 14 In Amakelew Cherkose (Comp.) Op cit PP 30-37
- Getnet Tadele (1996) The problem of child abandonment in Addis Ababa: . Unpublished paper submitted to ANPPCAN- Ethiopia Chapter, Addis Ababa.
- Getnet Tadele, Daniel Tefera and Elias Nasir (1999) Family Violence Against Children in Addis Ababa. Unpublished paper submitted to ANPPCAN- Ethiopia Chapter, Addis Ababa.
- Getnet Tadele (2000) Child abandonment: Five dramatic cases of mothers in Addis Ababa *Medische Anthropologie* 12(2): 292-307
- Getnet Zerihun (1994). The Role of Health Institutions in the Treatment of the Victims of Child Abuse and Neglect. In Amakelew Cherkose (Comp.) Op cit PP 93-95
- Iloff Ginny (1998). Medical Approaches to Sexual Abuse: Harare Family Support Clinic In FST (comp.) Family Support Trust Workshop Report- Building an African Model for the Management of Child Sexual Abuse, 20-22 October 1998. Harare (Unpublished)
- Kebebew Daka (1991) Child Abuse, Neglect and Exploitation in Ethiopia. Addis Ababa (unpublished)
- Litty, Cathy G et al (1996) Moderating Effects of Physical Abuse and Perceived Social Support on the Potential to Abuse. In Krugman R D (ed.) Op cit
- Musick, Judith (1999). The causes and consequences of sexual abuse and exploitation: Assessing the risks and building on strengths. In report of the seminar vulnerability of the Girl child to HIV/AIDS (15-16 Nov. 1999, London).
- Mbanje, Chipu (1999) The vulnerability of Girls to sexual abuse in Zimbabwe In report of the seminar vulnerability of the Girl child to HIV/AIDS (15-16 Nov. 1999, London).
- Nyathi, Mary (1998) Medical Approaches to Sexual Abuse: Bulawayo Family Support Clinic. In FST (comp.) Op cit
- Original, Wolde Giorgis (1996) Child Sexual Abuse - The National Workshop on Child Abuse and Neglect, December 2-4, 1996 Addis Ababa

Parsons, Ross, et al., (1998) Counselling Approaches for the Treatment of Sexually Abused Children and Their Families. In FST (comp.) Op cit

Note

Getnet Tadele is a Lecturer in the Department of Sociology and Social Administration, Addis Ababa University, Ethiopia, and a PhD candidate at Amsterdam School for Social Science Research (ASSR), University of Amsterdam, The Netherlands. Contact address: ASSR, Oude Hoogstraat 24, 1012 CE Amsterdam, the Netherlands. E-mail: tadele@pscw.uva.nl.

This study was made possible by a grant from Forum on the Street Children Ethiopia (FSCE). However, the views expressed in this paper are those of the author alone, and not of the funding agency. I am indebted, as always, to Professor Sjaak van der Geest for his comments and interest in my work. I would like to thank all those who assisted in the field research and writing. In particular I would like to mention Abraraw Tesfaye and Dagmawi Alemayehu.