

**Sexual Violence against Women Domestic Worker
Clients at Harar Higher Sexual and Reproductive
Health Model Clinic of Family Guidance Association of
Ethiopia, Eastern Ethiopia**

MSW Dissertation Research Project Report

(MSWP - 001)

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DECLARATION

I hereby declare that the dissertation entitled: **SEXUAL VIOLENCE AGAINST WOMEN DOMESTIC WORKER CLIENTS AT HARAR HIGHER SEXUAL AND REPRODUCTIVE HEALTH MODEL CLINIC OF FAMILY GUIDANCE ASSOCIATION OF ETHIOPIA, EASTERN ETHIOPIA** submitted by me for the partial fulfilment of the MSW to Indira Gandhi National Open University (IGNOU), New Delhi is my own original work and has not been submitted earlier, either to IGNOU or to any other institution for the fulfilment of the requirements for any other programme of study. I also declare that no chapter of this manuscript in whole or in part is lifted and incorporated in this report from any earlier work done by me or others.

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ABBREVIATIONS AND ACRONYMS

| | |
|---------------|---|
| AI - | Amnesty International |
| AIDS - | Acquired Immuno-deficiency Syndrome |
| FDW- | Female domestic worker |
| HIV - | Human Immune-Deficiency Virus |
| HRW- | Human Rights Watches- |
| ILO- | International Labor Organization |
| UNHCR- | United Nations Higher Commissionaire for Refuge |
| WDW- | Women domestic worker |
| WHO- | World Health Organization |

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ABSTRACT

The purpose of this research was to assess the general conditions of sexual violence experience among women domestic workers who are clients at Harar Higher Model SRH Clinic of the Family Guidance Association of Ethiopia. Domestic work is a large and growing job opportunity for women globally. But, it is still a problematic sector. It is poorly a regulated and less protected sector. Women domestic workers (WDWs) are thus subjected to all forms violence, including sexual harassment. Various socio-cultural and legal constraints increase the vulnerability of women domestic workers for sexual harassment in the line of domestic work. However, domestic workers are not given attention. A few researches have only been addressing the problem. The current study is believed to contribute to the knowledge gap in the study area and give insights for those responsible bodies standing to help them. This study is focused on WDWs in Harar town. It examined the magnitude and the common forms of sexual violence committed against WDWs who had been attendants of SRH service at Harar Higher Model Clinic of FGAE. It was concerned with identifying the main contributing factors of sexual harassment among the study subjects. It also assessed what consequences had incurred and how sexually assaulted WDWs responded to the different aspects of the problem. It collected cross-sectional data using both qualitative and quantitative research methods. A total of 75 WDWs who had been attending at the Model SRH Clinic beginning from December 5, 2012 to June 10, 2013 were taken as sample in the study. A structured interview schedule was prepared and employed to collect pertinent primary quantitative data from the sample respondents. The researcher used in-depth interviews, semi-structured interviews, and FGD discussions with three case informants, key informants and discussants using interview guide/protocol, FGD schedule to collect primary data. In addition, observations and documentary analyses were used to generate qualitative data. The majority of WDWs were young, less-educated and rural-urban migrants. Significant number of them had no sexually secured bed room/place of rest in their employer's home. Many of them were exposed to alcohol and other drugs. They worked until late at night. Seventy-two percent of them were sexually abused and harassed mainly by their employers. Rape was the commonest and worst form of sexual violence which was reported by 33.3% of assaulted WDWs. Many of WDWs developed RH-related complications, including unwanted pregnancy that led to abortion, STIs and vaginal trauma as results of rape. The vast majority of them exhibited psychological and mental related consequences of rape (such as depression, feel of ashamed, low level of self-esteem, and sometimes suicide). A job termination and blamed by others were also the main social and economic consequences for the raped WDWs in the study. Finally, those conclusive statements and plausible suggestions for social work action in the study should be effectively implemented in socio-cultural, as well as economic contexts.

CHAPTER 1

INTRODUCTION

1.1. Background of the Study

Gender violence is a deep-rooted problem in every society. It is a result of women's subordinate role in a society. Many cultures have norms, beliefs and social institutions that legitimize and perpetuate violence against women. Glenn et al. (2009), and the United Nations (2010) state that women's low status in a society could be considered as a cause for violence against them. In all Ethiopian cultures, the same authors assert that women and girls have been subjected to "physical, sexual and psychological abuse in the family and the community".

Gender violence causes serious health, social and economic problems. It has severe health consequences for the affected, both physical and psychological. It also brings devastating social and economic impacts. In addition, violence against women is a serious violation of human rights. World Health Organization (2007) lists some effects of gender violence on women's health: the increase of sexual risk-taking among adolescents; the transmission of sexually transmitted infections (STIs), including HIV/AIDS; unplanned pregnancies; and precipitating various gynaecological problems, including chronic pelvic pain and painful intercourse.

A multi-country study on women's health and domestic violence against women reveals that Ethiopia is among those countries in the world where women report to encounter the greatest amount of physical and sexual violence by intimate partners (WHO, 2002). In Ethiopia, rape is a major problem and the only mostly reported sexual violence against women (Tesfaye, 2007). Almost all court trials regarding gender violence involve rape. Gill (2007) defines rape as "a criminal act aimed at humiliating, debasing, overwhelming, and controlling a woman. It involves invasion of parts of a woman's body normally reserved for pleasure, intimacy and, for some women, for child bearing. It has an everlasting effect on victims' physical and psychological conditions."

Gender violence affects women's health, social and economic lives. It is a crime which should be handled by the criminal justice system. Many scholars agree that despite its high prevalence and its devastating effects on women's health, social and economic systems, gender violence is largely a neglected issue (Heise, et al., 1999; Cherinet & Mulugeta, 2002).

Gender violence is a problem which requires an international concern. It took a while for the international organization to declare gender violence as a violation of human rights. In June 1993, the United Nations organized and conducted Workshop on Gender and Human Rights in Vienna. In this Workshop, gender abuse and violence was recognized as a violation of human rights in the Declaration of Vienna and Programme of Action. At the national level in Ethiopia, violence against women is a criminal offence. Carlyle, et al. (2008) note that, “criminal laws reflect social values and are sometimes created to reinforce them.”

A domestic worker is someone who works within the employer's household. Domestic workers perform a variety of household tasks and services for an individual or a family, which may range from providing care for children and elderly, and dependents to cleaning and household maintenance, known as housekeeping. Domestic workers' responsibilities may also include: cooking, doing laundry and ironing, food shopping and other household errands. Some domestic workers live within the households where they work.

Working conditions which are faced by those domestic workers have considerably varied aspects in the contemporary world. Many of them have faced verbal abuse such as insults and threats together with physical and sexual abuse. Even some domestic workers have had experiences, such as lack of food and poor living conditions which may become evident in that they sleep on the floor of the utility room (HRW, 2006).

There are also multi-dimensional factors which have faced and challenged the sector and its active partakers (i.e. women), among those problems and challenges, problems manifested in terms of social, economical and psychological distraction sexual violence that is committed by male employers and their tyrant family members (HRW, 2006). Multiple and complex factors could further be considered as the contributory factors to sexual violence.

Sexual violence is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home and work sexual violence can occur at any age (including during childhood) and can be perpetrated by parents, caregivers, acquaintances and strangers, as well as intimate partners. This form of violence is in the majority perpetrated by men against girls and women (WHO, 2010). Thus, being women by

itself and lower status of the paid domestic workers in many countries, pave the way for other factors and synergize them (Sarkar, 2005; CARE, 2010).

The forms and complexity of sexual violence or harassment are getting worst in the contemporary world, including Ethiopia where the social interactions, economic integrations and means of communication is accelerating, and even in unpredictable direction (Haqu, 2006). Therefore, sexual violence against women, in general and that of women domestic workers, in particular may attract the attention of many researchers' study directions at both local and international levels. Social work, for example, may attract the issue towards its centre of reference and would focus on such women, child maid-servants and other disadvantaged sections of a particular community. Thus, it may seem to imperatively conduct study on sexual violence against women domestic workers who are clients at Harar Sexual and Reproductive Health (SRH) Model Clinic of Family Guidance Association of Ethiopia, Eastern Ethiopia through social work perspective.

1.2. Statement of the Problem

It is common for numerous women domestic workers to be abused physically, sexually and verbally by their employers in their routine of daily lives. In addition, they face denial of some basic human rights due to the nature of their work which, in turn, makes them susceptible to isolation and under the command of their respective employers to be sexually exploited (CARE, 2010). It is poorly regulated sector in many countries. Those who live with their employers are often considered 'on call' to undertake unspecified work for their employer for 24 hours per day. This could, in turn, create favourable condition for male employer to exercise coercive sex on them in a closed door (Biadgelegne, 2011).

There is very high prevalence of seasonal and long-term rural-urban migration in Ethiopia. The main destinations of these migrants are Addis Ababa and other major regional towns, including Harar which provide these migrants with domestic services and other non-formal or informal sector opportunities (Tadele et al., 2006). According to the study conducted to assess vulnerability to HIV/AIDS among young poor women in Addis Ababa and in some towns of Amhara Region, domestic workers were found to be almost 100% of females who had also predominantly migrated from rural areas to those of areas and had been vulnerable to the epidemic (Girma & Erulkar, 2009).

These domestic workers also reflected lower levels of self-esteem and had fewer friends than other adolescents, as well as lower level of knowledge of HIV and minimal participation in existing programs. A large proportion of domestic workers experienced non-consensual sex. A study conducted in Gulele Sub-City of Addis Ababa documents that more than 80% of the women domestic workers had been sexually abused (including rape) by their male employers and brokers (Getachew, 2006).

Most importantly, in Harar town to which large number of young women migrated in searching for job opportunities; this study, therefore, intends to assess a picture of the existing conditions of women domestic house workers in general, and any forms of violations against women and girls, including sexual abuse, in particular using cross-sectional data on those women and girls who have come to the Higher Clinic of the FGAE in search of services.

1.3. Objectives of the study

This study aimed at assessing the general conditions of sexual violence experience among women domestic workers who are clients at Harar Higher Model SRH Clinic of the Family Guidance Association of Ethiopia in Harar town, East Ethiopia. The specific objectives of the study were:

- To identify predisposing factors or conditions that contribute to sexual violence or harassment among women domestic servants or housemaids in Harar city;
- To assess the magnitude and the forms of existed sexual violence committed against women domestic workers in the City;
- To examine the magnitude and the types of the impact of sexual violence on women domestic workers who have visited the Model Clinic; and
- To investigate coping mechanisms and actions taken by sexually abused or harassed women domestic workers in the City of Harar.

1.4. Operational Definition of Terms

- **Domestic workers:** are those who work in the homes of others for pay, providing a range of domestic services. Thus, they sweep and clean, wash clothes and dishes; shop and cook, etc.
- **Live-in domestic worker:** is a domestic worker who lives within their employer's home.

- **Live-out domestic workers:** are domestic workers who are not live with their employers.
- **Sexual violence:** is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.

1.5. Limitations of the Study

Limitations are matters and occurrences that arise in a study which are out of the researcher's control. They limit the extensivity to which a study can go and, sometimes, affect the end results and conclusions that can be drawn. This study, no matter how well it was designed, constructed and conducted, had limitations. It is always possible that further research may cast down on its reliability and validity of the research questions(s) or the conclusion(s) from the study. This study might have access to only certain people in the organization, certain documents, and the data.

The survey tools/instruments may have limitations. As the sample respondents who toiled and struggled with real or perceived time constraints were less likely to respond to the survey, these contexts on the part of the participants in the study felt overworked – they may run in short of time to carefully fill in the questionnaire items. In addition, the survey was suffered from the limitations of forcing the respondents into particular response categories (particularly close-ended questionnaire items) on the part of the researchers thereby limiting the range of responses from them.

Unlike the semi-structured interviews conducted, where the key informants had a chance to ask clarifying questions, the respondents in the survey may be limited to the topics in the survey itself for direction about how to complete it, where and how to respond each item in the structured instrument. A few of the association and correlation measures in this survey may also have some sort of gaps in terms of the generality of the findings. Possibly, the current study involved a specific group of SRH Clinic clients in Harar. Therefore, it may be uncertain whether or not those measures of the findings would generalize to other group of clients or situations.

There were also limitations associated with the qualitative aspect of the study which had to do with its reliability and validity because the researcher may have little control of this part of the empirical undertaking. Generally, the nature of the study which focused on raped cases of the domestic workers

and their interactions with male researcher would have certain degree of influence on the findings of the study.

1.6 Chapterization of the Thesis

The thesis consists of five chapters. The thesis first introduces background of the study, statement of the problem, objectives of the study, operational definition of the terms in the study, limitations of the study, and Chapterization of the thesis. Chapter two focuses on review of relevant literature on sexual violence of domestic workers. It dwells on a historical genesis of domestic work, issues related to domestic workers and services, magnitude and current trends of the sector, domestic work and migration, problems faced, sexual violence and its different aspects, factors associated with domestic work, impacts and consequences of sexual violence, sexual violence against women workers, and related issues, and coping mechanisms and actions taken.

The third chapter is also devoted to research design and methodology. I describes about the study area, design and methods of research, universe of the study, tools and procedures of data collection, and data processing and analysis. Chapter four presents results of data analysis and their interpretation. Specifically, it discusses about socio-demographic profile of women domestic workers, magnitude of contributing factors for sexual harassment working conditions and employers' related factors, social and legal related factors, magnitude and forms of sexual violence, consequences of raped sexual violence, and some other pertinent issues.

Finally, thesis puts together those theme-based findings accordingly in order to draw conclusions and to answer those research questions, as well as to address the objectives of the study. Then, based on the conclusions drawn, the researcher suggests possible and plausible social work interventions to address those multi-dimensional aspects of the problem under investigation and discussion.

CHAPTER 2

LITTERATURE REVIEW

The literature review is organized into three major sections. The first section presents the historical genesis of domestic work, defines the term "domestic worker," as well as the current national and international trends of the sector along with its associated problems, including migration. A general definition (meaning), magnitude, forms, predisposing factors and complication of sexual violence committed against women in general are the components of the second section. The third section dwells on the magnitude, forms, consequences and other dynamics of sexual violence and harassment committed against female domestic workers in particular.

2. 1. Domestic Workers and Services

2.1.1. Historical Genesis of Domestic Work

The historical genesis of domestic work in Ethiopia has similar trends with other world countries. Various documents testified that the history of female servants ('gered' in Amharic) can be traced back to Old Testament of the Holy Bible and *Fiteha Negest*). However, written documents that address servants or slaves, as 'topical issues for discussion' seem to have become more common in the eighteenth and nineteenth centuries in the social history of Ethiopia (Pankhurst, 1976). Arnauld d' noted that among the rich the mistress of the house would spend much of her time lying on bed and perhaps spinning, while she directed the work of her many servants or slaves (Abbadie, 1980).

The ethnic dimension of the sector was the other important issue of female domestic workers in Ethiopia. Like other African countries of the day, slave-raids were common practices in Ethiopia. The *Shanquellas* were the common victims to the slave-raids of the Ethiopian state of the time. Further, Pankhurst (1985) and Namukasa (2011) noted that the principle of slavery received recognition, in the *Fetha Nagast*, was generally accepted by the Ethiopian society of this period.

The 1974 Revolution might be taken as a turning point in the history of servants in this country. The pro-Marxist Military Government of Ethiopia put domestic servants in the list of the oppressed and officially banned using the derogatory terms to refer to servants (i.e. 'gered' in Amharic for female

servants and *'ashker'* in Amharic for male servants) (PGE, 1976). It was by this time that the now national parlance of *'yebet serategna'* (which is literally translated in Amharic as domestic workers) came into being (Getachew, 2006).

As noted by the same author, the Government of Ethiopia further introduced a system that allow domestic workers to establish their association with their assumed oppressed compatriots that mainly consisted of prostitutes, waitresses, bartenders, daily laborers, etc. (Workers Federation of Ethiopia, 1979). Although the new political participation had stayed strong for the latter members of the group, at least in the their day of the Revolution, as to the domestic workers no similar documents that confirmed their active political participation could be obtained.

2.1.2 Definition of Domestic Work

The exact definition of domestic work is controversial. However, in its International Standard Classification of Occupations, the ILO describes, "domestic worker as a person employed as a part-time or full-time in a house-hold or private residence (ILO, 2010). Domestic workers are those who work in the homes of others for pay, providing a range of domestic services: They sweep and clean, wash clothes and dishes; shop and cook; care for children or the elderly, sick, and disabled; or provide gardening, driving, and security services (ILO, 2000). Responsibilities may also include cooking, doing laundry and ironing, food shopping and other household errands. Some domestic workers live within the household where they work. Servant is an older English term for "domestic worker", though not all servants worked inside the home (Encyclopaedia Britannica, 2008).

Domestic service or employment of people for wage in their employer's residence was sometimes simply called "service". It evolved into a hierarchical system in various countries at various times. In the primitive society in which there were no an economic surplus, social stratification and differentiation domestic work had no meaning and it was insignificant as an occupation (Encyclopaedia Britannica, 2008). Domestic work rooted in the global history of slavery, colonialism and other forms of servitudes (ILO, 2010).

