



KELELA

for children

Guidebook:

**Child Sexual Abuse Prevention
and Intervention**

Kelela for Children

Guidebook: Child Sexual Abuse Prevention and Intervention



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This guidebook is available for free on Kelela's website.

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“First of all, I would like to express my deepest appreciation and gratitude the Kelela for Children team for such a fruitful initiative. Kelela for Children is such a comprehensive guide that will help parents/guardians and other concerned stakeholders to be well informed about how to protect children from sexual abuse and exploitation. It also provides practical, clear and down to earth information about the response actions that should be taken when children are found to be victims of sexual abuse and exploitation.

In this aspect, it will very much assist the endeavors parents/guardians, government and nongovernmental organizations, relevant stakeholders and the community at large make in preventing and responding to the problem.

Hence, I congratulate the whole team for this successful contribution! And I thank you very much for providing me with the opportunity to review the guidebook.”

Meron Aragaw

LLB, MBA

Deputy Bureau Head of the Addis Ababa Women and Children’s Affair Bureau.

“Mental health disorders can be caused by different traumatic experiences that occur at different age groups; but many experts in psychology and psychiatry have repeatedly described in their teachings, and theories, that adverse experiences during childhood and adolescence can have the worst consequences.

Kelela Project and Kelela for Children Guidebook’s focus on sexual abuse of children, adolescents, and women significantly contributes to the prevention of mental health problems. The guidebook’s use of words that could easily be understood by everyone and its availability in different languages can be especially helpful in bringing about practical changes. In addition, the real stories that have been included in the guidebook clearly show the psychological consequences of carrying the burden of being sexual abused at a very young age.

Overall, Kelela for Children guidebook can create a positive impact and is a useful tool for parents, teachers and organizations or individuals working on gender.

Finally, I would like to say that everyone involved in the preparation of this guidebook by providing their time voluntarily have done something they should be proud of.”

Dr. Dawit Assefa
(Psychiatrist)
President, Ethiopian Psychiatric Association

Acknowledgement

We are eternally grateful for everyone who participated in this project from beginning to end by taking multiple temporary or permanent roles. We really hope that you will see and appreciate the fruits of your effort and work in this final guidebook and feel proud of yourselves. Although we don't have enough space to list everyone's name, we hope you know who you are and know this first Kelela tool is proudly yours.

We will have list of people who took major chunk of responsibilities in the next page to name and thank few others who made Kelela a reality:

Dr. Azeb Asaminew Alemu, other than leading the writing team and writing part of the guidebook, made the project her own since the day she came on board. We don't have enough words to thank her and say how grateful we are for her. May we have more people like you who are filled with passion and discipline.

Mesfin Teshome, co-founder and owner of Resolution Studio, has taken the whole Kelela project as his own since the day we told him about the project and asked for his help to do all things design, branding, and website. We are grateful for him beyond measure and for all Resolution team who contributed to Kelela with their best creative shots; especially Anisa Ali whose creativity found ways to ease such a difficult and heavy topic

using her design magic!

We held two types of researches before starting to write the content: the first was holding a Focus Group Discussion with main stake holders and the second was asking people to anonymously to tell us their stories so we could further understand the different dimensions of the problem and existing gaps. So, we would like to thank everyone who volunteered to be part of our FGD, particularly employees of CARE Ethiopia and teachers of Tinsae Birhan Primary School, especially teacher Mestawot Yimer who organized the school FGD for us. We are extremely grateful for everyone who trusted us enough to share us their stories – we hope you manage to see our Kelela for Children and see the fruit of your contribution!

All professionals, teachers, parents, and everyone who cared enough to generously make time to read our first draft and give us your constructive and critical feedback, you are the reasons Kelela for Children became so comprehensive and inclusive! We are grateful for you beyond words!

All volunteers who joined us in our efforts to reach as many communities as possible by translating to several local languages, you made our project whole and we thank you so much!

To find a copy of this guidebook and other future works including different formats such as visuals and audio books, please follow our social media pages and website listed below.

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Foreword

It was in 2017 when the global #MeToo¹ campaign was taking social media by the storm and women of different backgrounds were coming out with their stories of sexual abuse and violence. Although some were just posting the phrase ‘#MeToo’, a lot of people understood what they meant. This, for many of us, was a reminder of how many times we have encountered sexual harassment and violence in our life time - from childhood to adulthood.

In all this, I kept thinking about the monster myth that most of us, as a society, have bought into; the idea that abusers are strangers or are generally “bad people” that we would identify them just by looking at them. But abusers are often people known to the victims/survivors and they are people trusted by both the victims/survivors and their families or loved ones. Almost all the women I know through my work or personal circles have encountered different types of abuses and harassment ranging from verbal to physical violence where all the perpetrators are families, family friends, teachers, neighbors, respected public figures, and others who were close them and their loved ones. This makes it all the more difficult for people to share their stories for fear of not being believed, being blamed, or afraid of the consequences. I thought if all women were to come forward and tell their stories, the social media platforms would just crash!

In 2017, I shared this thought along with a story of my two friends on my personal Facebook page stating how the sexual abuse they have encountered as children has immensely affected them in their adult life. I did expect a lot of women reading that will relate to the story, but what I didn’t expect was the number of messages and stories I was going to receive from tens of women. Although the stories they were sharing with me were diverse, they had three things in common; first, all of them were abused by people they knew closely; second, their families had no idea that was happening; and third, they didn’t have the right words to tell their families.

¹Although the #MeToo campaign gained mainstream media and global attention in October 2017 following the use of the hashtag by Hollywood celebrities exposing their abusers publicly, it is important to note that the campaign started in 2006 by Tarana Burke, an African-American women's right activist.

issue, it was still apparent that there is a massive gap in directly teaching parents, guardians, teachers, and others involved with children using different types of platforms and methods.

Although the frequency and number of child sexual abuse against female children is extremely high, a significant number of male children are also affected. However, as we culturally don't encourage men to express their feelings openly, and also because of the misconception our society has about rape against boys (by men), the cases often go unreported. For instance, when boys are raped by adult men, most people believe they will become "sodomized" (referring to "becoming" homosexual) and/or they believe the survivors will become threat to other boys "transmitting" their "sodomy". These are extremely dangerous misconceptions that force families to cover up without seeking the necessary medical attention. As a result, the survivor boys end up being double victimized and deterred from getting immediate help to facilitate both physical and psychological support.

One of the visible gaps we can infer from this is the major communication barrier between parents/guardians/teachers and children. This is to mean that the children often lack the language to communicate someone is doing something bad to them although they know something is awfully wrong. Similarly, parents/guardians/teachers often don't know the signs children might show if they are being sexually abused including the delusion of the monster myth that they can't imagine such things could be happening under their roof. Thus, although, an all rounded and customized solution is required to solve this problem, given this context, bridging the communication gap between parents/guardians and children was convincingly an urgent step to take. And this is how our Kelela for Children was conceived!

As the Kelela for Children project was entirely done by volunteers, it took us over two years to make it a reality. But we have tried our best to make sure the content is complete, useful, and easy to understand. When I was ready to launch the project in 2018, I wanted the responsibilities to be shared by as many people as possible and facilitate ways for many people to contribute in one way or another. I wanted it to be a truly community project and I am very proud of what it became. We really hope that you will see this guidebook and feel proud that you have contributed in some ways to make it a reality! My deepest and special gratitude goes to the writers and Resolution Studio who took the whole project personally and carried it here. Thank you is too weak of an expression to say how grateful I am for you!

Kelela for Children is our first work, certainly not our last. Kelela as a platform will bring you many more tools and materials to add to the solution basket to tackle the grim and cancerous social problems we face as a society – particularly on the fight against gender-based violence, sexual violence, and gender inequality. We will especially work harder to produce more formats such as audio and video materials for people who, for many reasons, cannot read or hear. These and other future works can be accessed on our website and social media platforms.

Selam Mussie

Selam Mussie
Project Founder and Organizer

How to use this Guidebook

Who is this guidebook for?

While this guide is primarily intended for parents and guardians, we also welcome teachers, educational institutes, governmental or non-governmental organizations that work on children rights and children-related topics, various social and communal institutes, individuals with direct or indirect contact/association with children, professionals working on various topics, social and gender issues specialists as well as any person or organization that has a direct interest in these matters to use this tool.

How was the guidebook prepared?

Experts from a number of relevant professions participated as main authors or consultants in the preparation of this guidebook. The main contents were written by psychiatrists, psychologists and legal professionals. As well, we sought input from gender experts, media and communication specialists and medical professionals.

