CAUSES AND SOCIO-HEALTH EFFECTS OF RAPE ON WOMEN AT GANDHI MEMORIAL HOSPITAL IN ADDIS ABABA, ETHIOPIA

MSW DISSERTATION RESEARCH PROJECT REPORT
(MSWP - 001)

MERSHA SHENKUTE

ENROLLMENT NO: 09130516

PROJECT SUPERVISOR

SEBSIB BELAY (MR.)

SENIOR RESEARCHER AND LECTURER
SCHOOL OF GRADUATE STUDIES
ST. MARY'S UNIVERSITY

INDIRA GANDHI NATIONAL OPEN UNIVERSITY

SCHOOL OF SOCIAL WORK

OCTOBER 2013

ADDIS ABABA, ETHIOPIA

DECLARATION

I hereby declare that the dissertation entitled **"CAUSES AND SOCIO-HELATH EFFECTS OF RAPE ON WOMEN AT GANDHI MEMORIAL HOSPITAL IN ADDIS ABABA, ETHIOPIA"** Submitted by me for the partial fulfillment of the MSW to Indira Gandhi National Open University (IGNOU), New Delhi. It is my own original work and has not been submitted earlier, either to IGNOU or to any other institution for the fulfillment 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.

Place……..…

Date……..

Signature……...…..

Enrolment NO.…….…….

Name……..……..

Address……

…….

CERTIFICATE

This is to certify that Mr./Miss/ **Sr. Mersha Shenkute** who is the student of MSW from Indira Gandhi National Open University, New Delhi was working under my supervision and guidance for her Project Work for the course **MSWP-001**. Her Project Work entitled **"CAUSES AND SOCIO-HEALTH EFFECTS OF RAPE ON WOMEN AT GANDHI MEMEORIAL HOSPITAL IN ADDIS ABABA, ETHIOPIA"** which is submitted her genuine and original work.

Place ……..

Date ……

Signature……,……..……...

Name …….……..

Address of the Supervisor ……..

……

……...……...…

Phone No……..

ACKNOWELEDGEMENT

I am very grateful to all of the study participants and particularly those women who disclosed or let me to know their painful violence experiences. I also thank the health workers who are working at the Rape Clinic Centre under the ausp9ices of the Gandhi Memorial Hospital in Addis Ababa for their commitment to facilitate the actual data collection and support. I would like to appreciate their fruitful contributions to carry out these emotionally taxing in-depth interviews through probing.

My deepest gratitude further goes to my thesis advisor Mr. Sebsib Belay for his unreserved assistance, timely comments and relevant guidance from the beginning of the research proposal to the write-up of the final version of the research paper. Finally, once and for all, I thank all of them.

Sr. Mersha Shenkute

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Anti-Retroviral Treatment
CVS	Cardio Vascular System
DHS	Demographic Health Survey
FDRE	Federal Democratic Republic of Ethiopia
HBAG	Hepatitis B Agglutinations
HCT	HIV Counseling and Testing
HEENT	Head Ear Eye, Nose, Throat
HIV	Human Immunodeficiency Virus
GUS	Genito Urinary System
P/E	Physical Examination
PHICT	Provider Initiated HIV Counseling
U/A	Urine Analysis
USAIDS	United Nations Joint Programme on HIV/AIDS
V/S	Vital Sign
WHO	World Health Organization

LIST OF TABLES

ABSTRACT

Empirical studies on causes of rape and its socio-health effects on the raped women have remained inconclusive as the issues can be viewed through different perspectives of disciplines, such as social work perspective. The purpose of this study was to assess the causes and to identify socio-health effects of rape on the victim women who visited the Rape Clinic of the Gandhi Memorial Hospital in Addis Ababa. Triangulation in research methods was used in that descriptive sample survey method complemented by qualitative research methods, such as semi-structured interviews with key informants and documentary analyses. Purposive sampling method was adopted to select 80 respondents. Both quantitative and qualitative primary and secondary data were generated using structured interview schedule and interview guide, as well as documentary analysis template respectively. Descriptive statistical techniques using the latest version of SPSS for Windows were employed to analyze the quantitative data and content as well as thematic analyses to analyze the qualitative data so as to identify relevant categories of issues and themes. The findings of the study indicate that the causes of rape included dressing normal but catchy dresses (like transparent dresses, short skirts, clear pyjamas and thin occasional dresses). In addition, local cultural norms, poverty, family disorganization, uses of alcoholic drinks and drugs, trafficking, lenient enforcement of pornography, and instability of the local community were identified as major causes of rape in the area. The raped women thus had body injuries, bruises, abrasions, bites, and ecchymosed. Raped women were socially ostracized and stigmatized by their families and by other members of the local community which, in turn, made them feel to be ashamed of and felt so humiliated. Finally, these social effects ended up with forced internal migration. Moreover, rape was thus associated with gynecological problems, STIs, PID, headache, self-injury behaviours, unwanted pregnancy and risky abortion. It is therefore conclude that the causes and socio-health effects of rape are multi-dimensional ones. It is suggested that all stakeholders at different levels should work shoulder to shoulder and perform their respective responsibilities to prevent the causes, as well as to address those socio-health effects of rape in an integrated, comprehensive and socio-cultural sensitive manner.

Table of Content

CHAPTER ONE

INTRODUCTION

Rape is a profound violation of a woman's bodily integrity which can be a form of torture, is a common phenomenon in all over the world, particularly in developing countries. Reports from various parts of the world indicate that rape of women and young girls have increased considerably, especially in recent years. The actual number of instances of rape is far from being recorded in full since the unreported number is extremely high (Tjadan & Thoennes, 2006). In her study of rape and abduction, Almaz (1996) pointed out that even if rape cases are increasing it is still one of the highly underreported crimes of the world. In South Africa, for instance, there has been high numbers of reported rapes, the police have estimated that only one in 35 incidents are actually reported. Additionally, estimates from France suggest that out of 25,000 cases of c omitted rape every year, only 8,000 are reported to the police (European Women's Lobby, 2001 cited in Amnesty International, 2004 pp.10-20). For this, many researchers have identified the causes. In his study of sexual violence, Yohannes (2003) identified that shame, fear of stigma by the society and embarrassing questions asked by the police or later in a court as the major reasons for hindering victims' report to the police.

Many researchers classified rape into different types or categories. Based on his study of the laws of rape, Bessmer (1984, pp. 80-89) classified rape into three categories. Two of these are statutory rape, and marital rape. Statutory rape is a condition in which sexual intercourse occurs with a female under the age of 18 years (with or without her consent). Sexual intercourse with a person who is mentally deficient or unconscious and, therefore, incapable of giving consent is also sometimes considered as statutory rape because her consent or submission doesn't have legal validity.

Forcible rape, in its general legal meaning, is sexual intercourse which is accomplished by sufficient force to overcome the resistance of the victim or by threats of injuries sufficient to place a non-consenting person in such fear as to cause the person to submit. Marital rape is a kind of rape where a husband forces his wife to have sex without her will. However, women in many countries like Ethiopia don't consider forced sex as rape if they are married or cohabiting with the perpetrator. Thus, the prevalence of marital rape in Ethiopia is not documented due to legal, cultural and religious barriers that have been inhibiting the victims from reporting to the police (Rachel et al., 2002, pp. 149-181). The other factor for the existence of unreported cases of marital rape is the fear of retribution from their abusers and lack of remedies for their situation, according to the statements stated in the Prevalence of Sexual Violence Medical Journal published in 1998.

Generally, cultures, traditions and religions operate in most communities in Ethiopia to dictate that women are subordinate to their husbands in the marital relationships. This attitude is so deep rooted that has resulted in the problem of gender inequality and frequently become an expression of power in that women themselves and the communities accept it as normal (EWLA, 2006, pp. 16-38).

Nowadays, the issue of rape has received increased attention as the number of victims is increasing dramatically all over the world. It seems that rape is considered as a major social and public health concern and a human rights issue. Now it can be said that the prevalence of rape has gone even out of imagination since children of two years of age are being raped (Almaz, 1996, pp. 140-160). Accordingly, she further mentioned that though the rate of rape prevalence varies, all groups of women can be victims of rape, ranging from infants up to old women, poor or rich, illiterate to educated, single or married, etc. Similarly, Amnesty International (2004,

pp.10-20).confirmed that women had faced with discrimination and violence at the hands of the state, the community and the family from birth to death, in times of peace as well as war.

Rape can occur in victims' house, neighbor's home, rapist's house, on the street, in hotels and institutions (such as school, working place, etc). Regarding the perpetrators, women can be raped by strangers, close relatives, employers, neighbors, boy-friends, step-fathers, fathers, and brothers that have overwhelming impact on social and mental well beings of victims. They can be raped by one man or many men and can be beaten, threatened, kidnapped or killed. Men are also victims of rape However, the prevalence of men raped as it compared with women victims, is very low (Hailu, 2007, pp. 115-123). Tjadan and Thoennes (2006) found out that most rape victims were women and most rapists were men. The study also shows that patterns of the victim-perpetrator relationship have varied across the lifespan of women. Women who had been raped as children (before the age of 12) tended to be victimized by relatives; as adolescents (between ages 12 and 17); women tended to be raped by intimate partners and acquaintances; and as adults (after their 18th birthday) women tended to be raped by intimate partners.

Women are raped by men who have had various socio -economic backgrounds. Nowadays, the problem is getting worse and frightening as perpetrators are doctors, teachers, priests, policemen, etc. who are responsible to safe guard individuals from violence (Almaz, 1996, pp. 140-160). According to the latest studies and findings, there are effective social and legal constraints which prevent women from utilizing their legal rights. The 1957 Penal Code of Ethiopia addresses the question of rape in Article 589, according to which the act is “punishable with rigorous imprisonment not exceeding 10 years.”