Various worldwide studies pointed out that domestic work as occupation traced the period of slavery system in many countries. Domestic work is a degraded occupation which is characterized with a dominant master-servant relationship. In many countries, it is not legalized and the servants deprived

their rights (Benjamin, 1982). By contrast, the working condition, belief and attitude of domestic work with slavery various writers justified that it is an extended form of the earlier slavery system (Flint, 1988). As documented in Encyclopaedia Britannica (2008), in ancient Greece, Roma and other early civilization, domestic work was performed almost exclusively by slaves.

As the American writer who has made an advanced assessment on the slavery system, household (domestic) slavery and productive slavery are the two major types of slavery throughout the recorded history. The primary function of the former slavery system was that of menials who served their owners in their homes or wherever else the owners might be, such as in military service. In the oldest Ethiopian contexts, household slaves sometimes merged in varying degrees with the families of their owners, so that boys became adopted sons or women became concubines or wives who gave birth to heirs (Getachew, 2006).

Productive slavery was relatively infrequent and occurred primarily in classical Athenian Greece and Rome and in the post-Columbian circum-Caribbean New World. It was also found in 9th century in Iraq, among the Kwakiutl Indians of the American Northwest, and in a few areas of sub-Saharan Africa in the 19th century. This form of slavery seems to have existed predominantly to produce marketable commodities in mines or on plantations.

In the pre-industrial period, domestic work seems to be shaped in the line of productive slavery. There were expanding large scale and seasonal farming in many countries. In the United States, the need for seasonal farm workers has been met by migrant workers who were escaping the worse conditions of their native countries. These productive slaves were largely from Mexico and the Caribbean countries, although some native-born Americans continue to follow the harvesting season north as temporary labourers.

The most striking and linked features of domestic work are its pre-industrial character and its degraded status. As long as the work takes place in the household, it remains economically invisible. And in a society based on market economy, work that is categorized as pre-industrial and which produces no exchange value is often devalued. Thus, even though domestic work is mostly the only means of support for a vast number of women; it is often devalued and accompanied with low social status mainly because it is undertaken in the private sphere rather than the public (Statham et al., 1998).

Domestic work as a form of productive slavery has not been able to be continued in the post industrial period. The demand for migrant labour has decreased as a result of increased mechanized farming and flourishing of the manufacturing sectors in the economy. Since most migrant seasonal labourers were less educated, they looked for another opportunity house hold slaves/the current domestic servant.

During the Victorian England, the great households of the royalty and gentry employed large number of servants. The period had significant place in the development domestic work by passing the act that domestic servants in the law. The United Kingdom's Master and Servant Act of 1823 was the first of its kind and influenced the creation of domestic service laws in other nations, although legislation tended to favour employers.

Toward the ends of Victorian era in Britain and during the gilded age in America, there was limited social mobility of the time. Thus, the states were complicated and rigidly structured states for domestic servants. However, just as all other forms of work domestic work has been transformed by the advancement of capitalism, so have the organization and the structure of house hold employment (Statham et al., 1988).

2.1.3 Magnitude and Current Trends of the Sector

Domestic work is a large and growing sector of employment, especially for women in the global labour market, especially in the Middle East countries (HRW, 2007). Due to aging, societies in developed countries and cut-backs in welfare state provision where commoditization of social and public service takes place demand for domestic work is on the rise. According to the latest ILO estimates, domestic workers represent 4 - 10 % and 1-1.5% of the total workforce in developing and developed countries respectively (ILO, 2010). In Latin America, there are an estimated 7.6 million domestic workers, who represent 5.5 percent of the urban workforce (Tokman, 2011; ILO, 2007).

The ILO Bureau of Statistics Database also showed that domestic work is an important source of employment for women but not for men. For instance, in the Arab countries, like Qatar, Saudi Arabia and the United Arab Emirates, over 40 percent of women employed are in domestic work. Domestic work is also important in women's employment in many countries in Asia and Africa: 11 percent in Botswana; 11 percent in the Philippines; 12 percent in Namibia; and 16 percent in South Africa. By

contrast, in very few countries are more than 1 percent of men employed in domestic service (Namukasa, 2011). There are approximately 2.6 million domestic workers in Indonesia, the majority of whom are women and girls – some as young as 12 or 13.

In South Africa, domestic service remained the single largest source of employment for black women, apart from the agricultural sector. Roughly, 89% of domestic workers were women and of these 88% were black (Cork, 1981).

Women are over-represented among domestic workers. Three quarters or more of domestic workers worldwide are female: ranging from 74 per cent in Belize to 94 percent in Israel (ILO, 2010). In addition, a far higher percentage of the female workforce than of the male workforce is engaged in domestic work. In Latin America, 12 percent of the female urban workforce, compared to 0.5 percent of the male urban workforce, is engaged in domestic work (Tokman, 2010). “In Guatemala, it is estimated that eight percent of all women work as domestic workers” (ILO, 2010).

A conservative estimation indicates that at least 248, 600 people are employed as domestic workers in the Ethiopian cities. Estimates from the Ministry of Labour and Social Affairs (MOLSA), ILO stated that 1.5% of the total women in the country were currently working as domestic workers.

2.1.4 Domestic Work and Migration

Migration is a social process which is as old as the history of human civilization. It is a major factor in social change and development. The evolution of human society and rise human civilizations in different parts of the world has much to do with the movement of people from one place to another.

During the past three decades, the share of women among international migrants has increased significantly. Women now make up approximately half of the estimated 200 million migrants worldwide, with women and girl domestic workers an important part of this trend (HRW, 2006). Asia is a large source of international migrants working as domestic servants. As of the mid-2000s, around 6.3 million Asian migrants were legally working and residing in the more developed countries of Asia. Most come from Indonesia, Philippine and Sri Lanka where women, mostly domestic workers, make up 60-80 percent of registered migrants (UNPF, 2006).

According to the ILO, domestic work is the "single most important category of employment among women migrants to the Gulf, as well as to Lebanon and Jordan". There are 70,000 and 1.5 million foreign domestic workers in Bahrain and Saudi Arabia respectively. Predominantly, these migrants were from Philippines, Sri Lanka, Indonesian, Indian, and Filipino origin (BCHR, 2008).

The major factors that drive most Ethiopians to migrate either internal or international are economical, political and environmental (Kebede, 2011). Almost 100% of female domestic workers are migrants from the rural parts of the country. While cities and districts of Amhara and Oromia regions were the main source of migration, Addis Ababa and other towns were their main destination. The study conducted by CARE-Ethiopia also showed that 87% of female migrants living in the slum areas of Addis Ababa were domestic workers (CARE, 2010).

Various researches found out that certain pull and push factors were influencing the flow. Economic and political factors are known to be the prevailing factor for most Ethiopians to cross their national border mainly to the middle countries. Political factor was the main push factor during the Dergue Regime (Franson, 2009). In addition, to escape from family violation, search for job, education, parental death and attraction by city life were the main pull and push factors for many women domestic workers in Ethiopia (Kebede, 2011; Getachew, 2006).

2.1.5 Problems faced

The conditions faced by domestic workers have varied considerably throughout history. In many countries, it is categorized under the informal unorganized sector. Furthermore, the sector is not regulated and poorly protected under the legal provision of many states (Namukasa, 2011). According to ILO, female domestic workers were most vulnerable group labour for all forms of abuses and exploitations (HRW, 2007).

Domestic workers are undertaking unspecified assignments. Washing utensils and clothes, fetching water, sweeping and cleaning house along with a few outdoor tasks, like irregular marketing, grocery shopping, ration drawing even childcare activity are the main household tasks that are expected by employers to be performed by domestic workers (Cock, 1989). In fact, many of live-out women domestic workers are looking after more than one household but spend more time and work far more for their employer's than work in their own household (Tarkar, 2005; Biadegilegne, 2011).

Domestic workers often work very long hours and are allowed little or no rest. For example, the majority of domestic workers in Indonesia worked more than 70 hours per week and even some others work 21-22 hours per day. As Amnesty International (2007) stated, many employers in this country paid lower salary than what was previously agreed for their servants.

Many domestic workers reported that beaten with sticks or brooms by their employers. Burning with cigarette, iron rod and with warm water is a day today destiny of most migrant domestic workers in the Middle East countries. In some cases, domestic workers have been killed by their employer (BCHR, 2008; Mmatshilo, 1990).

Verbal abuses in the forms of nagging, demeaning, and belittling were reported to be common in Elsa's study. In addition, respondents reported the common use of Amharic words, such as 'gered' (a word that is customarily used to refer to a 'servant') by employers and/or their families to remind them about their status in the family or house of their employers (Biadegilegne, 2011). Moreover, various studies showed that domestic servants were frequently subjected for sexual violence and/or harassed by their employers and other tyrants (Haque, 2006; Mmtshilo, 1990; Tesfaye, 2007; Mulugeta, 2012).

Lack of legal protection to their rights and their lower status in the societies were the main factors for many domestic workers to be abused and exploited by their employers (Bart & Moran, 1983). In addition, the majority of domestic workers were women and girls, and were often poor and less educated. Their vulnerability further complicated with the far distance of their work place from their families and friends (BCHR, 2008; Mulugeta, 2012).

2.2 Sexual Violence

Sexual violence is a global social problem that could be seen across different segments of people and at different levels of relationships. It takes different forms from the simplest verbal sexual intimidation and molestation up to the worst rape (Hakimi et al., 2001). Both men and women could be abused sexually by either their opposite or same sex counterparts. However, due to various social, economic and political reasons; it is a problem of women than men. Traditional gender stereotyping and discriminatory power relationship between men and women were known to be the root cause of the

problem across the world (Jewkes et al., 2002). Thus, sexual violence which we are discussing here after in this section is about of women.

2.2.1 Definition and Forms

Sexual violence is an anti-social act that adversely affects the physical, as well as psychological well-being of the victim. World Health Organization defined sexual violence as, "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work" (WHO, 2002).

According to the definition of the term, 'coercion' can cover a whole spectrum of degrees of force. Apart from physical force, it may involve psychological intimidation, blackmail or other threats-for instance, the threat of physical harm, of being dismissed from a job or of not obtaining a job that is sought. It may also occur when the person aggressed is unable to give consent – for instance, while drunk, drugged, asleep or mentally incapable of understanding the situation.

Rape is the worst forms of sexual violence. It can be defined as physically forced or otherwise coerced penetration of the vulva or anus or mouth, using a penis, other body parts or an object. The attempt to do so is known as attempted rape. When the act of rape performed by two or more perpetrators, it is known as gang rape.

Sexual violence is not only a social problem but also it is crime. Even in some situation, it could be considered as genocide. In most developing countries, sexual harassment is often used as a weapon for promoting male supremacy and women's subordination (Sandy, 1994). Thus, it is imperative to define sexual violence in the line of criminology. A guide book for criminal justice defined sexual violence as "any unwanted sexual act, including but not limited to touching, voyeurism, exhibitionism, sexual assault and rape, perpetrated against a person through force or coercion". Coercion includes, but is not limited to, intimidation, threats of deportation and/or malicious prosecution, physical harm, being refused for hire or being fired from a job.

According to the WHO (2002), a wide range of sexually violent acts can take place in different circumstances and settings. Rape within marriage or dating relationships; rape by strangers; systematic

rape during armed conflict; unwanted sexual advances or sexual harassment, including demanding sex in return for favours; sexual abuse of mentally or physically disabled people; sexual abuse of children and forced abortion are among the major forms of sexual violence in many countries (Jewkes et al., 2002).

2.2.2 Magnitude of Sexual Violence

The magnitude of the problem is difficult to determine. Most studies showed tips of the iceberg. Even in normal situations, sexual violence often goes unreported. The factors contributing to under-reporting are socio-cultural, as well as legal constraints (MacKinnon, 1979).

As UNFPA feared of retribution, shame, powerlessness, lack of support, breakdown or unreliability of public services, and the dispersion of families and communities were factors of underreporting among refugee women (UNHCR, 1995). Motesi in her study added two compelling reasons for underreporting of sexual harassment. The societies in South Africa regarded sexual harassment as a "joke" and a victim who complained or institutes action against the violent may be regarded with suspicion and distaste. Further victimized women were reluctance to complain or institute legal action (Mmatshilo, 1990).

Despite these paucity, significant number of international, as well as national studies revealed that sexual violence or harassment committed against women was a growing global problem. The WHO conducted a survey of available data in 2002. The report stated that, "globally, one in four women will likely experience sexual violence by an intimate partner and one in three girls report their first sexual experience being forced. Survey data taken during single calendar years in the 1990s showed that women reported being sexually assaulted at high levels in certain cities globally.

During 12 months period, 8% of women in Rio de Janeiro, Brazil reported assaults; 4.5% in Kampala, Uganda; 5.8% in Buenos Aires, Argentina. The rates over time showed an even more drastic problem. Between 1989 and 2000, 7.7% of women in the United States reported sexual crimes against them; 23% in north London, U.K.; 29.9% in Bangkok; 15.3% in Toronto, Canada. More than 40% of women in parts of Mexico and Peru reported sexual violence during that period. Among the countries studied, Finland stood out for having the lowest rate - 5.9% (Jewkes et al., 2002).

In Ethiopia, sexual harassment is one of the social, as well as legal problems that hampered the lives of many poor and young women in the country. It occurred in the streets, in public transportations, in the

work place and even within the family. Every woman whether a girl or adult women were susceptible to one or any other form of sexual harassment (Tesfaye, 2007).

The socio-cultural norms of the Ethiopian society which were rooted from the naturalistic approach condemn men's sexually harassing behaviour while affirming women's submissive reaction to such acts (Fekadu, 1996). These conditions further exacerbated in patriarchy family where men are often socialized to believe that they are indeed superior to women through gender socialization. In most situations, the women who inflicted in the crime blamed instead of the men who did the crime (Fekadu, 1996).

In Ethiopia, as in many parts of the world, the extent of sexual violence is not fully known. This paucity of data is mainly attributed to the small portion of women who report their sexual victimization (CARE). Despite this lack of data, sexual harassment and abuse still remains to have the most crucial influence on women's lives. Based on the Report prepared by the WHO, a life-time sexual violence by intimate partner was found to reach 59%.

2.2.3 Factors associated

Sexual violence can happen to anyone regardless of age, race, income level, ethnicity, religion, sexual orientation, and education level. However, certain vulnerabilities or risk factors contribute to sexual violence victimization and perpetration (PCAR, 2005; Jewkes et.al, 2002). WHO Report produced in its 2002 on Violence and Health, categorized them as individual, family/peer/community and society level factors.

At an individual level, victimized women are influenced by certain personal factors, including the age, educational level, migration status and the habit of using drug or alcohol in some way make women more vulnerable to be sexually abused by their counterpart men. At the earlier period of their puberty, women are physically and mentally immature. Thus, young women are usually found to be more at risk of rape than older women (Morgan & Gruber, 2005). The American College Health Association (ACHA) associated sexual violence with substance abuse. As the Association, consuming alcohol or drugs makes it more difficult for women to protect themselves by interpreting and effectively acting on warning sexual signs. Women's vulnerability to sexual violence also stems from the migration of status of victimized women. Various studies identified that migrant women are more vulnerable than

native ones (ACHA, 2008; Morgan & Gruber, 2005). Educational status of victimized women is the other individual condition. Studies found that at lower educational level the likely of sexual assault is high.

On the side of perpetrators, psychological factor (cognitive behaviour), physical and social environment, as well as peer and family influence and substance/drug abuse are found to be responsible for a person to be a violent. Alcohol has a psychopharmacological effect of reducing inhibitions, clouding judgments and impairing the ability to interpret cues and there by create abusive and sexually aggressive behaviour among perpetrators. Some researchers have noted that alcohol may act as a cultural "break time", providing the opportunity for antisocial behaviour. Thus men are more likely to act violently when drunk because they do not consider that they will be held accountable for their behaviour (WHO, 2002).

Sexually violent men have been shown to be more likely to consider victims responsible for the rape and are less knowledgeable about the impact of rape on victims. Such men may misread cues given out by women in social situations and may lack the inhibitions that act to suppress associations between sex and aggression. They have coercive sexual fantasies that encouraged by access to pornography. In addition to these factors, sexually violent men are believed to differ from other men in terms of impulsivity and antisocial tendencies.(Crowell & Burgess, 1996; Malamuth et al., 2009). At family, peer and community level, gang rape, early childhood environments, family honour and sexual purity as well as social and environmental factors have their own contribution for the prevalence of sexual violence in one community.

Women living in one-parent households with children are much more likely to have been subject to domestic violence than other forms of household. This is probably because women who have recently left a violent partner are most likely to fall into this category. This is also associated with higher rates of sexual assault and stalking, possibly for the same reason (Walby & Allen, 2004).

Sexual aggression is often a defining characteristic of manhood in the group and is significantly related to the wish to be held in high esteem. Sexually aggressive behaviour among young men has been linked with gang membership and having delinquent peers (WHO, 2002). Research also suggests that men with sexually aggressive peers are also much more likely to report coercive or enforced intercourse outside the gang context.

