

Violence against Ethiopian Children with Disabilities

The Stories and Perspectives of Children

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Chapter 1

An introduction to Violence, Children and Disability

I hate my childhood in the house, because my family did not treat me well like the other children in the house. If the parents will treat their disabled children well like the other children there would be many changes in the country¹.

1.1.1. Background to the study:

I started my research in Ethiopia in March 2007, previously having worked in Ethiopia for four years in the field of disability, prior to joining the University of Amsterdam. One of my tasks had been the training of Community Based Rehabilitation² (CBR) (ILO, UNESCO et al. 2004) supervisors. During one of the trainings supervisors told the story of violence against a child with a disability. The one story led to more stories. Other supervisors told a stories of children they worked with and who were beaten, raped, locked away, abandoned and reminded daily that they were a cause of suffering for the whole family. The stories were complicated, because many of the children were depending on their violators, or did not have the means to protect themselves against the violence they were facing. The supervisors asked me as their trainer for solutions to the problems of the children they were working with, but I had little advice for them. During the training I found that the CBR organizations did not have programs to protect children from violence or to work with children who already faced violence in their lives. After the training I looked for organizations working on the topic violence against children with disabilities in Ethiopia. I found none. Many of the organizations recognized the problem of violence against children with disabilities in Ethiopia and in other parts of the world. Some said they planned to get involved in the field but had not managed yet. During this initial investigation I realized that by ignoring the problem of violence against children with disabilities, these children, their caregivers and the community workers who work in the field of disability, are left to find their own solutions to the violence the children face. With all these stories in my head I joined the graduate program in Medical Anthropology and Sociology (MAS) at the University of Amsterdam. I returned to Ethiopia to do research for my master's thesis on violence against children with a disability in Ethiopia.

¹ From, interview child 5

² Community-Based Rehabilitation (CBR) is a strategy within the general community development for the rehabilitation, equalization of opportunities and social inclusion of all people with disabilities. CBR is implemented through the combined efforts of people with a disability themselves, their families, organizations and communities, and the relevant governmental and non-governmental health, education, vocational, social and other services.

1.1.2 Research Question:

From May 2007 to February 2008³ I conducted interviews with Ethiopian children with disabilities, their family members and the community around them. Through the stories I gathered I hope to answer the following research questions:

What are the experiences of violence against children with disabilities, of Ethiopian children with disabilities, their family and community?

How does the organisation of Ethiopian society influence violence against their children with disabilities?

In this first chapter I will discuss definitions of violence, childhood and disability used in this thesis. Then I will look into the literature currently available on violence against children and against children with disabilities. I conclude with an overview of the literature on the situation of Ethiopian children with a disability and the violence they face.

1.2. Definitions of violence, children and disability:

It is not easy to define violence. What is considered violence and what not, changes over time and differs between cultures (WHO 2008). For a teacher to hit a child, to punish the child in order to create good behaviour was appropriate in Europe fifty years ago, and is not anymore. In former Europe torture was part of the criminal procedures. In these days torture is no longer accepted as a way of punishing alleged criminals. That violence has different definitions in different cultures is illustrated in the much-debated topic of girls' circumcision⁴. For a mother in rural Somalia or Ethiopia not circumcising their daughter might be a form a psychological harm whereas in the World Report on Violence (WHO 2008), circumcising girls, it is described as a form of both physical as well as psychological violence. Agreement over a definition of violence might be possible at local level; this does not mean the definition is automatically accepted nation-wide let alone internationally. Established laws at national level are not automatically implemented. When I worked in an Ethiopian hospital I treated many prisoners that sustained injuries from violent interrogation by the police. Although torture is considered as such and is prohibited by Ethiopian criminal procedure code (31:1), implementing it throughout the country has not been achieved yet. Ethiopia is not the only country struggling with following up on its own laws to protect the public against violence⁵. In many, especially in developing, countries laws on violence within

³ Since I am working in Ethiopia, the interviews were done on a part time basis and were spread over a longer period of time.

⁴ Girls circumcision is also called female genital mutilation.

⁵ The distinction between violence committed by public officials (torture) and violence committed by a private person (abuse) is not drawn here.

the public and institutional sphere do not necessarily correspond with practices (Scheper-Hughes 1992: pg220).

During this research I tried not to impose my own definitions of violence on my respondents. Therefore I did not inform my respondents about the definition of violence I use. In the interviews I asked them what they consider violence and inquired about their ideas on what constitutes the violation of the rights of a child. However, as a researcher I cannot fully escape from my own ideas as to what violence is. My own definitions of violence are reflected in the way I have analysed the interviews and in the way I encouraged my respondents to see violence as a broader topic than rape. There are two definitions of violence I have used for this thesis. The first is from the UN convention on the rights of the child Article 19.1: “All forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse”. The second definition is widely used within the WHO: “The intentional use of physical force or power, threatened or actual, against a child by an individual or group, that either results, or has a high likelihood of resulting in injury, death, psychological harm, development or deprivation” (WHO 2008). These two definitions do not exclude cultural interpretations of violence. This means that even though the definitions for violence give a statement and a guideline on how violence is perceived, the definitions leave leverage for debate about the meaning of harmful behaviour. Whether, for example, smacking a child or circumcising girls is violence can still be debated within these definitions. When my respondents told me their stories of violence they decided what their definitions of violence were, but in analysing their stories my perspective of violence was also included.

The World Report on Violence and Health introduced an ecological model to explain the different aspects of violence and how they interact (Pineiro 2006). This ecological model makes it possible to conceive of violence on different interconnected ecological levels, and the need to take into consideration individual, relationship, community and society influences. When studying violence according to this model, it is important to look at who the individuals are that face violence, how they interact with other people and how the position of their family is in relation to the rest of community life but also what is happening in the society around them. In line with this I have interviewed children, their family members and the community around them about the violence the children face. Since the topic of this thesis is on violence against children with a disability the focus of this thesis is on the children themselves and the way they perceive the violence that happened to them, but I also will look into their position in the family, the interaction with their community and how characteristics of Ethiopian society influences the increase or decrease of violence against children with disabilities who form part of this society.

In this thesis I have defined a child as any person estimated to be under the age of 19. Since many people in Ethiopia are not aware of their age, in many cases we had to guess the age of the child and so some older children may be included who are slightly older than this.

To define disability I use the International Classification of Functioning Disability and Health (ICF) of the WHO (WHO 2001). This model can be used in a broader scope than only for disability and describes the potential of a healthy sick or disabled person to function in society. 'Functioning' forms the main concepts to describe a person's disability. The ability of a person to function in a society depends not only on the capability of the body⁶ but also on the environmental and contextual factors in which a person lives. This means for instance that technical developments have made people living with amputated limbs less disabled in many societies. Another example is when in some communities with a high prevalence of deafness and where most people speak sign language, there is little problem for the deaf people have little problem with communication (Kisch 2004). In order to understand how this concept of disability has developed and what developments and theories are behind it I will discuss some theories on disability.

1.2.1. Theories on the concept of disability:

Traditionally, also in ICF (WHO 2001) reference is made to two disability theories, the "medical model" and the "social model". The "medical model" is based on the idea that disability is a defect of the body. The body should be repaired through medical knowledge and technology. When this is not possible what is left is a disabled person. Disability in this "medical model" is an individual "problem". The disability movement through the "social model" opposed this notion. According to the "social model" the cause of disability is not found in the individual, but in the society. A person experiences this or her disability because the society is not adjusted to the needs of all its members. Stairs to buildings limit accessibility for people in wheelchairs. A lack of books in Braille limits access to knowledge and information for those who are blind. The medical and social models are often used as opposing models. Another model developed by DeVlieger and Hove called the "socio-cultural model" (DeVlieger and Hove 2004). In the "socio-cultural model" these two models are regarded complementary. The "medical model" and the "social model" are acknowledged and the "moral model" is added. The "moral model" describes disability as caused by a defining power. For instance disability can either be a gift or a punishment for mistakes made by the person or their family. The gift or punishment comes from a divine spirit. In the socio-cultural model DeVlieger and Hove argue that in most cases disability is defined by a combination of the "medical-, social-, and moral model". The definition for disability formed

by these three models is what they call the “cultural model”. They question whether in any society there is a strict definition based on any of the three models and claim that in most cases disability is defined by a combination of the three. Also ICF combines different ideas and conditions that create the disability of a person (or provide the person with functionality that does not create a disability).

Developments in the field of human rights for people with disabilities have resulted in the adoption of the UN Convention on the Rights of Persons with Disabilities. For many years there was a debate on the need for this convention. The argument was that people with a disability are entitled to all human rights as stated in the Universal Declaration of Human Rights and there would be no need for a special convention for people with disabilities (Ingstad 2007). The fact that people with disabilities were often forgotten in policies caused the disabled peoples movements to keep on pushing for a convention specific for the rights of people with disabilities. In my own work in Community Based Rehabilitation⁷ (ILO, UNESCO et al. 2004) the new guidelines for CBR⁸ stress the need to work on the rights of people with disabilities to be included in health, education, livelihood, social life and to be empowered to fight for their own rights. From the different ways that disability has been explained; spiritually, medically, socially and culturally, the disability movement is currently using a rights perspective. This rights perspective is part of the development of and strengthened by the UN Convention on the Rights of Persons with Disabilities. From creating an inclusive environment (the social model), the argument shifted to the principle of non-discrimination and the right to be included into all spheres of society. These rights have been acknowledged by the UN in a Convention, signed by 140 countries and ratified by 41 countries (UN)⁹, adapted into concepts of working for people with disabilities (like the CBR guidelines), and used by the disability movement in their struggle. It is no longer a “social consideration” to include children with a disability into a classroom. Children with disabilities have a right to education like all other children. As I discussed earlier in relation to the issue of violence the existence of the UN convention on the rights of people with disabilities does not automatically change the ideas people throughout the world have about persons with a disability, nor their practices, but it does give the disability movement a tool to advocate for a society that includes all people in all spheres of life. The UN convention article seven states:

⁷Community-Based Rehabilitation (CBR) is a strategy within the general community development for the rehabilitation, equalization of opportunities and social inclusion of all people with disabilities. CBR is implemented through the combined efforts of people with a disability themselves, their families, organizations and communities, and the relevant governmental and non-governmental health, education, vocational, social and other services.

⁸ Document to be published at the end of 2008 by WHO/ILO and UNESCO

⁹ Numbers as of December 5th 2008; see <http://www.un.org/disability> for the latest signatories and ratifications of the Convention.

that children with disabilities should have access to their human rights equal to all other children this article is strengthened by other articles on protection from violence and access to justice. Through these articles the UN convention takes a stand against violence against children with a disability.

1.3. Prevalence of violence against children:

Violence towards children happens throughout the world and among children of all social backgrounds. The world report on violence against children (Pineiro 2006), describes the risks of violence children are facing in their houses, schools, in the community or in institutes where they might be living, in the justice system or at places of work. These different settings each have their own hazards, where the rights of children can be violated. There are few statistics on violence against children, but the world report estimates that 150 million girls and 73 million boys worldwide have experienced sexual violence. The prevalence of violence towards children is hard to determine. Most of the violence towards children is hidden and violators are often people the children depend on. The main reason that violence against children remains unknown therefore lies in the dependency of the child on the violator. In other cases violator's power over the child (by being older or in a more powerful position than the child), causes threats towards the child, to keep the violence to themselves that are often successful. These factors of invisibility and dependency also add to the struggle of children to leave violent situations (Pineiro 2006).

1.3.1 Prevalence and definition of violence against children in Ethiopia:

Like in other countries Ethiopian children are vulnerable to violence. The Ethiopian Ministry of Labor and Social Affairs published a report on violence against children in 2005 (Alem 2005). According to this report violence against children in Ethiopia is widely spread. Corporal punishment, sexual violence, trafficking, commercial sexual exploitation, living on the streets and harmful traditional practices are all issues that can be considered threats to the physical and psychological integrity of Ethiopian children. Poverty combined with high fertility rates, makes it hard for Ethiopian families to support themselves and many children therefore work to support their families. In rural Ethiopia girls' circumcision, early marriage (around the age of 12 years) and abduction of girls are still common practices (Alem 2005). A study by the African Child Policy Forum shows that physical violence is common in the lives of Ethiopian children. Children are hit with sticks (55.2%), forced to inhale the smoke of burning chili pepper (22.2%) or to carry out hard labour (28.1%). Figures on psychological harm vary between 24% (being isolated) to 49.7% (being insulted) (ACPF and SavetheChildrenSweden 2006). By the age of thirteen 33.8% of the Ethiopian girls reportedly

have been raped whereas by the age of seventeen, 54.7% of the girls reportedly have been raped (ACPF 2006).