In order to prevent violence, it is very important to identify and understand causes that have put female children, girls or women at risk for violent victimization. Various researchers who are

scholars from different disciplines have revealed that there are interrelated because that increases women's vulnerability to rape. Among them, cultural norms, poverty, breakdown of the family, alcohol and drug use, trafficking, lenient of enforcement bodies, pornography and instability of the community are identified to be the major causes of rape (Miteke, 2000; Hailu, 2007; Yohannes, 2003). Rape is a sexualized form of wielding power and control. It is deeply-rooted in patriarchal cultures. This can be seen from the representation of rape that women are perceived as passive and submissive while men are active and dominant (Brownmiller, 1975, pp. 112-130). Therefore, it becomes important to study what the raped woman are suffering from multi-dimensional cause of rape and there socio-health consequence.

Rape has multifaceted causes and consequences: identified root cause are poverty, economic inequality, dysfunctional families, rural urban migration, gender discrimination, irresponsible adults, sexual behavior, drug abuse, cultural influence of external culture, lack of awareness of the criminal law etc.

The National Secretariat Committee in the ministry of justice has got the mandate to see the violence of women and children to organize and integrated multi-sectorial, prevention process to coordinate in good manner. They have decided to open two centers for trail one of the place chosen was Gandhi Memorial Hospital. They have established the Rape Center in Gandhi Hospital which started its operational work since April 22, 2004 E.C.

1.1 Statement of the Problem

Rape has multi-faceted causes and socio-health consequences. The causes include socio -cultural facets, consumption of alcoholic beverages and hard drugs, poverty, lack of information, conflicts, desire to exert control environmental factors, and imitation modeling sex. These causes, intern, result in multi-dimensional consequences like health and psychosocial

consequences and psychological, social, physical effects. These consequences are manifested in physical and emotional trauma, unwanted pregnancy, stigma, fear and phobia and lose of dignity and respect and bleeding, etc.

Rape is also the most extreme form of sexual violence that degrades and humiliates women's life. Sexual violence against women is both a public health problem and a human rights violation. The day-to-day reality is that women's lives are constantly being affected by the possibility and actuality of violence. This shapes and affects women's lives from birth through old age. Rape is also known to undermine the pursuit of internationally agreed public health objectives to deal in a positive way with their sexuality and to reduce unwanted pregnancies and sexually transmitted infections, including HIV/AIDS. For young girls, it severely limits their ability to achieve their educational potential (Judith et al., 2003 cited in Rahel, 2006, pp. 85-105).

Hailu (2007), in his study on child sexual abuse, stated that the potential victims as well as the actual victims have been suffering from the threat of rape and they have built up new way of life to keep away from the perceived dangers. Accordingly, Amnesty International (2004, pp. 10-20) documented that fear of rape had affected the day-to-day life of most women in all countries. They limit the extent of their activity and freedom of movement and their ability to participate in public decision making and affecting their standard of living. From this point of view, it can be understood that rape has a political effect because it violates political rights of human beings by restricting and controlling women's lives due to fear of being raped.

Many research findings (e.g. the Federal Ministry of Health of the Federal Democratic Republic of Ethiopia) have indicated the development of national guideline for the management of the survivors of sexual assault as one of the objectives of its Sexual and Reproductive Health Strategy ratified in November 2009. The Guidelines show that rape is highly associated with a

range of gynecological and reproductive health problems which are associated with both immediate and long term consequences. These include physical trauma, poses considerable health dangers to the survivor, including unintended pregnancies and unsafe abortion; infection with sexually transmitted illnesses, including HIV/AIDS and long-lasting psychological injury to the survivors and their family.

Abortion is also another risk after the women has been raped and become pregnant. Pregnancy from being raped is taking the lives of many girls which resulted from unsafe abortion, especially for those underage girls who are at more dangerous situation because of their premature body (Rahel, 2006, pp.125-132).

As it is stated above, rape has a serious negative impact on victim's social life. In Ethiopia, where masculinity plays a great role, Sara (2001, pp. 8-33) stated that raped women are stigmatized by their families as well as local communities because the acceptance of traditional masculine gender roles in a patriarchal society is closely associated with scaling up of violence towards women and children. Generally, being raped leaves the victims, family member's, local community members as well as the society at large in a devastating and humiliating situation (Almaz, 1996, p. 140).

In Ethiopia, there are very limited studies conducted in the areas of rape. (e.g. Panos-Ethiopia, 2002, p.112). A study conducted on rape of a child raped by stepfather, for example, stated that "what I know is that he is my father. I do not entertain any thought that he could harm me." In addition, a 12 year- old victim, recounting her tragic experience of rape by her stepfather to the court, argued:

> *'It was around midnight. I was fast asleep when he took me to his bed, struggling to rape me. When I tried to free myself, he showed me a knife and warned me that he would cut my throat if I didn't obey his orders,' she said. He then puts a piece of cloth in my mouth*

> *so that I would not scream. He raped me. When I got tired, he took off the piece of cloth out of my mouth, but then I did not have strength to move or even breathe. I fainted'. 'He dressed me up and took me to a private clinic. I was bleeding badly; I saw blood running down my legs. The doctor gave me an injection and handed me some pills for restoring my strength. He told me that I should take them because my stepfather had insisted that he should prescribe some medicine, 'she expressed* (Panos-Ethiopia, 2002, pp. 100-107).

As she was very sick, she could not go to school, or even get out of her bed for the next 15 days. 'When he did this to me there was no body home. My mother was out of town. He warned me to tell everybody that I had caught cold ".she added. The rapist was sentenced to 13 years of rigorous imprisonment, in view of the fact that he did not have any criminal record before (Panos-Ethiopia, 2002, pp. 100-108).

However, the studies which had been conducted before mainly focused on rape as a single part of sexual assault. In addition, there are very few studies which have been by considering rape as a particular and a major topic of study. Furthermore, they gave due emphasis for a particular group of women such as adolescent women (Yohannes, 2003, p.12; Rahel, 2006, pp. 2-5). Moreover, female students in Ethiopia, according to Seblework (2004, p.53), were conducted from the point of views of health problems and lack of focus on gender issues. As committing rape is discriminatory against female children, women and violates the basic human rights of individuals, such as a study will be important in ensuring protection of their rights as incorporated in the FDRE Constitution and other international declaration or conventions, such as Article 35(34) of the Constitution provides protection for women and children from crimes of rape and abduction.

Several studies indicated that rape has multi-dimensional impact on the individual victim and his/her families, local communities and the society at large. Hence, the student researcher has found that it is essential to deal with causes of rape and its devastating socio-health effects that

involve economic, educational, social, physical and psychological damages. This may, in turn, reveal multi-faceted causes and consequences of rape in the concerted efforts and possible to alleviate the problems at different levels in the city of Addis Ababa. The findings of the study may serve as a source of information for researchers, counselors, governmental and non-governmental organizations which have been working on the subject matter. Besides, such empirical results may contribute to undertake further in- depth research work on rape and its multi-faceted issues in various socio-cultural contexts.

Thus, these studies may add some points to the limited knowledge of rape. Therefore, this study intends to fill those gaps. Thus, these studies may add by looking at rape from the perspective of its causes and socio-health consequences. The study focuses on relevant subjects, such as legal bodies, victims of rape, officials from different organizations or institutions which have been related subjects such as working on related issues and health institutions to assess its major causes that have exposed young girls and women to rape and its long lasting multifaceted impact in Addis Ababa, Central Ethiopia.

I was interviewing some of the staffs assigned in the new women and children integrated justice center. I have interviewed one nurse which is assigned in the rape clinic she stated that " there are many barriers that kept health workers from treating victims of rape , among which knowledge, attitude and skill of health workers on the management of victims have impact on the health outcome of survivors of rape."

The counselor nurse also claimed that now days we are not only looking at the female rape but small boys of age 5-10 are raped by their teachers at school with sever ulceration of anal region..This needs an emphasis to stop such an evil character.

The police in the center also claimed that “women especially small children are reluctant to report rape this will reflect that some of the barrier are fears of negative consequences, fearing of an unsympathetic responses from the police, lack of faith in the courts fear of further attack”

The medical doctor who is assigned as a chief stated that ‘during the examination clients of violence especially rape cases should be informed when and where touching will occur and should be given ample opportunity to ask question.”The use of standard protocol guidelines can significantly improve the quality of treatment and psychological support of victims, as well as the evidence that is collected. The psychiatrist nurse also added many Ethiopians are not aware of the basic human rights that all human beings are equal irrespective of sex, race, religion, and color etc.

Among the legal aider working with the police also he told me that there is violence and explanation to collect information, to record and to punish to perpetrators to investigate the health condition of the victims, we need to give them services, like temporary shelter, legal support long and short term counseling, financial aid to get all services and need of referral system should be well organized in the center. One of the Hospital Card Room Case Team leaders told me how they are keeping the cards of the rape cases. She told me that they have separate cupboard which is locked. In addition, they are all free for the card and laboratory investigation.

1.2 Research Questions

In this study, the researcher intended to answer the following questions and then to address the objectives of the study:

- What is the extent of rape as a problem at the Hospital?

- What are the causes of rape on the part of those raped women and the rapists?
- What are the major causal factors for rape on the part of those raped clients who have visited the Rape Clinic of the Gandhi Memorial Hospital?
- What are the socio-health problems faced by the victims of rape?
- What are the psychological interventions at the Hospital?
- What types of social interventions are undertaken at the Clinic of the Hospital?
- What types of legal intervention are being run by the Rape Clinic under the auspices of Gandhi Memorial Hospital in Addis Ababa?