Furthermore, we organized group discussions with communities that represent the intended audience for this guidebook (guardians and teachers) in order to evaluate the level of awareness and identify knowledge gaps. The guidebook was designed around key information obtained through these discussions.

Whose stories are included inside?

More than 30 real-life stories were collected from survivors of child sexual abuse in order to create this guidebook. We chose to approach child sexual abuse in this way in order to demonstrate that this issue is common and pervasive as well as to humanize an issue that can seem conceptual. These stories were collected anonymously to protect the privacy of the writers and to allow them to express themselves freely. These stories have been integrated at appropriate points throughout the guidebook.

When can the guidebook be used?

The guidebook can be used anytime to prevent and teach about sexual abuse of children. Additionally, it can be used to identify whether sexual abuse has taken place and what kind of support to provide.

Trigger Warning:

Reading this guidebook may trigger unwanted and terrible memories in people with a history of sexual abuse. Therefore, it should be noted that mental preparation and consultation with a professional may be necessary before reading this guidebook.

This guidebook is NOT a self-help guide for people who have gone through sexual violence before. Hence, if you are a survivor looking for help, we highly recommend you to seek professional help from mental health service providers.

Chapter 1:



**Key information about
child sexual abuse**





01

What is sexual abuse?

Abuse is when someone is placed in a situation or conducts an act they don't want to by use of force, manipulation, coercion or anything that takes choice away from them. This includes acts through which abusers use their culturally, socially or legally given position of power in order to exploit, force, or cause harm to others with less power than them.

Sexual abuse is when a person is subjected to sexual suggestions, jokes, language, or acts without their consent or when done to those who cannot consent. This includes verbal or physical sexual harassment. This occurs by forcing, threatening, deceiving, or exploiting another person. The abuse can target anyone: women, men, children or the elderly. Most victims, however, are women and children. The primary reason is because children and women tend to have less social power than men. **Sexual abuse is a crime. Survivors of sexual abuse cannot and should not be blamed for any of the actions of their abuser.**

Child sexual abuse occurs when the person experiencing sexual abuse is a person under the age of 18. The perpetrator of child sexual abuse may be anyone—older young people, teenagers going through puberty, or adults. According to Ethiopia's criminal code, children cannot consent to sexual acts until they are 18 years old. **Therefore, anyone who engages in sexual activity with children under the age of 18 is committing child sexual abuse.**

I want to reflect on what kind of child I was. I was smart, an avid reader, had many friends, and was adored by family members and teachers. However, nothing I read taught me about my body, sexual intercourse, or sexual abuse. All I knew was that sex and anything related to it was taboo. My understanding was that even talking to someone about sex meant that you were a bad child, let alone doing any such things. I was a good girl from a good family, so, how can it be that this 20-year-old man was manipulating my body like a doll and forcing me to please him in different ways. This went on from when I was in 7th grade until I reached 11th grade. When I grew older and tried to say 'no' and he threatened to tell everyone about what we did and have me shunned. He was my neighbor and also friends with my siblings. He was popular and loved by everyone in the neighborhood. He could come in and out of our house as he pleased. He even spent the night sometimes. Since everyone saw him as a good person and a member of the family, they never suspected that anything was happening when he was at our house. There was never any supervision. Whenever we were alone, he would have his way with me as he pleased. I was so confused and ashamed at the time, so I did not tell anyone.

What are the types of child sexual abuse?

When talking about sexual abuse, what comes to mind for many people is rape.

However, child sexual abuse can look like any number of behaviors, some of which are listed below:

- Forced kissing
- Making children take their clothes off in front of people
- Forcing children to read writing that is sexual in nature
- Showing children images of body parts or other forms of media such as magazines, newspapers or videos showing children/ adults engaging in sexual acts.
- Attempting to sexually arouse children by performing any kind of verbal or physical act
- Forcing children to touch the genitals of another using body parts such as their hands, mouth, genitals etc.
- Touching or rubbing children's genitals and/ or other body parts using one's own hands, mouth or other foreign material.
- Rubbing one's genitals against a child's genitals.
- Facilitating, in any way, the sexual exploitation of children by others
- Rape (Including forced penetration of a child's mouth, vagina, or anus)



When I was 13 years old, one of the kids in our neighborhood took advantage of the unfortunate circumstances my family was in and, while offering to help me, would force me to touch his penis. He would start by kissing me on the lips and would move to kissing me on the eyes and the rest of my face. One day, he just grabbed me suddenly and started trying to force himself on me. Someone heard my cries and he stopped as soon as he heard voices from a distance.

Who are the perpetrators of child sexual abuse?

In many societies, the image attributed to people who abuse children is highly misinformed and far from the truth. People who abuse children are imagined to be drunkards or drug addicts, people who are ostracized by society and unknown/strangers to the victims. However, when we look at cases of child sexual abuse and research about the nature of sexual abuse in Ethiopia and in the world, the perpetrators—though different in their gender, age or other factors—are often close family members. Meaning, they are fathers, brothers, sisters, cousins and trusted social figures like religious leaders and teachers. The abuse can also be perpetrated by those who have the same gender as the victims. We say this to indicate that anyone may sexually abuse children and, with consideration that children are vulnerable to sexual abuse, all children need protection and care.

“

He used to play with my breasts and press his genitalia on my buttocks almost on a daily basis. I was confused because I was only 11 and he was my father and because we had reunited after 10 years of separation. I had no idea about what a father-daughter relationship should look like.

“

It was my brother. He used to pretend he was still asleep while touching me as I was sleeping. It got worse once my breasts started to get bigger. I then stopped sleeping on the bed. This went on for a long time. I started avoiding him as I grew up.

“

When I was in first grade, our English teacher sexually abused all of us girls in the class. He used to touch us inappropriately, kiss us and other things while telling us it was a reward for our good performance in school. Astonishingly, he was married and had a little girl. He even used to mention the name of his daughter and repeatedly tell us that he's doing this because he cares for us.

What are signs that a child has possibly been sexual abused?

Although signs of sexual abuse may be different from one child to another, the most common ones seen are outlined below: (Please note that showing these signs does not confirm that children have been sexually abused. However, the presence of these signs may signify the high possibility that sexual abuse had occurred this list does not include all signs of sexual abuse but highlights some that have been commonly observed in victims).

Physical signs

- Having physical symptoms for a prolonged period of time without a known physical cause e.g. frequent and unrelenting stomach aches, headaches and nausea
- Loss of bladder control (bedwetting) or defecating while sleeping which is inconsistent with age or stage of development.
- Changes in appetite such as increase or decrease in appetite
- Suddenly becoming pregnant
- Having symptoms of sexually transmitted diseases e.g. itching around the genitals or anal sphincter, having sores, blisters or discharge with a distinct smell or color, burning or pain during urination or defecation



I do not really remember how old I was, but I think I was somewhere between 6 or 8 years old. It was my big brother's friend who raped me. I don't know what he did to me, but I remember feeling a strong burning sensation when I tried to urinate afterward.

Sexual signs

- Showing sexual behavior that is not appropriate for their age
- Having knowledge about sex that is not appropriate for their age
- Sexual behavior exhibited with their peers, younger siblings or dolls
- Age- inappropriate or exaggerated interest in their own body parts, and repeatedly fondling one's own genitals, anal area or masturbating
- Asking questions frequently, and an unusual interest in conversations, stories or movies that focus on sexual intercourse



My childhood friend's older brother, who was an adolescent and a close neighbor at the time, forced himself on me for years. I also remember eating poop when I was young. As I got older, I realized that this behavior has been observed in children who were sexually abused. Currently, at my age, I have isolated myself. I do not trust anyone. I am a woman who has fought very hard to keep herself alive.

Psychological signs

Signs seen particularly in children below the age of 13:

- Getting startled easily and feeling fearful for an unknown reason
- Losing interest in school and decreased performance
- Frequent forgetfulness and zoning out/dissociation
- Showing behaviors that would be more appropriate for older or younger children
- Becoming easily Irritable, angry
- Inability to focus or concentrate
- Having poor sleep, nightmares, or waking up in a panic
- Showing sudden behavioral changes

Signs seen particularly in children between the ages of 14-17

- Being isolated from others; not wanting to socialize with others, not wanting to play with peers
- Looking depressed, being irritable, and crying
- Being angry and aggressive
- Purposely breaking the rules with malice; not respecting social rules and causing harm to others
- Either not keeping up with personal hygiene or obsessively monitoring it
- Using alcohol and drugs
- Being involved in fights that breakout either at school or at home
- Running away from home
- Suicidal thoughts and attempts

“

It was only when I turned 11 or 12 that I was able to refuse the abuse. Academically, I was doing very well, but I kept feeling inferior because of the abuse I went through. I lost interest and stopped caring for myself. I even feel a lump in my throat even as I write this now because the memories are so vivid. I have tried very hard to avoid thinking about it. I really try my best not to think about it especially at times of deep sorrow and depression, including my early teenage years where I had suicidal thoughts and made attempts to kill myself. At a young age, I started being told by my mother and the community that I was worthless unless I saved my virginity for marriage. This forced me to deal with a great deal of anxiety, guilt and fear on my own. As my grades dropped, I convinced myself that I was stupid, ugly and inferior to everyone else.