Childhood environments that are physically violent, emotionally unsupportive and characterized by competition for scarce resources have been associated with sexual violence. Men raised in families with strongly patriarchal structures are also more likely to become violent, to rape and use sexual coercion against women, as well as to abuse their intimate partners, than men raised in homes that are more egalitarian. In addition, a family response to sexual violence that blames women without punishing men, concentrating instead on restoring "lost" family honour and to alleviate shame are another social pressures that aggravate the problem (Malamuth et al., 2009). How deeply entrenched in a community beliefs in male superiority and male entitlement to sex are will greatly affect the likelihood of sexual violence taking place, as will the general tolerance in the community of sexual assault and the strength of sanctions, if any, against perpetrators. For instance, in some places, rape can even occur in public, with passersby refusing to intervene. Complaints of rape may also be treated leniently by the police and sometimes corrupted.

At the societal level, laws and national policies relating to gender equality in general and to sexual violence more specifically, as well as norms relating to the use of violence are the main operating factors. As WHO reported, there are considerable variations between countries in their approach to sexual violence. While some countries have far-reaching legislation and legal procedures, with a broad definition of rape (including marital rape) and suspending heavy penalty, still there are countries with much weaker approaches to the issue – where conviction of an alleged perpetrator on the evidence of the women alone is not allowed.

Sexual violence committed by men is to a large extent rooted in ideologies of male sexual entitlement and the belief systems that grant women extremely few legitimate options to refuse sexual advances as well as cultures that regard marriage as entailing the obligation on women to be sexually available virtually without limit and those culture that proscribed sex at certain times (after childbirth or during menstruation) are found to the social factors in many studies. Further, rape is common in societies where the ideology of male superiority is strong – emphasizing dominance, physical strength and male honour (WHO, 2002).

For instance, global trends toward free trade have been accompanied by an increase in the movement around the world of women and girls for labour, including for sex work. Economic structural adjustment programs, drawn up by international agencies, have accentuated poverty and

unemployment in a number of countries, thereby increasing the likelihood of sexual trafficking and sexual violence (Walby & Allen, 2004). Poor women and girls may be more at risk of rape due to lack of family that protect and overtake them as well as due to maintain and pursue their jobs and educations (PCAR, 2007).

2.2.4 Impacts and Consequences of Sexual Violence

It may be in a single incident or in a series of repeated incidents; all forms of sexual violation are found to cause physical, social as well as psychological damages in the wellbeing of the women (WHO, 2002). Among the more common consequences of sexual violence, those related to reproductive health, mental health and social wellbeing are presented next.

Physical Health Impacts

Unwanted pregnancy and back-street abortion are known as to be one of the main health related consequences of sexual violence. For instance, 17% women who reported rape in Ethiopia became pregnant after the rape (Mulugeta et al., 1998). Other study conducted in Cape Town, South Africa found that woman who had experience of coerced sex at their early age reduces their sexual confidence and considered it as something that she could not control. Thus, these women are less likely to use contraceptive and eventually will have unplanned pregnancy (Jewkes et al., 2001).

Gynaecological complications are yet the other impact that has been consistently found to be related to forced sex. These include vaginal bleeding or infection, fibroids, decreased sexual desire, genital irritation, pain during intercourse, chronic pelvic pain and urinary tract infections (Campbell, 2002).

Sexually transmitted diseases - HIV infection and other sexually transmitted diseases are recognized consequences of rape. Research on women in shelters has shown that women who experience both sexual and physical abuse from intimate partners are significantly more likely to have had sexually transmitted diseases. The risk of the infection is high among women who have been trafficked into sex worker (Haque, 2006).

Mental Consequences

Sexual violence has been associated with various psychological problem ranges from the mental health and behavioural problems up to experience of suicide in adolescence and adulthood. Studies showed

that abused women who reported experience of forced sex were at significantly greater risk of depression and post-traumatic stress disorder than non-abused women (Stets & Straus, 1990).

In addition, women who experience sexual assault in childhood or adulthood are more likely to attempt or commit suicide than other women and develop drug addiction. In some situations, there were also aggressive behaviour, theft and truancy). In Ethiopia, 6% of raped schoolgirls and 15% in Canada reported having attempted suicide (Mulugeta et al., 2012).

Social Impacts

Social ostracization and migration are the most common forms social consequence or impact of sexual violence. In some cultures, women are responsible in provoking sexual desire in men thus blamed by the society. Due to fear of this exclusion, abused women forced to migrate and find new environment. Yet, in other contexts, the rapist married the victim and his families pressure the woman not to report the crime so as to get money from the rapist's family (WHO, 2002).

2.3. Sexual Violence against Women Workers

Domestic work, as an occupation is still a problematic sector in many undeveloped countries. Although differ in severity and contexts, the same problem observed in a developed countries. The ILO identified female domestic workers as the most vulnerable labour group that could be sexually exploited and abused by their employer and other mediators. According to the HRW (2007) Reports, the continuum of sexual violence committed against FDWs ranged from propositions, threats of rape, and groping, to repeated rape. They are not only abused by their employers and the families within the households they are employed in, but also extends to other people outside the family like neighbours, brokers and people in their community.

All contexts of sexual violence that we have seen in earlier sections also pertain to female domestic workers. Just like any other women, female domestic workers face different forms of sexual harassments in their daily lives. But what makes a difference for them is that it has a class specific problem (HRW, 2007) which is characterized by unwanted burden of sexual requirements in the context of tremendous inequality of power in the master-servant relationship combined with extreme anxiety to keep the job on the part of the worker (Mmatshilo, 1990). Thus, it is imperative to have contextual definition about sexual violence among female domestic workers.

The Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) defined sexual harassment in the employment setting as, "such unwelcome sexually determined behaviour as physical contacts and advances, sexually coloured remarks, showing pornography and sexual demands whether by words or actions which is discriminatory when the woman has reasonable grounds to believe that her objection would disadvantage her in connection to her employment including recruitment or promotion or when it creates a hostile working environment" (CEDAW, 1997).

Having the above definition as a framework, the next section of this literature assesses the magnitude, predisposing factors and impacts of sexual violence committed against female domestic workers (FDWs). The more common responses of survivors and victimized women are also discussed in this section.

2.3.1 The Extent and Forms of Sexual Violence committed against WDWs

Data on the incidence of sexual violence and harassment among FDWs is difficult to obtain for many researchers. Apart from being a sensitive and personal area to explore, many of sexually abused domestic workers are not aware about the violence inflicted on them. Similarly, victims and onlookers such as neighbours and relatives are reluctant to talk about their respective experiences or observations (Mmatshilo, 1990, Mulugeta et al., 2012).

There are some international studies specifically addressed the problem. In Ethiopia, there is no study that is designed specifically to address the condition of sexual violence among FDWs as an independent subject. However, different social, gender and criminal based studies tried to address the problem along with other forms of violence. Let one first start from the international studies and later will assess the national situation of the problem.

International Studies

Beginning from 2001 to 2006, Human Rights Watch conducted research on abuses against domestic workers originating from or working in El Salvador, Guatemala, Indonesia, Malaysia, Morocco, the Philippines, Saudi Arabia, Singapore, Sri Lanka, Togo, the United Arab Emirates, and the United States. In its extensive research, HRW has found that sexual and other forms of abuses against domestic workers have been growing in an alarming rate (HRW, 2006).

Zakiah an Indonesian domestic worker who was returned from Malaysia reported her experience for HRW as expressed: "When the lady went to drop off the children to the grandmother's house, the man would stay at home...he raped me many, many times. That is, once in a day, this is everyday for a total of three months. He hit me a lot because I didn't want to have sex. I don't know what a condom is, but he used some tissues after he raped me...."

Sexual harassment of domestic workers has been characterized as a "widespread phenomenon" in Latin America. In Guatemala, one-third of the adult domestic workers, we interviewed had suffered some kind of unwanted sexual approaches and/or demands by men living in or associated with the household, most of them when they were adolescents in their first jobs."

Melda, is the other Filipina woman working in Saudi Arabia, was raped twice by her male employer. "I was frightened. He grabbed me and pushed me down to the floor. I was shouting and crying. He told me that he would kill me if I said anything to his wife," she said describing the first attack.

In addition to HRW, ILO has made an assessment on the living and working condition of domestic workers (DWs) in Cambodia. According to the study, that domestic work is mainly performed by women (80 percent) who have migrated from rural to urban areas. In terms of age, single young women from 19 to 30 years constituted more than half of domestic workers. A smaller percentage of domestic workers were represented by older women and men aged 30-50. As the report, sexual violence or harassment is one of the problems among Cambodian FDWs which is reported by majority of the study subjects.

The study which was presented in *AIDS 2006 - XVI International AIDS Conference* by A. R. Haque in the title "Sexual Violence against Women Domestic Workers in Bangladesh in the epoch of HIV and AIDS" was one of the significant studies that correlated HIV/AIDS and sexual violence among female domestic worker in Bangladesh. According to the study, out of 1529 sexually abused female domestic worker, almost all (93%) of the violence resulted in rape, whereas about half of the victims experienced gang rape. The majority of the miscreants were reported as drug-users in Bangladesh (Haque, 2006).

The study findings also revealed that the probability of a woman domestic worker to be sexually abused increases if she was migrant, young and illiterate and hails from a landless, poor family. As most of the incidences remain unreported due to the fear of stigmatization, it was assumed that unreported cases were at least ten times higher in number than reported cases. In the assessment entitled "Women as paid domestic workers" Siddhartha Sarkar found that many workers faced sexual harassment by their male employers in India.

India is the country where 65.5% of household employers treated their domestic maids as a family member. However, 11.5% of women domestic workers who considered as family members by their employers were faced sexual harassment by their male employers. As the study, most of these women workers were less educated. The awareness to form a union was found to lack among them. As there was no such domestic servants' unions formed across the country, they could not raise their voice against employers' negative attitude.

In South Africa, domestic service remains the single largest source of employment for black women, apart from the agricultural sector. Roughly 89% of domestic workers are women and of these 88% are blacks.

The ethnic dimension of sexual harassment in South Africa especially among domestic servants is higher. The worker faces a dilemma either to accept the advances and an impairment of her dignity or to refuse the advances of her employer and being dismissed. An adult female, a live-in domestic was employed by a male in Bellevue. Sometime in 1989, her employer arrived at his house and found her in the kitchen. He touched the domestic worker in the region of her private parts saying that her "thing" is big. The worker then took exception to this act, got angry and walked out of the kitchen. When the employer noticed that she was cross, he chased her out of his premises with a firearm. He locked the domestic worker's room and the gates.

In another case a domestic worker that interviewed in the study reported the following: I had just started to work for a family in Jeppes town. My master was not working far and he used to come during the day. When I was working, he used to follow me around and touched my breasts and private parts.

Furthermore, the discussions with SADWU's Officials in this study revealed a number of incidents of sexual harassment of domestic workers in South Africa. These included numerous reports of some male employers parading naked in the house when their spouses were not present. Other reports were of rapes or attempted rapes, as well as instances where the employers used tactics such as increased wages to persuade domestic workers to have sex with them. Some male employers are reported to leave for work in the morning with their spouses, only to come back during the day to demand sex from the workers.

As a result, numerous domestic workers reported that they were worried about their safety in the backyard rooms. Some of them complained that they were not provided with any security or keys for their rooms and that this provided easy access into their rooms at night by their employers.

Local Studies

Domestic worker is a neglected sector in the eyes of researchers in Ethiopia. As in many world countries, there is not enough study that specifically addressed sexual violence against female domestic workers in Ethiopia. Furthermore, most of these studies are not comprehensive lack what impacts of sexual violence can cause. Despite they are action oriented, some other of them are not addressing the coping mechanism of victimized women. However, there are valuable assessments that insight the situation of female domestic servants. In most of the studies, sexual violence addressed along with other violence or problems that are common in the sector.

Among the studies that revealed the problems of sexual violence against female domestic workers, the assessment which is done by Selamawit Tesfaye in the title "Denial of Rights, Human Rights Abuses and Violence against Domestic Workers in Some Selected Areas of Addis Ababa, in July 2007" is worth mentioned. It is mainly concerned with the type of violence that domestic workers undergo in their daily lives as well as the type of legal protections that they are awarded with both in labour and human rights legislations. The study conducted at three selected sub-cities of AA; Bole, Nifasilk-Lafto and Lideta Sub-city.

The majority (79%) of the study participants were young girls less than 30 years old and almost (83%) proportion of female domestic workers were single (not married). Only 20.8 % of them are secondary school graduated and equal proportions were not started formal education mainly due to economical and other working conditions. Almost all are migrants from rural parts, those from Amhara region account the largest proportion (46%), following Oromia (21%). Need of Urban Education, death of one or both parents, fear of harmful traditional practices and peer pressure were the main pull and push

factors to be domestic servants. The study has found three forms of violence, namely physical, sexual harassment and verbal abuse.

Regarding sexual violence, as in many parts of the world, she noted that the extent of sexual violence is not fully known in Ethiopia. This paucity of data was mainly attributed to the small portion of women who shared and report their sexual victimization (Original et al., 2004; WHO, 2002). Despite lack of quantitative data about extent of sexual harassment, the study has made an in-depth interview and presented the victim's qualitative data. Serkalem, for example, is one of the victims in the study and shared what she encountered while working as a domestic worker as:

In one home, my employer's brother who used to live with them used to make me watch pornography with him. If I tried to get up and leave he would grab me by the hand and force me to watch. One day while I tried to get away he gripped my hand and tried to sit me down but since I had had enough I tried to fight him away. He then begun touching my breasts and I shouted at the top of my lungs. When the guard came to see what was happening he finally let me go. After this incident I packed up my things, asked for my salary and left that home.

Even though the above illustrated forms of sexual harassments exhibited on women domestic workers might seem 'harmless'. There are instances in which they might escalate into the worst form of sexual harassment, namely rape. In the research, it was also found that some of the participants had experienced rape or attempted rape in their lives at one time or another. Etenesh who had been raped by her employer's son, as she described:

My employer's son used to hit on me when other members of the family were not around. One day he left the house with his father and mother but returned soon afterwards and ordered me to serve him lunch. While I was in the process of preparing the food he came to the kitchen and started telling me that I had a nice body and that he'd like to sleep with me. When I rejected him and started calling for help he stifled me with my own pillow and raped me....

"The cross-sectional assessment of violence against female domestic workers in Gulele Sub-city in of Addis Ababa in 2006" was yet another study which was done by Yared Getaw. It was aimed at undertaking a comprehensive assessment of the context, magnitude and consequences of violence being committed against female domestic workers in the stated area for local level intervention. A total of 82 female domestic workers were purposively selected for the study from different sites in the Sub-city.

According to the same study, more than half (58%) of the study subjects were less than twenty-five years old. Most domestic workers were migrants who came from Amhara and Oromia Region and no one from Addis Ababa. Almost half of them were married. Only 1.3% of them were completed twelve grades and 48% of them were illiterate. For most of the respondents, escape from violence or lack of subsistence or both were the most appealing reason for becoming domestic worker.

Regarding violence, only 19 percent of total number of respondents was reported physical and psychological violence. However, almost all 96% of female domestic workers were sexually harassed by either by their employers or brokers and, in some cases, by other persons (classmates, girlfriends etc.). In addition, the results showed that vulgar and obscene; touching sexually sensitive body parts, attempt rape and promotion of rape are the common forms/types of sexual harassment that were reported by 89%, 73%, 23% and 29% of female domestic workers respectively. The research undertaken by Elsa Biadegelegne in the topic “Conditions of work for adult female live-in paid domestic workers in Addis Ababa” attempted to explore, understand and analyze the conditions of work for this category of workers in.

According to the qualitative data that was collected from seven adult female live-in paid domestic workers, all of them reported incidence of either verbal insults of sexual harassment or rape by their employer and other males in the house. Regarding rape, Tadelech who was a domestic servant in one of co-habited family recited her experience: “When I first came to Addis, I was hired by two bachelors ... one of them raped me while the other was away for work”. She also stated that she left the house without saying anything. “I got another job and waited for three months to get a HIV test. I was grateful to be free of the virus [HIV]”.

In addition to the above academic researches, there were action oriented assessments that addressed the problem in Ethiopia. Out of these, the study in the title “The underlying causes of poverty and vulnerability (UCPV) assessment and analysis” which was conducted by CARE-Ethiopia in 2009 was the prominent one. It was aimed to learn more about the current situation of urban and per-urban youth. Domestic workers were almost 100% female and predominantly migrants from rural areas. In an earlier study of 676 female respondents in low income and slum areas of Addis, about 15% were in domestic work. Ninety-seven percent of these workers had migrated into Addis, 82% of these from rural areas. No males reported being domestic workers. The study compared female domestic workers

with other adolescent girls and found that domestic workers were less likely to be educated or live with parents, had lower self esteem and fewer friends and lower levels of HIV knowledge than the other girls. As the study, it is a norm in Ethiopia to extended rural girls for domestic work by urban household. Whether they are paid-in or not FDWs who are living in slums area of Addis Ababa are susceptible to sexual exploitation either by their employer or by others.