1.3 Objectives of the Study

1.3.1 General Objective

The overall objective of the study was to assess causes of rape, and to identify its socio-health effects on the part of those of affected victims who have visited the Gandhi Memorial Hospital in Addis Ababa from September 2001 to August 2003 E.C (i.e. for three years). In addition, the study specifically intended to:

- Assess the prevalence rate of rape cases at the Rape Clinic of Gandhi Memorial Hospital in Addis Ababa;
- Identify causes of rape on the part of those of victims who have visited the Hospital since September 2001 E.C.;
- Identify major causes of rape among those clients of the Hospital;
- Identify socio-health problems faced by the victims after they have experienced the rape during the stated years; and

- Evaluate the psychological, social and legal interventions at the Rape Clinic in the Hospital.

1.4. Definition of Key Concepts

This section of the thesis addressed main concepts raised in the study among the sample of raped women at Rape Clinic of Gandhi Memorial Hospital in Addis Ababa. All indicators assessed and evaluated quantitatively and qualitatively through this empirical study were conceptually and/or operationally defined as follows:

- **Acquaintance rape** is non-consensual forced, manipulated or coerced sexual intercourse where the victim knows the perpetrator.
- **Attempted rape** is when a person tries to commit rape but does not quite manage to put his penis into vagina.
- **Consent** refers to words or overt actions by a person who is legally or functionally competent to give informed approval, indicating a freely given agreement to have sexual intercourse or sexual contact.
- **Fistula**: In medicine, it is an abnormal connection or passageway between two epithelium-lined organs or vessels that normally do not connect.
- **Forcible rape** refers to sexual intercourse involving forceful acts against the will of the other person.
- **Gender based violence** is the act of violence which reflects and reinforces inequities between men and women and compromises the health, dignity, security and autonomy of its victims. It also encompasses a wide range of human rights violations, including sexual abuse of children, rape, domestic violence, sexual assault and harassment, trafficking of women and girls and several harmful traditional practices.

- **Marital rape** is when the husband forces his wife to have sexual intercourse against her consent.
- **Rape** is one form of sexual violence. It is a forced or coerced sexual intercourse against the will of the victim.
- **Rapist** is someone who commits forced sexual intercourse against the person's consent.
- **Sexual violence** is a term used to describe any type of sexual activity including forced touching or kissing or coerced intercourse committed by one person without the consent of the other. It involves the use of threats, force, or violence, or any other form of coercion or intimidation.
- **Statutory rape** refers to Sexual intercourse with a female below the age of consent, which varies from state to state.
- **Stranger rape** is a nonconsensual or forced sex committed by someone that the victim does not know.
- **Victim** is a person who suffers from the incident of rape.

1.5 Limitations of the Study

This study was undertaken within a limited period of time and based on secondary data generated beginning from September 2001 to August 2003 E.C. in the Hospital. The researcher had to spend too much time to establish good rapport with respondent and case informants as the issue is very sensitive and the questions raised needed more time and efforts. Thus, the researcher encountered problems related to getting ethical clearance from Addis Ababa Health Bureau, lack of enough time to stay long time with informants due to work load, unforeseen conditions which were being implemented by local governments at different levels and so on.

The other limitation encountered was related to the difficulty faced in getting case an d key informants as many of them were not volunteer to participate in this study due to the sensitivity of the issue and fear of reprisal actions. Generally, these and other issues may contribute to create some gaps in findings, conclusions drawn and recommendations proposed in the study.

1.6 Chapterization of the Thesis

This thesis is structured into five chapters. The first chapter describes basic topics in the study, rationales for selecting the research topic, gaps in the previous studies on the topic, statement of the problem, research questions, objectives of the study, conceptual and operational definitions of key concepts, limitations of the study and organization of the thesis.

Second chapter reviews, presents and highlights relevant conceptual, theoretical and empirical literature available elsewhere in the world. The third chapter is on research design and methods. It also describes socio-demographic and other characteristics of the study area, research design and methods used, universe of the study, sampling methods, tools and procedures employed while collecting the data, data processing and analysis, and ethical considerations in the actual study.

The fourth chapter presents both quantitative and qualitative data from primary, as well as secondary sources. Afterwards, these were analyzed and interpreted to come up with major findings of the study. Finally, based on the empirical evidence generated, the researcher draws conclusions to answer research questions and then to address the objectives of the study. Thus, recommendations are suggested for practice and further studies on different aspects of rape and its multi-dimensional effects.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Theoretical Framework

Various theoretical viewpoints have struggled to identify the causes of rape. These theories include: feminist views, evolutionary theory and social learning theory. A brief account of each of the theory is given below.

2.1.1 Feminist Views towards Rape

Most feminists believe that rape is motivated by a desire to exert control over women and not out of lust. Rape, according to feminist theories, is not necessary a sexual act, but an act of violence. Violence asserts power and men use this to dominate women. This theory views rape as emerging from a social framework that emphasizes group conflict. Since males have constructed a patriarchal society in which men are holders of wealth and power, they engage in behaviors that maintain this control. Physically, men are stronger and have sexual anatomy that makes rape possible (Kelly, 1988).

Furthermore, feminists have reconceived rape as central to women's condition in two ways. Some scholars see rape as an act of violence, not sexuality, the threat of which intimidates all women. Others see rape, including its violence, as an expression of male sexuality, the social imperatives of which define all women (Bart & Moran, 1993). Radical feminists believe that rape functions as a mechanism of social control. They believe that rape and the fear of rape enable men to assert their power over women and maintain the existing system of gender stratification. They also believe that pornography causes rape by reflecting and encouraging male

dominance, objectifying women and serving as a behavioral model for the perpetration of misogynists' acts.

Generally, radical feminists believe that 'Rape is an effective political devise. It is not an arbitrary act of violence by one individual on another; it is a political act of oppression exercised by members of a powerful class on members of the powerless class' (Weisberg, 1996, p. 411).

Radical feminists consider rape as a social concept, and therefore are shaped by society. They believe that rape might occur each time a man and woman have sex when it was not freely initiated by the woman. Even if woman initiates sex, the act is still rape if she were acting under social pressure. Perhaps some feminists said that rape is the assertion that no women can freely give their consent to have sexual intercourse in a patriarchal society. According to this definition, any act of sex between a male and female in a particular society is rape (Moore & Reynolds, 2004).

Regarding liberal feminists, they stress on the autonomous individual and choice that sexual coercion came to be viewed as individual and gender neutral rather than institutional and sex specific. Moreover, it is violent rather than its sexual aspects were emphasized. According to liberals, coercion consists of force or threat of force that violate natural human rights. Because liberalism established that women should be treated as individuals, not as women classified by their sex (Weisberg, 1996).

Marxist scholars, on the other hand, emphasize the interrelationship of rape with sexual inequality and capitalist systems. They disagree with the radical feminists' view of the universality of rape. They conclude that the act of violence among male is neither inborn nor universal rather rape is related to levels of violence that vary from society to society. Rape is an act that symbolizes the political and economic oppression of women in capitalist society. Their

solution to the problem of rape is to direct social policies at changing the socio-economic factors that contribute to violence: improving the opportunities and working conditions of unemployed men and reducing female dependency at home and in the labor force, to provide women with greater power, according to the same author.

2.1.2 Evolutionary Theory

This theory is based on natural selection and adaptation which is concerned with behaviors of genes, personality, physiology and environmental stimuli. According to this theory, males are typically more eager to mate than females who are then enabled to choose the best partner from among the males who are competing for them. In rape, however, the female is not given this opportunity to choose and instead is taken by force. Females have been sexually selected to secure a mate with whom they have bonded and can together be responsible for the offspring.

Therefore, females have adapted to resist sexual intercourse with an unbolted partner and be more selective regarding their sexual partners. If females were selected to be willing to mate under any circumstances, rape would not occur (Thornhill & Palmer, 2001).

The evolutionary theory of rape doesn't reject the notion that learning socialization may play a role in rape behaviors. Not all men have rape behaviour. This suggests that there are likely clues in the environment or during development that prohibit rape behavior. Additionally, there are two likely explanations for ultimate causes of rape. First, increasing female partners' increases man's reproductive success, it may be an adaptation that was directly favored by selection. Secondly, it may instead be a byproduct of other adaptations such as a sexual desire of males to have multiple partners without commitment.

2.1.3 Social Learning Theory

The theory sees cultural traditions such as imitation or modeling, sex violence linkages, rape myths such as women secretly desire to be raped. It postulates that rape is the result of male acquisition of attitudes and vicarious learning experiences favorable to males to behaving aggressively toward women. Consistent with this theory was evidence that rapists were more prone to respond sexually to depictions of rape and aggression toward women than were other males (Ellis, 1989).

Furthermore, Miteke (2000) mentioned that the theory emphasizes the influence of variables such as occupational status and parental modeling on the onset of violence. Studies showed that an unsatisfactory employment status strongly increased the likelihood of violence in young subjects (aged less than 40 years). Additionally, men who were abused as a child or witnessed violence will be more likely to involve in violence than those who don't have this experience.

Among the above mentioned theories, what feminist theory and social learning theory stated are assumed to be the basic cause of rape in Ethiopia where patriarchy and masculinity are practiced in many societies? Hence, in feminist theory, this study endorses the views of radical feminists in that it strongly believes that rape is the result of patriarchy and power domination of men over women, Marxist feminists who believes in lack of economic empowerment among females exposed to sexual violence which is the root cause of women's' oppression in every aspects f life and also the views of social learning theory which believes that parental modeling and imitation plays a role for developing the behavior of violent sex offenders.