What are the long-term adverse consequences of child sexual abuse?

Children who have been sexually abused may face short- or long-term effects. This does not mean that short- or long-term effects will always occur or that long-term effects will always be present. However, it is helpful to understand and be prepared for the possibility that someone who has experienced child sexual abuse may encounter some of these symptoms

Major Depression

Major depression is the most common symptom of child sexual abuse. It can be associated with excessive self-blame and feelings of responsibility for the sexual abuse. When they blame themselves, they may think, 'it wouldn't have happened to me, had I not done this.' In addition, major depression is associated with a decrease in self-esteem. When self-esteem decreases, children may start to distance themselves from their communities, develop insomnia or sleeplessness, experience changes in appetite, lose interest in things they used to enjoy, and think about or attempt suicide.

Anxiety

Anxiety can occur in different ways. The most common way anxiety manifests is through triggers. Triggers are situations, people, or thoughts remind the person of their abuse. Examples of triggers could be things like seeing people who look like their abuser, going to a place where abuse happened, seeing clothes they were wearing at the time of the abuse, or scents and smells they associate with the incident. Sometimes, people can experience sudden anxiety or panic that is triggered for an unclear reason.

Numbness

Survivors can be emotionally distressed when there are reminders of the abuse, so, the mind uses numbness as a coping mechanism in order to prevent itself from experiencing unpleasant feelings. When people become numb, they appear as if they aren't experiencing any emotions and they may seem lost in their own thoughts. They may also manifest this numbness in their bodies through a stiffness or through difficulty in controlling movement.

“

He left me with a permanent mental scar. There's a deep hatred within me against my family, against men, against the whole entire world. It plays a big role in why I got divorced. I can't trust anyone. I'm always suspicious of people. I can't even leave my child with my mom; I'm very afraid.

“

I was raped. I was in 2nd grade at the time. The perpetrator lived in my family's house as a dependent and he sexually abused me frequently until I was in 6th grade. He used to threaten me so much that I still have never told my mother about it. My family is certain that I am a virgin. I am now 26 years old but I lack self-esteem when I am in relationships and the thought of marriage scares me. I've never gotten tested for HIV because I am afraid to know the results. I still don't know what I should do but I would like to get married and have kids like my friends.

Alcohol and drug (Substance) abuse

In order to cope with the anxiety and negative thoughts about oneself, people may start using alcohol, prescription and non-prescription drugs. Overtime, dependency may develop. This dependency can further put a strain on social life and financial capacity and may also lead to involvement in illegal activities.

Problems associated with marital and romantic relationships

A survivor's feelings about marriage and romantic relationships may be negatively affected by the fear and the inability to trust others they developed in response to their abuse. This lack of trust may reduce the desire to be involved in romantic relationships. Since a survivor's first sexual experience was bad, it may make it difficult to form a healthy sexual relationship. If the abuse has left a physical injury on the body or if there is pain or dryness, this can also cause negative sexual experiences.

Eating disorders

Some survivors develop negative body image as a result of their sexual abuse. In order to feel better about their sense of themselves, survivors might try to control their weight by depriving themselves of food or intentionally force themselves to vomit. In order to cope with negative emotions, survivors might also eat more than necessary as eating is an activity through which pleasure is derived.

Physical symptoms

Physical trauma and pain associated with child sexual abuse may be sustained for a long time without fully healing. In addition, due to the psychological nature of abuse, people may also develop different physical symptoms in different body parts in the absence of medical illness that can explain it. Moreover, even if the physical trauma of the abuse healed overtime with treatment, survivors may experience similar physical pain whenever they have reminders of the abuse.

“

I have an inappropriate and unhealthy sexual life. If I do not drink alcohol or use drugs before sex, I will be tearful and cry during sex. So, I'm always high on drugs or drunk when I have sex. This has prevented me from allowing people to get to know me, which ruined my past relationships with men who genuinely cared about me. Now, I can't stay in a relationship for a long time. When I find people who truly care about me, I tend to avoid them even more.

“

I saw the effects of the sexual abuse I experienced towards the end of my teenage years. I got a girlfriend and tried to have sex, but I struggled to get an erection. I first thought the problem was my girlfriend and tried it with another girl but it didn't work. In fact, when we get a room and a girl takes off her clothes, rather than getting excited, I get stressed and anxious and feel a frequent need to pee. At 20, I had a girlfriend who even if we are broken up, I still love to this day. It was getting better with her but I wasn't fair to her. I think because I had a hidden hate against women I never knew I had at the time, and took that out on her by insulting and humiliating her on a daily basis. I also developed cigarette and khat addiction. She finally left me when she had enough.

When a male child is sexually abused by a male perpetrator, many people are worried that this will lead to same sex attraction. However, there are no studies directly linking child sexual abuse as a cause to affecting one's sexual orientation.

What determines the level to which adverse effects of child sexual abuse are experienced by survivors?

Child sexual abuse can impact lives of survivors in many different ways. The level to which survivors experience adverse effects will be different for different individuals. For some, it may not even have any impact. There are many factors that determine the level of adverse effects in life.

The following are factors that may increase the level of adverse effects.

- Family disagreements, fights, divorce or family member who has alcohol/drug addiction that occur before or during the sexual abuse
- If the sexual assault occurs in combination with physical abuse
- If the sexual abuse included penetration
- If the type of sexual abuse is different from what is commonly known or talked about or if it has caused significant physical trauma
- If the perpetrator is a family member or has a close relationship with family
- If there's a possibility of having multiple interactions with the perpetrator
- If the child was very young at the time of the assault. This means that sexual abuse on toddlers has a huge impact. Even if they may not remember the abuse, they might still feel like something is wrong with them or that they lack something.
- If the sexual abuse occurred multiple times or over a longer duration
- If the children who were sexually abused do not have support systems (if they do not have parents or guardians, if they don't have family physically or emotionally close or if they are neglected by their family)
- Low social and economic status
- If the children who were sexually abused were blamed for what happened
- If the family reacted to the news of the abuse in a way is troubling to the children
- If the child was easily stressed or anxious before the sexual abuse.

If some of these and other factors are observed in children who have been sexually abused, it means that they might need extra attention and support.

On the other hand, encouraging children to talk about what happened, supporting them in accessing social and family support, getting involved in their medical treatment, and making sure they don't blame themselves for what happened could help alleviate the impact of the abuse.

“

After I told our family priest about what happened to me, he was not surprised which made me feel a little better. I guess he's heard more disturbing stories from others.

“

Once I came to know a local organization that fights for women's equality, I started sharing my story. The love and support I received from them when I shared my story has helped me talk about it more. The more I talk about it, the more I see my broken heart healing and my tears drying.

What are the factors that prevent children from speaking about their sexual abuse?

Even if child sexual abuse causes physical and emotional harm, children may not speak about what happened unless it is by accident or if they are asked by an adult.

There are multiple reasons why but the most common ones are the following:

- Being threatened by abusers
- Not knowing how and to whom they should speak to
- Not understanding what happened
- Worrying that it will cause problems within the family if they were to talk about the abuse
- Fear of their parents' anger or
- Guilt and shame induced by the abuse
- The tendency of the community to blame people who have been sexually abused
- Inability to speak about it, having difficulty in recalling the abuse or denial of what happened due to the severity of the abuse
- Thinking that they would not be believed if they told what happened to them since the perpetrators are close family or friends
- If they have known the abusers in their good behavior, then this might create confusion in their minds.
- Being lured in by lies and tricks of the abusers.

One day, when I found the courage as a small child, I told him that I would tell other people.

He then told the neighborhood kids, "she's a bad girl, I heard from others that she's accused me of attempting to rape her while the only thing I tried to do was buy her bread so she wouldn't go hungry. Don't go to their house if you don't want the same thing to happen to you." While I was happy he stopped coming to our house, the other neighborhood children avoided and isolated me. I had been very good at school but I became so afraid to leave the house to go there. I was so afraid to even have a simple conversation with people.

I first told someone about it when I was 15. I told my best friend. She was very upset with me for not speaking about it earlier and reproached me saying, 'What, if the guards do the same thing to others.' That sent me into further depression and anxiety

Between the ages of 5-6, I was raped by our housemaid. She was having sex with me even before I knew about my genitals or my manhood. I didn't say anything about it because I didn't understand what was happening at the time.