From the interviews I learned that adults have different and changing ideas about what violence to a child means: (from interview C2)

M: What do you consider violence against a child?

R1: Hitting a child and making him do lots of work

R3: It is a culture. Ethiopian culture! If we see parents hitting their child or making them do lots of work, we think it is proper punishment and that they do this to teach their children good behaviour. We do this also with our children so we do not consider it.

R2: Every Habesha (Ethiopian) child grows like this; you hit him and punish him strongly.

M: So what is violence then?

R1: If you do not feed your child, that is violence.

In different interview programs on television that raise awareness about corporal punishment it was mentioned: (from interview C3)

Neighbour: ... Even when I heard from the radio or the TV that some people hit their children badly. I heard from a mother who even killed her child. So we are not good in this country in punishing our children. But if you are educated or if you learn a bit you can give advise to your children and not hurt them.

In a study by the African Child Police forum Ethiopian children were asked what they think violence is, the following issues came up:

- Actions that cause children pain
- An act that physically hurts children.
- Psychological and physical abuse
- Violating the human rights of the child
- Inappropriate punishing or harming the child (ACPF 2006).

Many children in Ethiopia encounter violence. Poverty and cultural practices contribute to the high rates of violence. The remarks of parents and community members in the interviews show that there is a changing attitude towards violence against children in Ethiopia.

1.4. Prevalence of violence against children with disabilities:

There is little information available on violence against children with a disability and this information is even more scarce in the developing world (Groce and Peaglow 2005). There are no figures on the types, amount and frequency of violence against children with a disability on a global level. When completing this thesis a new report came out on violence against children in East Africa (Stöpler 2008); this study shows that children with disabilities are vulnerable to violence and that there are gaps in the legal protection system of the east

African countries for children with disabilities. Although all children are to some extent at risk to violence, the chances that children with a disability will be subject to violence, is higher than of their non-disabled peers. Risk factors to violence are:

- Stigma towards the disability of the child.
- The reduced chances to education children with a disability have.
- Families often lack the means to support their disabled child.
- The community often holds negative cultural beliefs towards children with a disability.

All these factors make them more vulnerable to violence than other children (Cambridge 1999; Groce and Peaglow 2005; Hassouneh-Phillips and McNeff 2005; Govindshenoy and Spencer 2006; Lightfoot and LaLiberte 2006; Nannini 2006). An example of the increased vulnerability of children with a disability to violence is found in a study on children with language impairment in Nebraska USA. These children were 3.4 times more likely to face sexual violence than other children (Sullivan and Knutson 2000). Another study from the United Kingdom, for example states, that all disabled people have twice the chance to physical or sexual abuse compared to non disabled peers (Calderbank 2000).

1.4.1. Vulnerability of a disabled child to violence caused by the disability itself:

Sometimes the disability of children makes it less easy for them to protect themselves from violence. Every disability has its own way to make the child more vulnerable to violence. Children who have difficulty to walk will have a more difficult time to flee when threatened with violence. In an environment where hardly anybody speaks sign language, it will be more difficult for deaf children to find a person to report violence to. A child with an intellectual disability will more easily be convinced or seduced by a violator, and many children with an intellectual disability have difficulty in communicating and face similar problems as the deaf. Blind children have to recognise violators and cannot see violence approach. The physical limitations caused by the body structures of children with a disability contributes towards their vulnerability, but the vulnerability of the children is much more related to settings, attitudes and beliefs of the community towards their disability, than to the disability they have.

1.4.2. A disabled child's its dependency on family and isolation from the community:

Many children with a disability depend more on their parents and caretakers, than their non-disabled peers. This dependency on a caretaker can be abused and provides more opportunities for a caretaker to violate the rights of the child. One of the factors causing a higher dependency of children with a disability on their direct family and parents is their

isolation from the community. In many cases they do not take part in social, cultural events that are part of community life. The lack of contact of the children with the community at large, decreases the chances that violence against them will be noticed (Groce and Peaglow 2005). One form of isolation from the community are institutions where some children with a disability learn, live, or spend their day. Living in institutions creates a higher risk of violence, because institutionalised care is often organised through a controlling and punishing regime (Cambridge 1999; Calderbank 2000; Plann 2008). Caretakers and professionals working in institutions for children with disabilities have more opportunities to commit violence against children they work with since they are often alone with the children. This solitude gives them many opportunities for violence without being noticed. If these children would be living in the community there would be more control over their well-being.

1.4.3. Not recognising the competence of a child with a disability:

Children with disabilities are more often denied their human rights. This denial is not always intended. Many parents do not realise that their disabled child has the same needs and encounters similar risks as non-disabled children. For example the need to educate their children about sexuality is often not considered by parents and caretakers. They often regard their disabled children a-sexual and do not realise that also they are at risk of sexual violence. The lack of knowledge of children with a disability about sexuality increases their vulnerability towards sexual violence (Bernard 1999; Calderbank 2000; Nosek, Clubb-Foley et al. 2001; Hershkowitz, Lamb et al. 2007).

Violators of children were found to have the assumption that children with disabilities will not be able to tell they were violated. Many violators assumed that even when the children were capable of expressing what happened to them, they would not be believed. Children with poor communication skills were found to become more vulnerable to violence, when there was an assumption of the violators that the child would be regarded as not credible (Bernard 1999; Calderbank 2000; Brownlie, Jabbar et al. 2007; Plann 2008).

Even when there is suspicion that the rights of a disabled child are violated, asking the child about it is often not considered. A case study shows how children with a disability who face sexual abuse are not included in the investigation about the violence committed against them (Calderbank 2000).

1.4.4. A child with a disability and its special needs:

Some parents have difficulty with raising a child with a disability. They can become frustrated and intolerant to the special needs of their child with a disability or unable to handle the special needs of their child. This frustration sometimes leads to violence against the child (Nosek, Clubb-Foley et al. 2001). Also, professionals working in institutions for children with

disability are sometimes not able to cope with their work. Staff who would take the judgement and punishment to their own hand would justify their action with the remark: *“They do not understand what it is like to work with those children”*(Plann 2008).

1.4.5. A disabled child has a bigger chance of a low self esteem:

Children who face a lack of trust, and grow up with violence are more likely to develop low self-esteem. This low self-esteem contributes to a lower level of reporting of the violence against them (Hassouneh-Phillips and McNeff 2005). The government child protection policies, often do not take children with a disability into account or are not accessible for children with a disability (Lightfoot and LaLiberte 2006). This also contributes to lack of chances to report violence committed against them and increases the likelihood that the violence will continue.

1.5. Prevalence of disability in Ethiopia:

There is no consensus on the prevalence of disability in Ethiopia. According to the 1994 Ethiopian census¹⁰ 1.9% of the people living in Ethiopia have a disability. Contrary to this, the WHO estimates that 10% of the total world population has a disability. The number of children with disabilities is estimated to be between 2 million to 2 and half million in Ethiopia (CARDOS 2007). The figures collected by the Ethiopian government are probably too low since the survey did not include church institutions and the streets, where many people with a disability live. A second problem of the survey is that many parents do not give (accurate) information about having a disabled child due to shame (Teferra, Savolinen et al. 1995; Teferra 2005: pg3-5; CARDOS 2007; WHO 2008). A WHO report and a research by the centre for applied research and development oriented services (CARDOS) shows several figures that suggest that the disability rates in Ethiopia are high due to the following conditions:

- The risk of blindness is high since three quarter of the population has no access to clean water or adequate sanitation (WHO 2006).
- Measles increase the risk of deafness. In 2005 a total of 552 cases of measles were reported over the country (WHO 2006).
- Mutilation from burns is high since people in Ethiopia cook on open fire and children fall into the fire while playing (when children have epilepsy this risk is even higher) (own experience in CBR).
- Mortality and disability rates are high due to war, draught, and displacements (WHO 2006).

¹⁰ A new census has been done in 2007 where more questions on disability were added but the results have not been published yet.

- One fifth of all disability in childhood is estimated to be caused by malnutrition and 90% of infant disability is estimated to have a non genetic origin (CARDOS 2007)
- The infant mortality rates and disability rates are closely linked, since many of the children “just surviving” will sustain impairment and remain disabled. Mortality rates at birth are 112 per 10000 and 169 per 10 000 children do not survive their 5th birthday. Of ten thousand women 850 will die while giving birth to a child (WHO 2006). The traditional work assigned to women in Ethiopia is heavy and may lead to problems during pregnancy or while giving birth (CARDOS 2007).

Children growing up with lack of food, without access to clean drinking water and without being vaccinated against diseases like polio are more likely to become disabled. This contributes to the estimation that there are high rates of disability among children in Ethiopia.

1.5.1. Attitudes towards children with a disability in Ethiopia:

Having large numbers of people living with disabilities in the country does not mean that Ethiopians grow up with a positive attitude towards disability. A study by Teferra on different disabilities in Ethiopia shows how expressions about, attitudes towards and perceptions of disability by the community cause stigmatisation of people with a disability. Words used in Amharic¹¹ for deafness (*Donkoro*) literally mean ‘*he who cannot understand*’ while the word for blindness (*Ewer, Denbara*) literally means ‘*one who is disorganized and not bright*’. The word for physically impaired (*Dewey, Komata*) literally means ‘*highly disfigured or mutilated*’. Intellectually disabled are called (*Danel Am, Likifit Am*) ‘*possessed by evil spirits*’ (Teferra 2005: pg13). In all above semantics there is a negative connotation towards disability. As mentioned in the sayings collected by Teferra, very often disability is believed to be caused by evil spirit or witchcraft (Teferra 2005:pg 14 cf; Alemu 2004; Kebede 2005; Mohasen 2006; CARDOS 2007). The beliefs on the origin of disability cause stigmatisation and hamper the care of family members towards their disabled children, and cause children and adults from the community to tease and hit children with a disability. Not only the child but also parents of children with disability might face stigmatisation from the community. Giving birth to a child with a disability is a source of shame and a reason for the father to seek divorce (CARDOS 2007).

According to Teferra, both men and women with disabilities in Ethiopia, face challenges throughout their lives. The traditional gender inequality makes these challenges for women and girls with a disability even higher. Girls with a disability are restricted in their social movement, excluded from participation in community life, sexually abused and forced to spend most of the time doing hard labour house-hold chores (Teferra 2005: pg181-183; HI

¹¹ Amharic is the most spoken official language in Ethiopia

and ENAMRCY 2007). Mohasen's pilot study of four cases of sexual abuse of girls with a disability in Addis Ababa shows how the community does not recognize sexual abuse before, during and after the assault. Girls with a disability hardly ever receive sexual education. In one of the cases where a mentally challenged girl was raped several times it took the girl a while to realize that what was happening to her was not acceptable. After the assault the men who committed the crimes were defended both by the community and by the justice system. In all four cases the girls did not receive any help to cope with the trauma of being sexually abused (Mohasen 2006).

1.5.2 Policies and jurisdiction on disability in Ethiopia:

Article 41(5) of the constitution of the Federal Democratic Republic of Ethiopia states "The state shall, within its available means, allocate resources to provide rehabilitation and assistance to the physically and mentally disabled." This article shows a willingness of the Ethiopian government to work on protecting the rights of people with disabilities in Ethiopia. But this wording "within its available means" gives room for the state to claim that even though there is willingness, they do not have the means to provide services for people with disabilities, and thus relieve themselves from their obligation (CARDOS 2007). People with disabilities can make use of the rights stated in the Ethiopian law, which any person in Ethiopia has. But as seen in the development of the UN Convention on the Rights of People with Disabilities, when people with a disability are not specifically mentioned, they are often forgotten. In the field of education children with a disability are currently accepted into the Ethiopian education system "as far as the resources of the country permit". Accepting children into the school system is a great improvement for the children with a disability and the society at large but "as the resources of the country permit" means that the Ethiopian government does not have to follow up, on including children with a disability into the school system. As such the law can still be seen as a violation of non-discrimination and the best interest of the child as stipulated in the Convention of the rights of the child (Jones 2001). When the law and policies of a country do not recognise the needs and rights of children with disabilities, the community will also not see their children with a disability as the parents of the next generation and they will remain a group with little to no rights to the resources of the family (CARDOS 2007).