2.2 Legal Frameworks of Rape

In order to discuss about the legal framework of rape, it is worth considering rape under the Human Rights Convention and International Law. The Conventions provided different rights for women to be protected against gender based violence by the reason of their vulnerability to such offences. Ethiopia is signatory to many international conventions for the promotion and protection of women's rights.

The Convention to eliminate all forms of Discrimination against Women (CEDAW, 1995) is one of the major ones which focuses specifically on women's human rights and contains detailed provisions on gender discrimination. Specifically, Article 1 defines 'discrimination against women' as any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. This shows that rape is one of the crimes that violate the International human rights standards. It results in physical and psychological trauma and injury. Health consequences are horrible and may include death, injury, unwanted pregnancy, abortion, chronic and life threatening diseases, as well as a host of emotional and mental health issues including depression and sexual dysfunction.

The African Charter on Human and Peoples Rights (2003) in Article 4 states that "rights of human beings are inviolable. Every human being shall be entitled to respect for his life and the integrity of his person. No one may be arbitrarily deprived of this right." Furthermore, the UN Declaration on the Elimination of Violence Against Women (DEVAW) in Article 1 defines violence against women as "any act of gender -based violence that results in, or is likely to result in, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether or not occurring in public or in private life.

Moreover, Article 2 of the African Charter states that "violence against women shall be understood to encompass physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution." Thus, rape is one of the violence against women that invade the rights of integrity and self determination of women. Therefore, rape is not simply a women's issue left for especial feminist groups only who struggle for bringing changes among women's right. It is rather a problem worthy of international attention and action as it is an integral part of the human rights of women which in general would be the birth rights of half of human beings (Bekele, 1998).

The International Criminal Tribunal for the former Yugoslavia (ICTY) defined rape as the sexual penetration, however slight: (a) of the vagina or anus of the victim by the penis of the perpetrator or any other object used by the perpetrator: (b) of the mouth of the victim by the penis of the perpetrator: where such sexual penetration occurs without the consent of the victim. Consent for this purpose must be consent given voluntarily, as a result of the victim's free will, assessed in the context of the surrounding circumstances. Furthermore, the widest definition of rape in international law is provided by the International Criminal Tribunal for Rwanda (ICTR) which stated that rape consists of a physical invasion of a sexual nature, committed on a person under circumstances which are coercive and is not limited to the insertion of a penis into a victim's vagina or anus or the insertion of a penis in the mouth of the victim. This is somewhat too broad than the first one (Encyclopedia Britannica, 2002).

Taken together, these treaties provide comprehensive guarantees of the rights of women and girls to protect them from sexual violence and abuse. However, still now sexual violence like rape subjected to women is widely prevalent in developed as well as in developing countries.

2.3 Legal Aspects of Rape in Ethiopia

Article 35 of the Federal Democratic Republic of Ethiopia's Constitution (1995) discussed about rights of women that ensures women's equal right with men in every aspects of life. Moreover, Article 620 of the Ethiopian Criminal Code (2005),

i. Defined rape as whoever compels a woman to submit to sexual intercourse outside wedlock, whether by the use of violence or grave intimidation, or incapable of resistance is punishable with rigorous imprisonment from five years to fifteen years.

ii. Were the crime is committed:

   a. On a young woman between thirteen and eighteen years of age; or

   b. On an inmate of an alms-house or asylum or any establishment of health, education, correlation, detention or internment which is under the direction, supervision or authority of the accused person or on anyone who is under the supervision or control of or dependent upon him;

   c. On a woman incapable of understanding the nature or consequences of the act, or of resisting the act, due to old age, physical or mental illness, depression or any other reason;

   d. By a number of men acting in consent, or by subjecting the victim to act of cruelty or sadism, the punishment shall be rigorous imprisonment from five years to twenty years;

iii. Where the rape has caused grave physical or mental injury or death, the punishment shall be life imprisonment; and

iv. Where the rape is related to illegal restraint or abduction of the victim, or where communicable disease has been transmitted to her, the relevant provisions of this code shale apply concurrently.

As mentioned above, the Ethiopian Criminal Code (2005) considers ‘rape a crime only if it is committed out of wedlock. This has been the traditional definition of rape.’ In most countries, the non-penalization of marital rape is opposed by women's rights activists and many countries are revising their laws. For instance, the South African Law defined rape as ‘intentional, unlawful sexual intercourse with a woman or a girl-child without her consent’. Besides, in their Prevention of Family Violence Act specifically penalized the rape of a wife by her husband (Hillina & Rakeb, 1999).

Similarly, in Mauritius, the 1997 Protection from Domestic Violence Act discreetly included in its list of ‘domestic violence acts’, as 'compelling the spouse by force or threat to engage in any conduct or act sexual or otherwise, from which the spouse has a right to abstain’ (Hilina, 1997). In the Ethiopian case, when the amendment proposal of the present Ethiopian criminal code of 2005 prepared, Ethiopian Women Lawyers Association has argued that rape should be accredited as a crime if it occurs in marriage. However, the idea was rejected by the lawyers. It is argued that the sexual relations between a man and his wife are considered to be personal and not a matter of criminal law (Emebet, 2004).

However, Ethiopia is one of the countries which ratify the 1993 UN Declaration on the Elimination of Violence against Women (DEVAW) which states that marital rape is one form of violence against women. In Tanzania, actual rape and attempted rape carry a maximum penalty of life imprisonment. Furthermore, Rakeb (1997) mentioned problems concerning implementations of the Ethiopian criminal law. As she mentioned that there is a distinction made

by law enforcement bodies. According to the police's classification, the criminal act of rape is divided into those that have resulted in the loss of the virginity of the victim and those that have not. However, the law classified it based on the victim's age not by loss of virginity. As a result, greater and more serious attention is given to the investigation of rape cases that have resulted in the loss of virginity than to those that have not.

Generally, the above mentioned facts show that the Ethiopian penal code and the enforcement bodies bears a number of shortcomings and hence, can be a contributory factor that discourages the actual and potential victims of rape to seek help from the police. Therefore, these weaknesses can increase the prevalence of rape as the crime kept from legal bodies.

2.4 Prevalence of Rape in Addis Ababa

Measuring the incidence of rape is depends on reports by victims. Many researchers' stated that rape is the most under-reported crimes in the world. Quoting Brownmiller (1975), Johnson (1980) mentioned that estimates of the percentage of rapes that are reported range from 5% to a high of 50%. This means that as many of actual rapes may be unreported. Not only does this make it difficult to estimate single year's incidence, but it also makes the establishment of trends over time impossible. In addition to this, data gathered by the Walta Information Center in cooperation with the Ethiopian Women's Affairs Offices work on violence committed against women in the different parts of the country with in 2000 indicated that in Addis Ababa 168 women were raped and the percentage of rape cases reported was only 7.4% (Original et al., 2004). This is also confirmed in a study conducted by Bekele (1998) from his finding with the exception of 12.5%, all 87.5% of victims have never taken any measure of reporting the incidence of rape. The reasons for not reporting are, 35.7% were because of fear of warning given by the perpetrator and 28.57% were fear of labeling by anybody else. The other 21.1% and

14.3% of victims were because of believing that no change will bring and fear of stigmatization respectively.

Though much is not done in this area, police report and some of the existing studies show the magnitude of the problem in Addis Ababa. Among the few existing studies, a study conducted by Kasaye (1997) on the "Prevalence of Rape in Addis Ababa and Showa" mentioned that among 58.5% sexually active girls 5.1% have reported being a victim of rape. Among these, 26% of rape victims encountered rape more than one times. Attempted rape and abduction, which is always followed by rape, was reported by 141(10.1%) and 63(4.5%) of female high school students respectively.

2.5 Causes of Rape

There is no single cause to account for rape committed on women. Several studies focused on the Interrelatedness of various causes that lead females to be more vulnerable to Rape. The following are the major causes of rape.

2.5.1 Socio-Cultural causes

The conduct of individuals is it rape or other aspects of human conduct, is highly influenced by the norms of the society (Andargachew, 1996). Regarding societies' view towards rape victims, Bekele (1998) revealed that there is a widely held societal view that the rape victim is supposed to be an appealing tempting who deserves what she has got. This leads to the conclusion that in case a woman is raped, either she has committed fault or she wanted it. Besides, in the investigation process, to free the accused, defense lawyers shift the burden of guilt to the victim using the myth that the victim consciously or sub-consciously encouraged the assault by being

dressed provocatively or through other external visible and enticing behaviors (Andargachew, 1996).

Furthermore, people believe that men by nature can't control their sexual feelings. It is common that men blame women for arousing their sexual interest by wearing short skirts or other types of tempting dresses or walking alone in the night or in silent places (Sara, 2001). This is also confirmed by Clark and Lewis (1997) that one of the most common misconception concerning rape victims is that they are attractive women who dress in a provocative or enticing manner. But there is no any justification for this assumption. Due to these misconceptions, the community doesn't encourage the victims to bring their cases to justice rather the victims are stigmatized and pointed at by everyone. This makes victims to keep the incident as secret and hinder them to get support from legal bodies and health institutions. Hence, as the crime kept from public and penalty, actual and potential rapists will be encouraged to commit the crime.

Furthermore, rape is mainly prevalent in a society that believes in gender roles and masculinity which is associated with aggressiveness and male dominance. Moreover, in Ethiopia people still accept violence as part of their culture like abduction and early marriage which are followed by rape because such practices are the ways of getting wife. The social acceptance of this practice puts all women and children in a state of fear (Sara, 2001). .

In many societies, men have more power, more status, etc., in the realm of interpersonal relations and in the stratification system of the broader society. Men's possession of greater power contributes to the rape of women. In turn, rape and the fear of rape support men's power (Holmstram & Burges, 1994).