2.3.2 Magnitude of Risk Factors associated with Sexual Violence among WDWs

As any other women, FDWs are viable and subjected to exploitation and domestic violence, including sexual harassment. In addition to gender stereotyping, various studies associated with the problem of sexual harassment with different factors. The contributing factors for sexual violence against FDWs could be classified and seen as an individual, relationship and social level factors.

2.3.2.1. Individual related Factors: WDWs

In its multi-stage report on violence, WHO has identified that sexual assault perpetrators are deliberately choose vulnerable victims who are perceived to be less likely to report and less credible due to lower economy, lower age, less educated, migrants, disabled and mental illness. The report also noted that more than three-fourth of sexual assault victims were known by their counter perpetrator. As many global and local studies migration and educational status as well as the age of the victim are known to be the main individual level factor for FDWs to be sexually abused.

Migration Status

Since they have been by and large ignored and excluded from the discourse on women's rights in Bahrain, migrant domestic servants are the most vulnerable group. In 2008, there were numerous credible reports that domestic workers in Bahrain, especially women, were subjected to verbal and physical abuse, including beating, sexual molestation and rape by employers and recruiting agents. Migrant workers working behind closed doors, especially female domestic workers, are often “invisible” and are therefore particularly vulnerable to abuse and exploitation. They are not protected by labour laws and are effectively subjected to conditions of involuntary servitude. Sexual violence can occur during all processes of migration. Many are faced with exorbitant recruitment and migration fees.

Migrants often need to adopt the new living situation. In most situation, migrants faced cultural and language problems. Due to these communications, barriers they are prone to be abused easily than any other native women. Migrants have no enough knowledge about the environment in which they are working. Due to these reasons, their social network and interaction is not matured as of the natives. They are also less access for local support. Therefore, their limited awareness about their physical as well social environment increases the likelihood of sexual exploitation throughout the overall process of migration. Furthermore, most migrants are far from their relatives and are live in their employer's home. They have no family and social supports to help in case of violated their rights. By assuming these, most employers and other male perpetrators abused/exploited them.

Child Labour

Child labour is a challenging global problem for ILO. They are the most difficult groups. ILO identified child domestic workers as 'a hidden workers' (ILO, 2007). They are prone to systemic exploitation. Whilst domestic work is conventionally regarded as beneficial for a girl's development, in reality many suffer from violence at the hands of their employers.

Children are unable to protect themselves physically, as well as well as mentally. Due to their young age, isolation and separation from their family they are inherently easier to coerce and control and have a lesser ability than an adult to object to a given task or situation (ILO, 2010).

Lower Educational Status

Education is a means to perpetuate society's academic and non academic knowledge. It is also a forum through which peoples with various social backgrounds interacted with each other. In addition to its economic benefits education can enhance individual self confidence to protect from harms.

While some of the domestic workers are part of the urban working class, many of them are from impoverished rural backgrounds with little or no schooling. For the rural, poor and illiterate migrant coming to the city, domestic service seems to provide an ideal solution to the problems of unemployment and lack of accommodation. Driven by poverty and the lack of employment opportunities in the rural areas, these domestic workers are forced to earn some money to support their families - even if it entails being separated from them. Their very desperation makes them all the more

vulnerable. Their need to keep a job, no matter how bad the conditions, forces them to remain in situations of extreme exploitation with no recourse to legal protection (Mmatshilo, 1990).

Against to the above-stated facts, certain studies asserted that the high prevalence of sexual harassment among more educated women. According to WHO, women who are more educated—and thus more empowered — are at greater risk of physical violence by a partner or spouse. The most likely explanation is that greater empowerment leads to more resistance to patriarchal norms, resulting in men resorting to violence to try and regain control.

2.3.2.2. Working Condition and Work Place related Factors

The working condition of female domestic workers is known to be the grand factor for their sexual victimization. Large number of global experiences showed that the adverse effect of working condition emanates from two notions. The first is the private nature of the sector. Employer's home or residence was the place of work for FDWs. It was out of the public insights for employers and other perpetrators to exercise what they wanted over these women. In their work place (employer's house), FDWs suffered from lack of accommodation, sexually unsecure and other abusive conditions. The other notion concentrated on legal constraints. Domestic work was the poorly regulated and least protected sector in many countries' labour market. Due its dominant informal nature of the sector domestic servants were required to perform unspecified tasks including sexually sensitive assignments for extended period of time including the mid-night. The main important working and work place related factors that affect sexual vulnerability of FDWs are presented next.

Lack of Safe Space and Privacy in their Employer House

For live-in domestic servants their place of work is also place of residence. They live in their employer's home and often share accommodation. Many live-in domestic workers in Indonesia reported sexual insecurity due to poor accommodation. The majority of them had no separated bed room that can be locked properly. According to ILO Report, more than 50% of FDWs in Cambodia had no separated bed room. Live in FDWs those who had no separated bed room, slept at the corridor and kitchen and some others shared bed room with other male family members and guests (ILO, 2010). As Getachew (2006) confirmed, only 23% of domestic servants had reported to have a

bedroom, usually shared with other maids. The majority of them slept in one corner of a store, kitchen or a corridor.

In the interview conducted by HRW-Dian in Indonesia began working for her cousin when she was thirteen years old. Dian told HRW that she had no separated bed room. She slept with female employer in a very small house. But one night, when his wife went out, he came and raped her.

Exposed to Alcohol and Other Drugs

Use of alcohol and other drugs are linked with both the perpetrator and the risk of being victim of it. Many crime incidences, including sexual assault have been associated with alcohol and drugs. It is common for many employers to be served by domestic servants when they need to enjoy alcohol. One raped FDWs in a study explained that, “she used to wait for her employer until he came back from night clubs.”

On the victim side, domestic servants may be threatened by perpetrators to be intoxicated with alcohol systemically. Intoxicated women further targeted for sexual harassment. It is also common for countries, like Ethiopia to prepare alcohol for special occurrences in their home. In doing so, FDWs are the main agents and

Exposed to Abusive Social Media

FDWs also exposed to abused social media and pornography. It is known that pornography and other abused social medias can matter in the behaviours of perpetrators. FDWs were also the nearest and the simplest subject for employers and other perpetrators to exercise their abused sexual experiences. The FDW in Tesfaye (2007) explained that, “her employer’s brother was enjoying pornography prior to grab her for sex.”

Risky Working Hours

Different times of a day may have different effects on the behaviour of both offenders and the victims. Night times will provide more suitable condition for target victims (Rusnak, 2010). Additionally, most of sexual assaulted has been noted to occur at nights. Working longer hours, including night and unlimited assignments of certain tasks by their employer are the most commonly shared adverse

working conditions for many FDWs to have the incidence of sexual violence in the private arena. Domestic servants have no limited working hours in South Africa they work more than 16 hours per day, including the night time. Even, they are 24 hours on-call and wait to serve their employer until return from night clubs. As any other crimes, most sexual violence is committed at night times.

Assigning Sexually Sensitive Activities

By most employers, no activity specified to domestic workers. Many employers have the right to assign the job whatever they want. Some are expected to wash their employers' body parts and massaging their body. These, in turn, create an opportunity for male employer to unwelcome sexual requirements and take sexual advance over female domestic workers. All the above-stated scenarios proved that, the unregulated work related relationships of the sector in most countries pave the way for violators to exercise their sexual wildness in an open air.

3.2.3.3 Social Factors

Factors operating at societal level includes legal constraints to the sector; social norms, attitudes and beliefs about servants; and poverty, as well as globalization. Restrictive condition of domestic worker to interact with external world is also found to be as a factor for FDWs to be abused by their counter-parts easily.

The social norms, beliefs and attitudes toward domestic work are problematic in their nature. The traditional perception of domestic service among many countries creates a fertile ground for FDWs to be sexually exploited in a closed door. Domestic work is a degraded sector for many people in which economically low, uneducated and migrants mainly involved. Due to these facts, domestic work characterized by an extreme power-imbalance between domestic workers and their employees. Most importantly, Anderson (2000) noted this large distance was stemmed from two notions. One was a gender dimension and the other was class dimension.

In her work, she is doing the dirty work. The Global Politics of Domestic Labour, Bridget Anderson (2000) critically examined the employment situations of migrant domestic workers in major European cities. She made visible the power relations not just between men and women but also, more important

between employers, mostly white middle class women, and their employees, mostly poor, working class women from less economically developed European and other countries.

Similarly, in South Africa, particularly in many white families, housekeeping depends largely on the skills and hard work of domestic workers. Yet, domestic workers are not, in a real sense, part of the households they serve. Their position within these households is largely shaped by the structures which control the distribution of power and resources in South Africa. The traditional relationship between blacks and whites in South Africa is that of master and servant; a relationship in which the white master is socialized into the dominant ideological order while the black servant is perceived as inferior.

The attitudes of most of the employers (68%) in Cock's study toward their domestic workers reflect racial inferiorization. They accepted the subordinate role of blacks and believed that the latter are inferior to whites in their personal qualities.

Overall, the relationship between domestic workers and their employers is intensely paternalistic. This paternalism is seen by Cock (1980) to have two central implications. Firstly, it generates a sense of power and superiority in the employer, and secondly, it consigns the worker to a dependent and powerless position. Domestic workers are totally dependent on their employers not just for wages, but for basic necessities, such as food and accommodation. This dependence both reflects and reinforces the structural location of black women in South African society.

All the above situations confirmed the presence of large power distance between employers and women servants in many contexts. These extreme power differences, open the door of violation, including sexual exploitation for male employers while keep the servants helpless. Further, domestic workers fear unfair and unconditional dismissal and even they assume inequality with their employers in front of the court.

In a total institution, all phases of the day's activities are tightly scheduled, with one activity leading at a pre-arranged time into the next. The whole sequence of activities is imposed from above by a system of explicit rules and officials. This applies to many domestic workers. Their lives are, to a large extent, controlled by their employers. The employers set the wages, decide on the schedule of tasks to be performed every day and compile other rules that may even impinge on the worker's decisions over

what to do in her private life. All these rules are formulated according to the employer's preferences, often at a disadvantage to the worker.

Furthermore, "inmates (of institutions) typically live in institutions and have restricted contact with the world outside the walls". Clearly, this applies to many live-in domestic workers. In many households, they are denied contact with the outside world and suffer from extreme isolation. Firstly, entry into their workplaces is restricted by high walls, guard dogs, alarm systems and locked security gates. Secondly, many of them live in backyard rooms, separated from their family and friends. Visitors are either prohibited or they are allowed on certain days or hours. After work, the live-in domestic workers retire to the isolation of their rooms. Very often, they are not free to do as they please during their leisure time or to go out whenever they feel like, as they may be called in at any time to do some extra work such as serving tea to "madam" and her visitors in the evenings.

One domestic worker in South Africa stated the situation as: "I knocked off at around six in the evening but they could call me two or three times in an evening to wash the dishes, polish the kids' school shoes, to iron a dress that madam wants to wear the next day or to correct something that they think I have not done properly."

In general, because of their long hours of work, limited social networks and restrictions placed on them by their employers, these girls are 'hard to reach' (Care, 2010). Further, girls who were domestic workers were less likely to have participated in any existing youth programmes than other adolescent girls. They had not enough knowledge about the social world. Furthermore, they lag behind understanding cues for sexual harassment easily.

2.3.3 Consequences of Sexual Violence in the Form of Rape against WDWs

Depending on the form it takes, sexual harassment violates the right to integrity of the body and personality of every person. Different studies noted that sexual and gender-based violence among females has either an acute or chronic physical, psychological and social consequences (WHO, 2002).

Due to various reasons, the effect of sexual violence against female domestic workers is more complicated than sexual incidence committed against any other women (HRW, 2006).

Mental and Psychological Consequences

Survivors often experience psychological trauma: depression, terror, guilt, shame, loss of self-esteem, think of suicide etc. Abused women reporting experiences of forced sex are at significantly greater risk of depression and post-traumatic stress disorder than physically abused and non-abused women. Post-traumatic stress disorder after rape is more likely if there is injury during the rape, or a history of depression or alcohol abuse (Stets & Straus, 1990).

The psychological impact of sexual assault among domestic workers can be directly related with the trauma. Assaulted FDWs blame themselves that they have no power to protect themselves. Some other FDWs have negative attitude to any employer and loss their sexual desire. The psychological impact may also following from some physical damages. Unwanted pregnancy by itself can cause stress. Offenders usually tend to keep secret the crime and warned them. This intern place domestic workers in stress situation. According to the findings in Getachew (2006), the majority of sexually abused domestic workers in the study seemed to exhibit the symptoms of major depression and anxiety disorders.

Women who experience sexual assault that includes genital, oral and anal penetration in childhood or adulthood are more likely to attempt or commit suicide than other women. In Ethiopia, 6% of raped school girls reported having attempted suicide (Mulugeta et al., 1998). Similar psychological impacts have been noted among assaulted domestic servants. In Bahrain, between 30 to 40 percent of the attempted suicide cases handled by the Government's psychiatric hospitals in 2008 were foreign domestic workers.

Physical Health Consequences

Aside to psychological and mental consequences, FDWs who are those experienced sexual violence in the form of penetrative sex suffer from unwanted pregnancy, unsafe abortion, sexually transmitted

diseases (including HIV), sexual dysfunction, and trauma to the reproductive tract, and chronic infections leading to pelvic inflammatory disease and infertility.

In many countries, women who have been raped are forced to bear the child or else put their lives at risk with back-street abortions. The social interaction of the majority of FDWs is poor. They don't know what should do when they faced sexual assaults that include penetrative sex. Even, some of them are aware of their pregnancy until they have been told by others. Thus, they are too late to take measures and bear their fatherless baby. Experience of coerced sex at an early age reduces a woman's ability to see her sexuality as something over which she has control. As a result, it is less likely that an adolescent girl who has been forced into sex will use condoms or other forms of contraception, increasing the likelihood of her becoming pregnant (UNHCR, 1995).

Gynaecological complications have been consistently found to be related to forced sex. These include vaginal bleeding or infection, fibroids, decreased sexual desire, genital irritation, and pain during intercourse, chronic pelvic pain and urinary tract infections. HIV infection and other sexually transmitted diseases are recognized consequences of rape among raped FDWs (Biadgelegne, 2011; Getachew, 2007).

Reports of abuse of the Ethiopian migrant women working as housemaids in the Gulf States and Lebanon have increased in frequency since 1996. According to Emebet's study on stories of migrant women being raped, killed, beaten, maimed and disfigured have become common. "An employer tried to rape an Ethiopian migrant woman at gun-point. She somehow got hold of the gun and led him naked in front of his neighbours. Ironically, the reward she got was imprisonment. Sources say she is still in jail" Reports of physical and sexual abuse against the Ethiopian girls in Lebanon have been on the rise recently.

The other story is abortion. A young prison mate of this returnee ended up in prison falsely accused of abortion. Abortion, according to the returnee is a crime in Lebanon that entails severe penalty. The female employer of the accused had procured an abortion. When evidence of the abortion was found in the garbage can, she blamed it on her housemaid. The police ordered medical examination of both women, but due to bribes paid to the police, the housemaid was thrown into prison without a medical examination. It seems the principle of presumed innocent until proved guilty is completely disregarded

in a number of cases. According to this returnee, the case had been reported to the Ethiopian Consulate in Lebanon a number of times, but nothing had been done about the case by the returnee left prison.

The special Bulletin published by Tesfa Goh Ethiopia Branch Office in Harar reported that, “HIV infection is one of consequences among FDWs in the town.” The report presents life experience of PLWHA. One of the victims portrayed her experience as: “... I was 17 years when I engaged as a servant at one single head family. One day, he gave me alcohol and raped me ... he was HIV-positive.”

In addition to the above physical health impacts that resulted from penetrative sex, assaulted women faced a lot of physical harms due to beating and falling on ground and walls in trying to escape from rapists. It is also common to harm the physical health of potential victims by giving excessive alcohol and other toxic drugs.

Social Consequences

Various studies have identified different forms of social impacts among sexually assaulted FDWs. These may include: loss of job, social exclusion, discrimination, forced marriage, migration and prostitution.

Firing and lose their job is the main social impact of many abused DWs. In order to deceive the crime, the perpetrator themselves fired abused women. It is also common practice in which female spouses of the perpetrator and other relatives to forcefully fire the workers. Even if the worker does remain on the job, other problems such as low morale, extreme dissatisfaction and inefficiency may result in adverse employment conditions that, in turn, tend to reinforce job termination.

An ILO-IPEC study conducted in El Salvador revealed that 15.5 percent of girl domestic workers who had changed employers had left their previous employment because of sexual harassment or abuse, making such abuse the second leading cause for leaving a position. Despite prostitution is illegal in Bahrain, there was evidence that a number of migrant female domestic worker were forced into commercial sexual exploitation through deception or intimidation. Sexually victimized women insulted falsely by employers families and their sponsors and shared negative information for others. Consequently, it will be hard to have job again. Further, these women do not report the case for

authorities due to fear of deportation. Although many jobless migrant women travelled to the country voluntarily, traffickers reportedly used false job offers and physical force to traffic some of them into commercial sexual exploitation.