A guy I befriended once told me that as a child, his family's housemaid used to touch him inappropriately as soon as his parents would leave the house. I didn't tell him my own experience but admired his strength and courage to talk about what happened to him. I do wonder though if he would have told me if he had been abused by a man instead

One of our neighbors used to offer to make clothes for my doll. He used to put me between his legs and the sewing machine, touch my genitals, and excite himself. I didn't tell this to my parents since my parents knew the guy and knew that I was with him (to get clothes made for my doll). Since I didn't have enough knowledge to think things were not right, time passed without me telling anyone what happened.




I think I might need the help of a therapist for what I'm about to say. But I don't want to tell anyone, probably until the day I die. Why? Because it enrages me. I'm so angry for allowing it to happen to me. It's taken me about 10 years to forgive myself.

Our dad is very intimidating/overbearing. To this day, it's only his wish that is entertained in our family. Nobody challenges him. His intimidation has made us lose our self-confidence. When he goes to the office, our mother likes to invite our neighbors over to talk, eat and drink coffee. It's those who've eaten and drank from her hands that have played with my body. To this day, the image of a man hugging a child makes me feel uncomfortable. To the question on why I didn't say anything: deep down in my young heart, I knew my mother wouldn't be able to save me from anything.

Chapter 2:



How can families and guardians prevent child sexual abuse?





02

Prevention Methods

Even though the prevention of sexual abuse against children is challenging due to the intricate circumstances under which it takes place, there are methods which can be effective if implemented early.

Teaching children about sex and romantic relationships

The first and main method for preventing child sexual abuse is to teach children about reproductive organs, gender, sexual relations, and sexual abuse accurately in a way that they can understand and that is according to their age. It is essential to teach children that they can refuse, run away and tell an adult or police nearby if someone touches them or other children in a way that makes them uncomfortable or is wrong. In the next chapter we will take an in depth look into how we can teach children about these issues.

Ensure the safety of children

As noted in earlier chapters, the majority of child sexual abuse is committed by people within the family or close to the family. Therefore, the second set of measures to protect children is to make sure that they are always accompanied, or, if that is not possible, that there are mechanisms for following-up on their safety (for example, asking others to check on children regularly, or making

regular phone calls). Additionally, children should not be alone in inaccessible, secluded, dark places or single rooms. These recommendations are not meant to reduce the love and trust between families and communities but are helpful for preventing child abuse before it occurs and are recommended with the belief that family and friends who have the best intentions for the child will understand the necessity of these measures.

Guide children on what to do if they are subjected to sexual abuse

The third measure that is recommended is to inform children, well in advance, when, to whom, and how they should tell if they have been sexually abused. Children who have been sexually abused often don't know what to do as they may feel threatened by the offender, or feel afraid, embarrassed, or guilty. This can increase the frequency of the abuse, the severity of the negative consequences of the abuse, and delay the necessary medical and legal processes. Therefore, early education and guidance is very essential

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When I was 8 years old, my brother and I had a tutor who would give us lessons in our neighbor's apartment, below our mom's office. My brother was not interested in the lessons so he would devise ways to skip them. On the occasions that I was alone with the tutor, he would take out his genitals and ask me to rub them. I used to do everything he asked without any sense of guilt. I hadn't gotten any kind of information or guidance regarding sex and bodily agency from my parents so I had no idea that what was happening was wrong. I never told my parents.

How do we teach children and teenagers about their private body parts, sexual and romantic relationships, and abuse?

Any education provided to children should consider their age, level of mental preparedness, understanding, and maturity. Based on the measures discussed above, the following are recommendations for content to teach children based on their age group.

Children between ages 2-7 Typical developmental behaviours

- Start developing skills to convert their thoughts into things they can practically do.
- Start to understand metaphorical expressions
- They start to think only about themselves and see things only from their own perspective
- Are not able to evaluate things from multiple perspectives
- Can think of only one thing at a time
- Ask about how they were born and their differences with others
- They want to watch and touch when other people undress
- Touch themselves often out of curiosity to know their body
- Undress themselves in socially inappropriate places due to lack of understanding of social norms
- Start showing their private parts to their friends and talk about what they have seen
- Try what they have seen others do in different circumstances (for example, kissing)
- Talk about their private parts, use 'taboo' words without understanding their meaning

Teaching method

As mentioned earlier, when teaching children in this age group, we need to make it short, clear, and consistent. Use pictorial diagrams to describe their private parts and what they are used for. Use clear metaphors or stories to answer questions such as 'where do I come from, how was I born, and what is this' by using words suited to their ages.

Main information to be taught

- Children are born from mothers
- Everyone's bodies are different and have different sexual organs
- Give names to private body parts using simple terms
- Your body is private
- Touching another person's body without permission is wrong
- No one can touch your body if you don't want them to, not even an elder person or someone you know. You can't touch someone else's body if they don't want you to.
- You have the right to say 'No' if anyone touches your body.
- Which body parts are not to be touched at all and private
- They can talk to their families openly even when others tell them that something is a secret

Children between the ages of 7-11

Typical developmental behaviors

- Growth in the skills of converting their thoughts into practice
- Start viewing themselves and their actions from the perspective of others
- Start testing their thoughts in practice
- Start having feelings of embarrassment and understanding societal rules (for example, they might prefer to change their clothes in privacy)
- Start thinking a bit about sexual desires
- They start to be interested in information, movies or music that are related to romantic relationships

Teaching Method

In this age group, beyond thinking about their desires in their minds, children will also start to experiment enacting those desires. For example, they might, alone or with friends, act out behavior that they have seen or heard about. Parents should ask their children what they know about reproductive body parts, romantic relationships, and sexual relationships in order to find out if they are misinformed and to make sure they have correct information. In addition, instead of embarrassing children for asking unexpected and complicated questions out of curiosity, or getting angry at them for knowing more than a parent might want them to know, parents should give fact-based answers. If the question is sudden and the parent isn't ready or well-informed enough to answer, a parent could reply "I am happy you asked that question though I don't have an answer right now. I will check on it and let you know." Replying in this way prevents children from being discouraged from asking questions and from feeling shame or embarrassment. It's okay to take time to think about how to respond.

Main information to be taught

- The meaning of sex, pregnancy, and birth
- Physical changes that come with age
- Undesirable consequences of sexual intercourse (for example, unwanted pregnancy, sexually transmitted diseases)
- What sexual abuse is and explain that it includes the type of sexual abuse listed in chapter 1
- That it is sexual abuse even when the perpetrator is known to them
- Explain that they are not in any way responsible if they are sexually abused
- Teach them if a stranger asks them to do something they don't want to do, say 'no' and immediately report to family or to a trusted older person in the vicinity
- Teach them to avoid or to be careful of dangerous places or situations (for example, being alone or with people who make them feel uncomfortable, being around pubs when there are drunk patrons or around sketchy neighborhoods)

Children 11-18 years old

Typical behaviours

- Are able to think and understand logical and complex matters
- Are able to imagine or fantasize in their minds
- Search for self-identity begins
- Since adolescents are transitioning in to young adulthood, they tend to think that they know everything, assert their independence, dislike direct advice, and have a preference for their peers rather than their parents
- In order to gain acceptance by their peers, they tend to copy what others do (clothes, walking manners, hobbies)
- May feel embarrassed, confused, or scared about physical changes that come with age.
- May become curious and want to experiment with informed or uninformed sexual activities.
- Could be prone to engage in inappropriate and unhealthy sexual activities in order to get approval from their peers

Teaching method

As children in this age group go through puberty, it is necessary to discuss about reproductive body parts, romantic relationships and sexual activities.

The main reason parents are reluctant to teach their adolescent children about sex is because they think they are exposing their children to something the children haven't thought about and, in doing so, motivating them to explore sexual activities.

However, research shows that it is necessary to teach adolescents early at home. When parents do not provide sufficient and accurate information, children learn dubious, unverified, overly explicit, and exaggerated information from their peers, the internet, or other sources. As adolescence is the age that they complete their physiological development and psychological preparation for becoming adults and having sexual experiences, an emphasis should be given for the appropriate education in: healthy sexual relationships, alternatives to sexual intercourse, prevention methods for sexually transmitted diseases and unwanted pregnancies, and that they themselves should not sexually abuse other people.

When conversations like this begin, teenagers may not feel completely comfortable. It can also be confusing to know how to start the conversation.

Because of this, it's important to pay attention for moments that may offer entry points. For example, if you heard a podcast/drama that told a story about a romantic relationship, you could ask your child their thoughts about the story. This will give you insights into their views. Then you could continue the discussion by relating the story to their own life.