2.5.2 Alcohol and Drug use

Using alcohol and other different drugs increases the risk of sexual assault or rape through several pathways. For example, a person may use alcohol as an excuse to engage in sexually aggressive behavior or as a coercive tactic to obtain sex. In addition, alcohol may result in increased misperceptions of the women's sexual interest, decreased concern about her experience and decreased ability to evaluate accurately whether consent has been obtained. Many men believe alcohol increases sexual arousal and legitimates non consensual sexual aggression (Martin & Bachman, 1997). Consuming alcohol or drugs is difficult for women to protect and handle themselves from rapists. Additionally, National Institute on Alcohol Abuse and Alcoholism (2000) stated that alcohol use sometimes fosters a double standard in which women are held more responsible, and men held less responsible, if an assault occurs.

2.5.3 Poverty

Women’s lack of economic resources and education increase their vulnerability to violence (Heise et al., 1994). Poverty leads women into different unconducive activities like commercial sex workers which increase their vulnerability to sexual assault. In rural parts of Ethiopia, women are migrated to urban areas due to the prevalence of early marriage, poverty and for seeking better lives. In the town most of them become housemaids or prostitutes where they are more often raped as they make their jobs as prostitutes or street girls and even at the homes what they serve as maids (Miteke, 2000). Additionally, females who came from low income families are observed to be deceived by gifts, money and promise of marriage which is some of the ways that increases their exposure to being raped (Yohannes, 2003). Cross cultural studies from Denmark and Australia also confirm that unskilled, unemployed and poorly educated males are

more often rapists than other men (Allison, 1993). This is also observed in the following past five years' occupational and educational level of rapists in Addis Ababa.

2.5.4 Lack of Information

In developing countries like Ethiopia, the traditional culture dictates that talking about sexual violence is a taboo. They view that such violence's are normal as many of them are perpetuated by men. Almaz (1996) mentioned that it is not usual to discuss any events related to sexual violence within the family members. And many of them are not conscious of their legal rights and hence don't bring rapists into public for their criminal acts. Many are reluctant and don't know where to go as they face violence. Furthermore, at the grass root level many Ethiopian are not usually aware of the basic human rights that all human beings are equal irrespective of sex, race, religion, color, etc.

2.6 Rape as a Weapon of War

During conflicts, rape is often used as a weapon of war, in order to dehumanize the women themselves or to prosecute the community to which they belong. It is used as a form of torture to extract information, punish and terrorize. The wars in Bosnia - Herzegovina and Rwanda in the 1990s drew public attention to the horrific levels of violence against women committed in conflict. Murder and widespread rape and other forms of sexual violence were used not only to destroy the morale of the enemy, but also to literally devastate them. In Iraq, hundreds of women have been abducted and raped by armed groups (Amnesty International, 2004). Instability and armed conflict lead to an increase in all forms of violence, including genocide, rape and sexual violence. Women are targeted for such violence because of their roles as community activists and leaders, or those of male relatives. Of course, men and boys are also victims of rape in war;

however, in cases where men, rather than women, are disproportionately targeted, women constitute the majority who face such kinds of problems as a result (Heise et al., 1995).

2.7 Pornography

The introduction of pornographic videos and films often degrade the status of women and portray as sex object. This enhances young people, teenagers and adolescents to perform the act as displayed in the films (Sara, 2001). Men who see those violent movies are more likely to commit rape and to approve rape myths (Yohannes, 2003).

Feminists view pornography as an important element in a larger system of sexual violence; they see pornography as an expression of a rape-prone culture in which women are seen as objects available for use by men (Wheeler, 1985 cited in Bart & Moran, 1993).

2.8 Social Disintegration and Family Breakdown

In her study, Miteke (2000) discussed that social disintegration is one of the causes of rape. Sexual abuse is common in a society where there is an increasing separation. Segregation facilitates sexual abuse into two ways: It reduces the intensity of general social supervision and that all society sanctioned forms of support and intimacy. Sexual abuse is a system of pervasive loneliness.

2.9 Socio-Health Effects of Rape

Several studies revealed that rape has a profound impact both on the victim and the society at large. The following are the major effects of rape. Let us explain each of the effects one by one.

2.9.1 Social Effects

The social problems consequent upon rape are multidimensional. It affects the social well-being of the victims (Rahel, 2006). In Ethiopia, where patriarchy plays a great role in the social life, victims are socially unacceptable and are considered as worthless. It is very difficult to participate in any of the social life so they are forced to alienate themselves from the society. They are ostracized and stigmatized by their own families as well as communities. Since rape affects the honor of the parents of the victim in the eyes of the public, they blame her for causing them ‘shame and humiliation’ (Bekele, 1998). Alongside, he further mentioned that if a husband finds out that his wife has been raped, he mainly decide to divorce her and break up the family because she is no more a good woman.

Moreover, in rural areas victims couldn’t get a husband and additionally forced her to marry the rapist himself. Thus, victims are mainly forced to run away to another area. This also increases their vulnerability for being raped because when they came to new area, most of them engaged in prostitute life, street life and other marginalized activities. Rape, therefore, apart from aggravating social disorder by itself, breads other related social ills (Almaz, 1996).

Shame is often a crucial ingredient in women's response to rape as a result of society’s negative attitude towards victims. Some of the respondents revealed that they would rather die than be raped and live. This shows that shame has an especially poisonous effect. Self blame is another big problem among victims. They often wonder why perpetrator chose to assault them rather than someone else. A woman may decide that something about who she is caused her to be selected which idea is reinforced by gender stereotypes (West, 1999).

2.9.2 Health Effects

Miteke (2000) stated that the health consequence on women due to rape is a serious problem which hinders women from participating in every aspects of life. Health effects are related with an increased risk of sexual and reproductive health problems with short and long term consequences. The impact puts women's at risk of unwanted pregnancy which is a double humiliation of the victim, being raped and a mother of a child conceived under such circumstances. Illegal abortion and maternal mortality are also the results of unwanted pregnancy. A study under\taken by Rahel (2006) regarding the physical consequences, her finding indicate that among 128 girls who reported to experience rape, 7(5.7%) and 5(4.1%) had pregnancy and abortion respectively. And the other, 48(39.0%) and 32(26.0%) experienced lower abdominal pain and genital swelling respectively. A similar study conducted by Yohannes (2003) indicated that 21% of rape victims became pregnant and 10% had practiced abortion. It is the same to the prevalence of unwanted pregnancy as a result of rape in the study made among female streets in Addis Ababa, 23% of rape victims reported unwanted pregnancy (Miteke, 2000).

Furthermore, risks are associated with gynecological problems, sexually transmittable diseases like HIV/AIDS, pelvic inflammatory disease, headaches, and self injuries behavior like smoking and unprotected sex, vaginal bleeding, genital irritation and urinary tract infection (Yohannes, 2003; Seblework, 2004). Regarding HIV/AIDS, raped women are in risk of being infected with it and victims who are infected with HIV due to rape may put themselves to revenge other human beings by transmitting the virus which is the worst part of rape (Rahel, 2006).

Regarding psychological problems on victims of rape includes the immediate effect of wide range of emotion and misbehavior followed by anger, self blame, anxiety, feeling of guilt,

immense shock and disbelief, confusion, feeling of worthlessness, fear of being alone is experiences in the first week.

Moreover, Miteke (2000) revealed that after being raped it is common for the victim to experience intense and sometimes unpredictable emotions and they may find it hard to deal with their memories of the event. Besides, a study conducted by Tesfaye (2003) on the assessment of sexual harassment/sexual assault found out from his findings all victim respondents have been distressed emotionally. Among them 50% feel humiliated, 12.5% experience intense fear that the perpetrator would return and 18.75% and another 18.8% have been distressed of feeling violent and anger turned inward inside which they can't express easily respectively.

2.10 Consequences of Rape

Committing rape is discriminatory against female children/women and violates the basic human rights of individuals as stipulated in ensuring protection of their rights as incorporated in the FDRE Constitution and other international declarations or conventions, such as Article 35(34) of the Ethiopian Constitution. These Documents provide protection for women and children from crimes of rape and abduction. Several studies indicated that rape has multidimensional impact, on the individual victims, their families, local communities and the society at large

About seventy- nine percent of their perpetrators are someone they know. Besides, Rahel (2006) in her study on “Sexual Violence among Female Adolescents,” 80.4% of rape victims were found to be raped by the person whom they know. Among them, 20.3% by close relatives, 20.3% by family friends, 26.6% by neighbors, 10.9% by their boyfriends, 2.3% by their teachers, and only 10.9% by unknown persons and the rest, 8.9% mentioned other than the above. Furthermore, the 2005 National Crime Victimization Survey in USA found that 73% of rape victims knew their rapists.

Approximately, 38% of victims are raped by a friend or acquaintance; 28% of victims by an intimate partner; 26% of victims by a stranger; 7% of victims by another relative; and in 2% of cases the relationship is unknown (Catelano, 2006). Accordingly, Warshaw (1988) described it as an act of violence that violent sex offender men do to women. In her study, from the rapists' point of view, women they are dating or whom they already know are 'safe' victims, that is, unlikely to offer serious resistance or to report the crime after the incident. This is due to the fact that women are socialized to be passive, unassertive and dependent on men for physical and economic protection. Other scholars also view their sexuality as the barter with which to buy that protection. Men, on the other hand, are thought to be self-centered and single-minded in their pursuit of sex. She further comments that men ‘view their relationships with women as adversarial challenges and learn to use both their physical and social power to overcome these smaller, less important people’.