Another study of commercial sex workers found that abusive working condition of domestic work was a pathway into commercial sex for many rural to urban migrant domestic workers in Ethiopia (CARE, 2011). In some societies, the cultural “solution” to rape is that the woman should marry the rapist, thereby preserving the integrity of the woman and her family by legitimizing the union (Heise, 1993). Such a ‘solution’ is reflected in the laws of some countries, which allow a man who commits rape to be excused his crime if he marries the victim (UNICEF, 2001). Apart from marriage, families may put pressure on the woman not to report or pursue a case or else to concentrate on obtaining financial “damages” from the rapist’s family.

The Amnesty International Report on women domestic worker mainly those who live with their employer showed that they were more vulnerable for sexual violation either by employers or their families. The Report also testified by presenting the history of a 22-year-old domestic worker who was forced by her employer in Jakarta to have sex with his younger brother. When she fell pregnant, the employer’s family asked the brother to marry her. The brother refused saying that she was ugly. The family expelled the domestic worker from the household.

2.3.4. Coping Mechanisms and Actions taken by Raped WDWs

Despite difference in the extent of the harms, both the simplest form of sexual harassment (verbal sexual insult) and its worst form (rape) damage the physical, as well as psychological integrity of the victim at different levels. It is expected to be reported to police or other parties and visiting other facilities like medical and counselling centres. However, global reports on violence noted that most incidents of sexual harassments go to unreported due to various socio-cultural as well as legal constraints (MacKinnon, 1979).

In the case of FDWs, there is a high tendency of enduring sexually abusive incidences. Three prevailing reasons were noted by Tesfaye (2007) why sexually harassed domestic workers endure violation. First, they feel ashamed to disclose the incidence by considering it as a taboo (speak openly about sex) and due to fear of ostracized by employer and the community. Secondly, these victims were

found to be unaware of the fact that the sexual harassment that was inflicted on them was a crime and accepted it as a normal gender interaction. Lastly, the issue of sexual harassment has not been given the appropriate attention in the existing legal structure of the country. Getachew (2006) noted that only two of the raped participants had reported the incident to the police through the help of their relatives.

According to SADWU organizers in South Africa, many of the victims of sexual harassment only reported such incidents a long time after the event. Furthermore, where they do report in time, they often disappear and never come back to follow-up the case. A number of the victims have disappeared very shortly before they were due to make court appearances. The reasons for this offered by SADWU organizers include: workers' fear of their employers and losing their jobs, financial problems and lack of understanding of court procedures - many of them hope for and demand immediate solutions to their problems, and failing which they become discouraged and stop coming forward.

As to the Report of Amnesty International (2007), domestic workers in Indonesia often try to endure violations or do not speak out against their employer due to fear of losing their jobs and their income. The report added many of them are ashamed to speak out about their situation, including to the police. Domestic workers often have no-one to report to, in order to seek support or protection after experiencing violence, and even where mechanisms do exist, many domestic workers are severely restricted in their freedom of movement. Many domestic workers are inhibited in their ability to leave their employer's house, some are even locked in.

Despite the above endurance, assaulted FDWs responded that the incidence of sexual violence in different ways. Their action depends on the forms sexual violence they encountered and its consequences. For example, FDWs those who have pregnancy and other trauma has visited health facility. Those FDWs who were deceived by false engagement tried to report legal officers.

In order to prevent further exploitation, one of the FDWs decided not to work in the family that was headed by single male employer. In South Africa, when one of women domestic servant asked about her immediate response after she had harassed by her employer, she replied: 'Nothing, I was afraid of him. When he was home, I spent time working outside.' Did you tell anyone about it? No, she also reported that she did not tell about the problem to any one because she was scared, and she was

believed that people would not believe her story. She added, ‘I was even afraid to tell madam because she would be angry with me and she may even shoot me. I have heard of people who are shot because of these things’ (Mmatshilo, 1990).

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1. The Study Area

Harar is found in Eastern part of Ethiopia. It is the capital city of the Harari People National Regional State, which is one of the Regional States in Ethiopia. It is situated 526 Km away from the capital city of Ethiopia, Addis Ababa to the East. It has an area of 374 square kilometres. A total population of 183,415 people live in Harar, out of which; 99,368 reside in urban and 84,047 in rural areas (CSA, 2008). Its population density is 524 persons /Km². The urban areas host 49,727 male and 49,641 female residents. The literacy rate in urban area is 79.2%. Orthodox Christian is the leading religion in the urban area, followed by Islam. Protestant and Catholic Christians are also found at the 3rd and 4th place respectively.

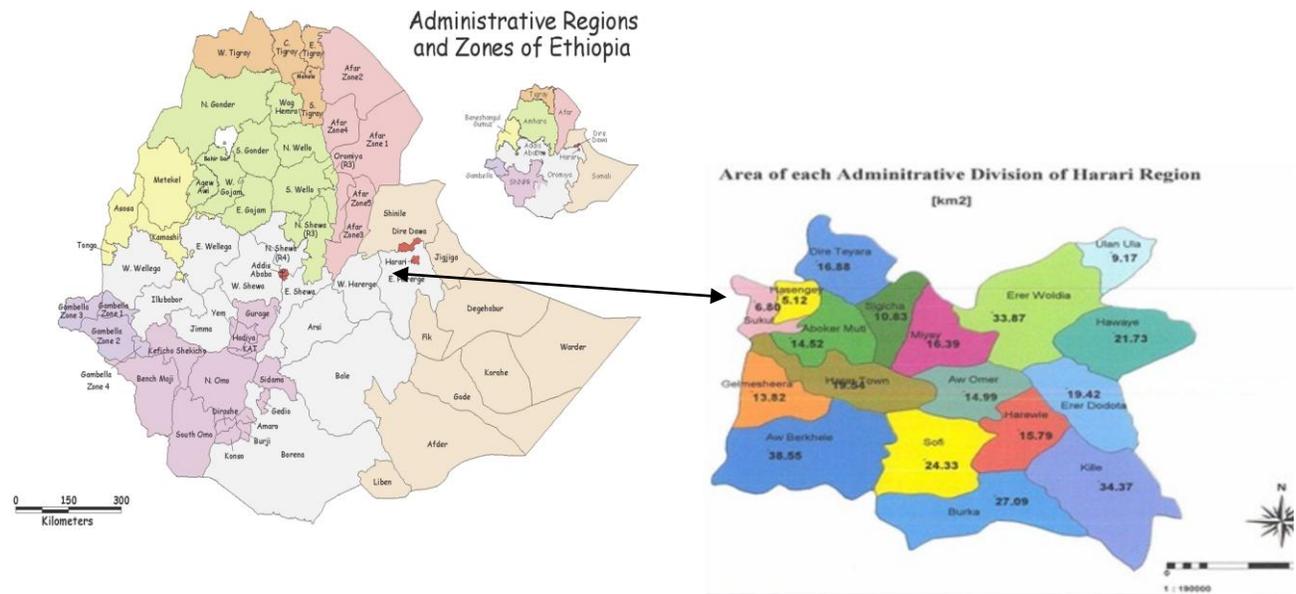


Figure 3.2: Location of the Study Area in the Map of Harari Region

Figure 3.1: Administrative Regions and Zones of Ethiopia – Study Area: Harari Region, including the City of Harar

SOURCE: CSA, 2007

3.2. Research Design and Methods

The study was cross-sectional by its design and utilized mixed approach (qualitative and quantitative methods) to gather the relevant data. Quantitatively, descriptive sample survey was used to describe profiles of respondents, the magnitude of predisposing factors, the incidence and other dynamics of sexual violence against FDWs. Non-probability sampling methods which was a combination of convenient and purposive sampling methods used in the study. A total of 75 FDWs who were attending SRH services in Harar Model SRH Clinic of FGAE, and show willingness to participate in the study were interviewed from December 5, 2012 to June 10, 2013.

In order to examine the consequences of sexual violence committed against women domestic workers, as well as the coping mechanisms employed by sexually abused FDWs, the study conducted in-depth interviews with purposively selected 14 women domestic workers. For clear and deeper understanding of the qualitative data generated from in-depth interviews, the researcher had set criteria to select participants. Women domestic workers those reported sexual harassment in the form of rape within 12 months prior to this study participated in in-depth interviews.

In addition, to complement the quantitative data collected in the research, the researcher employed focus group discussions (FGDs) with a group of eight female domestic workers (FDWs). The researcher also employed semi-structured interviews to hold interviews with three key informants; one from the Bureau of Labour and Social Affairs (BoLSA) of the Region, one from the Bureau of Women and Child Affairs and one police officer who were assigned in the areas of gender-based violence. The case stories of two raped women domestic workers were also examined using in-depth interviews through probing.

The researcher further engaged in observations of the Organization to examine the overall settings in relation to sexual and reproductive health services to raped female domestic workers. In addition, those relevant published and unpublished documents, research reports, theses, web-based files and others were identified and critically review in the light of the objectives of the study.

3.3. Universe of the Study

The size of the target population was not clearly known and delimited because the members of the sample population were those female domestic workers who had been raped and then visited the SRH Clinic or did not visit it. However, among those raped women, the study was delimited to focus on those raped cases that had visited the Model Clinic and showed willingness to participate in the study. Both quantitative and qualitative cross-sectional data were collected from the sampled respondents and informants at Harar SRH Model Clinic under the auspices of the Ethiopian Guidance Association of Ethiopia (FGAE) beginning from December 2012 to June 2013 respectively. Generally, the quantitative data were collected from a total of 75 sampled female raped domestic workers and the qualitative data were also generated from fourteen case and key informants, as well as FGD participants.

3.4 Sampling Methods

In this research, the researcher used both probability and non-probability sampling methods while collecting the quantitative and qualitative data. In order to collect the quantitative data, the researcher used simple random sampling method of the probability sampling method to draw representative and adequate sample of respondents. On the other hand, purposive sampling method of the non-probability method was employed to identify and contact those informants and discussants in the process of the qualitative data collection.

3.5 Data Collection Tools and Procedures

A structured questionnaire or interview schedule was prepared in English version and translated into Amharic that is the local working language in order to collect the quantitative data. Moreover, the researcher employed interview guide to conduct in-depth interviews through probing with case informants, and semi-structured interviews with those key informants selected. The researcher further generated qualitative data using FGD schedule or checklist through conducting one discussion session with a group of eight female domestic workers (FDWs). Similarly, the student researcher developed and used observation schedule while undertaking observations at HHMC of the FGAE. In addition, the researcher employed documentary analysis matrix to conduct review of those different published and unpublished materials on the issues under investigation elsewhere in the world.

Regarding data quality, the researcher took certain measures to ensure their quality. The structured questionnaire was formulated by considering different sources and consulting experts in the area of the study. Its English version was translated into Amharic version (i.e. using words, almost all, can communicate easily) and again back to English version so as to ensure its consistency. Pre-test of the tools were done in similar population who were gathered at broker's agencies in searching jobs.

As to the procedures for data collection in the study area, the Amharic version of the structured interview schedule designed was used during the collection of the primary data by holding interviews with the respondents in a face to face situation. Besides, some other primary and secondary data were collected using interview guides, FGD schedule or checklist, documentary analysis matrix, as well as observation schedule.

3.2 Data Processing and Analysis

The processing of quantitative data was carried out manually. Every structured interview schedule was checked for completeness at the end of each session of data collection by the researcher. The total number of questionnaire was checked by counting and comparing it against with the one distributed. The consistency of data was checked by making a tally on the dummy table which was prepared. Generally, the study employed frequency counting analysis to answer the relevant research questions under consideration.

The qualitative data generated from various sources and settings were also analyzed using thematic and content qualitative data analysis techniques. Following the verbatim transcription of the interviews, the field notes were read and categorized according to similar categories of themes. These thematic files were put in well-labelled folders according to their themes identified. Finally, the researcher drew issues from their respective folders while writing-up the report of the MSW Research Project Work.

CHAPTER 4

RESULT, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter presents the results of the research and discusses about them in the light of previous theoretical literature and empirical observations in different sources. It analyses the case using data collected from 75 female domestic servants who were visiting Harar Model Clinic for SRH services of the Family Guidance Association of Ethiopia beginning from December 5, 2012 to June 10, 2013. The analysis and discussion parts of the study are presented in different sections of the chapter. The first section focuses on the socio-demographic characteristics and background information of the respondents. The extent of risk or contributing factors for sexual violence among the study subjects will be presented in the second section. In the third section, the magnitude, forms and other dynamics of sexual harassment among domestic workers will be presented. Major consequences of sexual violence, as well as responses and coping mechanisms employed by sexually abused FDWs will be presented in the fourth and fifth sections of the study respectively.

4.2. Socio-demographic Profile of Women Domestic Workers

Socio-demographic characteristics of the study subjects show mixed appearance in that female domestic worker were found to be young, less educated and unmarried women. As shown in the Table 4.1, 61.3% of sample respondents were less than 25 years old. Thus, the considerable majority of the respondents were young people. Amongst those 75 female domestic workers, only 15 (20%) of them were found to be illiterate. Therefore, the findings of the research clearly indicated that the significant majority (80.0%) of the respondents were educated individuals. About one-fourth of the FDWs in the study were belonging to the Oromo ethnic group. A total of 30 (40%) FDWs were Muslims, followed by Orthodox 39(38.6%). The majority 55 (73.3%) of the FDWs were unmarried or single women. Generally, one can conclude that the findings of the research on the socio-demographic characteristics of the respondents concur with other similar studies on the major issue under investigation.

Table 4.1: Socio-demographic Profile of Female Domestic Workers visited FGAE/HMC (from December 5, 2012 to June 10, 2013)

| Variable | Category | Frequency | % |
|---------------------------|---------------------|------------------|---------------|
| Age | <i>15-19 years</i> | 13 | 17.3 |
| | 20 – 24 years | 33 | 44.0 |
| | 25 – 29 years | 20 | 26.7 |
| | 30-34 years | 7 | 9.3 |
| | 35 -40 years | 2 | 2.7 |
| Total | | 75 | 100.0 |
| Educational status | | | |
| | No read and write | 15 | 20.0 |
| | Read and write only | 21 | 28.0 |
| | Primary education | 27 | 36.0 |
| | Secondary education | 11 | 14.7 |
| | Higher education | 1 | 1.3 |
| Total | | 75 | 100.0 |
| Ethnicity | | | |
| | Oromo | 19 | 25.3 |
| | Amhara | 17 | 22.7 |
| | Wolita | 13 | 17.3 |
| | Sidama | 10 | 13.3 |
| | Gurage | 6 | 8.0 |
| | Other(s) | 10 | 13.3 |
| Total | | 75 | 100.00 |
| Religion | | | |
| | Muslim | 30 | 40.0 |
| | Orthodox | 29 | 38.6 |
| | Protestant | 11 | 14.7 |
| | Catholic | 2 | 2.7 |
| | Other (s) | 3 | 4.0 |
| Total | | 75 | 100.0 |
| Marital Status | | | |
| | Unmarried/Single | 55 | 73.3 |
| | Married | 6 | 8.0 |
| | Widowed | 4 | 5.3 |
| | Divorced | 6 | 8.0 |
| | Separated | 4 | 5.3 |
| Total | | 75 | 100.0 |

Source: Own survey study, June 2013

4.3. Magnitude of Contributing Factors for Sexual Harassment

As any other women, FDWs are subjected to different forms of violations, including sexual harassment. But being migrant, lower age, poor and less educated by itself make FDWs more vulnerable for sexual exploitation in a closed door. Furthermore, the social environment that consider domestic work at lower position along with the poorly protected legal environment create favourable condition for male employer and brokers to exercise their sexual advancement over their partakers, FDWs (HRW, 2006; ILO, 2010; Kebede, 2001).

The assessment of magnitude of predisposing factors for sexual harassment among FDWs in this study was not aimed to illustrate cause and effects relationships between the factors and the incidences. But it is simply intended to show the magnitude of contributing factors in the lights of other global studies focused on the subject at hand. It is also drawn mainly from all sampled study subjects. The FGD discussants and key informants also discussed on the conditions of risk factors associated with sexual victimization and FDWs. The magnitude of some of contributing conditions that contribute the incidence of any forms of sexual violence among women domestic workers categorized into three factors and presented below.

4.3.1. Individual related Factors

Migration status

Regarding the migration status, researches consistently point out that domestic work as a sector is much more populated with migrants. As the studies, their migration status of both local and migrants those cross international borders is a significant risk factor for them to be sexually abused (BCHR, 2008; Kebede, 2001; Velloso, 1997).

In the study, the vast majority of the FDWs were migrants who came from different regions of the country. Only two of them were born and grown up in Harar town. The rest, 73 (97.3%) of them were migrants from different regions of the country. For example, FDWs who were born and grown up in Oromia Region, Amhara Region, SNNP Region, the City Government of Addis Ababa and other regions of Ethiopia accounted for 26(%), 17(%), 16(%), 6(%) and 8(%) respectively.

