

# Psychosocial Problems and Coping Strategies of Female Sexually Abused Children: Issue for Policy Implication and Empowering the Victims

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**Abstract** The experience of child sexual abuse can leave a host of adverse behavioral, emotional, and psychological consequences. The objective of this study, therefore, is to investigate the major psychosocial problems of sexually abused children and their coping mechanisms in Hamlin Fistula Hospital and Mother Teresa Charity Missionary's Children's Home. Qualitative methods namely in-depth interviews, observation, FGD and document analysis were used to collect the required data. The data were presented, organized and analyzed by using thematic analysis. The research finding reveals that, the survivor children are suffering from a whole range of physical, behavioral, social and emotional problems which in turn affect their personal wellbeing and social relations. However, some of the cases have not experienced some of the problems which others faced. As the result indicates incest type of child sexual abuse is the common form of sexual abuse that children face. The research result also shows strategies such as destructive behaviors like smoking, drinking, chewing and using substances; engaging in prostitution, begging, theft; attending religious places, deviating from social interaction and hiding themselves under some issues) were adopted by these sexually abused children to cope up with the sexual abuse and its related problems. Cooperation of different initiatives is imperative to solve the problem of sexually abused children in a sustainable manner. Therefore, the researchers believe that the GOs, NGOs, the community and other actors should integrate and coordinate different activities undertaken in relation to the problem of sexually abused children. It is also believed that community based strategies and empowering the victim children were identified as pillar of halting the problem. Besides, interested researchers could host similar researches with related to the multifaceted problem of abused children.

**Keywords:** *sexually abused, emotional problems, behavioral difficulties, deviation, coping, empowerment*

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## 1. Introduction and Justification

Human sexuality, which involves the mind (psychology), relationship (sociology) and the body (biology), is governed by a set of values and principles that could be universal in nature as well as socio-cultural and traditional norms that may differ from culture to culture (King, 1996). Some of these values are not, however, always static, they may change from time to time. Things like tolerance of teenage or premarital sex and pregnancy, use of contraceptives, and so on are for example, rising steadily in the modern world since the 1960's and 70's sexual revolution (Notore, cited in Yemataw, 2009).

It holds universally true that sexuality could be a delight for those who are biologically matured, psychologically ready and socio-economically prepared to bear its consequence sooner or later (Byer 1999). Hence

sexuality can bring satisfaction to the mind, strengthen relationships and smoothly accommodated by the body when it is undertaken with the full consent of two matured heterosexual partners in love. However, sexual experience imposes unbearable consequences on those partners, who in one way or another, are compelled to engage into such an affair in an abusive manner. The experience of child sexual abuse can leave a host of adverse behavioral, emotional, and psychological consequences (Ques cited in Yemataw, 2009).

It is only the last twenty years or so that the extent of child sexual abuse has been fully recognized. Exact figures depend on how sexually abused is defined. However, 40 million children aged up to 14 years suffer some form of abuses and neglect requiring health and social caring in the world. As WHO (2004) stated, from those forms of abuses, the most devastating is child sexual abuse.

Any sexual activity between an adult and a child or between an older child and a younger might be defined as

sexual abuse. On the other hand, contact sexual activities including penetrative acts, for example penile, digital, or object penetration of vagina, mouth or anus and non-penetrative acts, for example touching and/or sexual kissing of sexual parts of child's or abuser's body; and non-contact sexual activities include exhibition, involving the child in making or consuming pornographic material or encouraging two children to have sex together is also defined as a sexual abuse (Jones, cited in Howe, 2005).

Child sexual abuse often occurs in places normally considered safe; such as homes, schools, places for leisure activities and the like (Munro, 2000). Children lack maturity to understand, and vocabulary to report sexual abuse. They are coerced, sworn to secrecy or threatened by the perpetrators. The habitual perpetrator is usually someone who is known and trusted by the child. Sexual abuse is likely to be most harmful, especially when the abusive act involves penetration; when the abuse has persisted for some time, when the abusive figure is a father; when the abuse is accompanied by force, violence or threat; and when the response of the family is negative (Howe, 2005).

Child sexual abuse is a public health and human rights problem that can no longer be ignored. As some researchers reported that, it is a serious concern in different countries around the world. Therefore, the risk and the consequence of HIV infection, unwanted pregnancies and psychological and physical trauma draw international attention to this silent emergency. Particularly the misconception that sex with a virgin, including babies, is a cure for HIV/AIDs has dramatically increased child sexual abuse. Consequently data from some studies show that, child sexual abuse becomes a problem of girls than boys (WHO, 2004).