It is useful to be candid and truthful in order to facilitate an open dialogue. It's helpful to encourage children to ask questions, for us to try to answer their questions to the best of our ability and share our own experiences. If children express something unexpected, and we react with shock or anger, it will discourage children from sharing. Therefore, it is important that we refrain from judgement and listen. Children could be telling their story to get an adult's opinion or advice. If children express a view that is different than ours or is out of our expectation, we can calmly tell them that we respect their opinion but that we disagree and explain our reasoning. This will open the door for future discussions.

Main information to be taught

- Discuss how they can understand the physical changes they are going through
- Explain that sexual desire is healthy and natural
- Equip them to withstand peer pressure that might push them to make decisions that are not in their own best interest that may lead to unwanted sexual intercourse or situations that can expose them to a sexual abuse
- Differentiate between healthy and unhealthy relationships, for example, people who may influence them to use addictive substances, people who put extreme pressure on them, or people who provoke fear or are intimidating
- Teach ways to prevent unwanted pregnancy and sexually transmitted diseases
- Teach them that they have the right to say 'no' if they are not interested in starting a romantic or sexual relationship

How can we support groups who need special protection from sexual abuse?

Even though sexual abuse can happen to anyone, people with physical or developmental disabilities, or mental illness are significantly more vulnerable to abuse. These conditions can make it difficult to identify that sexual abuse has occurred and to get survivors the support they require. Therefore, people with special needs should be given increased support, protection, and special education.

The groups of people mentioned in this guidebook who need special support and protection includes people who have:




1. Intellectual Disability
2. Physical disability
3. Autism Spectrum Disorders and,
4. Severe mental illness, especially people with bipolar disorders

Perpetrators of sexual abuse can take advantage of these groups of people due to the fact that they may have difficulty expressing themselves or communicating, practicing prevention techniques, and identifying or describing actions or perpetrators. This exposes them to increased risk of being sexually abused which means that they should be given special attention and protection. Therefore, parents and teachers of these children need to be extra vigilant in providing special protection as well as for looking out for the signs detailed above and give the child access to professional help when they notice these symptoms.

Chapter 3:



**What can we do after
sexual abuse occurs on
children?**





03

When and how do children and teenagers who have been sexually abused talk about their abuse?

Children and adolescents who have been sexually abused often have the desire to tell someone, usually another family member about it. Sometimes the reason why children want to speak out maybe because they want protection from further abuse or because they are trying to process what happened. However, it's common for sexually abused children and adolescents to take a long time to share about their abuse. All survivors respond differently: some of them may never be able to talk about it and others may tell people immediately. This varies depending on the type of abuse, age of the child, and the strength of the bond with the person they entrust with their story.

Children who have not yet developed speech ability or children with developmental delays may experience difficulty with appropriately expressing emotions. In this case, it helps if we observe children's behavior in order to recognize any symptoms of abuse.

Children between two to seven years old may not disclose their abuse because they are too young to distinguish between good and bad behavior and may not understand the abuse itself. In most instances, with children in this age group, we find out by accident about abuse. Abuse may be identified, for example, through unusual fear heard in a child's speech, questions and sudden changes observed in their behavior.

When children between the ages of seven and eleven want to indicate that there is a problem, it's common

for them to try to signal through their behavior. Examples may include leaving when the perpetrator comes to the house, refusing to say hello, pulling family members away from the person or to avoid being left alone with the perpetrator. If, as family members, we do not notice these signs, survivors may feel that we do not understand them which holds them back from openly explaining.

When survivors decide to speak out, their story may not be clear or in the right order. This maybe because children don't have the same ability as adults to understand the concept of time or due to an extreme fear. They may contemplate for a long time before they decide they want to tell a family member they trust. In fact, it is often easier for survivors to first tell a person closer to their age such as a school friend, or a sibling. If the first person they tell receives the news in a supportive way, they are more likely to have the courage to tell an older person.



Hotline Services

If you or anyone you know encounter gender-based violence or sexual violence, use these free hotline numbers to get free counseling services and other information

6388 Alegneta

8044 Marie Stopes Clinic

Ways to ask children about sexual abuse if we suspect it happened

Choosing a place

Choose a place where the child feels comfortable, perhaps a quiet place that is not easily accessible to everyone. Listen attentively and avoid distractions. It might help to start the conversation using an age-appropriate toy that they enjoy.

Choosing an appropriate setting can also help ease anxiety for older children. We can ask to speak to older children privately and allow them to suggest a place they feel comfortable.

Adjusting Tone and Facial Expression

During these conversations, maintain a neutral expression. If children notice reactions, they may change their story to produce the reaction they want us to have. Children might, for example, refrain from sharing something they think might upset us or lie about things that have not happened out of fear or shock. Our tone should also be steady and not different from another regular day.

Being selective with the words we use

We need to be mindful of the child's age when choosing the words to ask questions. We need to use language that is clear and understandable.

Start with simple questions before continuing to the difficult questions. This way, children are not caught off guard. For example, we can ask our questions in the following order, "Does anyone touch your body?" "Where did the person touch you?" "Where else?" "What did the person use to touch you?" "Did it hurt when the person touched you?"

Encouragement

Children may be confused when we suddenly start asking questions. They may think we are asking to correct a mistake they made which may cause them to lie. Inform them that we are asking questions because we want to help them—not because they did something wrong. If we sense hesitancy to speak, it is important to use encouraging words, such as "it's okay," "you are doing the right thing," "bravo."

How can we help our children if they tell us they have been sexually abused?

Stay Calm

When we first hear this kind of news, it is understandable to be emotional. However, since our first priority is the child's wellbeing, we need to stay calm, get the needed information, and be our children's protectors/defenders. Our children's emotions are highly dependent on the emotions we show, so if a child sees that we are emotionally distressed, they may become distressed. We may be angry at the perpetrator, for example, but if the survivor sees us expressing anger, they might think we are mad at them. This means that we need to appear emotionally neutral.

Listening

Dedicating time to listen to our children not only helps children to freely speak out and demonstrates to them that we are their ally, but it also allows us to understand their full story. Listen without interrupting. Using words that affirm that we've heard them, such as "okay," and "and then...." Ask questions only after we're sure they have finished speaking.

Avoid blame and judgement

The only culprit in a sexual abuse is the perpetrator. The child is, in no way, responsible for the offense. However, sexually abused children often feel guilty, indecent, and may feel scared that their family will also think that about them. Therefore, when we are asking them, we need to avoid using words that project responsibility onto them.

For example: Instead of saying, “You are worrying me because of your change in behavior”, you can say, “I am worried because of your change in behavior” which has no blame.

or

It is better to say, “the man should not have touched your body,” instead of, “You should not have allowed another person to touch your body.” In this way, we can reduce/ lower their feeling of shame, encourage their self-confidence, and motivate them to explain more.

Patience

In most cases, people who sexually abuse children threaten and intimidate them to prevent them from telling. Sometimes perpetrators threaten to harm the child's family, suggest that the family would punish them if they found out, or any number of other ways to keep them from speaking out. As a result, children become afraid and it's often very difficult to overcome that fear. When we acknowledge this, we understand that patience is necessary in order to have this conversation. We need to understand that what survivors share might be all they are able to share and avoid pressuring them to tell us more. Instead, it is best to appreciate them for telling us as much as they could and tell them that we are ready to listen any time they have anything more to tell us.

Telling them that we believe them

If the perpetrator is someone close to the family, the family may struggle to believe that the abuse actually happened. However, more often than not, children do not lie about sexual abuse. They may have even refrained from talking about it for a long time, or be scared to speak because they thought no one would believe them. We need to put suspicion aside and show children we are their allies. We need to tell them we believe them. It gives children great psychological strength when we support and encourage them by telling them that we are proud of them for speaking out.

Show them love and support

Children who have been abused may feel lonely. They may think no one loves and believes in them. When we tell them that we will listen and help them in whatever way we can, it can put them at ease and help them overcome the effects. We need to emphasize that we love them, that what happened is not going to change our love for them in any way, and that what happened was not their fault. Children feel confident when it is affirmed to them that the perpetrator was the only one responsible for what happened.

Protect from further abuse

We must protect child survivors of abuse from repeated abuse. This could require exercising extreme caution if the perpetrator is someone who is a close family member, neighbor, or someone from school. It is crucial that, at best, the perpetrator has no contact with the child, and at worst, that the survivor is not left alone with

the perpetrator. Letting our children know that this plan can make them feel safe. This, however, should not be done in a way that would affect their desire to play and diminish their childhood curiosity. In addition, it is important to make them aware of what to do if they come across someone who tries to abuse them. Inform them that if someone touches them inappropriately they should say ‘no,’ scream for help, or tell an older person they trust.