Since they were not native, the majority of FGD participants categorized themselves as among the most vulnerable groups in the community. As the respondents, employers think that migrants have no relatives and they are simple to use them for sexual gratification than native women. One of the key informants (KI), the police officer described the vulnerability of FDWs by comparing migrants over native women. As the KI, the majority of migrants had no parents or families in the town. They were culturally new for the locality. Some of them did not speak the local language. Potential perpetrators assume that the migrants hardly had helper and had communication barrier in case of abuse. Due to these factors migrant servants are the most vulnerable group in the town.

Child Labor

Child labour is a growing global social problem. Child workers are extremely vulnerable to any forms of exploitation. They are physically as well as psychologically immature. Thus, they are inherently coerced easily and have lesser ability than adults to object undesirable conditions. As to the age of FDWs when starting to work as a house maid, the study found out that, 42 (56.0%) of the FDWs had become a house servant below 18 years old, the rest 33 (44%) of them were above 18 years old when they became domestic servants. The smallest age while starting domestic work also found to be 13 years in two cases.

In related sexual victimization among child workers, the majority of FGD respondents believed that many employers would prefer to employ adolescent girls because they would easily direct and control overall spheres of their life that led to sexual exploitation. The other KI from BoLSA, added: “It is common in our Region to employ children by assuming helping them...many child domestic workers had been reported the incidence of sexual violence to the Office with the help of their neighbours and community social workers”.

Educational Status

In terms of educational level, two contradicting explanations have been raised. On one side, at low educated women are vulnerable for abuse, including sexual exploitation (WHO, 2002). On the other hand, some psychologists argued that sexual violence was not committed only for sexual need or urges but also committed to show the male supremacy. The very important issue on educational status of

women lies on the level of education. Due to increasing women empowerment, the frequency of sexual violence among more educated women will be increased (Runsac, 2010).

As presented earlier, the majority of FDWs were less-educated. The highest educational level attained by 11 FDWs was secondary school. While 15(20%) of FDWs were unable to write and read their names, 11(11.7%) of them completed primary education. There was only one respondent who graduated with Diploma in Accounting one month prior to from this data collection.

One of the SRH practitioners at HMC of FGAE told us, “Many of SRH attendant FDWs in the Clinic is less educated. Even some of them were unable to write their names and used their finger prints when they were required to express their consent for abortion service.” When she continued to describe the risky conditions among illiterate women, “less educated women had lower awareness about their sexuality. They hardly read and understand SRH information developed by the Organization. ...these women have problems in early understanding of warning signs when they are going to be harassed by any person. Even, some of them are not aware of what has to in the case of exploitation.”

Assessment of Separated Place of Rest or Sleeping Room

Isolation in the household, and lack of privacy or of conditions to ensure their personal security, place domestic workers are at risk of sexual harassment and assault (HRW, 2006). In order to identify sexually risky living conditions, the current study examined whether or not FDWs had separated place of rest or bed room. At the time of the research, only 16.0% of women domestic workers had separated bed room or place of rest at their employer’s residence. The remaining proportion of WDWs had no separate bed room or place of rest that could be locked properly.

In addition, the majority of FGDs were reported that kitchen floor was the most common sleeping place. They often shared with other family members or guests when shortage of place of rest occurred. When one of the FGDs participants expressed her sexual insecurity in relation to her place of rest/bed room ‘at the mid-night when other family members slept deeply, he (male employer) came to the kitchen as to find something and wake me up

As the same KI from BoLSA lived-out domestic workers those who lived in group were not free from sexual harassment. He speculated sexual insecurity of live-out domestic workers as: "... because their salary is too low to have rent independently, many workers would prefer to live in group. While living in group live-out workers may face sexual harassment by their friend's partner (boy friend) and sometimes private house owners.

Both national and international studies identified migration and child labour as an individual factor for sexual violence among those female domestic workers (FDWs). The current study also confirmed that the majority of FDWs were migrants and lower aged individuals. Furthermore, they were suffered from lack of privacy and living in sexually unsecured conditions..

4.3.2. Working Conditions and Employer Related Factors

Assigned Work

In most situations, domestic work grouped under an informal sector. There is no specific activities pertained to the job. The majority of domestic workers expected to perform any tasks assigned by their employers for unlimited period of time each day (Heimeshoff & Schwenken, 2011). They required doing some activities that affect their sexual personality. For example, it is common to give bath and massaging male employer's body.

In order to assess this condition, the sample respondents were asked whether or not they were required to do such activities in the line of domestic tasks. The finding of the study indicated that FDWs were assigned in the activities that required contacting sexually sensitive body parts of their employers. Among sampled FDWs participated in the study, about 12(16.0%) of them were assigned activities that required to care sexually sensitive body parts of their male employers and other adult male family members in addition to their routine household activities.

Regarding the foregoing issue under discussion, some of the FGD participants raised interesting issues. They said, 'I know few female employers who prescribe extra marital sex (sex with servants) for their hypertensive husbands so as to decrease their blood pressure'. In addition to routine

household activities, it is normal to have sex for hypertensive husbands with women domestic servants.

Risky Working Hours - Working at Night

In order to identify working hours that create favourable condition to be sexually abused, the study made an assessment. The study found out that the majority of FDWs worked more than 12 hours per day, including night hours.

As shown, those female domestic workers who were working less than 8 hours per day comprised 18.7% and the remaining proportion of FDWs worked more than 8 hours per day, including the night hours. When one of the FGD participants explained her experience, as she stated: “She is 24 hours on-call. She waits her employer until he comes back from night clubs and other social ceremonies.”

They worked day and night. As the police officer stated, “night times and day times, and when the other observer is absent in the area; it is known to create a favourable condition for most criminal acts.” Thus, it is subjected to various forms of oppression and violation that have created favourable conditions to be sexually abused by their employer or any other perpetrator.

Assessment of Exposure to Alcohol, ‘Chat’ and Other Drugs in their Employer Home

In order to assess their exposure to alcohol and other drugs, the study participants were asked about their current or recent employers’ habit of drinking alcoholic beverages, chew “chat” or other drugs in their homes. It was find out that, 31(41.3%) of FDWs were found to work in their respective residences in which their employers and families had no habit of using alcohols, ‘chat’ and other drugs; the rest, 44(58.7%) of them reported that their employers and other family members had no habit of using alcohols and other drugs in their homes. Further, out of 44 FDWs those working with employers and families that had the habit of using drugs in their homes, 33 (75.0%) of them were invited and threaded to join them.

Similar findings were noted from the FGD participants. The majority of them argued that FDWs were treated by their employers and their family members to drink alcoholic drinks and chew chat at certain

social occurrences. In addition, one of the key informants (particularly, the police officer) expressed the situation as follows:

The city of Harar is one of the historical cities in the region. Chewing chat was a cultural ceremony among Muslim dwellers before decades. But now, the practice of chewing chat followed by drinking alcoholic beverages so as to break its stimulant effect is a growing practice among adolescents. According to the police officer, many criminal incidents have been associated with these habits in the region. He said that ‘many offenders had to use drugs and to drink alcohol dinks prior to committing the crimes, it might be use it’

Using alcoholic drinks and other drugs was not only related to potential offender, but also influenced women who had the habit of using such drugs. Using alcoholic drinks, chat and other drugs made it more difficult for women to protect themselves by interpreting and effectively acting on warning signs than men. Drinking alcoholic drinks may also place women in a setting where their chances of encountering a potential offender were greater. The assessment also identified that, out of the thirty-three FDWs who were threatened or influenced to drink alcoholic beverages or chew chat about half of them participated.

Assessment of Exposure for Pornography, Sex Video and Other Abused Medias

Abused social Medias that advocated for deviant sexual behaviors were known to be the other factor that fueled the likely occurrence of sexual violence. The masculinity exhibited in the video show may sensitize potential perpetrator to exercise odd behaviour and to control over victimized women.

In order to assess exposure for abused audio-visual media, FDWs were asked whether or not they were working in the residence in which their employers or other male family members who were attending sex film (pornography) publicly in the residence. About 19 (25.0%) of FDWs reported that they were working with employers who had the habit of watching sex video and pornography in the residence openly. Out of those nineteen FDWs, 16 (84.2%) were systemically treated or influenced by their employers to join them. Further, when the study subjects were asked what measures would be taken when they got influenced to enjoy sexy films, half of them responded negatively (refused to watch), 5 (31.0%) of them responded positively (attended watching out pornography). Yet, 3 (18.8) of the FDWs did not want to answer the question.

The majority of FGD discussants and two key informants argued that the act of watching pornography as to be a factor for sexual assault. FGD participants explained the situation as, ‘...many unmarried employers rent and intentionally watch sexy films, while their servants are performing some activities in the house.’ As one of the key informants confirmed, ‘Sex films and video shows were developed as a treatment to help those clients who had sexual dysfunction and for those aged men. But now, there is a growing tendency of abnormal use and massive commercializing of the sex medias and even in a developing countries.’

The police officer has also given another dimension regarding pornography. As the Officer expressed, “due to an expanded illegal trading of electronic medias in the Eastern part of Ethiopia was playing a pivotal role in using abused medias, like pornography; he added: ‘many unmarried male employers and other perpetrators have the habit of watching pornography in their homes. Consequently, they need to exercise what they have learned in those shows and assume domestic workers are the simplest and nearby objects to relax and exercise those bad habits.’”

Unconditional Material Gift and Promise in Exchange of Sex

FDWs were from poor and underprivileged families. Male employers and other offenders offer unconditional gift to have sexual relationships with their workers. Further, they engaged in false promise to marry their servants. As to these false engagement, the current study found out that 28 (37.3%) of the study subjects were reported that their employers and brokers were given unconditional gifts and false promises that followed sexual needs.

As one of the employees of the Jinela District Child and Women Affairs Office, she stated: “Many employers provided unconditional gifts and bonuses for their servants and, in turn, intended sexual relationships. As the Officer confirmed, ‘I remembered a woman last month who reported that her employer promised to marry her. But, when she became pregnant, he beat and discarded her from his home.’” As the Officer expressed, “it is triple crime, as a servant she had no any remuneration, as a wife she had no respected benefits and he violated her physical right.” In general, all the above-stated results showed that women domestic workers were working in sexually unsecured conditions in the study area.

4.3.3. Social and Legal related Factors

FDWs were restricted to have social contact with the outside community. All their activities controlled by their employers, their social awareness were problematic. They have low self-esteem. There were women who assumed as a privilege to have sex with their employers. Their lower level social knowledge was found not only exposed them to be harassed by their employers, but also by their classmates and other neighbours. Further, FDWs were living and working in the society that degraded domestic work as a sector. As a result, any abusive activities committed against FDWs are considered as normal and not given due attention by the large community.

Restrictive Social Interaction

Regarding their level of freedom to contact with their friends, families, neighbors and other persons; only 14 (16.8%) of the female domestic workers were reported that they were fairly free to contact with persons outside their employers and their families. The majority, 57 (76.0%) were restricted to contact those mentioned persons. The rest 4 (5.3%) of the domestic workers reported that they had medium level of freedom to contact other persons outside their employers.

Imbalanced Power Relationship

The data collected from the study subjects showed that the presence of an extreme power differential between them and their employers. When FDWs were asked to evaluate their power to In case of conflict, social position, the FGD participants and KIs confirmed that the worker-employer relationship was characterized by an extreme power-imbalance. The ultimate power to do whatever they want was vested on their employers. This power could be exercise over all aspects of domestic servants, including their sexual rights.

Social Condition- Poverty

The other social condition that was thoroughly discussed under the FGD as a contributing factor for sexual violence was the social position of the sector in the community. As discussants stated, “domestic work is a sector for the poor and underprivileged persons. They also believed that potential perpetrators might assume the lower position of domestic worker in the community”. With one word, the FGD participants stated themselves as “gered” that stood to receive any exploitation and advancement in all sphere of their relationship.

4.4. Magnitude and Forms of Sexual Violence

The assessment in this part of the study comprised of three aspects of the issue under investigation. The first was concerned with the incidence of sexual violence or harassment among the study subjects. This was followed by the assessment of the forms of sexual violence or harassment. The third aspect identified the active perpetrators/offenders.

4.4.1. Magnitude/Incidence of Sexual Violence against FDWs

Regarding the incidence of sexual violence, the study subjects were asked whether they had experienced any forms of sexual assault while they were working as a house maid or not. It was found that out of the seventy-five FDWs, 54 (72.0%) of them reported that they had experience of sexual harassment at least once while they were working as a domestic servant. Filagot’s case story confirmed that sexual violence threatened the sector.

Filagot is a 17- years-old domestic worker. Her uncle brought her from Gojjam to Harar so as to continue urban schooling when she was fourteen. But, this was only for six months. His wife insulted

her and left the family then started to work as domestic servant. While working as domestic servant at one family, she encountered sexual violence. She portrayed the situation as:

....One night, all family members were attending social ceremony at their grandparents' house. His wife was in Addis Ababa. He came back home. He was abnormally over activated. After I had given his dinner, I went to my sleeping room. Few minutes later, he called me to give something from the refrigerator. When I tried to give him what he ha asked me, he pulled down me on the bed. I was confused. Immediately, he started to kiss me. I tried to stand up but he pulled down me again and started putting off my clothes. I beg him to leave me. He beat me when I tried to shout out and was people around for calling up help from them. I cried and tried to beg him by saying 'please leave me... you have a child, I am also your child', he refused to leave me. He felled on me....

She stopped to talk and suddenly started crying. After few moments, she started speaking out again, as she expressed: "... you know, I didn't know what was going on after. But, when I wake up I was bleeding. He was cleaning his gun and he then strongly warned me not to talk what was going on. Otherwise, he told me that he will kill me with that gun."

Halima was the other victim woman in the study recounted rape in the line of domestic work. Halima was born in Western Hararghae (Chiro). Her parent's extreme poverty influenced her to drop her education and had no job. With her friend, Kedija; they decided to leave for the Middle East through the port of Bosaso. When they transited they met illegal agents in Jijiga town. They stayed for a total of 26 days in the town without any travel. They may be completely lost. When they failed to cover their daily expenses, they went out again to find job. With the help of one broker in the City, Halima came back to Harar and employed at one merchant's house. While working in this house, Halima encountered sexual assault in the form of rape.

During the study, Halima was attending SRH service as per follow-up appointment. After three days, the researcher met her in one broker's shop while was searching for job. She aired out her bad story as follows:

...at that day, my employer asked me to serve his guests till night. He had been chewing chat with his friends all the day. All of his friends went to home before 8:00 PM. I had to clean what they have damped. It was 4:15, when I completed my assignment. It was highly raining. My employer was drinking alcohol and was positive to send me home. I had no option except find safest place to sleep. I prepared the kitchen and slept. After few minutes he waked me up and threatened me to take alcoholic drink. He also told me that drinking alcohol is a sign of

modernization. After one bottle of beer, I felt good. But, when he added a little hard alcohol on the beer, I failed to control myself and failed in the sofa. He stood naked and immediately started to put out my underwear. I tried to defend, but I had no energy even to talk loudly. He made what he wanted....when I waked up I was naked. I felt sever pain at my I did not control my urine...

In addition to the above sample respondents, the majority of the FGD discussants identified that sexual harassment is one of the main challenges in relation to domestic work. Almost all of them had endured various forms of sexual harassment while they were working as domestic servant. One of a 24-years-old participant stated her experience, as she said: "... I faced all forms of sexual violence, including rape repeatedly. I was raped...."

According to ILO, domestic workers are subjects to all forms violation, including sexual violence. Those available pieces of literature also confirmed that the high prevalence of sexual harassment in the line of domestic work. Similarly, in this study, it was found out that too high incidence of any forms of sexual violence. The results of the current study indicated that 72.0% of the sampled domestic experienced any forms of the sexual violence which was much higher than that of Guatemala's (which was 33.3%) and a little lower than that of reported by Tesfaye that accounted for 96.0% of the female domestic workers in Addis Ababa were found to has experience sexual violence in last 12 months.

4.4.2. Episodes of the Incidence

The occurrence of the incidence was either a single or repeatedly more than a single episode. Single occurrence of rape or harassment occurred, such as when a victim was assaulted by her employer or broker or any other. In addition, in some cases, the victimized FDWs experienced violence that escalated over a period of days, weeks or months beginning within inappropriate and levied comments, progressed to unwanted touching and, finally, resulted in rape and repeated assaults.

4.4.3. Forms of Sexual Violence

Forms of sexual violence against FDWs range from using obscene language to the worst form, rape. Since the current study is much of qualitative in its nature, it had to focus on circumstances as it happened or expressed by the study subjects. Thus, among those sample respondents who reported the incidence of the sexual harassment were also asked to state the form incidence they encountered. Various forms of sexual harassment reported in the study. Many of participants reported multiple incidences by more than one perpetrator. It was also from single episodes to repeated incidences. For

simple understanding, the result of this part focused on the latest and worst forms of sexual harassment. Table 4.2 summarizes the responses of the study subjects.