Similarly according to (PRB, 2001), CSA has become an alarmingly growing multifaceted problem across the globe. For instance, estimates of the prevalence of the problem range from 15% to 33% in the general female population and from 35% to 75% in female clinical samples (Polnsny and Follette; Rind, Tromovitch and Bauserman, 1998). The situation is even more tragic in developing nations particularly in Sub-Saharan Africa where one of the youngest populations is found (Yemataw, 2009).

In Ethiopia, sexual violence stands as one of the top public health problem. Though there is lack of country representative study in the general population in terms of magnitude and type of CSA, small scale studies indicate that it is on the increase. For instance, out of 214 allegedly abused children under the age of 15 reported to one government hospital (Yekatit Hospital) during a period of one year, 74% suffered from sexual abuse. Ninety three percent of these children were female. As per to the Ministry of Labor and Social Affairs' report, sexual outrage rape, and child prostitution were identified as the most prevalent forms of sexual abuse and exploitation of children in Ethiopia (MOLSA, cited in Yemataw, 2009). According to a study conducted in Addis Ababa and Western Shoa, the prevalence of completed and attempted rape among female students was five percent and ten percent respectively out of the 72 students included in the study (Mulugeta, . cited in Ayanlem , 2006). Further a study conducted in Debarq town indicates similar trend on the prevalence and incidence of sexual violence of female

students. Among the 216 female high school students, grade 9 – 11; 8.8 percent were raped and 11.5 percent had escaped the attempted rape (Worku and Addisie, cited in Ayanlem, 2006).

On the other hand in a study conducted on 198 high school students in Shashemene and Dilla towns, for example, only 36 (38.7%) reported the incidence to the police, parents, friends and school teachers out of the 93 who actually experienced sexual abuse(Azeb,2003 cited in Yemataw,2009).

However, the psychosocial problems of sexually abused children who are found in different rehabilitation centers and their coping strategies which are used to deal with the abuse are not well investigated.

By considering this, the present study gives emphasis on identifying psychosocial problems which are related with sexual abuse. In addition, it explores the coping strategies that are adopted by abused sexually abused children to deal with the problems. The researchers attentions were attract to conduct this study in two organizations, Hamlin Fistula Hospital Mekelle branch and Mother Teresa Charity Missionaries Children's Home. As the name implies, some sexually abused street children are temporality rehabilitated in both these organizations. Besides the centers age criteria is all inclusive. On the other hand only those children between the age ranges from 14 to 18 years are accepted. Therefore, these two centers were selected as the study setting where sample cases had been drawn.

## **2. Materials and Methods**

### **2.1. Research Design and Sample and Sampling Technique**

As the overall objective of this study was to investigate major psychosocial problems of sexually abused children, qualitative design is most useful to explore research questions deeply. Within the qualitative design, case study was employed. Qualitative research is a multi-method in focus, involving an interpretive and naturalistic approach to its subject matter. Besides, it is a very important method to explore such a sensitive issue using a variety of empirical materials.

The participants were selected using a non probability sampling technique. As the issue under study is so sensitive; it was difficult to find participants using probability sampling. Hence on the basis of their experience and willingness, five sexually abused children were selected from the two centers using purposive sampling.

### **2.2. Methods of Data Collection, Procedures and Data Analysis**

Data on major psychosocial problems of sexually abused children was gathering through employing multiple methods of data collection. Thus in-depth interview, focus group discussion, directs observation and document analysis were employed to triangulate the validity of the data. In addition different probing questions were raised for clarification and discussion. The interview was also conducted in three sessions for each participant.

The time duration was different from mild to profound depending on their experience.

The data collection procedures were follow different steps. First, by asking permission from the rehabilitation centers, the files of each participant were reviewed and relevant information were recorded. Then having received the consent of the participants and the center, the interview was held. Different techniques were applied to make the questions easy and understandable to ensure effective communication.

The data collected from primary and secondary sources were being analyzed and interpreted in line with the research questions. The data were coded and analyzed qualitatively. The researchers read and reread their data, interview schedules and transcripts to familiarize themselves with the data.