1.6. Conclusion:

In this introduction I discussed the definitions of violence, childhood and disability that I use for this thesis. I described the global prevalence of violence against children and specifically children with disabilities, and the national situation in Ethiopia. I ended this introduction with looking into the disabling conditions for children in Ethiopia, the attitudes of Ethiopians

towards violence and the little that is known about violence against children with a disability in Ethiopia.

The information gathered from earlier research shows that there is a threat of violence in the life of every child. Children with a disability are however more vulnerable to violence than their non-disabled peers. Although the current literature gives an idea about the situation in which children with a disability live in Ethiopia little is known about violence against children with a disability. In studies on violence against children with a disability the perspective of children is hardly taken into account.

In Chapter two, I will discuss the methodology I used to collect data for this research. Chapter three tells the stories Ethiopian children with disabilities faced from their own perspective. Chapter four analyses why Ethiopian children with disabilities are more vulnerable to violence than their non-disabled peers. In the last chapter I compare the perspective that children with disabilities have to the violence that happens to them, with the perspective that the adults around them have. I argue that in order to understand violence against children with disabilities in Ethiopia it is important to look into the “social capital” that Ethiopian children with a disability have or lack.

Chapter 2

Methodology

2.1. Introduction:

This chapter will give an overview of the methods I used in collecting the data for this research. This research bases itself upon children's stories. These stories are retrospective in the sense that violence already happened to the child, although in most cases this concerned very recent events. I wanted to know how children think about the violence that happened to them and what they see, as possible solutions to prevent violence in the future.

2.2. Data collection:

The data collection took place over a period of almost a year, starting in April 2007 and finishing in February 2008. Since I was also working in Ethiopia in the field of Community-Based Rehabilitation (ILO, UNESCO et al. 2004). I spread my data collection over a longer period than the two to three month required for a master's research at the MAS. The data were collected in the Ethiopian towns, Addis Abeba, Adaama, Amba Giorgis Gondar and Tseda¹². Contact with the respondents was established through many different organizations and I used snowball sampling to get in contact with disabled children that faced violence in their lives. The Community Based Rehabilitation Network Ethiopia provided me with a letter that recommended collaborating in the research. Their letter helped to get access to children in different organizations and schools working in the field of disability. My translator and myself have been working in the field of rehabilitation in Ethiopia. Especially my translator had many connections in the field and with individual children and she was the main source to get access to children with a disability. We approached organizations and children together and our common network in the field of disability connected us to most of the children. I approached Disabled People's Organizations, Special schools for Children with disabilities, schools with special classes for children with disabilities, Community Based Rehabilitation Programs, and other organizations working for people with disabilities.

In the beginning it was hard to make contact with organizations and people were suspicious towards collaborating. Organizations and families were hesitant to put children in a vulnerable position of talking about violence in their lives. After explaining who I was and what I wanted to do, individuals approached me to ask for a meeting for themselves or for other children they knew, who faced violence in their lives. On some occasions people wanted to talk about others' experiences, but during the interview I managed to shift the interview and talk about their own experiences instead of "the other". Some of the

¹² Addis Abeba is the capital of Ethiopia. Gondar is in the North of Ethiopia and Tseda and Amba Giorgis fall in the same zone. Adaama is about 100 km south, west of the capital.

organizations helped me to get in contact with children within their organizations. In most cases I went with the children to their homes to explain to their parents what my research was about and to interview them, too. There were also children that I interviewed who lived on their own without parents or caretakers. In those cases I interviewed the children only with the permission of their school and the child. The children interviewed had various disabilities; some of them were physically impaired, mentally challenged, blind, deaf and one of them was living with leprosy.

The data were collected through semi-structured in-depth interviews with children, their parents and their immediate community¹³. The semi-structured interviews provided the opportunity for the respondents to express their views on the impact of the violence they face. All interviews were recorded and later transcribed by myself. I have interviewed people individually and in groups. The biggest group discussion was with 60 people. This large number was not planned and not ideal but turned out to be a very interesting focus group discussion, where priests, teachers, parents and shoeshine boys were discussing the attitude of their community towards rape of blind girls. The interviews with the children and with people around the children form case studies of children that face violence in their lives. Each of the case studies includes several interviews with the child, its caregivers (when available) and in a few cases the community around the child. In six cases I interviewed children and /or their caregivers more than once. But in most cases I managed to get enough information in the first interview. This thesis is based on a total of 20 case studies. A total of 39 children participated in the interviews of which 22 were girls and 17 were boys. In most cases I interviewed individual children but sometimes these interviews were in pairs and once with a group of 17 deaf children. I interviewed 14 parents or caregivers¹⁴ of these children. There were 10 interviews with the immediate community (both individual and in groups). I conducted two interviews (one with a police officer and one with a group of young men) that were not related to any specific case of violence against children with a disability. In these interviews I looked into the general opinion of community groups on violence against children with a disability. A total of 53 interviews have been done of which 47 form the data for this thesis.

There were two cases where I decided not to use the material I gathered. One of the children was from a family where the parents divorced at the time I came for interviews. The parents started to use the child and us in their marital dispute. I felt abused and I had the feeling that my presence was used for something that was beyond the intentions of the research. When my translator was pulled in as a negotiator in the marital problems, I decided to leave the data I had collected out of my research. In one other case I could not find

¹³ The immediate community included neighbours, teachers, friends, priests etc connected to the child.

¹⁴ Also from these 14 the two interviews related to the two children that I took out of the data collection were done but not used.

violence in the life of the child through my interview. I finished the interview but I have not added their stories to the data I collected. It was interesting to note that the same child took place in a group discussion later and was far more expressive about problems in his life than during the individual interview.

In the preparation of my research I made a topic list to guide me through the interviews. During the interviews I added topics to my list because they turned out to be relevant. The last interviews done were with the direct community around children and had a different focus and were adapted to the information provided by the children and their families in previous interviews¹⁵. Before every interview I explained that I would like to record the interview but that I would not use their names nor their place of residence. This was to make sure that the respondents could not be recognized or traced from my research data. I also explained that they were free not to answer any questions that they did not want to respond to and that they were free to stop the interview whenever they wanted to.

2.3. Interviewing Children:

To prepare myself in interviewing children, I did a small research during the Methods and Techniques course of the MAS on interviewing children with a disability in a Dutch school. We had one general class on working with children and my main resource book was *Research with Children* (Christensen and James 2000). The chapter that encouraged me to pursue in my attempt to make the children my main respondents was a chapter by Davis on working with children who have a disability and communication problems (Davis, Watson et al. 2000). His statement that any language can be learned also of those who might be hard to understand when you first meet them, stayed in the back of my mind throughout this research. After having finished the interviews I can only say I agree with him.

When looking for respondents for this research, many parents/ caretakers, or organizations were surprised that I wanted to talk to the child. They tried to tell me that there is no use in talking to the child. “They do not know anything... and so they cannot explain what has happened to them”. When I insisted that I would like to talk to the child there was no objection, but parents did not expect their child would be able to give any meaningful information. Depending on the situation the caretakers were asked to leave the room, or allowed to stay during the interview. We did not determine at forehand whether we would let the parent stay in the room during the interview. In some cases the child seemed to be more comfortable with the caretaker present, or the caretaker did not seem to trust us alone with their child and we would interview the child with the caretaker present. In some cases the presence of the caretaker contributed to the trust of the child towards us, or added relevant

¹⁵ The topic list is added as an appendix.

details to the story. In other cases the child was less open in its story and looked for approval to the parent. One child was interviewed a first time without her mother and the second time with her mother, walking in and out of the room. In the first interview the child was open and talked about the person who had raped her. In the interview with her mother around, I found out she had never told her mother anything about the rape¹⁶ and avoided the subject when her mother walked in and out of the room. References to our first conversation failed.

A main difference with interviewing a child was the fact that the children forced me to be clear in my questions. When adults would respond to a question halfway, children mostly do not. I was talking to a child about whether things were nice at home with the neighbours etc.

M: How about school?

C8: It is closed.

M: What about when it is open, do you like it there?

Other children had difficulties in concentrating on the interview. But while giving room for the issues they wanted to discuss with me, I always managed to raise the topics I wanted to discuss.

2.3.1. Interviewing children with intellectual disabilities¹⁷:

Most attention and creativity was required in interviewing children with intellectual disabilities. I had never interviewed children with intellectual disabilities before. I do have experience in working with them as a physiotherapist and in my work in Community Based Rehabilitation. Some of the interviews were uncoordinated since children answered different questions than the ones I asked, did not know how to answer my question or expressed contradictory ideas within the interview. In some cases I needed the interviews with the parents in order to understand the stories of the children. Only in one interview I did not manage to have a conversation with a child that contained information I understood. It would have been interesting to spend a lot of time with that child. Maybe if I had spent many days with her I would have found a way to understand her way of communication. In my work with children with multiple disabilities, I learned over a period of weeks to understand what they wanted to tell me. Time might have led to a situation where we would speak each other's language but in the limited time for a research for a masters' degree, that is meant to be an educational exercise for the student, I decided this would consume too much time. In general the interviews with the children were very useful since they were very good in expressing

¹⁶ The mother knows about the rape since the child got pregnant and has a child as a result of the rape.

¹⁷ During the period of this research the official name of the Ethiopian Association for Mentally Retarded Children and Youth, changed into the Association of the Intellectually Disabled. I try to use that last term as much as possible but it has not trickled into the community at large yet.

their feelings and experiences. A child who was locked in the house by her mother for days on end expressed it in the following way:

M: Are there things you do not like?

C11: I do not like this house.

M: What is wrong with the house?

C11: The house is the house. (Tells different things about how to get to the house and that somebody died...)

M: Are you often alone in the house?

C11: Yes

M: Do you like it?

C11: It is nice there is school... then when ... (CBR fieldworker) comes she opens the house and I am happy.

“Learning the lives of disabled children, a reflexive approach” (Davis, Watson et al. 2000) has been the most helpful article for me to develop a method of interviewing children with intellectual disabilities. The issues raised by the authors, about the tendency to not listen to children who have a problem in communicating, is something I recognized in the reactions of the parents, caretakers and teachers. It was also evident in the community and in the Ethiopian legal system. Because I choose to find out what children experiences were and was determined to ask them, I discovered that they could express their thoughts and feelings much more that I had imagined.

2.3.2. Interviewing children about violence:

I found talking with children about violence they had experienced difficult. I had no intention to make the children feel bad about what had happened to them nor to have them re-live their experience. In the first two interviews I was unsure how to raise the issue. My insecurity affected the children and they became insecure too. After two interviews I was more confident about raising the topic with them, this made the children also more comfortable talking to me about violence. When I was at ease about the topic of violence so were the children. In my research proposal I discussed that a sensitive topic as violence might require a lot of time to gain the trust of the children and make them feel at ease to talk to me about it. Contrary to what I thought, in most cases my best interviews with the children were on my first contact with them. I did check on most of the children after the interview, to see the impact the interview had on them, to double check whether my interview did not upset the children. In none of the cases children, parents or caretakers mentioned any problems related to my interview.

2.4. Interviewing victims and perpetrators:

Although I interviewed groups of people who could have been perpetrators of violence against children with a disability, only in three cases did I interview the direct perpetrators. One of the perpetrators caused unintentional violence to the child, which made the perpetrator a victim in the story too. This interview is included in one of the case studies. In the other two interviews the information of the victims and the perpetrators was contradictory. In one case I managed to interview more people who knew the perpetrator to get a clear picture of the situation. In another case the perpetrator's story contradicted itself and made the story of the child more likely to be true. Since my research topic is violence against children with a disability I had already taken a standpoint against the perpetrators. During the data collection I became curious about the stories of perpetrators and respondents asked me to ask perpetrators to their motives. But talking to both victims and perpetrators turned out to be complicating this research. The data I collected form a picture of the situation of the victims. I do not think this research gives an equally good picture of the ideas and views of the perpetrators. I did collect information about the perpetrators from the point of view of the victims and the family and community. Further research is needed to get a better understanding of the point of view of the perpetrators.

2.5. Working with a translator:

In the years I have been working in Ethiopia I have managed to learn the basics of Amharic¹⁸ and some words of Ethiopian sign language. My language skills are sufficient for polite conversations; to talk about work related issues but not sufficient to do in-depth interviews. Therefore, I decided to work with a translator in this research. The translator who worked with me throughout this research is a colleague whom I have worked with for several years. We know each other well and she has long experience working with disabled children. The most important reason to ask her to be my translator was that I felt confident that she would not hesitate translating sensitive issues that are involved with the topic of violence. Since I understand most of the Amharic in the interviews, we both had to make sure that everything was translated. In the beginning it seemed unnatural to translate something I understood but to have consistency in the data and not leave the Amharic for my personal translation all the interviews were translated into English. My Amharic was good enough to notice when translation was not correct and in the first interviews I sometimes interfered to get the right translations. As we did more interviews together we got more used to the topic and to interviewing together and the translations became more precise. In some cases the answers

¹⁸ Amharic is the most widely spoken language in Ethiopia.

were too long to give a precise translation during the interview. To not interrupt the interview, a second translation was done while listening to the recordings.