CHAPTER THREE

RESEARCH DESIGN AND METHODS

3.1 Description of the Study Area

Gandhi Memorial Hospital was established as a memorial of their prominent revolutionary person “Mahteme Gandhi” by Indians to deliver maternity care to pregnant women in 1950 E.C. It is located in District 12 in Kirkos Sub City of the City Government of Addis Ababa, Central Ethiopia. The Hospital has about 161 staff with different disciplines, such as gynecologist, midwives, general practitioner, clinical nurses, medical laboratory technicians, pharmacists, radiologists and other 116 support staff members. Generally, the Hospital serves 700 people per year (Gandhi Memorial Hospital Administration Office, 2012).

In addition, the available secondary data show mixed picture in terms of its total rape cases. The same data reveal that mixed ages of victims and assaults of sexual harassment. The following two tabular data have something to tell us about the issues stated-above.

Table 3.1 Total Rape Cases at Gandhi Memorial Hospital (2001 – 2003 E.C.)

Age Category	Year		
	2001	**2002**	**2003**
<5 years	2	9	11
6 – 12 Years	30	29	37
13- 17 Years	60	58	68
>=18 years	33	45	59
Total	**125**	**141**	**175**

Table 3.1 shows that the numbers of rape cases have increased from 2001 to 2003 E.C. According to the Table, a total of 68 rape victims were found between the ages of 13 to 17 years, followed by greater than or equal to 18 years of age. The young adolescents are mostly subjected to sexual harassment. Therefore, those adolescents whose ages are between 13 and 17 years are the most victimized social group among the clients of the Rape Clinic at Gandhi Memorial Hospital.

Table 3.2 Age of Rape Victims and Sexual Harassment Assaults

Age	**Victims Age (years)**	**Assaults age (years)**
Minimum	2 1/2	16
Maximum	48	70

As secondary data collected from the Hospital's Administration Office, the survivors category included 59% of them were school children of various age groups, 25% were house made,10% were pre-school age kids, including children of less than 2 years of age and 2% of them were employees and bar ladies. About third-fifth of the raped children were school pupils. Thus, school kids are mostly vulnerable to rape by different people in the city.

3.2 Research Design and Methods

The researcher in this study used non-experimental research design, as well as both qualitative and quantitative research methods. Quantitatively, the study used descriptive survey method. It also employed qualitative research methods, such as semi – structured interviews with key informants, focus group discussions with a group of six participants and observations of the raped women and girls, including those rape cases in the Clinic. Moreover, documentary analysis of

relevant documents, such as case history, policies, guidelines, published and unpublished research reports and dissertation or theses at different resource centers were located, and then relevant themes were collected.

3.3 Universe of the Study

The universe of the study would consist of all rape cases coming to the Rape Clinic of the Gandhi Memorial Hospital which is located in Kebele 12 Administration of Kirkos Sub City in Addis Ababa, Ethiopia. Besides, Gandhi Memorial Hospital has established Women and Children Integrated Care and Justice Center. It is one of the referral health institutes for better access by the women who have faced sexual and gender based violence particularly rape. This Hospital also has care of survivors, generating reliable data, as a comprehensive and understandable way of communicating evidence for legal use. Generally, the sample size was 80 rape cases.

3.4 Sampling Methods

The researcher used purposive sampling method to select and draw raped women as respondents and convenient sampling technique to select case informants, key informants, as well as FGD participants under non-probability sampling methods. In addition, the sample of the relevant documents were identified and taken from the secondary data found in the Rape Clinic in Gandhi Memorial Hospital.

3.5 Data collection: Tools and procedures

The main research tools/instruments used to collect primary data from case respondents, key informants, and FGD discussants were interview schedule, interview guide and FGD schedule respectively.. The researcher employed observation schedule and documentary analysis template

to generate data on the Hospital's overall settings and on relevant published, as well as unpublished documents and web-based files in different resource centers in Addis Ababa. All research tools/instruments were prepared and used to collect primary and secondary data by keeping in mind the objectives of the study.

3.6 Data processing and Analysis

After the completion of quantitative and qualitative and qualitative data collection in the study, the researcher analyzed the quantitative data using the latest version of SPSS for Windows. In so doing, the researcher engaged in the verification of the filled in interview schedules, coding of each item in the tool and codebook preparation. These codes were used by the researcher to transfer the coded data from the codebook to the Master Chart for data designing, data entry, data cleaning and analysis. In the end, the outputs of the quantitative data analysis and the categories of issues and then themes identified were drawn and used while writing-up the MSW thesis.

3.7 Ethical Considerations

Research on such sensitive issues raised specific ethical concerns. Therefore, informed consent was provided for the case respondents and participants about purpose and objectives of the study, confidentiality, privacy and benefits. Clients were also interviewed individually in a separate room after ensuring that it did not cause any form of harms (moral, physical or emotional). The interviewers were informed about raped respondents' comments, values, beliefs, decisions and choices. Participation in the study was conducted on voluntary basis. In addition, local ethical approval and clearance was received from Review Board members of the Health Bureau of the City Government of Addis Ababa. In addition, for the purpose of confidentiality, special identification codes or pseudonyms were used rather than their real personal names by the researcher.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

This chapter is organized according to the specific objectives of the study. It thus presents socio-demographic and economic characteristics of the respondents, awareness of the rapists, place and time of rape, styles of dressing during rape incident, request for assistance when being raped, mechanisms used by the rapists, conditions of the rapists, inform or not the rape incident, events after rape incident, medical care services for raped women and girls at the Hospital, reasons and decisions of the raped women and girls, and current conditions of the raped women. It further tried to address the research questions using the data collected from the retrospective data records at the Rape Clinic of the Hospital.

4.1 Socio-demographic and Economic Characteristics

Among the total 80 study participants, all of them (100.0%) were females. Table 4.1 shows that age category of a considerable proportion 45(56.25%) of raped respondents were found to be between 11 and 20 years. The mean age and standard deviation of the study participants was mean 17.76 years and 8.855 standard units respectively. Therefore, the mean age of the raped girls and/or women is 18 years and there is variation in the age distribution of the respondents. One can deduce that the raped respondents are matured ones from the female gender category.

Concerning the raped girls and women's religious affiliations, the findings of the study documented that 47(58.80%), 18(22.50%), 13(16.30%), 1(1.30%) and 1(1.30%) were Orthodox Christians, Muslims, Protestants, Catholics and other religious categories in that given order. About fifty-nine percent of the respondents were affiliated with Orthodox Christianity. Thus, girls and women who are Orthodox Christians are mostly raped in the study area. However, this

finding may run counter-against the dogmatic teachings of the Ethiopian Orthodox Church (EOC).

Table 4.1 Age of the Respondents

Age category	f	%
1 – 10	13	16.25
11- 20	45	56.25
21 - 30	17	21.25
31 - 40	3	3.75
41 - 50	1	1.25
50+	1	1.25
Total	**80**	**100.00**

As to ethnicity of those respondents in the study, there is no dominant ethnic group that got raped in the District. Specifically, a total of 26(32.50%) cases were Amhara, 19(23.80%) were from Gurage ethnic group, 15(18.80%) were Oromos, and 7(8.80%) of them were found to be Tigrians. Therefore, there is no dominant rape incidence in terms of ethnic group in the study area.

Regarding the marital status of the respondents, the results of the study indicate that a significant proportion of the cases were unmarried or never married/single girls. A total of 58 (72.50%) of them were singlers, 12(15.00%) were divorced and 7(8.80%) were married women. Thus, single girls are subject to the risks of rape in the study area.

In the study, more than half of the raped cases have already achieved the second cycle of the primary education (i.e. Grades 5-8) of the current Education System of Ethiopia. Of the study participants, 42(5.50%) attended their schooling in Grades 5-8, followed by twenty percent who attended their further studies in colleges in Addis Ababa. Therefore, pupils who are attending their lessons at the second cycle of the primary education in the country are more vulnerable to be raped than other age categories in the study city.

With regard to the raped women's occupation, they are pupils and students who are attending their respective lessons at different levels of the Ethiopian Education System. A total of 4(five percent) were daily labourers, 8(ten percent) were house wives, 32(forty percent) were pupils and students, 4(five percent) were civil servants, and 6 (7.50%) were employees of the NGOs.

Concerning monthly income of the respondents, the findings of the study come up with mixed rages of income. This happens due to the fact that the considerable majority of the raped cases are pupils and students who are presently attending their lessons at different levels of the education system in Addis Ababa, Ethiopia.

4.2 Awareness of the Rapist by Respondents

The majority of the raped girls and women do not know their respective rapist. This is owing to the fact that the residents of the city are from various ethnic groups in the country and they have impersonal type of relationships in their daily routines of social life in different contexts.

4.3 Place and Time of Rape

Table 4.3 depicts places and times of rape cases in the study. Homes, forests, hotels and schools are places of being raped in Kirkos Sub city of Addis Ababa. Regarding places of rape, the results of the study show the absence of significantly dominant location of being raped in the

study area. A total of 41(51.30%) of rapes occurred at home, 24(30.00%) happened in the forests, and 12(15.00%) occurred in the hotels. Therefore, homes seem favourable place for rapping girls and women in the study area.

Table 4.3 Place and Time of Rape

Place of being raped				**Time of being raped**		
In hotels	12	15.00		Mid day	23	28.80
At home	41	51.30		Mid night	20	25.00
In the forest	24	30.00		Do not know	32	40.00
At schools	3	3.80		During the night	5	6.30
Total	**80**	**100.00**		**Total**	**80**	**100.00**

Concerning the times of rape in the area, a considerable proportion of the raped respondents do not know the time at which they get raped in those places. Forty percent of them did not know the times of rape, about twenty-nine percent of the rape cases took place in the mid day, and twenty percent of the rapes occurred in the mid day. Thus, one may deduce that rapes can occur at any time of the whole day.