First the raw data was summarized through summary of themes and coding to manage the data appropriately. In the process, the researchers examine, compare, conceptualize and categorize the data in scientific fashion. Next, the categories and subcategories were related as specifically and variably as possible to constitute in which they belong. This was helping the researchers to put the data back together in a new way. Such technique not only facilitate the descriptions of the phenomenon being studied, but also it was help to create a conceptual framework by bringing bits of data together (Yalew, 2006). Further, in order to capture ideas, views and intuitions at all stages of the data collection process, field notes and tape recordings were also used.

### 3. Results

The psychosocial problems of sexually abused children which are found from the study participants and other different sources are organized under four major themes. It is done according to basic questions and the objectives of the study. These are:-

- Forms of abuse experienced by the children
- Physical and related medical problems
- Behavioral, social and emotional problems
- The coping strategies adopted to cope up with.

#### 3.1. Forms of Abuses Experienced by the Children

As literature indicates there are various forms of child sexual abuse. In addition, many studies indicate the magnitude, type and strategies of child sexual abuse is sophisticated and complicated. In this study, stranger abuse, multiple assailants (Gang Abuse), drug facilitated abuse are identified as the common types of child sexual abuse. Besides, the collected data indicates, 80% of the victims in this study were experienced incest/acquaintance abuse. Acquaintance abuse is a sexual assault crime committed by someone who knows the victim. Here are some facts about acquaintance abuse: It can happen at any time and any place. The offender may be a neighborhood, boss (Teacher), delivery person, repair worker, spouse or anyone else known and has familiarity with victim. The remaining 20% were experienced other forms of abuse.

#### 3.2. Physical and Medical Related Problems

The case interviewees' accounts show, all of the sexually abused children who participated in this study were vulnerable to physical and related medical problems on one way or the other. These include unable to walk properly and a problem in one or two legs properly. Severe gastric problem, headaches and back aches.

All of the cases have difficulties of legs, wrist pain and most of them have vaginal fluid. They have also a burning sensation when peeing (later on developed in to vaginal cancer). Similarly, all of the cases were suffering from the difficulties which they encountered at the loss of virginity with forceful acts of the rape. Hence, all of the cases did not have physical strength for sexual intercourse, as they were underage. All of them reported of bleeding during virginity loss, and witnessed for hospitalization care/service.

As the findings show, most of the cases were also forced to have unsafe sex which in turn leads them to HIV infection and other STDs. Besides, most of them they were also hesitating to have, hepatitis B, C, obstetric and gynecological complication as their medical history indicated. Experiencing '*Dama*' (multiple sexes) which resulted with different physical pains (Fistula) and problems was found to be the common features of the participants. The result of this unsafe sex also leads them to conceive unintended pregnancy which they usually attempt to made unsafe abortion. Most of the samples who are taken from centers are also suffering from different difficulties resulted from the forceful acts and the sexual position of their customers in their business life.

The serious medical problems and other related physical problems of the sexually abused children make their life complicated and tragedy. To illustrate, as the finding evidenced, all of the victim children were vulnerable to physical and other related medical problems due to the rape and other factors, even if the severity differs from survivor to survivor.

#### 3.3. Behavioral, Social and Emotional Difficulties

As the finding shows, most of the participants were engaged with different destructive and unexpected behaviors. Some of them were experiencing the use substance, smoking, delinquency, begging, theft damaging the property of others and engaging in anti social behaviors were major identified behavioral difficulties of the participants. As the finding shows, most of the participants depend on prostitution, theft and begging. Others are "prostitutes" for their existence. Similarly, some of the cases have developed aggressive behaviors towards others.

To sum up, most of the interviewees confirmed that engaging with different destructive behaviors was considered as one type of catharsizes means of their internal feelings at least for temporal period. The behaviors are accidental and can cause different medical problems, emotional and psychological problems for them and others since some of the acts are treated as risk factors for others and the society at large. The other social and emotional problems were the results of behavior difficulties and discussed under this major topic as sub topics.

Similarly, it is found that, sexually abused children are stigmatized, neglected and discriminated by the community and the children also felt as the community treats them unfairly. As the collected interview document show that almost, all of the case interviewees have been degraded, scolded and insulted by the community members. It has also a long lasting effect on the lives of abused children. The participants were complained as the society has nothing in them they said it, "they never considered us as human beings" which runs only for the sake of its benefits. As reported "the society members do not have any concern to for us and never imagine even as we are part of the productive society".