2.6. My position as a researcher:

Since I work in the field of disability in Ethiopia, my access to children and their stories is easier. Some of my access to the children was through people I worked with before. I had been their trainer or worked with them as a partner organization in the field of disability. With other contact persons I started working after we met through the interviews on other issues related to disability. My former work in Ethiopia definitely helped me in finding respondents. Since the topic is sensitive I was questioned on what I would do with the data and how my research would help the children in the future. In those cases I could answer that after my research I would like to investigate with them (organizations) whether we could find ways to protect their children against violence. When I read some of the interviews I have done, I realize that my work and my research intertwined. Some of the topics I raised are not directly related to the topic of violence and are of interest to my general work in disability. I do not feel that they affected the outcome of the data collection.

As discussed in the introduction, the definitions used for violence still leave room for interpretation on what is harmful behaviour (WHO 2008). I think I managed not to impose my opinion on violence against children with a disability on my respondents and the organizations involved so far. Apart from talking to my translator I had no conversations with people addressing my opinion on the topic. The only time I gave some preliminary information on my research was during a presentation at the African CBR conference in Johannesburg (November 2007).

It is hard to do research on a topic like violence against children with a disability without getting involved in helping the children against the violence that they are facing. One of the girls I interviewed was raped and a related court case was ongoing. I accompanied her and her father to the police station and local court to find out if things are moving on in her court case. My presence as a researcher and a foreigner might have influenced her court case both in a positive and in a negative way. Later in the case the court proceedings were dropped for procedural mistakes, and I used my contacts to help them find a lawyer who is experienced in defending children with a disability in court. In my research proposal I discussed that during my research I might come across situations where I would feel the need to interfere, because it would be unethical not to do so. This was one of those situations. I did not get involved myself in the court case but I did help the family to have better representation, in court. (As of writing the case is still pending). Being a physiotherapist and working in the field of disability in Ethiopia I sometimes noticed that children had more capabilities than they used or that the children or their families did not use the opportunities

around them for schooling, physical aids etc. In some cases I got involved in referring children and their families to organizations that could help them increase their possibilities. This did not directly relate to the violence they were facing but it did improve their quality of living in some cases. I felt it would be unethical not use my knowledge and help the children. When I felt children needed physiotherapy I referred them to physiotherapists I know and I did not treat them myself. I felt that treating the children myself would be confusing both for myself and for them and it might cause a conflict of interest in our interviews. Since I always referred them to other organizations that worked with them further I never felt it created expectations that are not part of a researcher and respondent relationship.

The stories of the children, their families and the community, had an emotional effect on me. I was happy that this research was not a full time research. After some of the stories I really needed to take a break regain energy. Taking brakes between the interviews helped. It helped me to deal with my anger to the violence that is happening to disabled children and look at my data from a “researcher’s distance”.

Chapter 3

Stories of Children

3.1. Introduction:

In this research I collected stories of children: Children who have a disability, and have already faced violence in their lives. In the interviews we discussed the specific violence experienced by the child as well as their knowledge or opinion on violence towards children with a disability. The children whose stories I collected faced various forms of violence. They were locked in their houses or in their classrooms, neglected or abandoned by family. Some of them were forced to perform hard labour; others were not receiving equal care and food like other family members. There were those who worked without receiving payment, who were given alcohol and forced to steal from other people. But most of them were raped. The stories of these 38 children¹⁹ were gathered from the children directly and from their families as well as the community surrounding them. These stories provide the data for this thesis.

In a conference I attended in May 2008 a UN employee expressed the opinion that it was too difficult to work with children when doing research. As described in chapter two, many adults believe that children would not be able to tell their stories and that they could tell the children's stories on their behalf. In this research I found that the data collected from the family members and the direct community around the children added to the stories of the children, but the stories of the children form the basis of "experiences of violence". This chapter describes the perspectives of those children, how they feel less accepted and shame from their families, how they disagree with their parents (who think that their disabled children will not be productive in the future), how they became assertive and confident despite all the difficulties and what solutions they have to stop violence against them.

3.2. Experiences of violence:

In chapter one I stated that I have not defined violence for the children before or during their interviews. This is how the children described what they experienced as violence and with that what they regard as violence.

A girl who is in a wheelchair now had difficulty moving around by herself prior to having a wheelchair. She could not go to the toilet by herself and was scared no one in the family would want to help her. (C18): *"I have been in the house for 17 years and in that time I did not eat three times a day. I was afraid that no one would be willing to bring me to the toilet so I tried to avoid having to go"*. Deaf children describe that most of the violence is due to a lack of possibility to communicate. (I20): *"First I had difficulty because my family they*

¹⁹ Twice I interviewed 2 children and once a group of 17 deaf children.

did not know what I wanted and they used to hit me all the time, and then they found out I was deaf. They brought me to ... for my education". A child with leprosy was abandoned by his parents, when he was young, but he remembers the occasion as follows: C12: "They did not say anything but they took me to the health centre in another town and they just left me there...I hate them because I am their child, how could they just leave me in another place?" A deaf girl who lives with her aunt tells: "Before there was a maid in the house, I do not know why they let her go, but after that all the work is for me. I do everything in the house, I bake injera (Ethiopian staple food) and I have no time for my school".

When children with a disability face violence they feel that the community and the justice system do not regard their stories. Two young women with a physical disability tell (I6): *"When a girl with a disability is raped, the police men they have to keep their secret. If you will tell I am raped by this and this man, maybe even you will see it on television ... So we did not go to the police because the police they would not believe us... The police will not keep our secret, they will tell to their friend, that girl was raped" ... "People would say if you tell them you are raped; what kind of man would want to sleep with you?" ... "One of our friends was pregnant and the doctor told her; The man who slept with you, he could have slept with a dead body to" ... "They think because no one would want to sleep with us and since we are assumed to have no feelings for men that we are not affected. And so rape would happen more often to us".* These examples above are some general experiences of Ethiopian children with disabilities who experienced violence in their lives. This chapter continues with children's experiences of lack of acceptance and shame from the family. The children's perspective of reciprocity, their explanation on how they became confident and solutions they have to stop violence against them.

3.3. Lack of acceptance and shame:

The children described how they felt not being regarded as equal members of the family due to their disability. This sometimes leads to direct violence and in other cases makes the children more vulnerable to violence. (C1) *"When my father was still living with us he did not care for me, he would never hold me or carry me from place to place. Later when he was no longer living with us, he used to call and he would always want to speak to ...(brother) and ...(sister) and he never asked about me".* A girl with a physical disability explains: (C5) *"On my sisters wedding, my two other sisters were bridesmaids. They were looking around because my sister needed another person to be her bridesmaid. They did not think of me even though I was with them in the house. And for the wedding no one thought that I would like to have beautiful clothes like all the others".* Some of the parents even ration the food of their disabled children: (C18) *"She (her stepmother) gave me food like (the food you would give to) a dog, and even for that food I would have to beg her".* Some children are treated equally

when it comes to material needs but feel that there is less attention for them in the house: (C16) *“She (mother) always comes home late in the evening, she talks with baby (brother) and with my father and sometimes she asks me some questions. But she talks with baby mostly”*. The children who are deaf feel that their parents are not interested in finding ways to communicate with them and feel ignored compared to their siblings in the attention they get for their schooling: (I20) *“When I ask my parents to help me with my homework they refuse. They think we are only playing here at school and they do not want to support me”*. Not being part of family life can result in a child that feels useless to the family (C17): *“It was difficult to stay the whole day at home. They all have some work to do and I have nothing to do. I would be afraid to go out because I cannot see... When my family was working out in the farm and I would be in the house I would feel useless”*. C17 decided that it was better for him to leave his family and at the age of 9 he started to live on his own and find a place where he could go to school. A deaf child also left his family to find education. (I20): *“I came from the country side, I do not have any relatives here. I work as a daily labourer and I live by myself. My parents they do not care about me they do not know if I am learning or not.... Now I really miss my parents, I want to see them and I want to hear about them, it is hard without them”*.

Not being regarded as an equal to the other family members causes children to be less confident and feel that they will not be protected like the other children from harm outside of the family. (C5): *“When I was young I did not realize I had a right to be treated like my other brothers and sisters, but as I grew up I realized I had a right to be treated in the same way”*. Some of the children no longer want to live with their parents. C7 was often beaten by her parents and her mother tried to leave her in the market: *“I do not want to live with them (father and mother). They are strange for me and they hate me all the time”*. Children express how they prefer to live without their families since they do not feel adequately taken care of. (C13) is living on her own with friends now: *“Here it is better, I can wash my clothes, I can play with my friends and I have education, so it is better to be here”*. Although some of them find it not easy to survive without their families. (C15): *“They (people on the street) are in pain, and I know their pain, because I also live in that situation”*. Some children live with distant relatives in order to get access to education but feel that their parents would take better care of them (I20): *“Parents they are nice for their children, they send their children here for their education. The problem is with the relatives we live with. Our families are sending money for us but they use it for other purposes, it is better to be with our own family”*.

Children feel and are told by their families that they are a cause of shame for the family. Several children tell about experiences of not being tolerated when there are visitors coming. (C13): *“When I was in ... (where my parents live) it was not good, because when a visitor comes to our house my parents would tell me to go into the other room, because they*

are ashamed of me". Other children notice that their family does not appreciate it when they are "seen" in the society or in the neighbourhood (C18): "*Especially now that I have this wheelchair and I started to go out of the house, every thing is difficult in the house. They are angry with me and do not want to talk to me*". Another girl tells (C5): "*My family was not happy to see me on television, they only care about their own dignity. They only care about themselves*".

Direct contact is not the only cause of shame, claiming justice after violence is committed is also a cause of shame for the family and many never go to find justice for violence committed to them (I6): "*... The only difference is that we do not tell anybody, because our family will tell us to shut our mouth, because they will be ashamed if this will happen to us. When it happens to a non disabled person their family will be by their sides*". Another girl tells (C13): "*My mother refused to go to court after I was raped. She says that the people around here are not good and they might attack me again after the court case*".

Many of the children feel that their families could have taken better care of them and included them in family life. They sometimes decide they no longer want to live with their families or their families make that decision "for" them. Even though the children are happy with possibilities for education, which might even increase after leaving their families, they do not experience their current lives as easy and have ambivalent feelings towards their families. (C5): "*I do not hate them (family), I want them to see how I am doing well and I want them to be proud of me*".

3.4. Reciprocity:

Many of the parents expressed in the interviews that they fear their children will not become independent in the future and will not be able to take care of them in their old age. The children, however, do not fear that they will not achieve in their lives and think they will be able to provide for their family in the future. (C1): "*I would like to have improvement on my physical condition and I would like to be a "big" (important) person and help children who live in situations that are not good. I am born with a disability and I know I cannot be cured but I would like to be able to go anywhere I want*". (C9): "*I would like to have a big house and would like to be a mother and have one child*". (C13): "*I would like to be a teacher*". (C16): "*I would like to be a runner or a football player or the president*". (C17): "*I would like to continue my education and I would like to live by myself. I would like to finish my education and I would like to be successful and I want to make music*". Despite the belief of many parents that the "investment" in their child will not return, the children believe that they are capable of taking care of themselves and their families. They have the intention to invest in their family and caregivers when they grow up. (C19): "*I want to go to another country...to America, because I would like to help my sister. I will work as I am doing now and I will send*

money to my sister". (C2): "I would like to buy new clothes for my mother and to build a house for my mother".

Since the children have faced hardship themselves they would also like to invest in the lives of others who might live in similar circumstances. (C5): "Would like to work in the countryside and because many people with disabilities are inside their houses. I would like to help them to come out. I would like my ... (work) to be successful and I would like to be a role model for people with a disability". (I20): "I want to have a diploma and bring all children from the countryside and teach them sign language". (I20): "When I finish my education I want to work with children who have HIV/AIDS". When I asked the deaf children why they were not interested in working to become rich they replied (I20): "(Laugh) We want to be rich too... We are facing lots of problems in our lives. We are suffering a lot so we learn from that and we want other people to have a better life, not like ours... Children who can hear they do not have any problems so they do not think of others. But we are deaf and we know the problems. So we think of our friends".