Asking for what they need

When children tell us about their abuse, they may also have things they would like us to do for them. Therefore, it is helpful to ask about their needs. Encourage them to share their fears so that we can understand their concerns and work to protect them from further harm. Sometimes, it may be easy to fulfill their needs, other times we may not be able to or they may request something that is inappropriate due to their limited comprehension at a young age. When we can’t, it’s important that we explain why, calmly and rationally. For example, if the survivor asks us not to tell anyone, we know that is a request we cannot honor because it is essential to consult with health care professionals and legal experts. When we explain, we can say “I understand that you are afraid that something bad will happen if I tell someone, but there are people that are trained to help people in this situation. I will need to tell health care professionals and legal experts. They care about your wellbeing just like I do. I will tell you everything I share with them and I will never do anything that could put you at risk.”

Give time for their emotions

Children who have been sexually abused find it difficult to express and understand their own feelings. When they are telling us their story, they may suddenly start crying, feel angry, or panic. These are normal symptoms of having been abused. Helping them express these feelings is important for recovery. During this time, they want to know that we are there for them and support them. We can make sure they know their emotions are valid and that it’s understandable that they feel the way they feel. We can also describe our feelings and how it relates to the situation to let them know that emotions are normal. For example, we can say “I am here for you. I understand you are hurt; I am also pained by the hurtful thing that has happened to you.” Wait until they have finished expressing their feelings before we ask any additional questions.

Understand their feelings

Children who have been sexually abused may show many different emotional reactions. Understanding these emotional reactions helps speed their path to recovery. It is impossible to solve all problems at once.


Fear: Of the perpetrator, being alone, family's safety, being separated from family and being different from others and sadness: The goal for parents is to make sure children are safe now and to let them know that we are ensuring their safety. We can help build their self-esteem by encouraging children to participate in activities that they can do independently and that give them joy.

Anger: At the perpetrator, silent bystanders, themselves. Children who have been abused may be angry and easily irritable. Their behavior may provoke anger in us or disturbing to us. However, if we understand why this happens, we can help facilitate conversations that allow children to meaningfully express their emotions. This not only helps them to learn how to observe, identify, and manage their anger and other emotions, but also to regain a sense of trust in other people. It is important to teach them that it is beneficial to calmly express themselves the next time they feel

angry. After some time, when they start expressing their feelings more effectively and calmly, it is important to acknowledge their progress and encourage them to continue.

Guilt: Children often un-proportionally and excessively blame themselves when something bad happens. Therefore, we need to remind them that they were not responsible for their own sexual abuse and that they should not blame themselves for what happened.

Confusion: If the survivor had had a positive relationship with the perpetrator in the past, they will find it difficult to understand how to interpret their abuse. Since children characterize people and the world as either good or bad, it is challenging for them to understand a person who displays both good and bad behavior. Consequently, they often switch between either liking or hating the perpetrator. Their behavior may be just as confusing. In this case, the family has to explain that even though the perpetrator's behaviors were good in the past, what the perpetrator did in this instance, was wrong and inappropriate. In this way, they will separate the individual from his/her action.



Understand their behavior after the abuse

Developmental Regression: Children who have been sexually abused are troubled by the distressing nature of the abuse, which can delay or even regress their development. For example, a 10-year-old child may start to wet his bed or suck his thumb like a neonate would. To change this, it is important to make survivors feel safe and encourage them to express their feelings. It is unhelpful to pay too much attention or criticize these behaviors.

Choosing to be alone: Often survivors choose to be alone mostly because they don't believe they have any support or because they tend to have low self-esteem. Affirming them and making them feel supported can help them become more social and more self-confident in social situations.

Sleep problems: People who have been abused may have trouble sleeping and may experience nightmares. It is good to ask children what they need and encourage them to describe their fears. They may ask for someone to stay with them until they fall asleep or to keep the lights on. If the abuse occurred in their bedroom, they may want to switch their room or rearrange the furniture in the room so that they are not reminded of the abuse. Meeting their need might be enough for them to start sleeping soundly again.

Continue previous daily routines

Children and adolescents who have been abused feel stressed by the idea that others see them differently or that they are being treated exceptionally. Giving excessive attention exacerbates this stress. Therefore, it is best to continue usual routines and treat them relatively normally

Inform them what we are going to do next:

After children tell us about their abuse, the next steps are to get them medical, psychological, social, and legal assistance. We will also need support from family and friends. This means we will have to share the story with certain people. Include children in your disclosure plans. It is best to inform them who, why, and how we plan to share their story in a clear and age-appropriate language so that they know what to expect. Informing them ahead of time allows them to mentally prepare themselves and reduce shock or excessive fear. If they have questions and concerns, discuss them before any planned action.

How can we manage our emotions when our children tell us they have been sexually abused?

When we first hear that our child has been abused, it is likely that we will feel many mixed emotions. As people close to the survivor, this is to be expected. Emotions most commonly experienced are described as follows:

Shock: When something we hadn't expected happens, we may feel surprised and disoriented.

Disbelief/Denial: We may struggle to imagine that something like this could happen to our child. While this thought can occur spontaneously, we must be careful how and where we act on or express this feeling as it can make our children feel like we do not believe them.

Anger: This emotion can occur for several reasons. If we weren't informed immediately after the abuse, we may feel angry that our child withheld something from us. If we know the perpetrator, we may be angry that this person betrayed our trust. When our emotions are very strong, it can be a challenge to discuss difficult issues calmly. To overcome this, it helps to recognize these emotions within ourselves and find healthy ways to express them before trying to navigate conversations about abuse.

Sadness: It is normal to be sad about what happened and have frequent thoughts that the abuse may affect our children's lives negatively in the future. We may also have thoughts about how it will affect our own lives and lose a sense of optimism. We may also struggle to trust people in the same way we did. It is normal to mourn and take time to process such emotions.

Fear: We may worry about how the abuse could affect the lives of the survivor and our own lives which may create fear especially when encountering reminders.

Guilt: We may feel guilty if we feel responsible for putting our child in a situation where they were abused. However, if we dwell in this emotion, it prevents us from moving forward and doing what is best for our child's present and future.

Although the abuse happened to our child, it also has a major impact on us. We have the opportunity to minimize the impact on our children through managing its impact on us. It is important that we have close friends, family, or professionals to consult with as well as to support us. This will require that we give ourselves time for self-reflection and introspection. Understanding ourselves will allow us to explore and develop healthy coping tools including doing things that we enjoy.

If we have experienced sexual abuse in the past, learning about our child's abuse may bring up difficult memories and emotions for us. If this is the case, it is important to seek out professional help.

If the perpetrator is a family member, recovery can be difficult and complicated. We might feel conflicted about reporting, exposing the family to rumors, forgiveness and reconciliation. We need time and support to deal with our emotions and figuring out who we trust, how to keep the family safe, and how to stop the abuse. The mental energy this requires can be stressful. These feelings and thoughts can be even worse for our children. Children abused by a family member need us to be their allies and require our support more than ever. Since these situations are complicated, it will be helpful to consult trusted people for assistance in thinking through the options.

What to expect regarding the medical evaluation of children who have been sexually abused?

After finding out that a child has been sexually abused, it is important to go to a healthcare facility for a medical evaluation as soon as possible, regardless of when the abuse occurred. It is best if the medical evaluation is performed by an obstetrician/gynecologist or a pediatrician.

If the sexual abuse involved physical contact or the exchange of body fluids and the survivor sees a healthcare provider within 7 days of the abuse, a full physical evaluation will be performed. Before performing a full physical examination, a complete medical history will be taken in order to establish the general health condition of a child. As well, the provider will ask for full information about the abuse. The purpose of inquiring about the specifics of the abuse is so that providers can identify and treat problems caused by the abuse, prevent infectious diseases and unwanted pregnancy, and gather useful information for legal service.

During an emergency evaluation, the survivor's body will be checked for bruises, injury to reproductive parts, as well as testing for sexually transmitted diseases using blood, urine, and fluids from genital areas. During the examination, if there is a large amount of vaginal

or anal fluid or bleeding, a finger or device may be used to identify the source of the fluids and stop it. If there is an area that needs stitches, they will also be provided by the medical professional. For this examination to be thorough, the child should go to the healthcare provider before washing the body.

These examinations are very stressful for children. They may think that the tests are being done to punish them. Showing their bodies and being touched by someone they do not know can trigger the feelings they had during the abuse. Explaining to them the reasons for performing the examinations, clarifying that the examiners are trying to help, and reminding them that we will not leave their side can ease their distress. Depending on their age, it may be preferable to hold them, physically support them, or be present with them during the examination. A medicine can be given temporarily to calm some children that are not able to sit still during the examination.