Fifty-four female domestic workers who had reported the incidence of sexual violence/harassment were asked to state the form violence/harassment inflicted on them. Out of these women, only 18 (33.3%) of them reported rape; those domestic workers reported attempted rape accounted for 11(20.4%). The remaining, 46.3% of sexually harassed FDWs reported that they experienced less serious forms of sexual violence. Less serious forms of violence explained by the study subjects included vulgar and obscene language and touched/pointed their sexually sensitive body parts either by their employers or brokers or other persons while they were working as house maid servants.

Table 4.2 Forms of Sexual Violence Committed against Women Domestic Workers attending SRH Services at HMC of FGAE

| No | Forms of sexual violence/harassment | Response frequency | % |
|----|-------------------------------------|--------------------|--------------|
| 1 | Rape | 18 | 33.3 |
| 2 | Attempt rape | 11 | 20.4 |
| 3 | Less serious and other forms | 25 | 46.3 |
| | Total | 54 | 100.0 |

Source: Own survey results, March 2013

4.4.4. The Perpetuator

In the work place setting, the majority of sexual violence committed against FDWs perpetuated by male employers. Other parties (like brokers, employer’s families and friends, as well as their classmates) were known to be potential abusers for FDWs. Similar findings also concur with the results of this study. More than three-fourth of the perpetrators were male employers. As shown in Table 4.3, a significant number of FDWS reported that they were sexually abused by their brokers. About 12.9% of FDWs reported the incidence of sexual harassment committed by other persons. Other than employers, brokers and employer’s son, worker’s friends and neighbours were found to be as perpetrators in the study. .

Table 4.3: Perpetuators of sexual violence against women domestic workers attending SRH service at FGAE HMC

| No | Perpetuator | Response frequency | % |
|----|---------------|--------------------|--------------|
| 1 | Male employer | 41 | 76.0 |
| 2 | Brokers | 6 | 11.1 |
| 3 | Others | 7 | 12.9 |
| | Total | 54 | 100.0 |

Source: Own survey study, March 2013

4.5. Coping Mechanisms

Sexually victimized women and survivors often employed certain coping mechanisms to prevent worst and extended forms of violence. Their actions also aimed to rehabilitate from sexual injury. Their responses against the incidence of sexual assault could also be related with the existed socio-cultural, educational and legal constraints. Just like any other women, FDWs also faced different forms of sexual harassment. But, in the case of domestic works, sexual harassment was characterized by unwanted burden of sexual requirements in the context of tremendous inequality of power in the master-servant relationship combined with extreme anxiety to keep the job on the part of the worker. Sexually assaulted FDWs tended to report the case to polices, disclosed the incidence to other persons and visited health facilities. Some others kept silent due to feeling of ashamed to speak about sex and fear for ostracized if they disclosed the problem. Others were unaware of the fact that the sexual harassment that was inflicted on them was a crime and, thus, accepted as normal.

The current study examined the coping mechanism of 14 raped FDWs. The data obtained from in-depth interviews with them revealed that the actions taken by raped FDWs were varied and based on the onset of the incidence. The analysis of actions taken by raped FDWs showed that more than half (8 in number) of raped FDWs would not take any action immediately before or during the incidence. Concerning the reason “why they did not respond immediately before the incidence?” the three of them believed that nothing could do it. Fear of physical injury was the other reason stated by two domestic workers in the study. One raped women did not know what happened because she was

beaten strongly on her head. The other two were severely intoxicated with alcoholic drinks when they had been raped.

Despite it was ineffective, six of them responded in some ways so as to stop the last moment or forceful penetrative sex. Two of these women were tried to defend themselves verbally, they were begging and negotiating with their respective rapists. There were also women who tried to defend themselves physically. The others two women shouted at calling support so as to prevent preventive action.

It was also found that raped FDWs employed certain actions to cope up with the problem after they had been raped. The delayed responses of raped FDWs were intended to seek legal solution and to prevent further physical health and psycho-social complications. A significant number (four) of raped FDWs did not take any actions or measures after they had experienced rape. Generally, visiting health facility, followed by reporting the incidence to police were the main actions taken by the raped FDWs after the occurrence of the incidence. Yet, few in number assaulted women were visited social counselors. FDWs also disclosed the incidence for other persons, including offender's family, friends, and neighbours.

When the FDWs justified why did not report to police or talk to others against the incidence, majority of them believed that they are mistrusted by others. Due to fear of further violence in the form of job termination, physical punishment and blaming etc many of them were not seek legal action. Some FDWS were ashamed to talk about sex and not disclosed to others.

Few of them were accepted the incidence as it is normal in the line of domestic work. One of the victims who came from the rural part of Amhara Region exploitation the situation as:

“... always she (employer's wife) told me that servants should not say “why?” They should do whatever asked by any family member... It was shame for me to say no... one day, when his wife was admitted to a hospital; he came home and threatened me to drink an alcoholic drink. ... using as a quite opportunity, he gave me a cup of alcoholic drink and he did what he wanted to do. ... When I became pregnant, he beat me an discarded me from his house. Until that time, I did not think that he raped me....”

The discussion which was held with the FGD participants and KIs also supports most of the above-stated coping mechanisms employed by sexually assaulted FDWs. According to the discussion with

the FGD discussants, the majority of assaulted servants would keep silent due to fear of losing job. Further, offenders warned the victims and might influence to them to the City. As the Police officer, the action taken against the incidence of sexual assault depended on the physical conditions of the environment and the forms of sexual violence which were intended by the offenders. As the police officer, despite few harassed reported cases, the majority of them kept silent and remained not to disclose the incidence. The coping mechanism employed by the sexually abused or harassed FDWs in this study is similar with many other studies.

4.6. Consequences of Sexual Violence in the Form of Rape

Depending on what form it takes, sexual harassment violates the right to integrity of the body and the personality which belongs to every person. It has both acute and chronic physical, psychological and social consequences. Unwanted pregnancy, vaginal injury and bleeding, STIs, HIV infection are known to be the main physical health related consequences. Stress, anxiety, PTSD, feel guilty and shame, depression and suicide commit are the commonest forms of psychological complications of raped women. Various studies identified job termination, ostracization, stigmatization and migration as the main social consequences of assaulted women.

Regarding the impacts and complications of sexual violence, the researcher conducted in-depth interviews with 14 FDWs who had experienced rape during the last 12 months prior to the study. Information was also collected from FGD participants and from key informants. The findings are summarized and presented below as physical, psychological and social impacts.

4.6.1 Physical Health Impacts

Physical health impact has been identified as the common consequences of sexual violence against FDW in many studies. In this study, various physical health-related impacts were reported by the majority of sexually assaulted FDWs. Among the women who had experienced serious forms of sexual violence (rape and other penetrative sex), 11(78.0%) of them developed physical health related complications. The most common health related consequences were vaginal trauma and bleeding. Unwanted pregnancy that led to abortion was the next. Fistula, HIV/STIs and vaginal infection were also reported by significant number of abused domestic workers.

One of the study participants who was raped by male employer was attending Ante-natal care in the Clinic. She was not aware of her pregnancy. Her friend took her to Clinic when her abdomen getting bigger. Due to big gestation, the nurses refused to terminate the pregnancy. Other than the above physical harms that were directly resulted from penetrative sex, assaulted FDWs faced injury as result of beating and falling down on the ground. One FDW expressed that she had dislocation on her hand when she tried to defend herself physically.

4.6.2 Psychological and Mental Health Impacts

Psychological or mental impacts are the very common outcome of sexually abused FDWs in this study. The vast majority (93.0%) of victimized FDWs experienced at least one form of psychological impact after they got raped. Countless psychological and mental health impacts were given by sexually assaulted FDWs immediately following the incidence and through time. The majority of them were found to feel depression and anxiety. Although they were few in number, assaulted FDWs were reported that they had suicidal thoughts after they had been assaulted. Most importantly one FDWs who was raped by her employer illustrated as: “,,, I have never faced such painful situation. It was not human body (his penis), it was hard ... now I feel bad when I intend to have sex with my boy friend... my desire is completely damaged”

4.6.3 Social Impacts

Social impacts, though varied, were reported by more than one-half of sexually abused or harassed FDWs. Common social impacts for harassed FDWs were: losing their job, migration to other city, blamed by the neighbours and ostracized by the society. Job termination or fired from job was the commonest social impact of sexual harassment that was reported by the majority of sampled subjects, followed by blaming family and neighbours. Along with the rapists, their wives, friends and other family members were the main agents to pressure and fire the sexually abused FDWs. After she had been raped by her employer, Filagot was fired by her employer's sister. Further, his sister told her that she would report to police and get jailed if she came back again. According to one of the BoLSA Officers, as he stated that: “it is common for assaulted female domestic workers to be insulted falsely by simply labeling them as the ones who stole something which did not belong to them.”

Job termination was not only initiated by the side of the perpetrators but also initiated by the workers themselves. Due to feeling of shame, blaming and fear of further exploitation abused FDWs decided to leave their job. As FGD discussants expressed, “assaulted workers leave their works for fear of further exploitation and punishment by rapist’s spouses.”

With regard to migration as a consequence of sexual harassment, one of FDWs who was raped by her employer’s son expressed her experience as:”...my abdomen was getting large. His mother took me a hospital and the nurses confirmed that I was pregnant. She asked them to terminate the fetus without my consent but the nurses refused to do so because of the large gestation period.her brother told me to leave the town wit in five days. Otherwise, he will kill me....then I came here or to Harar”

In summary, the female young domestic workers have suffered from rape performed by matured people from different walks of life. There is also a high magnitude of sexual violence, harassment, and assault and/or rape incidence due to inter-related contributory factors which may emanate from various sources at individual level, type of work assigned, and social and legal related factors. Those factors have contributed to the incidences or episodes which may result in different forms of sexual violence against female domestic workers. Therefore, the domestic workers are compelled to use different forms of coping mechanisms. However, those different forms of sexual violence against them result in unintended different consequences, including impacts on physical health, psychological and mental health, social and other issues among the female domestic workers who have been attending the SRH services at the Clinic of the FGAE in the city of Harar.

CHAPTER 5

CONCLUSION AND RECOMMENDATION

5.1 Conclusion

Domestic work is a large and growing sector of employment for women. The social, economical, as well as legal contexts are not favourable for FDWs world-wide. The active participants of the sector are thus subjected to various forms of exploitation, more specifically for sexual harassment. Based on its major findings, this study concludes that FDWs are working and living in the conditions that enhance their exposure for sexual violence or harassment.

In the city of Harar, the majority of FDWs are less educated, unmarried young women whose age is below 24 years, are Amhara and Orthodox in their ethnicity and religious affiliation respectively. Most FDWs have been working and living in conditions that expose them for all forms of sexual exploitation. Almost all FDWs are migrants that have come mainly from Amhara and Oromia Regions. They are too young and less educated in that they find it difficult to protect themselves from any forms violation either physically or mentally.

The study found that the high prevalence of sexual violence or harassment among FDWs in the study area. Despite male employers are the main perpetrators, brokers as well as employer's male family members and friends are known to assault FDWs. Rape, attempt rape and touching sexually sensitive body parts of the domestic workers are the prevalent forms of sexual violence committed against them.

Consequently, they have experienced pregnancy and unsafe abortion, STIs/HIV/AIDS and developed vaginal trauma. Few of the domestic workers commit suicide and loss their sexual desire. Large number of raped FDWs exhibit and develop signs of anxiety and depression. As a social impact, blamed by offender's families, the victimized domestic workers have migrated to other places, got ostracized and lost their jobs. Despite they have faced all these types of social impact; many assaulted or harassed female domestic workers ignore the incidence of sexual violence and keep silence.

Female domestic workers in the city of Harar have been hired by and worked for employers who have the habits of using 'chat' and alcoholic drinks in their homes. They also watch abusive audio-visual and other social media shows, like pornography in the same house publicly. By such and such abusive

personal characters, FDWs are negatively influenced by their employers and others to join them. FDWs are assigned to undertake activities that require touching, massaging and caring sexually sensitive body parts of their employers.

Either immediately or in delayed of the incidence, FDWs have employed relevant coping mechanisms. During the incidence, raped FDWs would take some actions so as to prevent worst incidences. They beg rapists and negotiate with them. They also tend to struggle physically and shouted at calling supports in case of rape. After the incidence; FDWs have visited health facilities, other reported to police, yet others talked to other family members and neighbours. Sexually assaulted FDWs tend to keep silence instead of reporting to police and disclosing to others. The prevailing reason for not reporting the incidence of sexual violence to all concerned bodies at different levels is fear of losing their jobs. Against this backdrop, there are also other FDWs who have accepted the incidences as normal in contexts of domestic work. Surprisingly, few domestic workers are not aware of the incidence inflicted on them is a crime until they are informed by others.

In conclusion, the current study argues that female domestic workers are living and working in those conditions that have increased their chances of getting sexual assault or harassment. It is, therefore, deduced that unwanted pregnancy and consequently abortion, infection and vaginal trauma are the main physical impacts of the raped FDWs in this study. The most prevalent psychological and mental health impacts observed on assaulted female domestic workers are depression and feeling of ashamed.

5.2 Recommendation

Based on those major findings and conclusions drawn from the threads of arguments and counter-arguments throughout this thesis, one can suggest the following possible and plausible actions at individual, health care, community, social and legal levels through social work perspectives:

An Individual Approach

- At an individual level, the victimized women should have psychological care and support by providing victim-friendly counseling service and by forming support group initiatives.

- All concerned bodies and stakeholders should hold consultative meetings and come up with well-informed action oriented youth-friendly life skills intervention and should then organize life skill trainings for those domestic workers.
- Those stakeholders should design programmes for perpetrators that are targeting employers and brokers to participate in the prevention programmes, as well as to increase their commitment to take their respective responsibility.
- The Family Guidance Association of Ethiopia should allocate adequate budget along appropriate budget lines for income generating activities in which those victimized women or female domestic workers could engage and generate household incomes for securing their livelihoods.

Health Care Approach

- The Branch Office of the Family Guidance Association of Ethiopia in the city of Harar should provide fast and reliable medico-legal services for the victimized women domestic workers.
- The Higher SRH Model Clinic of Family Guidance Association of Ethiopia should use standardized protocols and guidelines in the case of admitting, serving and referring sexually abused domestic workers in the city of Harar and its environs.
- The Higher SRH Model Clinic should develop and implement a set of programmes which address complication problems and impacts that have resulted from sexual violence: testing for HIV and STIs, counseling, pregnancy test, psycho-social support, comprehensive abortion service, etc
- The Higher SRH Model Clinic of Family Guidance Association of Ethiopia in Harar should provide emergency pill and prophylaxis for the raped women.
- The service providers at the Higher SRH Model Clinic in Harar should be given trainings on the root causes of sexual violence and its consequences by considering the socio-cultural conditions of domestic workers.

Social, Community and Legal Level

- The Sexual and Reproductive Health Model Clinic of Family Guidance Association of Ethiopia should establish mechanisms to provide social protection for the abused women.

- The Higher SRH Clinic should regulate the recruitment agencies and formulate employment relationships with potential employing organizations at different levels in the city of Harar.
- The SRH Clinic should establish client-centered care centers in the different administrative areas of Harar and its environs.
- The Higher SRH Model Clinic of Family Guidance Association of Ethiopia should actively involve employers and brokers in the prevention programs in the city.
- The SRH Model Clinic should engage in a programme on creating awareness of rape and its multi-dimensional aspects among massive members of the community by using billboards, radio and television programmers.
- The Higher SRH Model Clinic of FGAE should use systematic reporting and handling of cases of sexual violence in the line of domestic work in the city.
- The Higher SRH Model Clinic under the auspices of the Association should avail relevant facility, such as emergency drugs, and HIV test and counseling.
- The Higher SRH Model Clinic should organize programmes and conduct life skills training for its client domestic workers.
- Those service providers who are undertaking health care for the survivor cases at the Higher SRH Model Clinic should get trained in all types of professional activities in a comprehensive manner.
- Finally, as this study employed more of qualitative research methods, professionals from relevant fields of specialization should come together and conduct studies on different dimensions of sexual violence/harassment and/or rape using more of quantitative research methods, as well as advanced statistical data techniques.