The children do not seem to agree with the adults around them that they will not be able to return investments made in them. They dream, like other children, of being successful in their lives. The children who feel well treated and protected by their families want to make sure that their families will live better lives in the future. They would also like to invest in their peer group and see if the lives of people with a disability can be improved. Some of them hope that not only their families will see the need to invest in them but also the Ethiopian Government (C15): "I am happy now because I am learning. But I hope the government will take care of me one day and they will take me off the street and I will be in a nice situation and I will learn." The children ask to be invested in so that they will be able to return.

3.5. Being confident:

Although some of the children express that their families did not help them to become assertive and confident, many of them are. Even when they are regarded as a sick person by the society around them, they do not regard themselves as such (C5): "Before I was thinking I was a patient, not even disabled. But these days I would not call myself disabled anymore. What made me change is, seeing active people with a disability in the association whose physical condition was worse than mine. They made me change". Another girl with an intellectual disability explains when I ask her. (Marieke): "You just told me your brothers said that you are a patient how do you feel about that? (C19): I know many things and I can do many things so I do not feel I am a patient". Most of them received this confidence through their peer group. The associations of people with disabilities are considered a good place to learn about the right to equal treatment. (C18): "We can learn lots of things from our friends,

that being disabled means nothing, and that if you are strong you can work and live by yourself'. The main thing is that someone needs to teach the children that they can do things like other people can (C1): *"To give attention for disabled children makes them confident. I always listen to the radio when there are programs on disability, and they tell me there is no reason to be ashamed of myself and also my brother and sister tell me so"*.

Some of the children feel that the hardship itself has made them strong (C5): *"I think sometimes that when you suffer a lot you will become strong. I told myself that I am the one who is there for myself so that is making me strong"*. The children seem to have found their own strategies to cope with the violence that they face. Most of them have decided that they are worthwhile and have found others to encourage them.

Even though the children tell about their rights and feel that they deserve the support of their families and their community, as their siblings receive, they also express a need for support from their family or caregivers. When asking about the fears the children have, they express the fear of losing support. (C1): *"When I would lose my mother, everything will be dark for me"*. (C12): *"I am scared of quarrelling with ... foster mother, if they will not let me stay in the house then I will not know what to do. Even when I am angry I prefer to be silent, because she might tell me I need another mother to take care of me"*. (C19): *"As long as my family is here I am not afraid of anything but they have to be with me!"* Other children fear a reoccurrence of the violence they have experienced. (C13): *"I am afraid of these rape things. I am a woman so it can happen any time... And I do not want to stop my education so that is why... If someone would rape me I will not be able to think properly and I am afraid I will not manage to continue my education anymore"*. (C15): *"Before I did not have any relationship with men. Now I am living in a strange situation and I am worried that I will be raped one day"*. Others are worried of general violence (C17): *"I am always frightened of war in Ethiopia. I wonder how I could handle myself. In the first place my education would be in trouble. The second thing is when I would be on the road and something would happen, how could I run to protect myself"*. Other children fear that their potential will not be recognized (I20): *"My fear is that when I would look for a job I will be good in all the exams and when they will see I am deaf they will not want me"*. And some have no fear: (C18): *"I am not afraid of anything... Nothing"*.

The children express that they feel they have the right to be treated like others. They would like to be seen as other members of their household and community. They are confident that they have this right but are also scared of losing protection of their caretakers. They are uncertain whether they can protect themselves from violence in the future.

3.6. Solutions the children have to stop the violence against them:

When asking children how they think violence against them can and should be stopped they say the following. Most of the children feel that the police and the justice system should be there to protect them from harm. (C2): *“It is better if they are arrested, put into the prison”*. (C3): *“I walk home alone and if there is something I can go to the police”* Some of the children rely on the protection from their parents and caregivers. (C4): *“My father hit him (perpetrator), he had blood on his face and he took him to the police”*. But not all children receive the protection or assistance they would like to have from their families (C13): *“It (rape) is bad behaviour, but no one reacts to it as being bad. The person who raped me, I want him to go to court, but my parents said no, and I hate them for that”*. Hence some children rely only on themselves: A girl with a physical disability tells (C6): *“I am afraid of people and I am strict to myself and try to be strong. Even when they offer me a lift or a ride I do not take it. When I go to the college I do not take ride from anyone. I have to walk quite far by my own. But I am have to be strong, and I can walk”*.

Most of the children would like to have a higher awareness in the community that they should be considered equal to all other children. (C5): *“We need to change people’s attitudes and in order to do that we are showing that we can do many things, like taikwando. People are wondering what we can do, but after the show they will change their idea”* (C1): *“If people would have a better understanding about disability there will not be so many problems for children with a disability. I believe this (violence) is coming from lack of awareness.”*

Some of the children also express that they do not like the protective measures their parents are taking in order to prevent repetition of violence (C4): *“Now in the house I am doing my lesson and they do not let me out... Can you ask my father and mother to let me stay here alone and play with the other children?”* Another child became pregnant and had a child after she was raped (C3): *“Before I gave birth I was free, now I have to sit down many times”*. The parents of these children tell me that they know their child is unhappy about their protection but explain that they are scared of further violence and prefer to restrict the freedom of their children to prevent reoccurrence of violence. Although the position of the parents could be easily justified (who would like their child to be repeatedly raped?), An argument from Qvortrup can be applied here (Qvortrup 2000). He points out that the decrease in fatal car accidents in Britain is at the cost of children being allowed to move around on their own. Qvortrup shows that the increase in traffic over the years and the decisions that are made to decrease the chances of children being hit by a car deprived the children of their freedom but the adults driving the cars are not deprived of their freedom. The children I interviewed seem to share Qvortrup’s view: they do not want to face rape again but they ask for measures that would not deprive them of their freedom to move around.

When children are asked about violence, they talk about exclusion from family and community life. They talk about wanting to have equal treatment to other children. They mention the violence they faced in the form of hitting, rape or neglect but they emphasise that they would like to be included. The children ask to be accepted and to be considered equal to others in society. It could be seen as a very “childish” solution of the children to expect the police to be there to protect them. However, children ask to be increasingly included in society so as to be considered in general protection measures and also when seeking justice after becoming victims of violence.

Chapter 4

Vulnerability to Violence of Ethiopian Children with Disabilities

4.1. Introduction:

Chapter one discussed how the literature shows that children with disabilities are more vulnerable to violence than their non-disabled peers (Cambridge 1999; Groce and Peaglow 2005; Hassouneh-Phillips and McNeff 2005; Govindshenoy and Spencer 2006; Lightfoot and LaLiberte 2006; Nannini 2006). In this chapter I look at the different reasons that contribute to children with disabilities in Ethiopia being more vulnerable to violence in their lives. This analysis is based on the stories of the children as described in the last chapter and enriched with the stories of their parents and the direct community around them. I will look into the increased vulnerability to violence caused by the disability itself, by things that are lacking in the life of the child and by cultural beliefs. This chapter end with stories of children that managed to find justice or protection from violence.

4.2. Vulnerability to violence caused by the disability:

In all the interviews the disability itself is not often mentioned as creating a higher risk for violence or as a cause for violence experienced by the child. Rather it is described as a reason for children having problems that lead to violence that children without a disability will not have. As discussed in the introduction, children with a physical disability face violence that is related to their decreased ability to move around. In Ethiopia, as in many other societies, many places are inaccessible to wheelchair users. Many of the new schools in Addis Ababa have stairs. When schools refuse to move the class of the child in a wheelchair to the ground floor access to education may be completely denied. One of the children (C1) narrated her experience of being locked into a classroom alone when her classmates were having a lesson for more than an hour outside. The teacher said that if she would not lock the class things might get stolen. The child panicked and neither the teacher nor her classmates reacted to her crying while locked into the classroom.

Public transport is less accessible for many people with a physical disability. The transport that is affordable for most people is either the public bus or the minibuses. Unless people have the money to organize their own transport, their lack of mobility means that they need to rely on others far more than people who have no problem with their physical mobility. When people offer a lift on a longer distance it is hard to always refuse that help. But this helper sometimes takes advantage of the person with a disability.

The stories of the children with a physical disability highlight that the lack of mobility and physical capacity increases their risk of experiencing violence. Whether the

situation will lead to violence largely depends on their personality, character, wishes and on their attitude and willingness to accept help from people around them. It cannot be seen in their physical disability alone.²⁰

For blind children, the only issues described that increase their chances of experiencing violence as a result of their disability is their lack of ability to see the approaching threat of violence. All the blind children who faced violence had no difficulty of describing their violator or about signs that indicate a threat of violence. What the children did describe was that they were bound to their houses when they did not learn to move around by themselves. This makes them dependent on their family members for almost every activity of daily living.

Most of the deaf children expressed that their parents or other direct family members do not speak sign language and therefore there is little understanding between the caretakers and the children about their needs, wishes, dreams and fears. This lack of communication leads to frustrations and sometimes to violence as described above.

Many of the stories of violence related to a disability come from the caretakers of children with Intellectual Disabilities. These children are taken advantage of in many different ways. They often do not know the value of money and when they work for people they do not get paid adequately. They are easily convinced to follow people who intend to abuse them. Like children who are deaf, not all of them can speak and share their violent experiences. Parents also describe the challenge they have in raising a child with an intellectual disability: the mother of C3 explains how she often tries to prevent her husband becoming violent towards their daughter: *“The most difficult thing is their behaviour. You have to be patient to handle them... Sometimes she has a fight with her father, she cannot handle multiple instructions and sometimes he gives her multiple instructions. Then ...(C3) becomes angry and he becomes angry too and I am the one who has to make peace between them”*. The sister of (C7) finds raising her sister a challenge. *“The first problem is that caretakers get tired. The caretakers get tired and then the child makes you angry. I used to be angry with my mother for not treating ...(C7) well. But now that she is living with me, I am starting to understand and I get fed up, too. You should try and live with us for a week. And you will see what it is like... That is when the violence begins because if you stop caring about your child, your neighbours or anybody else will not care either”*.

Children with disabilities can have difficulties in moving around, seeing, communicating and understanding what parents are trying to tell them. These difficulties can lead to an increased vulnerability to violence. In the interviews the vulnerability caused by the

²⁰ It could be argued that the problem described has nothing to do with the physical problem of the children but with the social organisation of society. As I discussed in chapter 1

disability was mentioned but not as often as other causes for increased vulnerability to violence.

4.3.1 Vulnerability to violence caused by a lack of knowledge:

Lack of knowledge of the parents and the children causes a variety of situations that increases the vulnerability of the children towards violence. Parents lack knowledge about the situation of their child. Sometimes years pass before parents realize the cause of their child's "odd" behaviour is, or before they can find assistance to improve their child's situation. The sister of C19 tells: *"I knew she had an intellectual disability. But I did not know I could improve the way she was living. She was always in the house and it was just like that"*. Lack of knowledge about the medical condition of the children, can lead to neglect and even to being abandoned like the example of the child mentioned in chapter three that described his experiences of being abandoned due to fear of his disease by his family. Later he is almost abandoned again by his foster family for the same reason (Foster mother C12): *"I was afraid because he is a patient and I did not want to have him with me" ... "I was afraid that it was a transmitting disease"*. Through information from a nurse, the association of ex-leprosy patients, but mainly through the repeated begging of the child to not leave him, she is no longer afraid of his leprosy. Another girl has a problem with her eyes and went to the local health centre for treatment: C15: *My father took me for treatment to the hospital and they told him I should go to Addis Abeba (capital of Ethiopia) to receive treatment. My mother disagreed she was scared of what would happen to me in Addis. And so I never received the treatment"*. Because the girl did not receive any treatment she is now blind. The children in these stories have mainly faced neglect. But in all cases it is hard to claim that the caretakers were deliberately violating the rights of the child. They did not know what to do or what the consequences of either disability or their actions could be.

4.3.2. Vulnerability to violence through poverty:

Lack of money to help their children and protect their children is an issue for many of the respondents. The sister of C7 explains: *"It is the economic status of the people that makes them hit their child. If I would have a lot of money, if my child would break the television I would just replace it. But when there is no money and my child will lose 10 cents it is a big problem for me"*. The disability of the child can increase the need for money to ensure adequate protection for the child. To protect a child with an intellectual disability from being lured into going with a perpetrator could be solved by providing transport between home and school. But if there is no money for transport the child remains at risk on the street. Other children never reach school because of lack of money for transportation. There are children who cannot walk to the school or are unable to memorise the route between home and school.