If there are any wounds that resulted from the abuse, those will be treated after the examination. Care is also provided if there is any follow-up treatment needed such as stitches, surgical consultations, or medications.

If the survivor is a girl in her reproductive age, she will be provided with contraceptive pills to be taken within three days of the abuse to prevent unwanted pregnancy. Different types of medications are given to prevent sexually transmitted diseases. The vaccine for hepatitis,

a sexually transmitted virus that causes liver disease, is administered at 1 and 6 months after the first dose. The Tetanus vaccination is also provided if it hasn't been administered before. An antiretroviral HIV drug is also provided to those who present to a doctor within three days of the abuse and test negative at presentation. This drug will be given for 28 days and will help prevent the disease from transmitting as a result of the abuse. If the drug is started three days after the abuse, it will not be effective in preventing it.

After the initial examination, survivors will be referred to a mental health professional to provide psychological support. This medical care will continue through follow up appointments. Medical reports or certificates can be acquired by request and provided to other concerned bodies such as legal professionals.

If a child is presented to the hospital 7 days after a sexual abuse or if the nature of the sexual abuse did not involve physical contact or exchange of body fluids, it is possible that they will be immediately referred to psychological support. It's possible that medical professionals will recommend tests for pregnancy and sexually transmitted diseases at the first appointment and later on at follow up appointments. If necessary, medical care will also be provided for any physical injuries sustained from the abuse.



What to expect regarding the psychological support provided for children who are sexually abused and their families?

There are various professionals who can provide psychological and mental health support. These are social workers, psychologists, clinical psychologists, Mental Health Professionals, Psychiatric nurses, and Psychiatrists. In addition to these professionals, general doctors, pediatricians and gynecologists who have received training in psychological first aid can provide temporary assistance.

These professionals provide support and therapeutic care regarding the psychological effects of abuse on the child and families. They can assess the impact of the abuse, provide guidance to children and caregivers on ways to cope with and modify mental, emotional and behavioral changes observed in children, explain to parents what to expect and how to communicate with children, how to protect children from further harm, brainstorm solutions to problems and facilitate healing for families and survivors, among many other services.

In addition, adults who have been sexually abused at a young age who need help are also provided psychotherapeutic services to relieve them from the influence it has on their adult life.

This consultation starts with taking a full life story in order to help professionals to gather enough information to get an understanding of the situation and draw meaningful insights. They also make suggestions for the type of assistance needed and are able to provide information about ongoing support if it is necessary. This support may be provided individually, to the children and families, or it may be conducted in a group setting with other children and or families facilitated by mental health professional

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The first thing I did was to go to a psychologist and explain my problem, which was not difficult because my parents raised me to be self-confident. The difficult part began during the fourth chapter in my recovery My doctor suggested for me to “find the woman if possible, confront her, and tell her what she did that hurt you.” The way I thought this could happen was to ask my sister to arrange a meeting at her house with the woman who abused me. This meant I had to tell my sister about the abuse. It was through her tears that I realized how much I was mistreated. The day of the confrontation, the woman came to my sister’s house and I explained to her how much what she did hurt me. She trembled in fear and said, “I did it for fun to play games. Why did it come up now after so many years?” I explained again that having sex with a child was not a game in any way. She left distraught because her wrongdoing had been exposed in front of someone else – my sister. She then stopped coming over to visit. If I run into her, she gets embarrassed and pretends not to see me. After this secret came out, I felt indescribably relieved. Therapy has not been an easy journey, but the change is unbelievable. Now, when I am with a woman, I am not stressed, but rather get excited.

What to expect regarding legal investigation after children are sexually abused?

Legal steps that need to be taken if children are sexually abused

When parents and/or guardians find out that children are being sexually abused, have been sexually abused, or sexual abuse has been attempted, children need to be taken immediately to one stop centers which provide holistic services to initiate legal action. These centers have police, prosecutors, psychologists, and medical professionals in one place and are set up to handle such cases.

In areas where these centers are not available, abuse can be reported to any police station nearby. There are police departments at the federal level and in every sub-city that have police, prosecutors, and psychologists in place to handle such cases. In addition to this, there are women and children's offices set up in each woreda that can provide support and redirect the case to the appropriate place.

After medical evidence is obtained at the one stop center, police and psychologists will talk to the child and gather additional information.

The police/legal investigation includes the following:

- Questioning the victim and their family
- Gathering medical information
- Questioning the suspect
- Searching and questioning witnesses

In case you cannot access the one stop centers for several reasons, you should immediately go to other health centers that offer similar services. You can find the contact addresses of such centers and institutions on the 'Important Contact Addresses' page.



Important Information

If you know or suspect a child has been abused, you can call 935 and report it.

You can notify and receive support from the Women and Children Affairs Bureau that are located in all sub-cities and districts.

Because these crimes usually take place without the presence of a witness, the child's word and medical evidence is crucial and needs to be taken as soon as possible.

Attention!

- Parents/Guardians are advised to follow the precautions below anytime their children are going to the police station or through the legal process.
- Parents/guardians need to be together with the children during the investigation process
- Making sure physical or verbal investigation is not conducted on children when parents/guardians are not present
- Preventing testimonies and investigations from being conducted in the presence of the perpetrator
- In every way possible, making sure there is no interaction between the child victims and the perpetrator
- When parents/guardians are not available or the perpetrator is the parent/guardian, or it is not possible to have the person that brought the child to the station there, make an effort to have a psychologist present to support the child
- In the investigation process, if we notice the child is getting worried or uncomfortable, it is important to ask to end the questioning and reschedule with a psychologist's support or after adequate psychological support is provided
- Patiently and lovingly encourage a child because forcing and scolding the child to answer questions can do more damage, cause the child to distort key parts, and hurt the proceeding
- If you notice any inappropriate things in the investigation, you should ask to end the investigation and the investigators to correct the process. If it is not corrected, you should present the complaint to the respective authorities.



Important Information

Regarding language:

If the child does not understand the language of the investigators, it is important to get adequate support from an interpreter.

If the child does not understand the language of the court, the court must arrange for an interpreter.

Similarly, if the parent/guardian does not understand the language used in the investigation process, he/she should understand there may not be an interpreter at the station and arrange support for his/herself.

If the parent/guardian does not understand the language used in the court process, he or she should understand there may not be an interpreter available and arrange support for his/herself.

What can we expect after the investigation?

After the prosecutor finds enough evidence, assesses, and finds that he/she has everything needed for the prosecution, he/she may charge the perpetrator.

Reasons for why a prosecution may not start

- If the suspect disappears or is not found
- If the prosecutor decides not to begin legal proceedings because of insufficient evidence

If the prosecutor refuses to press charges, you can ask for the reason. Complaints can be made to the office of prosecutors found at each sub-city when there is negligence, indifference, or anything believed to be out of a professional manner despite the availability of sufficient evidence and the fulfillment of all legal requirements.

If it is not solved after that, a complaint can be reported to the complaint investigators within the general attorney's office and then the Attorney General if there is no solution.

The trial will continue after the case is filled.

What does the court system look like?

At the federal courts, there is a system set up by the courts to handle cases about children. The child friendly benches are designed to lessen the pressure of the legal processes (testimony, prosecution, and so on) and make it suitable for children.

The cases that happened in Lideta, Kirkos, Arada, Gulele, and Addis Ketema are found at the Child friendly benches at Lideta court. There are child friendly benches in other courts as well.

These child friendly benches are supported by psychologists who helps prevent lawyers from directly questioning children during testimonies and encourage information to be presented in a way that suits children's mental development. They will also interpret children's answers back to the court. The judges at these benches also receive training relevant to the court proceedings and children.

What should we expect at the hearing process?

Everyone is presumed to be innocent until a court makes a guilty decision.

To get a guilty verdict, the prosecutor must prove the charge beyond reasonable doubt, and only then will the defendant be asked to defend the case. If the defendant can create reasonable doubt, the defendant will be acquitted.

In the beginning of the process, the court will ask the suspect to plead guilty

or not guilty, and that is to say, whether he committed the crime or not. If he/she admits to committing the crime, the trial may proceed to conviction or in some circumstances the court may still ask the prosecutor to prove its case. If the defendant cannot create doubt about their guilt, he/she will be found guilty and will proceed to sentencing. This means the prosecutor and defendant will present their argument for how severe or lenient the punishment should be.

Appeal Applicability

If the prosecutor or defendant does not agree with the verdict, he/she can file an appeal to a higher court. An appeal is a process in which the court reexamines verdicts to discover any errors in fact or law and corrects them, if any.