According to them the society members look them as 'raffage' (valueless). This makes them to be alienated from the society. Besides the findings show that, most of the interviewees were socially isolated. This was because they fear that, others are against them. They are undermined by others and even by themselves. They assumed that the society and community stigmatized and marginalized them. Of course as the findings asserted, they are actually stigmatized and marginalized. In order to forget their abusive experiences and to be far from the tightened societal norms, these children choose loneliness or living with their own world. As the researchers observed all of the survivors, who have got support from centers, spend their time hiding themselves by engaging in different activities.

On the other hand, as the finding shows except some cases all of the interviewees have negative attitude towards police members. As they disclose "some police members are not responsible, they disturbed us even for sexual intercourse". Most of them said that they are unfairly treated by police, who makes them to have negative attitude towards the police and in turn it has a negative influence to their social interaction.

The study finding also indicates that loss of virginity is another social effect (of the victim children). All of the cases are attacked by their first perpetrators and were exposed to be socially stigmatized which later on they are considered as immoral girl for being they lost their virginity. This kind of treatment forced them to run away from their village for another place where they are not growing up and fairly unknown for them.

Their behavioral patterns, which are destructive for themselves and for others/society, also discriminated them from societal norms. Most of the interviewees were engaged with smoking, drug abusing, drinking and other unacceptable behaviors to the societal norms. These behavioral patterns, in most cases, made the people to perceive the sexual abused children as "norm less". Generally, most of the survivors were encountered with different behavioral difficulties which in turn can affect their social interactions directly or indirectly.

To sum up, the psychosocial problems of sexually abused children are interrelated to each other. Accordingly, most of the emotional problems of the children are highly associated with the behavioral and social difficulties they experienced. Based on the reported case interview, all of the interviewees have been left with different emotional problems like fear, anger, anxiety, and tension. They felt as confused and developed a sense of unfaithfulness when they had been raped by their faithful elders.

Besides, most of the abused children were worried about the possibility of being infected by HIV/AIDS (the unconfirmed cases in the study period) and loss of virginity. Particularly, one case explains her problem as "when think of testing HIV I reach my high get crazy". The interview collected data show that, the survivors felt worried, sad and have developed anger for every case of their life. Because of such feelings they have developed negative self image, esteem and confidence even for themselves. As the result indicated, out of the included cases in this study three of them had passes through two times each attempts of suicide to kill themselves.

On the other hand, they develop a sense of powerlessness and unproductive. It is reflected through anxiety, phobias, sleep and eating problems, poor self confidence and fear. The findings also portray that, sexually abused children lack trust on others. For example, one case report "I lack trust on males by considering them as all are deceivers".

The societal stigmatization and negative attitude towards the sexually abused children made them to underestimate them or to develop low self -esteem and to be alienated from others. Besides the living condition, their exposure to multiple sexes, to the attacks of street gangs and other social factors lead them to be emotionally disturbed. Overall, in the interview sessions, the researchers identified different emotional feelings experienced by the sexually abused children. Most of them have developed shame, depression, anger, confusion and sadness.

### 3.3.1. Adopted Coping Strategies.

The findings of the study demonstrate that the case interviewees have adopted different strategies to cope with the sexual abuse and its related problems which they faced. All of the cases, though the time varies, disclosed their abusive incident for their family members, counselors and/or medical workers, social workers and the police. According to the interviewees, disclosing the issue for such individuals was helpful for them to get relief and is considered as a coping mechanism.

On the other hand, some of the cases were departed from different social interactions, and it is used as a strategy to get relief from different problems. In this vein, most of the case interviewees, who were engaged with different behavioral patterns like smoking, drinking, chewing and/or drug abusing to forget the stressful feelings and thoughts of the abusive acts and its related problems they encountered in their life. Some of them they prefer to hide their stressful personal experiencing from others give them a relief and considered as a one way of coping with their problem, which this strategy never works for other cases. For others, regularly attending Church programs and even they have passed their time in a 'Holy Water' and Monasteries to come out from their grief. In addition, they form a lot of social interaction to get relief from different feeling.

Some interviewees also reported that quarreling and disturbing others and even kicking and damaging other individuals were also adopted as their mechanism. As one case reported, "I feel so happy when I attack male and other children to protect myself from worried feelings by fighting with others". Engaging in prostitution to cope with financial problem was identified as one major coping

strategy. For example, one informant that “I am engaged in prostitution for subsistence, in due course I made about 15 “shorts”, in a day, which accounts 150 birr to all “shorts” ten per each.