Most families will assign a family member to accompany the child from and to school. But in the very poor families all members take part in income generation and thus they cannot spare the necessary family member. A neighbour of (C2) explains how money helps in raising a child: *“If the family has a good income they can give the child what it needs and the child will have a good behaviour. But if you are poor you will let your child stay outside and you will not be able to control the child”*. Other people say that they could take care if their child *“but there is a money problem so if the government could take care of that, that would be good”* (neighbour C7). Being on the street increases the chances of violence towards the child but also makes it hard to control the behaviour of the child. (C2) has friends that give him beer to drink and abuse him by forcing him to steal from people. Since he is treated badly on the street he reacts aggressively to people. A person who he works with sometimes explains it as follows: *“The people around they do not like him because he has strange behaviour and is usually aggressive.... When people are difficult to him he is difficult to them”*. His mother describes the same problem: *“And then they give him tella (local beer) and he gets drunk and shows bad behaviour. Some people they do bad things to him. He does not want to be near them since they will show bad behaviour towards him.... And when he drinks he hits me”*.

Some of the parents try to prevent their children being abused on the street and lock them into the house during the day, leaving them to their own devices. A single mother with an intellectually disabled child (C11) explains: *“When I was a secretary and when I was working as a daily labourer (construction work) how could I bring her with me to my work? ... If she would have a physical disability she would be able to take care of herself but now she has an intellectual disability and I locked her into the house to prevent her from being raped”*. By trying to shield their children from violence parents sometimes violate the rights of their own children. Through poverty these parents lack the means to protect their children without locking them into a room by themselves for the whole day.

Earlier I described that children with a mental disability are more easily tricked with small treats to follow a person that is likely to abuse them. Poverty increases the likelihood of deceiving a child. In a community conversation around (C13) a man explains: *“Children from around the country side, you can treat them easily with some luxury things. When you show them something they can go with you and you can attack them easily”*. The child herself also had this experience. The boy who raped her came to visit her a day later with the following offer: (C13): *“He told me that if I would come and sleep with him, he will buy me clothes and other things”*.

Poverty is related by the people interviewed not only as a lack of money but also to a lack of knowledge. In several interviews violence towards children as a punishment is described as a lack of knowledge that is a result of poverty. One of the neighbours of (C2) describes how lack of knowledge of the surrounding community leads to violence: *“...the*

people that make him drink a lot they do not know about the problems that he will create after he dinks". The mother explains that the best solution would be educating the community about what the consequences of their behaviour towards children with a disability are, but thinks at the same time that this might be a difficult task: *"It is better if he dies, changing peoples attitude is very difficult so it is better to take ... (C2) away"*. A neighbour of another child (C3) explains the violence by punishing children in Ethiopia: *"We hear on the radio and the television that people punish their children badly. I even heard a mother killed her child. We are not good in this country in punishing our children. But those who are educated or some one who learns a bit... We can give our children advice and not hurt them. But those who are not educated they are not good to their children"*.

Growing up in poverty is not specific to children with a disability in Ethiopia. What is different is that the special needs a child can have due to their disability could require more money to protect the child from harm. Since children with disabilities are a minority, they sometimes lack the peer support on the street and are more likely to be abused by those who want to do harm.

4.3.3. Vulnerability to violence through a lack of education opportunities:

Many of the children have a difficulty finding a school that will educate them. Ethiopia has a policy on special needs education (MinistryofEducation 2006). This policy encourages schools to implement inclusive education and gives schools the possibility to allocate a budget for teaching children with disabilities in mainstream schools. Education for the blind has a very long tradition in the country and there are many blind teachers and lawyers. In particular, Addis Ababa University has many students who are blind. Like other countries; Ethiopia is trying to work on education for all children in primary education (Jones 2001; MinistryofEducation 2006). The efforts of the Ethiopian government provide opportunities for children to join education. But in the current educational set-up children with a disability might still face violence that is related to their lack of access to quality education.

Many of the schools do not except children with a disability. Mother (C3): *"Instead of locking her into the house I was searching for a school for her... I took her to the school and the teachers said she had a problem she could not catch anything... She was 10 years old and in the regular school they were trying to give an exam and she did not pass, so they did not accept her"*.

The schools themselves describe that it is hard for them to work with children with a disability. Educators lack knowledge to work with the special needs of the children. The teacher of (C1): *"I have no educational background on working with children who have a disability, I use my common sense to work with them. But it would be good if they could get professional teachers"*. There is a shortage of materials and no agreed sign language to

educate children on topics like chemistry and physics. For blind children there is no system to teach the children mathematics. A blind teacher tells (C13): *“The students with a disability lack many materials. They lack white canes (to move around) and they lack Braille paper. It makes it hard for the students to learn and their results are not great (because of that)”*. The lack of resources and the lack of school opportunities make the actual chances for children with a disability to have practical access to education small. So even though there is a policy the real accessibility to education is not yet there.

A number of the deaf and blind children have left their families to find opportunities for education. They live on their own or with relatives. Some of the children decide they want education and run away from home because they have received information about the opportunity of education in one of the cities. Other children are helped by their families to move to a place where there is education for the blind or for the deaf. Since the children are no longer protected by their immediate family they are more likely to face abuse. Other children live alone and rent a place with some friends. A mother told her blind daughter, that she could always go to a friend of the family if she wanted to and introduced her to them. When the girl stayed a night with the family on their invitation she was raped by a son of the house. When she shouted no one responded. Another child came to the capital with her father to look for education. The father agreed to her being on her own and she now lives from begging. On the street men approach her and sometimes try to rape her. She rents a bed in a local bar where many of the customers approach her. She has managed to protect herself so far by attaching herself to other people around her.

The children described above are in another town with the knowledge of their families but there are also many children who decide to run away from home to find a better future through education. One child, whose experience is narrated in chapter three, was 9 years old when he decided to leave his family and look for a place where he could find education. He felt he was a burden to his own family. There are more children with a disability living away from their families because many of the schools do not accept children with a disability. Some of these children live on their own and some are placed with relatives. These children complain that the relatives do not see the need to take care of them like other non-disabled children. Both scenarios show that children living without their direct family face a higher risk of being abused.

4.3.4. Vulnerability to violence and the lack of access to the justice system:

After children have faced violence, access to justice is limited. This is a result of a combination of lack of knowledge both on the side of the families and of the police, medical staff, lawyers and judges. Most of the parents and their children do not go to the police station to report the violence. The young women in chapter three described how they fear not being

taken serious by both the police and their families when reporting rape. The mother of another child asked me about the research I was doing and who would hear about it. She had previous experience where she shared the story of her child and her story was broadcasted on the radio including their names and place of residence. Since the community and the police could use information about violence against the victim and the family, people are scared to come forward with the stories of the violence they (or their children) have faced.

Many children and their families find that the police and the justice system are not supportive of their reports. They are not taken seriously when reporting to the police, and more evidence is demanded of them, than in other cases because the stories of children with a disability do not have much weight in court. In rape cases there is frequently need for witnesses of the incidence, a prerequisite that is often impossible to fulfil. A child that has an intellectual disability is denied the right to make a statement since they are believed to be unable to know and testify what happened to them. Sign-language is not an official language; this means that the courts do not provide a sign-language interpreter and deaf people depend on the judge's directions as to whether an unofficial sign-language interpreter is accepted. This inaccessibility of the courts does not only apply to the deaf. The court and police buildings are in many cases inaccessible for wheelchairs users, which also decreases their ability to testify in court.

Before a court case starts suspects are taken into custody, but until their case is brought before court they are often released on bail. This means that many of the perpetrators return to the area of the victim. A girl with an intellectual disability was raped by the son of her neighbour. As he was out on bail, he was back and living next door to her. In her case the neighbours kept an eye out for her and prevented contact between them. In other cases where there is no support, the perpetrators could come back to the family and threaten them in order to make them drop the court case. Many families do not approach the justice system because they do not believe it will help them. But most of them do not try because they lack the physical evidence of the rape. The children do not always tell immediately about the violence that happened to them. In other cases the perpetrator is unknown. This means that most children lack the necessary evidence to go to court and seek justice.

In the rural areas of Ethiopia solving issues in the community is often done through a traditional system and police and court are not involved. In those cases children with a disability are still treated differently than non-disabled children. As this has a lot to do with the value the family seems to give to their disabled children I will discuss this in the following sub-section.

Of all the children I interviewed, three went to the court to fight their case. All three were victims of rape. Two of them were successful; although the families were unhappy with the punishment which they felt should have been more severe. Through lack of access

services in the court and the fear of people to go to the police and the court system in case of violence against children with a disability, perpetrators often go unpunished for violence committed against the children. The lack of severe sentences adds to a sense among perpetrators that their impunity is almost guaranteed.

4.4. Vulnerability to violence due to cultural attitudes towards disability:

“It is better to watch cows, then to have to teach those children” was a remark that a mother received when she was looking for a school for her child (C3). There are many assumptions the community has about disability. While I was working in the Netherlands with wheelchair users, outsiders would usually talk to me, and not to the person in the wheelchair, even when they asked the question. Many people with a disability face the problem that people think that the disability in one part of their body means total inability. As Teferra (Teferra 2005) found in his research the children also told me they were named in terms that generalise their disability. *Awer* (you cannot think well) and *Dembera* (clumsy) are names commonly used for blind people (C13/C15/ C17). *Komata* was used for physically disabled children (person without hands and feet)²¹. Some of these assumptions are violating the rights of children with a disability. In Ethiopia children face the problem of being regarded as incapable. A teacher that teaches C1 told the child: *“I do not expect anything from you in this class... Look at you, you are not like other children so you cannot do anything and you are wasting my time”*. She made this remark in front of the class, and the students made fun of her until her mother managed to transfer the child to another class.

Many parents are disappointed in their children because in their poverty they hope their children will provide for them when they grow up. The disappointment of having a disabled child could be interpreted as a result of not believing that the child is capable of learning something that could provide a living. In many of the interviews the children mention that they are told that they are useless to the family. The family’s sentiment can be seen as part of this generalization of a problem in bodily function leading to total incapability. Another way of expressing the way people with disabilities are seen is the frequent reference to them as patients (as described by two of the children in chapter three). The term patient is not only used for the children but also used to refer to some of the mothers who have a child with a disability: *“the people around here they consider ... C3 as a patient and they tell me to give her away to the government or someone... also when they want to call me they say; the patients mother”*. Being called a patient does not only mean that this child needs to be taken

²¹ The use of language was also referred to in chapter one from a study by Teffera: Teferra, T. (2005). Disability in Ethiopia: Issues, Insights and Implications. Addis Ababa, Addis Ababa University Printing Press.

care of, it also means that the child's current situation is not accepted and the child needs to be healed from the state it is in, at this moment²². Some of the parents that see their child as a patient start to overprotect their child. These children do not get the chance to develop in general skills like; communicating, leading, following and sometimes defending themselves when playing with other children.

Many of the children are teased about their disability and also many of the parents that have a child with a disability are not seen as successful in their parenthood. They are connected to the (perceived) incapability of their child. For many of the children it is hard to understand why they are being treated in a different way. C2 faces the problem on the street that many people tease him and insult him. Some hit him or throw stones at him. When we (my translator and myself) walked on the street with him, the same happened to us. We were shouted at and asked what is wrong with us? Do we want to marry this boy? We basically got insulted for walking on the street with C2. The same child loves horses and often takes care of the horse that pulls a cart. The owner of the cart tells us: *"The people say that he does not have a mind, when I do not pay him for his work he asks me to give him the money he earned and I give it to him. So he does have a mind"*.

With deaf children there are some factors in their disability that are generalized, but they are also seen as children who are stronger than others. Many of the children have to perform heavy labour since the community has the prejudice that their lack in hearing is compensated by physical strength. This is also expressed in the government's policy that provides money for children with a disability who attend school, but not for the deaf, since 'they can work'. Based on this prejudice of being strong workers but not good for much else deaf girls are married off at a young age to 'serve' in their new household (I20).

4.4.1. Being regarded sexually inactive:

Part of what makes children with a disability more vulnerable to violence is the fact that they are excluded from education about protecting themselves from violence. Many people do not believe that rape would be a threat to a child with a disability or that their children with a disability would have a sex-life in their adolescence. The experience of the girl that fears buying contraceptives and the experience of her pregnant friend at the doctor in chapter three are examples that showing this assumption in society. Information on sexual and contraceptive medicine, buying contraceptives, finding information about sexuality or pregnancy, is hard for people with a disability since many people in society consider them as 'a-sexual' or sexually inactive. Many of the children that had faced violence told us that they never received information about protecting themselves from sexual violence. The sister of

²² The Ethiopian disability movement has been opposing this term and feels it is one of the factors showing that disability is not accepted in the Ethiopian society.