If the Court of Appeal upholds the decision by the lower courts, the decision will be final. Even though an appeal is not possible beyond this, the case can be presented to the cassation bench at the supreme court if there is an error in law. This bench will only evaluate error in law.

If the Court of Appeal overturns the lower court's decision, the Court of Appeal's decision will be enforced. At this point, the other party may appeal further to the Supreme court which can overturn or uphold the decision. This is the highest court in the system and no appeal is available beyond this unless there is an error of law which the cassation bench will entertain.

Important Contact Addresses

One Stop Centres

One stop centres are all inclusive centres that provide all the necessary medical and legal services as well as psychological support required to support a gender-based violence or sexual violence survivors and victims.

Addis Ababa

Gandhi Memorial Hospital
+251-1155-14340
+251 11 551 8185
Menelik II Hospital
+251-118-12187
+251 11-155-0444

Oromia

Adama Hospital Medical College (Hailemariam)
+251-022-111 2424

Tigray

Mekelle Ayder Referral Hospital
+251 3441 6690

Dire Dawa

Dil Chora Hospital
+251-025-21106

Michu Clinics

Michu Clinics mainly provide Sexual and Reproductive Health services in university-based hospitals. However, they also provide services for rape survivors and victims as well as other types of sexual violence against children or adults. If required, they will also provide evidence for the police.

Addis Ababa

St. Paul's Hospital Millennium Medical College
Tikur Anbessa Specialized Hospital
Gandhi Memorial Hospital

Oromia

Adama Hospital Medical College (Hailemariam)
+251-022-111 2424
Jimma University Hospital

Harari

Harar Hiwot Fana Hospital

Amhara

Gondar Referral Hospital
Debre-Tabor University Hospital

Sidama

Hawassa University Hospital

Tigray

Mekelle Ayder Hospital

If the service providers stated above are not found in your area, you can go to your nearest health care provider to get emergency services or get a referral to other hospitals.

Legal Services

Addis Ababa

Violations that happen in Lideta, Kirkos, Arada, Gulele and Addis Ketema will be seen/entertained by the child friendly bench at Lideta court. The other sub cities have their own child friendly benches.

Ethiopian Women Lawyers Association

+251 011 5508782
+251 011 550 9256
+251 011 550 8783
+251 011 550 8759

Adama

+251 022 112 5340

Bahir Dar

+251 058 220 7396

Hawassa

+251 046 220 4800

Assosa

+251 057 772 0598

Dire Dawa

+251 915 73 44 23

Mental Health and Psychosocial Support Services

As some government health centres have psychairty and psychological counseling services, you may check with your nearest health care centre for more information. If they don't provide these services, they will give you referral or direct you to the right health care centre to get the appropriate services.

Services that provide both Inpatient and Outpatient Services

Addis Ababa

Government Hospitals

Eka Kotebe General Hospital
St. Amanuel Mental Specialized Hospital
St. Peter General Hospital
St. Paul's Hospital Millennium Medical College
Zewditu Memorial Hospital
Armed Forces Hospital
Police Hospital

Private Health Facilities

Lebeza Psychiatry Clinic
0118 35 29 29/ 0947 40 65 11
Sitota Psychiatry Center
0113 69 06 31/ 0113 69 27 74
Abichu Psychiatry Clinic

Oromia

Government Hospitals

Jimma University Referral Hospital
Shashemene Referral Hospital
Adama Hospital Medical College (Hailemariam)
Assela University Hospital

Amhara

Government Hospitals

Felege-Hiwot Referral Hospital
Tibebe-Ghion Referral Hospital
Dessie Referral Hospital
Gondar University Referral Hospital
Debre-Markos Referral Hospital
Debre-Tabor University Hospital
Dejen Hospital
Finote-Selam General Hospital
Injibara Hospital
Private Hospitals
Gambi Hospital - Bahirdar

Tigray

Government Hospitals

Mekelle Ayder Referral Hospital
Axum General Hospital

SNNPR

Government Hospitals

Dilla University Referral Hospital
Wolaita Sodo Referral Hospital

Sidama

Government Hospitals

Hawassa University Referral Hospital

Harari

Government Hospitals

Harar Hiwot Fana Hospital

Dire Dawa City Administration

Government Hospitals

Dil Chora Hospital

Services that provide only Outpatient services

Addis Ababa

Government Hospitals

Tikur Anbessa Specialized Hospital
Yekatit 12 Hospital
Ras Desta Hospital
Menelik II Hospital
Tirunesh Beijing Hospital
Alert Hospital

Private Healthcare Facilities

Abrihot Psychology Counseling Service
0118 23 67 05
Aha Psychology Consulting Center
0116 62 24 37/ 0940 20 04 54/ 0911 69 23 73
Rida Mental Health Consultancy 0966137369
Hallelujah General Hospital
Tekle-Haimanot General hospital
Amin General Hospital
Yerer Hospital
St. Gabriel Hospital
St. Yared Hospital
Ethio-Tebib Hospital
Addis Hiwot Hospital
Landmark Hospital
Girum Hospital
Zenbaba General Hospital
Efrata Clinic

Birhane-Selam Speciality Clinic
Senay Clinic
Abinet Clinic
Yehulshet Clinic
Rafa Internal Medicine and Psychiatry Clinic

Oromia

Government Hospitals

Metu Karl Hospital
Nekemte Referral Hospital
Ambo Referral Hospital
Goba Hospital
Wolenchiti Hospital
Fiche Hospital
Shambo Hospital
Gimbi Hospital
Nejo Hospital

Private Clinics

Adama Melba Medium Clinic 0228 94 37 38
Betel Adama Medium Clinic
Adama Alfa Medium Clinic

Amhara

Government Hospitals

Mota Hospital
Debre-Birhan Hospital
Bure Hospital
Lumame Hospital

Private Clinics

Hiwot Mental Health Consultancy (Gondar)
0925 30 41 76
Haset Mental Health Consultancy (Bahirdar)

Tigray

Government Hospitals

Mekelle General Hospital
Adigrat General Hospital

SNNPR

Government Hospitals

Yirgalem Referral Hospital
Nigist Eleni Hossana Hospital
Worabe Hospital – Silte Zone
Arbaminch Hospital
Gunchire Hospital – Silte Zone
Butajira Hospital

Somali

Government Hospitals

Jigjiga Karamara Hospital

Gambella

Government Hospitals

Gambella Hospital

Benishangul Gumuz

Government Hospitals

Asosa Hospital

Afar

Government Hospitals

Dubti Hospital

**Safe Houses and Shelter Homes
for Survivors of Gender Based
Violence and Sexual Violence**

These safe houses and shelter homes are places where survivors of gender-based violence or sexual violence stay in when they need a place to stay while their court case is in process, when they need time to recover and rehabilitate, or when their previous homes are not safe to go back to. Most of these places are open for women, children, and mothers with their children. Some of the houses also provide shelters for adolescent boys.

**Association for Women's Sanctuary
and Development (AWSAD)**

Addis Ababa
+251-116672290
Adama
+251-222120044
Hawassa
+251-462120996
Dessie
+251-333128719

**Integrated Family Service
Organization (IFSO)**

Addis Ababa
+251-116189514
+251-116517474
+251-116631677

Mothers and Children

Rehabilitation Centre (MCRC)

Addis Ababa
+251-118100813

**Bright Image for Generation
Association (BIGA)**

Hawassa
+251 46 221 4130

Agar Ethiopia

Addis Ababa
+251 11 369 8073

**Mujejeguwa Loka Women
Development Association
(MLWDA)**

Benishangul Gumuz
+251 11 4-16 7-084

**Organization for Prevention,
Rehabilitation and Integration
of Female Street Children
(OPRIFS)**

Addis Ababa
Bahir Dar
Adet
+251 911-123-654-10

**Good Samaritan Association
(GSA)**

Addis Ababa
Gondar
+251-111-242952

**Addis Ababa Women
Association (AAWA)**

Addis Ababa
+251 115 556 162

**Dire Dawa Women's
Rehabilitation Center**

Dire Dawa



Reporting Institutions

If you know a child is being sexually abused or get suspicions, please call **935** and report immediately.

Woreda and Kebele police stations in different neighborhoods have their own women and children's affair bureaus.

The Children's Justice Project offices are found in all sub cities.

For more information, please call **0111565603/ 0118965365/ 0111264804/05**



Hotline Services

If you or anyone you know encounter gender based violence or sexual violence, use these free hotline numbers to get free counseling services and other information **6388** Alegneta **8044** Marie Stopes Clinic.

Note

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KELELA