References

- Abbadie, A. (1980). *The Journey to Ethiopia*. Citta del Vaticano. Vol, II.
- American College Health Association (ACHA). (2008). Shifting the paradigm: primary prevention of sexual violence. www.acha.org.
- Amnesty International. (2007). International covenant on economic, social and cultural rights (ICESCR), Articles 7 and 9. <http://asiapacific.amnesty.org/apro/aproweb.nsf/pages/BAHASA21003>
- Anne, S., Miller, M.E., & Mauksch, O.H. (1988). *The worth of women's work: a qualitative synthesis*. New York: State University of New York Press.
- Bahrain Centre for Human Rights (BCHR). (2008). The situation of women migrant domestic worker in Bahrain. Report submitted to the 42nd session of CEDAW committee.
- Benjamin, J. (1982). *The legal position of domestic workers*. Submissions to the National Manpower Commission.
- Biadegilegne, E. (2011). Condition of work for adult female live-in paid domestic workers in Addis Ababa, Ethiopia, and Ireland: Kimmage DSC, Development Studies Centre.
- Campbell, J. C. (2002). Health consequences of intimate partner violence. *Lancet*, 359, 1331-1336.
- CARE-Ethiopia. (2010). *Resource poor female youth in urban and peri-urban area (vulnerability to HIV/AIDS), underlying cause of poverty analysis report*. Addis Ababa: CARE-Ethiopia.
- Cock, J. (1981). Disposable nannies: domestic servants in the political economy of South Africa. *Review of Political Economy*, 21, 63-83.
- Committee for the Convention on Elimination of all Forms of Discrimination against Women. (1997). *General Recommendations 19*, A/47/38.
- Crowell, N. A., & Burgess, A.W. (1996). *Understanding violence against women*. Washington, DC: National Academy Press..
- Encyclopaedia Britannica. (2008). Domestic service. *Ultimate Reference Suit*. Chicago: Encyclopaedia Britannica Corporation.
- Fekadu, N. (1996). Sexual harassment against women at workplaces and schools: The law and the practice. Unpublished thesis submitted in partial fulfilment of the requirements for LLB Degree in Law: Addis Ababa University, Addis Ababa, Ethiopia.
- Flint, S. (1988). The protection of domestic workers in South Africa: a comparative study. *International Labour Journal*, 15, 187-201.

- Franson, S. (2009). *Migration in Ethiopia: history, current trends and future prospects*. London: Maastricht School of Governance.
- Getachew, Y. (2006). A cross sectional assessment of violence against female domestic workers in Gulele sub-city for local level intervention. Addis Ababa University, Ethiopia. Retrieved: <http://etd.aau.edu.et/dspace/bitstream/123456789/2296/1/62>.
- Glenn, S., Melis, S. & Withers, L. (2009). *Gender (in)equality in the labour market; an overview of global trends and developments*. Brussels: International Trade Union Confederation.
- Greco, D. & Dawgert, S. (2007). *Poverty and sexual violence. A guide for counsellors and advocates*. Pennsylvania: PCAR.
- Guide Book for Criminal Justice. <http://splcenter.org/get.informed/publication/sexual-violence-against-farmworkers-a-guide-book-for-criminal-justice-professionals>
- Haque, D.A. (2006). *Sexual violence against women domestic workers in Bangladesh in the epoch of HIV and AIDS: Commonness, correlates, causes and consequences*. AIDS 2006 - XVI International AIDS Conference: Abstract no. THPE0690".
- Harris, W.C. (1840). *The highlands of Aethiopia*. London: Oxford University Press.
- Heimeshoff, L.M., & Schwenken, H. (2011). *Domestic workers count global: data on an often invisible sector*. Germany: Kassel University Press. <http://dnb.d-nb.de:0002-30515>.
- Heise, L. (1993). Violence against women: The missing agenda. *The health of women: a global perspective*. Boulder, CO: Westview Press.
- HR W. (2009). *Workers in the shadows: abuse and exploitation of child domestic workers in Indonesia*. New York: Human Rights Watch. Retrieved from: www.hrw.org/sites/default/files/reports/indonesia0209_webwcover.pdf.
- HRW. (2007). *Decent work for domestic worker: the case for global labour standards*. New York: HRW. Available at WWW.HRW.ORG.
- HRW. (2006). *Swept under the rug: abuses against domestic workers around the world*. Human Rights Watch. New York. [online]. Available from <http://www.hrw.org/sites/default/files/reports/>.
- ILO. (2010a). *The end of child labour: within reach – Global report under the follow-up to the ILO Declaration on Fundamental Principles and Rights at Work*. Report of the Director-General, Geneva: ILO.
- ILO. (2010b). *Decent work for domestic workers. Report IV(1), fourth item on the agenda for International Labour Conference, 99th session*. Available from: <http://www.ilo.org/wcmsp5/groups/>

[public/---ed_norm/](#).

- ILO. (2000). *ABC of women worker's rights and gender equality*. Geneva: ILO.
- Jewkes, R. et al. (2001). Relationship between dynamics and adolescent pregnancy in South Africa. *Social Science and Medicine*, 5, 733–744.
- Johnston, C. (1944). *Travels in Southern Abyssinia, through the country of Adal to the kingdom of Showa*. London: Oxford University Press.
- Kebede, E. (2001). *A report on female migrant workers under exploitative working conditions in the Gulf States*. A Report for ILO. Addis Ababa: ILO.
- Malamuth, N.M., Addison, T., & Koss, M. P. (2000) Pornography and sexual aggression: are there reliable effects and how can we understand them? *Annual Review of Sex Research*, 11:26–91.
- Morgan, P., & Gruber, J.E. (2005). *Violence against women at work and school*. USA: North Eastern University.
- Mulugeta, E., Kassaye, M., & Berhane, Y. (1998) Prevalence and outcomes of sexual violence among high school students. *Ethiopian Medical Journal*, 36:167–174.
- Mulugeta, K. (2012). *Vulnerability, legal protection and work condition of domestic workers in Addis Ababa*. The Hague, Netherland: Hague Publications.
- Mmatshilo, M. (1990). *The best kept secret: violence against domestic workers*. Johannesburg, South Africa: University of Witwatersrand.
- Pankhurst, R. (1976). Ethiopian slave reminiscences of nineteenth century. *Transformation Journal of History*, 1(1), 89-110.
- Pankhurst, R. (1985). *The social history of Ethiopia*. Addis Ababa: Addis Ababa University Press.
- Rights of Women. (2008). *From report to court: A handbook for adult survivors of sexual violence*. London, UK: Rights of Women.
- Runsac, D.M. (2010). Risk factors of sexual assault. *RTM Insights*. Available: <http://www.riskterrainmodeling.com>.
- Sanday, P. (1981). The socio-cultural context of rape: a cross-cultural study. *Journal of Social Issue*. 37, 5–27.
- Sarkar, S. (2005). Women as paid domestic worker. Department of Commerce, Dinhata College. *India Journal of Social Science*, 11(1), 35-41.
- Stets, J. E., & Straus, M. A. (1990). Gender differences in reporting marital violence and its medical and psychological consequences. *Physical violence in American families: Risk factors and adaptations to violence in 8145 families* (pp. 151-166). New Brunswick, NJ: Transaction.

- Tadele, F., Pankhurst, A., Bevan, P., & Lavers, T. (2006). *Migration and rural- urban linkages in Ethiopia and the implications for policy and development practice: Case studies of five rural and two urban sites in Addis Ababa, Amhara, Oromia and SNNP Regions*. (Prepared for Irish Aid Ethiopia), Available from: “<http://www.wed/>”<http://www.wedethiopia.org/docs/Migration>.
- Tesfaye, S. (2007). Denial of rights, human rights, abuses and violations against domestic workers in some selected area of Addis Ababa. Unpublished MA thesis, Addis Ababa University.
- Tokman, V. E. (2011). Domestic workers in Latin America. *Statistics for New Policies*. <http://www.wiego.org/pdf/Tolkman-Domestic-Workers-Latin-America.pdf> (12.01.)
- UNHCR. (1995). Sexual violence against refugee. A guidelines on prevention and response. Geneva: UNHCR.
- UNICEF. (2001). Early marriage: child spouses. *Innocenti Digest*, Innocent Research Centre. No. 7.
- United Nations. (2009). *15 Years of the United Nations special rapporteur on violence against women – its causes and consequences (1994-2009)*. United Nations, New York. www2.ohchr.org/english/issues/women/rapporteur/docs/15YearReviewofVAWMandate
- Vellos, D. (1997). Immigrant Latina domestic workers and sexual harassment. *Journal of Gender & Law*, 5, 407
- Walby, S., & Allen, J. (2004). *Domestic violence, sexual assault and stalking: Findings from the British crime survey*. London: Home Office Research, Development and Statistics Directorate.
- World Health Organization. (2010). *Preventing intimate partner and sexual violence against women: taking action and generating evidence*. Geneva, Switzerland: World Health Organization (WHO).
- World Health Organization. (2002). *World report on violence and health*. Geneva: World Health Organization (WHO).

Appendices

Appendix A: Interview Schedule

I. Socio-demographic Data

1. How old are you? _____ years.
2. Where are the current addresses of your residence?
 - a. Woreda _____
 - b. Kebele _____
 - c. House number _____
3. Please indicate your current education level.
 - a. Illiterate
 - b. Read and write only
 - c. Primary
 - d. Secondary
 - e. Higher education
4. What is your current marital status?
 - a. Single
 - b. Married
 - c. Divorce
 - d. widowed
5. To which of the following religious groups do you belong?
 - a. Orthodox
 - b. Muslim
 - c. Protestant
 - d. Catholic
 - e. Other (Please specify) _____.
6. To which ethnic group of Ethiopia do you belong? _____

II. Magnitude of Predisposing Factors/conditions for Sexual Harassment

7. Migration status

- a. Native
- b. Migrant

7.1 If you are migrant, where were you born and grown up? _____

8. Would you mind telling me your working hours per day?

- a. Only day working hours
- b. Only night times
- c. 24 hours on-call

9. Are you required undertaking sexually sensitive assignments by your male employer or other male family members?

- a. Yes
- b. No

9.1 If yes, what are the assignments? _____

10. Does your current or last employer have the habit of drinking alcohol, chewing 'chat' and using other drugs in the house during your working hours?

- a. Yes
- b. No

10.1 If yes, do they influence you? _____

11. Does your employer or other male family member have the habit to attend pornography/sex films in the house?

- a. Yes
- b. No

11.1 If yes, have you ever influenced to join them? _____

12. Do you have separated place of rest or bed room in your employer's house?

- a. Yes
- b. No
 - If yes, is it secured (separated and can be locked properly)?
 - If no, where do you sleep or take nap? _____

13. Do your male employers/other members have the habit to give you unconditional gifts in demanding sex?

- a. Yes
 - b. No
- 13.1 If yes, how do you admit it? _____
14. How do you evaluate your freedom to have an intimate social contact with your friends, families and other neighbourhoods? _____
15. How do you evaluate the relationships between you and your employer in terms of power to make decision on your job? _____

III. Magnitude and Forms of Sexual Violence against Women Domestic Workers

16. Have you ever heard the word sexual violence or harassment?
- a. Yes
 - b. No
- 16.1 If yes, can you mention some forms of activities that are related to sexual harassment?

17. Have you experienced any forms of sexual violence or harassment while you are working as domestic worker?
- a. Yes
 - b. No
- 17.1 If your answer is 'yes', for Question No.17, please indicate the worst form of sexual incidence during the last 12 months.
- a. Rape
 - b. Attempt rape
 - c. Body contact for gratification
 - d. Touching/pointing sexually sensitive parts such as breast
 - e. Vulgar and obscene language
 - f. Attempt amorphous advances
 - g. Other (Please specify) _____
 - h. No sexual violence in the last 12 months.
- 17.2 If you answer is 'yes' for Question No. 17, who was the person?
- a. Your male employer

- b. Other employer's son, friends
- c. Your broker
- d. Other (Please specify) _____

Thank you!

Appendix B: Interview Guide/Protocol for conducting In-depth Interviews

I. Coping Mechanism and Action Taken by Raped Women Domestic Worker

1. What measures did you take during the onset of the incidence? Why did you respond in that way?
2. Was there any other person who reached and supported you? Who was that person?
3. If you did not take any action, why?
4. Did you take any action to cope the problem after you had raped and why?
5. Did you report the incidence to police or find legal support? If yes, what steps did you take by the legal persons? If No, why did not report to police and look for legal action?
6. Did you disclose to others? If yes, to whom and what did you gain? If no, why?
7. Was there any person who got supported you to cope up with the problem and who was that person?

II. Consequences

8. Did you develop any forms physical and reproductive health related complications after you had been raped by the perpetrator? If yes, would you tell me the details of the impacts?
9. Were there any mental and psychological impacts that had resulted from the incidence of rape you had encountered? If yes, would you describe in detail why and how it was occurred?
10. Were there any social impacts incurred as a consequence of sexual violence in the form of rape you had encountered? If yes, please specify them and how and by whom initiated?

III. Other idea, comments

11. What advice do you offer for female domestic workers to prevent themselves from any form of sexual harassment and what measures to take if faced the problem?

.....
.....
.....
12. What measures/activities do you expect from stakeholders, government bodies, etc.?

.....
.....
.....

13. Any other suggestion(s)

.....
.....
.....

Appendix C: Interview Guide for Key Informants

1. Had you personally have any contact with domestic workers in the town?
2. Is there any program/intervention that your office is implementing in relation to domestic workers?
3. Do you have any data/ assessment that you can share me in relation sexually abused women domestic workers in the town?
4. Did your clinic/office ever receive any complaint from sexually harassed domestic workers? If yes, would you summarize the main forms of sexual harassments?
5. In your opinion what are the main risk factors for the incidence of sexual violence against domestic workers?
6. If you were asked to summarize the impacts sexual violence faced by domestic workers in the city, how do you answer that question?
7. How do you describe the coping mechanism of sexually abused domestic workers and how commonly respond the problem?

Appendix D: Focus Group Discussion Schedule or Checklist

Greetings and Introduction

1. What are the major challenges of female domestic workers?
2. Do you believe that female domestic workers are vulnerable to all forms of violence (physical, verbal and sexual abuses)? Why?
3. What are the common forms of sexual violence committed against female domestic workers?
4. How do you estimate the magnitude of sexual violence among female domestic workers in your area?
5. Who are the main perpetrators?
6. What are the main risky factors or predisposing conditions for most female domestic workers to be sexually abused by their employers?
7. What measures would take when female domestic workers sexually harassed/abused by either their employers or others?
8. What types of impacts or complications did the FDWs face when domestic workers got sexually abused?
9. What important measures should be taken to prevent the problem and rehabilitate the victims?
10. Other related issue(s)

Appendix E: Interview Guide/Protocol for Case Story Study

1. Personal information (name, age, residence, etc.)
2. Tell me about your life history, including how and when start domestic working
3. Tell me about your current and past working conditions as a domestic worker
4. Tell me about the situation of any forms of violations while you are working as domestic worker
5. How do you explain the general situation or condition of the sexual violence that you have faced while you are working as domestic worker(all trends, actions and reactions starting from the thought part up to the actual action)?
6. Would you tell me about the frequencies and the person who abused you?

7. What measures did you take and their effectiveness?
8. Who supported you?
9. What impacts /influences?
10. Any related idea(s)

Appendix F: Organizational Observation checklist

1. Organizational Profile

- Name of the organization _____
- Types of the organization _____
- Types of clients/beneficiaries _____
- Addresses _____

2. Types of services that are provided by the organization/institution

- Health care/reproductive health (counselling, STIs Dx and Rx, abortion, FP, HCT, PTD...)
- Legal (legal support, referral)
- Social (sheltering, financial support.....)
- Rehabilitation(s)

3. Available programs and services for sexually victimized women

- Health (counselling, STIs Dx and Rx, abortion, FP, HCT, PTD...)
- Legal (legal support, referral)
- Social (sheltering, financial support.....)
- Rehabilitation(s)

4. Availability of services that specifically addressed domestic servants

- Health (counselling, STIs Dx and Rx, abortion, FP, HCT, PTD...)
- Legal (legal support, referral)
- Social (sheltering, financial support.....)
- Rehabilitation()

5. Sexually abused/harassed women domestic servants who visited the organization for services from in the last 12 month

- Total number.....

6. Women with complicated problem(s)

- Bleeding _____

- Pregnancy_____
 - STIs_____
 - HIV/AIDS_____
 - Post Traumatic Disorder (stress_____)
 - Other (Please specify) _____
7. Advocacy program (sexual right, GBV, Harmful Traditional Practices, etc)
8. Services provided (emergency pill, abortion care, wound care, counselling, etc...)
- 9. Referral**
- Those who referred_____
 - Reasons of referrals_____
 - Organization to which the refer is made_____
10. Follow-up_____
11. Assigned staff to serve rape victims _____ Is trained? _____
12. Challenges and opportunities in serving victims? _____

Appendix G: documentary Analysis Matrix

- Scio-cultural and economic profile of the victimized domestic workers
- Predisposing factors for sexual violence, harassment or rape
- Magnitude of the sexual violence, harassment and/or rape
- Forms of the problem
- Types of impact of the problem
- Magnitude of the impacts of the problem
- Coping mechanisms devised and employed by the domestic workers in different contexts
- Other related issues to the topics under investigation in the study

Appendix H: List of NGOs in the City of Harar

| S. No. | Name of the Organization | Type of NGO |
|---------------|---|--------------------|
| 1 | Cheshire Foundation | International |
| 2 | Dawn of Hope | Indigenous/Local |
| 3 | Family Guidance Association of Ethiopia | Indigenous/Local |
| 4 | Hohite Misrak Child Care Centre | Indigenous/Local |
| 5 | International Medical Corps | International |
| 6 | Medihin HIV Positive Women's Association | Indigenous/Local |
| 7 | Mercy Corps | International |
| 8 | Network of HIV Positive People's Associations | Indigenous/Local |
| 9 | Organization Social Service for AIDS | Indigenous/Local |