(C7) explains: “before this I did not think that anybody would rape her, I was just trying to teach her not to get a car accident”. The sister of (C14) says: “I thought people would not think about her when it comes to rape, but now I do not trust anybody”. In the beginning of this chapter I mentioned the vulnerability of children with an intellectual disability, the children who are most easily manipulated to follow strangers. One of the girls with a intellectual disability proves that it is possible to teach a child with an intellectual disability protection from non-consensual sex: (C19) “The boys on the street they sometimes hug my friends (other children with intellectual disabilities) and they say I love you to them. This happens to them, but I am afraid of this because there is a strange disease (Aids) and I do not want to go with them. But they say I love you and try to hug us”. Not trying to increase the child’s awareness about the need to protect them-selves from harm, also because it is assumed that they are ‘a-sexual’, is a lack of respect for the child as a person and thus violating his or her rights. Somewhat ironically’ the chances that children with a disability will be raped are high because many people believe that they cannot be infected with HIV/AIDS and, therefore are a “safe” sexual partner. The example given by one of the girls in chapter three is supported by other research that express these contradicting ideas that increase the vulnerability of women and girls with a disability to rape (Bernard 1999; Calderbank 2000; Nosek, Clubb-Foley et al. 2001; Mohasen 2006; Brownlie, Jabbar et al. 2007). Not regarding children with a disability as any other child in the family can be seen as a form of violence (neglect) but is also cause of increasing the vulnerability of children with a disability from other forms of violence.

4.4.2. Shame:

In chapter three I described how children feel that shame of having a child with a disability is one of the causes of violence towards them. Parents try to avoid contact between the child and the rest of the community. One of the children described how she was not able to leave the house for seven years. When she received a wheelchair a few months ago and started moving around by herself, her family was not happy. When she asked whether her father, could help her, by pushing her wheelchair out of the house, he used the following words. “If you take a shower outside everybody looks at you like you are crazy, so if someone saw me pushing a wheelchair it is like that, I am ashamed of you”. Life was easier for many of the family members when they were not so much faced with the disability of their child. Several children tell about experiences of not being tolerated when there are visitors coming. Most of the shame seems to be based on what others are assumed to think about the fact that the family has a child with a disability. The opinion of the community can be harsh on the parents of a child with a disability. There were several single mothers whose (ex) husbands do not want to be related to the disabled child they fathered. A mother tells (C11): “He claimed that I took

pills to have an abortion and that it failed and that is the reason why ... (C11) is like this. But it is not true I did not do this". Years later since the mother was locking her child in while going to work the neighbours blame her: *"People are accusing me of her disability. They say that I locked her for many years and this is why she is disabled..."*. Another single mother is fighting with her late husband's family for his pension: *"They say I make my daughter deaf because I am fighting them. And her deafness is God's way to show me that I am making a mistake"*. When a disabled child is seen as a punishment of God, being ashamed of the mistakes (the child) could be a very likely possibility. It is not always what people say that is a cause of shame. Being talked about can be harder than being talked to. *"People were talking, they were saying her son this and that and so on, but they were not saying it in my face... It could be because they are ashamed of me so they talk to each other instead of me... But if they are good friends they will talk directly to me"*. Also parents turn to God to ask why He gave them a disabled child. (Mother of C8): *"So I said to God, I begged you to give me children, but you gave me this."* The fact that God provided a child with a disability is seen by other as a test in life: (Mother of C4) *"Even if I am suffering a lot now I do many good things for my child. I do this for God. I know he will return to me many good things when I die."* The reasons for people being violent towards children with a disability are also explained through the loss of fear for God: (mother of C4) *"These days people are not even afraid of God. So we the parents need to watch over our children"*. God could be a protection for the children from violence but if the society does no longer fear God then the parents need to take charge of the protection of their child. In some cases children with a disability are perceived as a shame, when they are seen as a punishment of God or a mistake by the parents. In other cases, parents protect their children because they believe that God will reward them in heaven.

Shame is not only related to the disability of the child. There is also shame about the violence that the child has faced. Especially when the violence is rape. That marriage by abduction is practiced in Ethiopia shows that not only for children with a disability losing virginity is a cause of shame. A priest in a community conversation *"From the religious perspective rape is a bad thing. Losing virginity or taking virginity it is similar. This is what we teach the community on Sundays"*. From this perspective not only raping is a sin but also being raped is a sin. And in many parts of Ethiopia girls who are raped will be married off to their rapist (ACPF 2006). (Mother C7) *"So the people do not talk and hide their secret. The people say it is forbidden to give birth before marriage. So it is difficult to say; my child was raped"*.

Shame of having a child with a disability can be a direct cause of violence against the child. The disability of the child can exclude both the child but also the parents from the society or the extended family. Shame of violence against the child in the case of rape results in the violence against the child being covered up, this leads to a lack of making use of the

justice system and through that a lacking message to the community that violence against children with a disability is a crime (compare, “vulnerability to violence due to the lack of access to the justice system”).

4.4.3. Trying to maintain relations with the community:

“It is better for one person to suffer rather than the risk of a complete breakdown in family life”. This remark by a Ugandan judge on domestic violence towards women is an example of the struggle between the rights of the individual and maintaining a balance in society (Richters 2004). In the stories of the children and their families keeping good contact with the community seems to be a high priority. (C7): *“The neighbours came here and they asked us to stop our accusations. I wanted to make peace between both of them. But ... (C7) said no! And I begged him until he finally agreed”*. Not following up after violence could also be caused by fear of further attacks from the community. The fear of repercussions from the community makes that children do not receive justice for the violence happened to them but also gives the message to the community that attacking a child with a disability is accepted. After the interview I received reports of four other girls with a disability in the same village, which were raped. Community members attending our focus group discussion state that rape of girls with a disability was common in their town. Since this violence against blind girls has become common the victims were blamed of being the cause of the violence: (C13): *“The community is saying; girls who are blind, they fall in love easily”*. Coming back to the sin of both taking and loosing virginity the priest continued (Community conversation C13): *“When we know that a person has raped and has sinned in our community, he will be neglected by the community. We will not accept it”*. A young man reacts to the comment of the priest: *“From the religious point of view it is a bad thing. But when we look at the practice around here, we cover up for the person who has raped. When we went to the house of a person who had raped, his mother shouted a lot, and so we just left it. We protect the people who have raped”*. Violence is in some ways accepted and turned into an accepted cultural practice through marriage by abduction. Thus a child is disappointed and hurt not only because her family does not want to bring the case to court, but also because the child is not treated like other children and parents do not try to get the person who raped to marry them. Sometimes all seem to agree that: “it is better for the individual to suffer...” (Richters 2004).

4.5. Protection:

Some of the children I interviews find justice for the violence that happened to them. I would like to give some examples that show that some of the children have received support to fight against the violence and that the opinion people have about the child is not only based on its disability. In the interviews I asked parents and community members what they consider a

good child. Many of them responded saying that a good child respects its parents and is a good pupil. On several occasions the opinion about a child with an intellectual disability (a 'mindless' child) changed when they started attending school. (C3): *"These days they treat us different. Because she is going to school every day, the neighbours think she has a job and so now they respect her"*. Some of the perpetrators fear the consequences of increased education of their victims. The sister of C19 says: *"Now that she started her education they are afraid that she will learn and that she will be capable of telling about them. They have come several times to school to threaten her. They were asking the teachers questions and seem to be afraid"*.

The community can also be a support to the children and in the case of the children I interviewed they might have not managed to protect the child from violence but they do help the child and the family after the offence. (Father of C2): *"The people around here they like her and they support her. When we heard she was raped they helped us confront the rapist and they managed to get a confession out of him"*. In another case a child was alone while the family attended a funeral. One of the neighbours heard her shout (Sister of C14): *"The neighbours they were good. They shouted and they took him (the rapist) to the police station and they provided evidence for the court. Even though it is difficult to give evidence against your neighbour. So they were good for us"*.

So despite the fear of police and community groups there are those who confront society with the violence and manage to make a change in the live of their child or find justice for their child. One of the mothers says: (Mother C7) *"It is better if we start talking because only if we talk the government will start to understand our problem"*.

These examples indicate that if there is family and community support and protection and if people manage to go to court there is a way to achieve justice.

Chapter 5

Social Capital of Ethiopian Children with Disabilities

5.1. Introduction:

In the preceding chapters, the literature on violence against children with disabilities was discussed. Violence against children with disabilities in Ethiopia was described through the stories of the children, their parents and their immediate community members. In chapter three I looked into the stories of violence from the children's perspective. Children with disabilities have different ideas about the causes of violence they experience and ask for a different approach to prevent violence against them. Chapter four discusses the stories of violence and what makes the children with a disability more vulnerable towards violence than their non-disabled peers.

In chapter one I described different perspectives that are used to view and explain disability. Also my respondents looked at disability from different perspectives. Some explained disability as a curse or a test by God, others viewed disability as a medical condition and many talked about the social and justice barriers that increase or forms the disability of their child. In this chapter I add the concept of "social capital" to explain why I believe it is important to look into the social relations and social values that children with a disability in Ethiopia have. The concept "social capital" can be used to help understand the prevalence of violence against children with a disability in Ethiopia and can be used to work towards preventing occurrence of the violence. I argue that in order to protect Ethiopian children with a disability from violence, it is important to look into the social capital of those children. I will first explain the concept of social capital. Then I will discuss the role of the family, the position of the family in society and the influence it has on the social capital of children with disabilities. I continue with the role of policies around the social capital of children with a disability. I then discuss the effects of being included and the role that the disabled people's organisations have in inclusion. I end with the relevance of social capital to prevent violence against Ethiopian children with disabilities.

5.2. Social Capital:

"Social capital can be described as the social networks and the associated norms of reciprocity and trustworthiness"(Putnam 2007). The main people to develop the concept are Bourdieu, Coleman, Putnam (Field 2008: pg1-2) and Field. Social Capital makes a comparison between social relationships and economic theories. The concept remains (in the words of Field) "still somewhat sketchy and loose", but it is gaining academic value (Field 2008: pg157). An article by Becker (Becker 2005) on reciprocity, justice and disability, made

me realise that in the stories of violence against children with a disability in Ethiopia reciprocity is a returning theme. Caretakers and community members expressed their disappointment in the fact that their child “will never give back”. Teachers claimed that teaching a child with a disability was a waste of their time. Reciprocity (or lack of belief in it) is a theme in the stories of violence I collected. Becker uses in his article only the term reciprocity. I would like to look into the role that social capital plays in the stories of violence of the children their parents and the community around them. I will argue that many of the problems around violence against children with a disability can be related to the lack of social capital the children or their families have and I will also argue that many of the success stories in receiving justice for the crimes committed to the children is linked to the social capital of the children and or the families they belong to. Reciprocity is part of social capital as mentioned in the definition of Putnam at the beginning of this paragraph. But it has also to do with other factors, such as social networks and trustworthiness. Field mentions in his book about social capital that people with disabilities have network disadvantages because they are less often employed and often have smaller social networks. He claims that the lack of social capital that people with disabilities face results from the attitudes of people towards disability (Field 2008: pg88). Agreeing with his statement, I would like to analyse the influence of social capital on violence against children with disabilities in Ethiopia.

The Ethiopian children with a disability express that they do not feel valued like their non-disabled peers. They notice this through investments made in them. They compare it with investments made in their brothers and sisters. One of the parents literally expressed that she would rather have her child dead. Other parents expressed being ashamed of having a disabled child. I could argue here that this has to do with a negative attitude towards disability, but this “negative attitude” could also be linked to the lack of social networks, norms of reciprocity and trustworthiness that are part of the formation of the social capital of a person.

5.2.1. The role of the family in forming the social capital of the Ethiopian child with a disability:

Some of the children interviewed have strong support from their families. The families realise that their child has special needs, but at the same time treat their disabled child like their other children and invest in their development. Other parents have expressed that they are ashamed of their children, that they would rather have their child dead and that they do not believe that their children “will give back to them”. These children express that they feel less valued by their families. In Chapter three I discussed the vulnerability to violence that is founded in the attitudes people have towards people with disabilities. Most of these attitudes have a strong effect on the social capital of the children. Parents that are ashamed of their child try to keep

their child away from the immediate community or try not to be associated with their child in the community if the child can move around. This shame has an effect on the access of the child to the social networks to which the family belongs. The attitude of considering the child “incapable” also has effects on the social capital of the child. The children expressed that their parents do not believe in their development due to their disability. When neighbours advise family members to give their child away to an organisation, the child could build up new networks, but will lose all the connections it has. The values of reciprocity and trustworthiness are part of the formation of the social capital of the children. The children who lack the support from their families will also not be able to use the social networks that their parents are part of. The three components of social capital as defined by Putnam are lacking and with that the social capital of the children through their parents will not exist.