4.4 Style of Dressing during Rape Incident

As shown in Table 4.4, clothing styles have no contributory factors for getting raped in the study area. Surprisingly, significant majority of the raped girls and women were normally dressed while getting raped in different venues and times in the study area. The rape clients' style of dressing was almost normal dresses for a total of 53(66.30%), were transparent dresses for 10 (12.50%), short skirts for 7(8.80%), occasional dresses for 4(5.00%) and pyjamas for 7.50%.

Table 4.4 Dressing Style during Rape Incident

Dressing style	f	%
Short skirt	7	8.80
Transparent dress	10	12.50
Normal dress	53	66.30
Occasional dress	4	5.00
Pyjamas	6	7.50
Total	**80**	**100.00**

Therefore, the dressing styles matter a lot for being raped in the study area. Those normal dresses which are well-designed and put on catchy body stature may compel some eager guys to run for rape.

4.5 Request for Assistance when Raped

The researcher also asked the raped respondents about whether or not they requested someone for assistance when they got raped. Table 4.5 indicates clearly the practice of echo responses for crying or shouting for getting assistance when girls and women raped in different locations of the city. A total of 59(73.80%) of the raped girls and women did not get any types of assistance even though they cried or shouted for assistance because nobody was prepared to do so and then kept quiet for action.

Table 4.5 Request for Assistance when Raped

Response	f	%
Nobody prepared for assistance	29	36.30
Nobody was there during the incident	13	16.30
Kept quite	30	37.50
Assisted me to report to the police	8	10.00
Total	**80**	**100.00**

4.6 Mechanisms used by Rapist

The rapists usually employ different types of mechanism while engaging in rapping the unfortunate girls and women. As depicted in Table 4.6, a noticeable proportion of the rapists were found to use their force to rape the victims. The rapists used different types of mechanisms. A total of 36(45.00%) of the rapists were found to employ force as a mechanism for compelling the victims to be raped in the study area. In addition, about twenty-nine percent of them used knife as their mechanism for forcing the victimized girls and women to be raped. Weapons were also found to employ by a total of 14(17.50%) rapists in the study area. Thus, the use of force is the relatively outstanding mechanism used by rapists to rape girls and women in Kirkos Sub city of Addis Ababa.

Table 4.6 Mechanisms used by Rapist

Mechanism used	f	%
Knife	23	28.80
Acid	1	1.30
Weapons	14	17.50
Benzene	8	7.50
Force	36	45.00
Total	**80**	**100.00**

4.7 Conditions of the Rapist

Forced sexual initiation was reported by 53 (66.3%) of the raped clients, alcoholic drinks were consumed by 14(17.50%) cases during the current rape incidences. As shown in Table 4.7, all cases were reported to the police offices, but none of the rapist was arrested. Rapists were also reported to use weapons in 15(18.80%) of the cases; the relationships of the perpetrators to the victims' relatives were reported by a total of 56(30.90%) cases in the study area.

Table 4.7 Conditions of the Rapist

Types of Condition	f	%
Drank alcoholic drinks	14	17.50
Chewing chat	10	12.50
Injected some drugs	3	3.80
By force	53	66.30
Total	**80**	**100.00**

4.8 Inform for the Rape Incidents

In the study, whether or not the raped clients informed the case was investigated by the researcher. Table 4.8 indicates that informing the incidence which took place by keeping quiet among a total of 31(38.80%), followed by those who informed the cases their respective mothers, 20(25.00%). Therefore, the clients were not transparent and then became quiet due to different reasons which contributed to their decisions for not telling the conditions to no body. Some of these reasons include: feeling of shame, guilty, and fear of reaction from family not knowing what to do all about. Generally, it can be deduced that the majority rape cases have not been dare to be reported by legal bodies.

Table 4.8 Inform for the Rape Incidents

Informed person	f	%
One's sister	12	15.00
One's neighbour	17	21.30
One's mother	20	25.00
Kept quiet	31	38.80
Total	**80**	**100.00**

This is because the rape victims have been suffering from shame and guilt for the acts done on them. Moreover, they fear that they couldn't have respect and credibility from friends and the community at large. If the rapists are found to be relatives, boyfriends' acquaintance or figureheads, including teachers, then out of the eighty cases of the victims; there were raped girls

and women at home in 51.30%, in the hotel in the case of 30.00%, and at schools in the case of 15.00%. Thus, there is still secrecy around rape cases.

4.9 Events occurred after Rape Incidents

The sampled respondents were asked about what happened after they had been raped in different contexts. The findings of the study documented promising reflections. Table 4.9 illustrates that more than half of the raped cases were found to report their conditions to the nearby police office in the study area. About fifty-three percent of the raped clients reported the bad events to the police office. Even though the proportion was found to be very small (five percent), there was rape initiated suicides in the Sub City.

Table 4.9 Events occurred after Rape Incidents

Types of event occurred	f	%
To the Hospital	25	31.30
Reported to the police office	42	52.50
Stayed at home	9	11.30
Went to commit suicide	4	5.00
Total	**80**	**100.00**

4.10 Medical Care Services for Raped Girls and Women at the Hospital

This section of the study considered a number of inter-related issues on medical care services provided for raped girls and women at the Hospital. One of these issues was whether this kind of incident repeatedly faced the clients or not. A total of 57(71.30%) of the raped respondents in the

study did not repeatedly face rape incidents. Nevertheless, 17.50% of the cases got raped twice in their life time.

Regarding the question about who told the raped clients to go to the Hospital, there is no outstanding body in that different groups of people in the study had roles in informing the cases to move for action. The raped clients' relatives, neighbours and the policemen accounted for 36.30%, 25.00% and 25.00% respectively. Therefore, there is no preference in getting informed to go to the Hospital on the part of the clients in the study.

The victimized clients saw scratches, some broths, and lacerations in their body, but these signs accounted for very small proportions as compared to the absence of any type of signs in their body. About forty-one percent of the raped girls and women expressed that they did not see something in their body.

In the Hospital, the health care providers were found to tell the victims of rape something important. The providers counseled, checked their blood pressure and told them to visit the doctor in the Hospital, but nothing happened in the case of very small proportion of the respondents. Thus, two-fifth of the respondents was informed by the health care providers to visit the doctor in Gandhi Memorial Hospital. Generally, the health care providers usually facilitate further medical diagnosis and treatment by the medical doctors in the Hospital.

At the Rape Clinic, the doctor first examined the clients, and told them to check for pregnancy, HIV, as well as check for STIs test. Surprisingly, a total of 67(83.80%) of the diagnosed raped clients got only medical examinations, but nothing more on the part of the doctor. Therefore, the doctor may not be in a position to fully discharge his/her professional responsibilities in this case. However, these clients got the medical examinations free of charge at the clinic.

T**able 4.10 Evaluation of the Health Care Providers at the Rape Clinic in the Hospital**

This study also attempted to assess and to evaluate the interventions of the health care providers at the Rape Clinic. About forty-eight percent of the health care providers were evaluated to be respectful according to the views of the raped clients. Table 4.10 presents the clients' evaluation.

Table 4.10 Evaluation of the Health Care Providers at the Rape Clinic in the Hospital

Types of evaluation	**f**	**%**
Respectful	38	47.50
Helpful	31	38.80
Not having helping hands	8	10.00
Shouting	3	3.80
Total	**80**	**100.00**

About eighty-nine percent of the laboratory staff members were evaluated as helpful and cooperative in their interactions with the raped clients. In addition, three-fourth (75.00%) of the clients showed positive attitude towards the workers at the Rape Clinic by considered them as helpful and very kind.

As to the results of the laboratory tests, a total of 36(forty-five percent), 21(about twenty-six percent) and 20(twenty-five percent) of the raped cases were found to be negative for pregnancy, positive for pregnancy and HIV negative in that given order. The majority of the laboratory results of the raped cases' blood were found to be negative for pregnancy and HIV. However, there were the opposite results among about thirty percent of the cases. Therefore, concerned

bodies at different levels may engage in well-informed interventions in context sensitive approach.

For those raped clients who got pregnant, the findings of the study came up with mixed and overlapping reflections. About forty-three percent of the cases expressed that the positive test result for pregnancy was not considered as a problem for them because the nurse counseled them properly. In contrast, 41.30% of them resorted to engage in having safe abortion somewhere in the city.

If the test result for pregnancy was found to be negative, these clients were not in difficult conditions. A total of 35(43.80%) raped clients would use contraceptives of one sort or another as they were well-informed by the nurse about the availability of different effective methods of contraceptives.

With regard to discussion about ART with the doctor at the Clinic, the majority of the cases held such a discussion with him. About eighty-one percent of the respondents held the session, while nineteen percent of them did not spend their time for the matter under consideration.

Regarding the raped clients' satisfaction by the overall services at the Hospital, the findings of the study indicate that their satisfaction was still below average. A total of 32(forty percent) of the clients were only found to express the workers as both polite and respectful towards them.

4.11 Reasons and Decisions of the Raped Women

The raped clients have a number of reasons for their being raped. They stated that family breakdown (47.50%), negligence (32.50%), poor family upbringing (12.50%), and physical abuse (7.50%). Thus, the causes for being raped are family and personal related factors.

The raped girls and women have decided to accuse their rapists, but this is the case for less than half of the clients. Forty-five percent of the clients were found to decide on accusing the rapists. However, there few cases that are not in position to accuse the rapists due to fear of being raped again (17.50%) and having no one's own home (15.00%). Generally, 82.50% of them were already prepared to accuse the rapists. They expected that the rapists should be hanged and/or to be shot for death which accounted for thirty-five percent and about twenty-nine percent respectively.

4.12 Current Conditions of the Raped Women

A considerable proportion of the raped women are not in bad conditions. A total of 46(57.50%) of them were with such views, whereas the remaining were found to be either in good conditions or had improved conditions. In these conditions, the majority of the raped women are accepted by their respective family members. Seventy percent of them were categorized in this response category.