In general, all of the cases have adopted different strategies to cope with their sexual abused and its related problems although the coping mechanisms may differ from survivor to survivor from problem to problem.

#### 4. Discussion

The purpose of this study is to investigate the major psychosocial problems of sexually abused children, the strategies adapted to cope up with it. It also explored the types of abuse they experience. It tandem to this, it tried to identify ways of empowering the victims and policy implications. To generate the relevant data five, sexually abused children were interviewed, and observation was made. In addition FGD was held in both study areas and relevant documents were analyzed to triangulate and check the validity of the data collected through interview. The findings are presented and organized in the previous chapter. Accordingly, discussion and interpretation follows.

As the finding of the study reveals, sexually abused children are vulnerable to physical and related medical problems in one way or the other. All of the cases unanimously reported that, they have suffered from leg and wrist pains. Majority of the participants also assured that they have felt burning sensation when peeing. Similarly, pus like vaginal fluid discharge related problem is reported by most of the interviewees. They are also encountered with fistula and hernia cases, leg and wrist pain. Not only these, most of the cases also encountered different medical problems including STIs, HIV/AIDS, hepatitis B, C, obstetric and gynecological complications, headaches, back aches, severe gastric and other similar pains all followed the abuse experience. Similarly, all of the cases faced leg problems either in their first rape or in other abuses due to the forceful acts of the perpetrator(s). In this regard, Trickett and Putman (1998) phrased that; the forcible acts of sexual abuse impair children’s physical and motor development. Besides, the victims are more likely to face physical problems related to genital abnormalities and head ache (Howe, 2005).

Moreover, the interviewees account illustrates that, most of the abused children’s body is full of scars, cuts and bruises because of their clients threatening and beating. Similarly, some of them they loss their upper teeth and they have also problem of controlling their urination. As a recent study showed over 35% of the child commercial sex workers explained that their client threaten, beat and sexually abuse them. 45.5% of commercial sex workers in Addis Ababa have been raped sexually and physically abused sometimes in their life (Mastewal, 2010).

Similarly, child sexual abuse causes early pregnancy, unsafe abortion, STDs including itching rectum, consequence of HIV infection, loss of appetite, suffering from fistula and other health complications (Kelly cited in Mastewal, 2010). They have encountered with different health complications. One of the included cases in this study has been with a serious medical problem of TB and

other related infectious diseases. On the other hand, (Case No.2 and 4) encountered early pregnancy and went through unsafe abortion which resulted with complicated health problems. In addition, (Case No.3) has encountered a serious itching rectum due to improper anal sexual practice that her client applied over her.

Besides, the finding reveals that, most of the interviewees are engaged in different self destructive behaviors. Some of them use substances like drug, alcohol, chat and cigarette. On top of that (Case No.1, 2, 5 and 3 respectively) are smokers. Particularly, (Case No.5) is a chain smoker. They are also drug users and consume alcohol. This is because they want to forget their horrible experiences by hiding themselves in such kind of behaviors. Munro (2000) confirms this idea. Survivors cope with the abuse by drinking, using drugs, living recklessly, avoiding intimate relationship, numbing their feelings, dissociating and becoming depressed, anxious or angry.

Except some cases taken from second study area (MTCH), all of the participants are also dependent on “prostitution”. Specifically participant case No.5 is involved with frequent sexual activities. In relation with this the results of other studies show that, sexually abused children engaged in a whole range of behaviors like addiction, prostitution, isolation, frequent sexual activity, avoidance of other tasks, inability to work and the like. These behaviors are learned may be because in response to abuse and served an important purpose of staying reasonable and alive.

Similarly, some of the cases have developed aggressive behaviors towards others. Participant cases No.1, 3 and 5 enjoy fighting, disobeying, quarreling and attacking others. A research conducted in Addis Ababa illustrates that, most of the sexually abused children who participated in the study have developed hostile and aggressive behaviors with their perpetrators and significant others (Hailu, 2007; Beitchman, Zucker et al., cited in Yemataw, 2009). Another finding shows that, sexually abused children have faced intimacy and sexual esteem behavioral problems with their boyfriends or males. In this study case No.4, 1, 2 and 5 have faced this problem. This implies that these children’s “sexual esteem” might be get deteriorated due to the repetitive sexual abuse incidents.