Continuing my argument I would also state that not considering the child as potentially sexually active and the vulnerability to violence that comes with that has an effect on the social capital of the children. Societies have their own structures in informing their children about sexuality, and protecting them from unwanted sex. In many societies, including Ethiopia, this information is kept away from those who are considered a-sexual. People are only included into the networks when the community feels they are ready for it, or in need of it (in case of protection from sexual violence) (Dube 2008). In most interviews I found that children with a disability were not accepted into that network of knowledge or forgotten in the mainstream information flows created by governmental and non-governmental organisations. The children that were raped expressed that after the rape their bodies were not considered in need of protection to the same extent as the bodies of their peers that have no disability. The lack of trust that their children could find partners to marry and create families decreases the need to protect the bodies of the children from being harmed. Also, here the lack of belief in the future of the children decreases the access they get to the social networks of protection.

5.2.2. The position of the family in society and its influence on the social capital of the children:

The lack of access of the child to the social networks of the family relates to the fear of the family to damage their networks with the community around them because of their disabled child. In chapter three I described how families debate between fighting for the rights of their children and maintaining a good relationship with their neighbours. The family feared affecting their social networks by taking a stand in favour of their child. In cases where children were not in the immediate neighbourhood of their family, parents would advise the children to endure the violence, since they had no strong social ties to defend their child. In that case the family expressed that they believed the social and traditional ties of the

community were stronger than the law and that the community would favour the perpetrator since he was part of the local community and the child was not.

5.2.3. The role of policies in forming the social capital of Ethiopian children with disabilities:

In chapter three I explained that many children with a disability leave their families to find opportunities for education. These children live on their own or with distant relatives. This results in lack of protection from violence for those children. Children express that “no one cares about their safety like your own parents, brothers and sisters”. The social networks of the children are reduced, through the lack of support from their direct relatives and due to the fact that they come to a new environment where they do not know anybody. The lack of education opportunities for the children results in migration and with that, loss of social capital. This lack of social capital increases the chances of violence against children with a disability.

I would like to argue here that a lack of investment from the government in children with a disability adds to the reduction of the social capital of the children. Lack of teachers, policies, knowledge and materials for children with a disability, in the government structure, could be interpreted as a questioning by the government of the need to invest in children with disabilities. Government policies thus strengthen the ideas and attitudes that already exist in society. If laws and policies do not protect children with disabilities from violence and if perpetrators are not convicted in court, the vulnerability towards violence of children with disabilities is likely to increase. This means that government policies and laws, but also the functioning of the system can increase the social networks people can rely on. People do not only need norms of reciprocity from their families and their direct community, but also from the society at large, which is in part reflected by government policies, laws and their functioning. The lack of it influences the social capital of a person.

The current developments in the Ethiopian ministries could be a good start to increase the social capital of the children throughout Ethiopian Society²³. The development of policies in education, health and social and labour issues and the signing of the UN Convention for the Rights of People with Disabilities show to the Ethiopian people that the government believes in investment in children with disabilities.

²³ The Ministry of Health is implementing a first strategy on rehabilitation, the Ministry of Education is working with their first strategy on special need education, the Ministry of Labour and Social Affairs is revising its strategies to work for people with a disability, Addis Abeba City has child protection units in the police station on every sub city etc.

5.3. The effects of being included:

That the social capital of a family can be of use is seen in the three cases where parent's believed in their children's right for justice regarding the crime committed to them. All three cases went to court, two had a positive outcome and the perpetrator was convicted. In the other case the perpetrator was set free due to lack of evidence. In all three cases the support from the family was strengthened with support from the immediate community. Neighbours helped the family through reporting to the police, finding the perpetrator and testifying in court. It could be by accident that these three families had good relationships with their neighbours, but it could also be that the acceptance of the child in the family had a positive effect on the acceptance of the child in the neighbourhood. In the two cases where the children did find justice, the justice system also supported the child's case. There is a need to look into the court cases of violence against children with a disability that are successful and look further into factors that work towards defending the rights of the children. In some cases the lack of trust in the system seems to be bigger than the non-functioning of the actual system. Then again failure of the third case and the stories of not being regarded when reporting violence to the police are also very likely to occur since the attitudes towards disability of professionals would not differ a lot from the attitudes of the rest of society. The two "successful" cases reported that they felt they needed to be stronger in their persistence towards the police and justice system than if their child did not have a disability. The changes in the policies of the Ethiopian government on a Federal level described in the previous section need to be effectively implemented in all regions of the whole country.

5.3.1. Social capital and the Disabled People's organisations:

In the interviews with children the associations of people with disabilities and the peer group in school was often mentioned as a group that built the strength of the children. Deaf children felt that the lack of regard of their families for their education was compensated by the peer support they received at the School for the Deaf (I20). The teenagers interviewed in the capital were all members of their respective disabled people's organization and expressed that they had learned a lot about their rights to be regarded as equal to their non-disabled peers. In this study I did not specifically look into social networks created through the Disabled People's Organisations. From the stories of the children I suspect these groups have great importance in creating social networks. It would be interesting to further look into the influence they have on the social capital of children with a disability in a future study.

5.4. The relevance of social capital in protecting Ethiopian children with disabilities from violence:

At the beginning of this chapter I argued that in order to protect Ethiopian children with disabilities from violence, there is a need to look into the social networks that children with a disability are excluded from. I argued that this exclusion from social networks is based on the belief that investing in a child with a disability is useless since they will not return the investment. The lack of belief in reciprocity is one of the reasons that children are not included in the social networks of the family and the community. Although the number of success stories I found is small, in the examples I found where the family did invest in their child and did believe in their right to find justice for the crime committed to their child, the social networks of the family supported the child in their struggle.

In order to answer my research questions:

“What are the experiences of violence against children with disabilities, of Ethiopian children with disabilities, their family and community?

How does the organisation of Ethiopian society influence violence against their children with disabilities?”

There is a need to answer the questions from two different perspectives, namely the perspective of the Ethiopian children with disabilities and the perspective of their families and the immediate community around them. The children ask to be considered as equal by their families and the community. They feel less valued and less protected. They would like to be considered by their families like all other children in the household. They would like to be invested in, through schooling, food, clothes, and social participation. They would also like to be equally treated (when their rights are violated) by the police, health care workers and the justice system in order to seek justice and healing after the violations. In other words, they would like to be included into the social networks of their families and community, as equals.

The adults around the child often seem to fear that the social structures will either not apply for their children or even no longer for them when they expose their disabled child to the community. They therefore prefer to exclude their child from the community and society structures.

In chapter four I discussed the different issues that make children with a disability more vulnerable to violence than their non-disabled peers. When analysing this social capital of Ethiopian children with disabilities in relation to the vulnerability they have towards violence I come to the following conclusions. The disability itself was, although often mentioned in literature, hardly mentioned by the children, their families and their direct communities. Only for children with intellectual disabilities this was slightly different. Vulnerability caused by a lack of knowledge shows that in many cases the lack of knowledge about the disability results in children with disabilities being isolated from the mainstream

community. They do not get a chance to develop themselves within their communities and become part of the social networks that their families and their immediate community belong to. The vulnerability caused by poverty of the families shows that there is a higher expressed need for reciprocity with those who are poor. The willingness to invest the small amount of resources available in the children that are not believed capable of returning the investment is low. Being invested in, through schooling and social events relates to the access children have to others apart from their direct family members and with that the social capital that the children will build up. Not poverty alone but also the availability of schooling and schooling materials determines the access that children have to education. Through schooling and the contact the children build up in school, they also have a chance to build up their social capital. As mentioned earlier in this chapter the lack of schooling opportunities and school materials could also be seen as a lack of belief in reciprocity of the children by the government and society at large. The lack of social support combined with a lack of belief in reciprocity by the justice system could be seen as a lack of “social capital” of the children to find justice and protection from violence. The Cultural beliefs confirm the lack of belief in reciprocity from children with disabilities of society at large. Shame and the belief that children (or adolescents) with disabilities will be sexually inactive also increase the isolation and decrease the social capital of the children. This overview of the different aspects that make Ethiopian children with disabilities more vulnerable to violence, would plead for the request of children with disabilities to be included in society. Through inclusion the children will have a chance to become part of social networks and form their own social networks as other children do. Though the parents and immediate community may be seeking more protection through isolation from society, this also causing their children with disabilities to be even less included in social networks, which is likely to increase the vulnerability of their children to violence.

The Ethiopian government is showing some encouraging developments to include children with a disability into the mainstream of Ethiopian society. At the moment the policies have not reached the grassroots sufficiently and many children have difficulty in accessing services to protect themselves from violence and in finding justice after their rights have been violated. In order to decrease violence against Ethiopian children with disabilities and give them a chance to build up their social capital, there is a need to work on different levels where children with a disability lack access to their rights to be protected from violence. There is a need to work at family level, in order to gain acceptance and recognition of families that, their child capable of being an equal member of their family. There is a need to work at community level to have the children accepted into community life. There is also a need to work on the accessibility of local education for children so they do not have to live far from their families. There is a need to work on the awareness of services that could protect

children from violence and help them find justice if their rights have been violated. The children ask to be included. Only in that way they can make use of the “social capital” their families have and build up social capital for themselves.

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Appendix 1

Topic list Interviews

Children with a disability

With the children I would like to discuss the following topics:

- Story of their life?
- What is their position in their family?
- Do they participate in family life like other children of their age or other brothers and sisters?
- Is their life different than that of other children who do not have a disability?
- In what way is it different?
- What would they like to do when they grow up?
- Do they face violence in their lives?
- What kind of violence when does it happen and by who'm?
- How do they feel about the violence?
- Is it different violence than towards children who have no disability?
- Was there somebody who helped in preventing or stopping violence? (if yes who?)
- What happens to the violators?
- Could or can they do something to stop the violence?
- What do they fear for their future?
- What do they dream for their future?

The children will be interviewed alone but there might be a start with family members to gain trust and receive permission for individual sessions.

Family of children with a disability

With the family members I would like to collect data through interviews. I would like to use more than one interview before discussing violence against the children.

- What is like for them to have a child with a disability?
- When and how did they find out their child is disabled?
- Do they treat this child different than other children in the family?
- Did their lives in the community change? (in what way?)
- What is in their idea the meaning of violence against a child? (what is a pedagogic punishment and what is violence?)
- Does their child face violence and what kind of violence?
- Is that violence different than for children with no disability?

- Is violence against boys and girls different and in what way?
- What can they do to protect their child and who can help them to do so?
- Is this protection related to the fact that the child is male or female?
- How do they see the future of their child?
- What do they think about the CBR worker?
- Does the CBR worker help the family with their disabled child?
- Can the CBR worker prevent or stop violence against their child?

When the family members are the violators depending on the type of violence and the willingness of the family to participate I would add the following topics

- Why is violence used against the child?
- Is the child different than other children?

To gain trust of the family and willingness to participate the photo's described as a rapid appraisal technique with the children can be used. This will start the interview about childhood and become more specific from there. The interviews will be with one or more family members at the same time and I will try as much as possible not to have the child around during the interview.

The community

What people of the community will be informants for the study depends on the case of each child.

- How do people remember their own childhood?
- What is typical for childhood?
- How are children raised, punished and praised?
- What kind of disabilities do they know?
- What causes these disabilities?
- What will be the future of children with a disability?
- What is violence that is pedagogic acceptable?
- Do boys and girls need different ways of upbringing and how?
- What is violence against children that is not acceptable?
- What is violence that is not acceptable for a child with a disability?
- Does this unacceptable violence against children with a disability exist?
- Is violence against a child with a disability different and why?
- What activities/ interventions are taken to prevent unacceptable violence?
- Are these protection activities different for boys and girls and how?

Depending on the person or group of informants this whole topic list or parts of it can be used for the interviews focus group discussions and Rapid Appraisal. The photo's described as a rapid appraisal technique with the children can also be used as a method with community in groups or individual. Who is a happy child? Why and what is a good child and from there talk about childhood disabled children and violence.