On the other hand, a research conducted in South Africa street children between the ages of 11 and 17 years indicated, ‘street children engage in high risk behaviors because of their marginalized status, their powerlessness and their economic and social conditions’ (Smart, 1999 in UNICEF, 2004). This finding goes in line with finding of the current study specifically with participant cases No. 1, 3, 4, and 5 interview accounts. They took risks and have started street survival commercial sex work in the aftermath of their abuse because of their economical conditions.

Besides, the study findings also revealed that, sexually abused children are highly stigmatized and discriminated socially. These stigmatization and discrimination has a long lasting effect on the lives of these abused children. All of the victims, who participated in the study, have developed negative attitude towards the society. Some of participants are also socially isolated. This may be because; they feared that others are against them. They might also perceive that, the community and society stigmatized, marginalized and undermined them. Most of

the sexually abused cases, who participated in research conducted by (Kelly, 2001; Geiser, cited in Baca, 2005; Hailu, 2007) indicated that the children are socially isolated because they feared that others are discussing about them.

Similarly, some research studies showed that, different social problems have been raised in relation with sexual abuse. The sense of betrayal may result among children who found out that someone they trusted and on whom they depend has caused them harm, particularly if the perpetrator is a family member or considered as a family member. The child grows up with distrusting adults and men in particular (Geiser, cited in Baca, 2005). Some results of this study goes in line with this finding. Some sexually abused children who participated in this study have developed a sense of betrayal and skeptical behaviors. For instance participant case No.4 said, "I do not believe any one, and I extremely hate males, I feel confused and have developed a sense of betrayal, because I am raped by unfaithful person..." and also experienced this social problem.

Except some cases, almost all of the sexually abused children who participated in this study have also developed negative attitude towards police members. On top of this participant case No.5 and case No.2 reported that "the police encourage us for wrong acts, treat us unfairly and have a need to abuse us sexually". This may be because as street children involved highly in destructive behaviors, the police may force or control them not to act in such behaviors. And this may be perceived by the children wrongly. This is confirmed by the above three cases. It may be also because some police members threatened, neglected and mistreated them considering as they always destructive and delinquent.

On the other hand, most of the emotional problems of sexually abused children are associated with another problem of the victim. The finding reveals that, all of the interviewees have felt different emotions like furious, anxious, tensioned, sense of powerlessness, anger, depressed. They also experienced confusion, shocking, feeling of dirtiness. Except some few cases all have developed a sense of powerlessness and hopelessness. In relation with this the findings of other studies like the work of Mastewal, (2010) show that, sexually abused children experience different emotional problems like feeling of confusion, powerlessness, helplessness, pain, betrayal, sadness, grief, feeling of being dirty, vulnerability, unsafe, scared, terrified, depressed, anger, numbs, suspicious, untrusting and others which are associated with different factors (Tackett, Williams and Finkelhor, cited in Webster, 2001; Munro, 2000).

Some of the cases experienced different emotions when they were forcefully raped, as their interview accounts confirmed, they are not that much emotionally disturbed now. Instead they can help their friends with advice. The researchers also evidenced their emotional adjustment and their self confidence during the observation and interview sessions. Their emotional adjustment may be because of the counseling service they have rendered.

In other case, it may be because of their avoidance behavior of substances like drugs, alcohol, 'chat' and cigarette which help them to develop self confidence. But other cases, specifically case No.1 is under a serious

emotional problem. She induced electric shock to herself due to her instability.

According to the study findings, due to such related problems, all of sexually abused children, who participated in this study, have adopted different strategies to cope with the experience of abuse and its related problems. Supporting this Kelly (2001) identified, survivors are confronted with over whelming pains and experiences after abuse. In order to cope with extreme and intense emotions the detail, of what happened, and who hurt them they may try to convince themselves. This finding also goes in line with work of Munro (2000).

Generally, the findings of the study confirm that, all of the sexually abused children have encountered physical, social, behavioral and emotional problems which are interrelated and intertwined to each other. Most of the interviewees faced physical problems and related pains due to the forceful acts of the abusive, multiple rape, cold corners of streets and the like. Similarly, they are in problems of social relations with school peers specifically and the society at large. They have been challenged with ups and downs. Most of them are also involved with different destructive behaviors, "prostitution" and other actions even for their existence.

In relation with this, different investigators undertaking research on sexual abuse have come up with a range of short term and long-term psychological, behavioral, emotional and interpersonal and/or social problems associated with child sexual abuse (Webster, 2001; Beitchman, Zucker, cited in Yemataw, 2009).

## **5. Conclusion**

The study indicates the major psychosocial problems of sexually abused children and the adopted coping mechanisms to deal with such problems. The problems are interrelated to each other in which one may be associated in relation with the other. The severity of the problem also differs from survivor to survivor and even from one problem to the other depending up on different factors. Nevertheless, all of the sexually abused children who participated in this study were vulnerable to the whole ranges of physical, social, emotional, behavioral and other related difficulties. Hence, the survivors adopted different strategies to cope with such problems. The strategies were also different from survivor to survivor accordingly. In this study it is also found that the incest or acquaintance form of child sexual abuse was the common and nearly 80% of the included cases in this study were the victim of this form of abuse.

The results of this study have indicated that sexually abused children are faced with different problems which need to be tackled accordingly. The psychological problems of these children can be addressed through series counseling. Therefore, the counselors should apply different counseling techniques in order to help children cope up with their problem which in turn calls for providing refresher training to the counselors. Currently, these two selected study areas are providing temporarily services. This makes the support incomplete and leads children back to streets. As a result, the effort of the center improving the life condition of victims couldn't bring about major change. Therefore, the center should design

its program in such a way that it provides regular and continuous support to the children.

In addition to the service there should also focus on reunifying/reintegrating (rejoining) the children to their family. Solving the problems of sexually abused children mainly requires building their capacity. Hence, proper emphasis should be given by the two centers to skill training so as to empower the children. Although sexually abused children have adopted different strategies, some of the mechanisms have negative impacts on their wellbeing. The coping mechanism like smoking drinking chewing and using with different substances should be modified accordingly by the help the counselors and other social workers.

Cooperation of different initiatives is imperative to solve the problem of sexually abused children in a sustainable manner. Therefore, the researchers believes that the GOs, NGOs, the community and other actors should integrate and coordinate different activities undertaken in relation to the problem of sexually abused children in particular, and to all children in general.

The researchers also believes that strategies like awareness training through different means should be designed by concerned bodies in order to prevent sexual abuse and its related problems.

As part of the empowerment strategies, exposing children to practical education on child sexual abuse prevention strategy. Telling them the abuser could be someone they know and trust and they can abuse them using this opportunity; teach the child proper names for their private body parts and allow children and youth to set their own boundaries and say "no" to touch any part of their body. Encourage the child to speak up and tell their parents or another trusted adult if it would ever happen to him or her. Tell to the child as if the problem is not happening because of his/her fault and to avoid feeling of guiltiness.

### 5.1. Policy Implications

Design and implement evidence-informed policy: Today, there is a growing body of research that examines factors that may increase or decrease offenders' likelihood for re-offense, assesses the effectiveness of existing policies, suggests which risk and protective factors can be incorporated into prevention programming, and delineates how to motivate the prevention of and intervention in situations of child sexual abuse. Policies will be most effective when they are informed by this growing body of research.

Establish sex survivors' rehabilitation and research center: prioritize their funding at the federal and state levels which serves the survivors and victim of the problem. Establish policies tailored to youths and children with sexual behavior problems.

Expand community-based policies and programs: that employ transformative and restorative justice-based principles to address the problem of sexually abused children. Allow communities to take the lead in developing programs to respond to child sexual abuse problem.

Involve cross-disciplinary professional advisors: in the all levels including planning, design, and implementation of community-based policies and programs in prevention, treatment and rehabilitation of SAC.

Design and promote curricula that include prevention, treatment and rehabilitation approaches to child sexual abuse. Communicate the growing types of child sexual abuse to the community.

In general, this study gives some basic information with regard to the psychosocial, medical, behavioral and emotional problems of SAC and their strategies to deal with their experience. However, this study is not with no limitation. Therefore, interested researchers could make further investigation with regard to this topic specially about the basic empowerment strategies will be sued to SAC, how community based child sexual abuse can be prevented and treatments of abused children.

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## Statement of Competing Interests

The researchers have no competing interest.

## List of Abbreviations

SAC- Sexually Abused Children  
 MTCH- Mother Teresa Children's Home  
 HFH- Hamline Fistula Hospital  
 CSA-Child Sexual Abuse  
 MOLSA- Ministry of Labor and Social Affairs

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