In the survey, a question on whether or not they have any place to go after they have got help in the Hospital was raised to the respondents. About forty-one percent of them decided to go to country side in different parts of Ethiopia. Table 4.11 shows that the raped women had various views on where to go after they got the necessary health care provisions in the Clinic.

. **Table 4.11 Places to go after Health Care Provided and Helped in the Hospital**

Place to go	f	%
Countryside	33	41.20
Safe house/home	23	28.80
Commit suicide	1	1.30
Do no know where to go	23	28.70
Total	**80**	**100.00**

Generally, these and related issues may have multi-dimensional causes and effects. These effects can be social and health related ones.

4.13 Causes of Rape

Rape is caused by a number of inter-related factors which may emanate from both the rapists and the women raped. Those conditions on the part of the former which forced them to engage in rape include: use of force dictated by both internal and external conditions, drinking alcoholic liquors, chewing chat, and infected some drugs as shown in Table 4.7. In addition, on the part of raped girls and women, their dressing styles played paramount role in initiating, encouraging and making blind the rapists' eyes, as well as Id-dominated guys so that they immediately rushed to rape the 'catchy opposite sex'. These causes are: dressing normal but catchy dresses, dressing transparent dresses, short skirts, clear pyjamas, and then thin occasional dresses.

The documentary analyses of raped cases' medical histories substantiate those facts and documented the major causes of rape in the study area. The researcher engaged in identifying and analyzing their medical examination cards/charts and then came up with qualitative data on

most of the causes which were found to be interrelated causes that increased women's vulnerability to rape. Among them cultural norms, poverty, break down of the family, alcohol and drug uses, trafficking, lenient enforcement of pornography, instability of the community which were identified as the major causes of rape. Physically, the majority of the rape victims had body injuries, bruises, abrasions, bites, ecchymosed. These pieces of information were generated based on randomly drawn twenty-five medical charts and found those causes among the fifteen cases.

4.14 Social Effects of Rape

Rape has had multi-faceted effects which are manifested in various contexts. Victims were found to be socially unacceptable and were considered as worthless human beings. They were stigmatized by their own families, as well as by the members of their respective local communities. These members of the locality believed and blame that the raped women made them to be ashamed of them. Therefore, the members of the local community in the study area felt so humiliated and/or made them feel so ashamed in their daily routine of social life. Consequently, these victimized women were forced to run away to other areas. Then, all these social effects increased their vulnerability for being raped because, when they came to new areas; most of them engaged in prostitution and eked out their life along the streets.

4.15 Health Effects of Rape

Rape further results in different types of health problems. Most of the risks after rape were found to be associated with gynecological problems, sexually transmissible infections (STIs), like HIV/ AIDS, pelvic inflammatory disease (PID), and headache. Moreover, health effects of rape which included self-injury behaviour, like smoking and unprotected sex, vaginal blooding, genital irritation and urinary tract infection including, pregnancy and abortion were other such effects.

4.16 Psychological, Social and Legal Interventions

Regarding psychological problems on victims of rape, there were immediate effects which resulted in wide range emotion and misbehavior, followed by anger self-blame, anxiety, feelings of guilt, shock and disbelief, confusion, feeling of worthlessness, and fear of being alone – these were experiences on the part of victimized women in the first week of rape. Later these were followed by a change and long life style with manifestations of phobia, sexual dysfunction, suicidal attempt, lack of confidence, difficulty in making decisions, developed hatredness towards men, showed low self-esteem and developed desire for revenge. All these were the psychological effects of rape on the part of the victims who visited the Rape Clinic at Gandhi Memorial Hospital. However, there were relevant and concerted psychological and social interventions to facilitate and to relieve them from such traumas.

In contrast, the health professionals in the Clinic engaged in medical care services according to the guidelines for all clients of rape victims and then referred them for VDRL, wet smear, KOH (fungal test), HB Ag (for hepatitis B), HIV, STIs, U/A, and pregnancy test. All chief complaints are also written nation charts. The medical doctor performed physical examinations, such as chest, cardiovascular, abdominal, gastro intestinal assessments whether the client got laceration or not. Hymen intact was given to the police offices either with plus certificate or not. Counseling was done, and then vital sine was checked, such as VP, pulse and respiration by the physician.

The researcher found out that there were weaknesses in law enforcement bodies at different levels in the study area. The qualitative data generated through semi-structured interviews with key informants revealed that the presence of constraints in law enactment bodies. These

constraints, in turn, resulted in creating an obstacle to justice. Hence, these served as contributory factors for increasing the presence of more number of perpetrators.

In the same vein, key informants from the Family Guidance Association of Ethiopia (FGAE) expressed other aspects of the constraints as the weakness of enactment bodies caused a big problem on the part of the victims. They revealed that most policemen were found to be reluctant to locate and bring perpetrators to law courts and thus the legal interventions took long time because there was delay in taking medical evidence from the Hospital and to the court so that the judge could examine it and then reached at judgement.

Generally, from the collected data, prosecution, conviction and incarceration of rapists were substantially lower than expected it should be. Once they were referred for prosecution, those rapists who were known by the raped women before were significantly less likely than rapists who were strangers to be convicted of the crime. Therefore, the above-stated constraints among the law enforcement bodies at different levels mostly discourage actual and potential victimized persons to report to police offices. In the end, these constraints in legal interventions were tantamount to encouragement and increment in number of potential rapists and actual offenders.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary of Findings

This study focused on the causes and socio-health effects of rape on the raped women who visited the Rape Clinic in Gandhi Memorial Hospital. In order to collect both quantitative and qualitative data, the researcher used non-experimental research design consisting of quantitative and qualitative research approaches in which primary, as well as secondary data were generated.

All of them (100.0%) were females. The age category of a considerable proportion 45(56.25%) of raped respondents were found to be between 11 and 20 years. The mean age and standard deviation of the study participants was mean 17.76 years and 8.855 standard units respectively.

Concerning the raped girls and women's religious affiliation, the findings of the study documented that 47(58.80%), were Orthodox Christians. Thus, girls and women who are Orthodox Christians are mostly raped in the study area. As to ethnicity of those respondents, there was no dominant ethnic group that got raped in the District. Therefore, there is no rape incidence in terms of ethnic group in the study area.

Regarding the marital status of the respondents, 72.50% of them were singlers. Thus, single women were subject to the risks of rape in the study area. More than half of the raped cases already achieved the second cycle of the primary education (i.e. Grades 5-8) of the current Education System of Ethiopia. Therefore, pupils who are attending their lessons at the second cycle of the primary education in the country are more vulnerable to be raped than other age

categories in the study city. With regard to the raped women's occupation, pupils and students, only forty percent of them were pupils and students.

The majority of the raped girls and women did not know their respective rapist due to the fact that the residents of the city came from various ethnic groups in the country and they have impersonal type of relationships in their daily routines of social life in different contexts.

Homes, forests, hotels and schools were places of being raped in the study area. Regarding places of rape, 51.30% of rapes occurred at home. Therefore, homes seem favourable place for rapping women. Concerning the time of rape in the area, forty percent of them did not remember the time of rape.

Clothing styles had no contributory factors for getting raped in the study area. Surprisingly, significant majority of the raped women were normally dressed while getting raped in different venues and times in the study area. Therefore, the dressing styles do not matter a lot for being raped in the study area.

There was the practice of echo responses for crying or shouting raped guys for getting assistance when they got raped in different locations.. A total of 59(73.80%) of the raped women did not get any types of assistance albeit they cried or shouted for assistance because nobody was prepared to do so and then kept quiet for action.

The rapists usually employ different types of mechanism while engaging in rapping the unfortunate girls and women. A noticeable proportion of the rapists were found to use their force to rape the victims. Thus, the use of force is the relatively outstanding mechanism used by rapists to rape women.

Forced sexual initiation was reported by 66.30% of the raped clients. All cases were reported to the police office, but none of the rapist was arrested.

In the study, a total of 31(38.80%) were kept quiet.(25.00%). Therefore, the clients were not transparent and then became quiet due to different reasons, such as feeling of shame, guilty, and fear of reaction from family not knowing what to do all about.

This is because the rape victims have been suffering from shame and guilt for the acts done on them. Moreover, they fear that they couldn't have respect and credibility from friends and the community at large. If the rapists are found to be relatives, boyfriends' acquaintance or figureheads, including teachers, then out of the eighty cases of the victims; there were raped girls and women at home in 51.30%, in the hotel in the case of 30.00%, and at schools in the case of 15.00%. Thus, there is still secrecy around rape cases. The findings of the study documented promising reflections in that more than half of the raped cases were found to report their conditions to the nearby police office in the study area.

In the study, a number of inter-related issues on medical care services provided for raped girls and women at the Hospital. Regarding the question about who told the raped clients to go to the Hospital, they told the events to their relatives, neighbours and the policemen accounted for 36.30%, 25.00% and 25.00% respectively. The victimized clients saw scratches, some broths, and lacerations in their body, but these signs accounted for very small proportions as compared to the absence of any type of signs in their body. About forty-one percent of the raped girls and women expressed that they did not see something in their body.

In the Hospital, the health care providers were found to tell the victims of rape something important. The providers counseled, checked their blood pressure and told them to visit the

doctor in the Hospital. Thus, two-fifth of the respondents was informed by the health care providers to visit the doctor in Gandhi Memorial Hospital.

At the Rape Clinic, the doctor first examined the clients, and told them to check for pregnancy, HIV, as well as check for STIs test. Surprisingly, a total of 67(83.80%) of the diagnosed raped clients got only medical examinations, but nothing more on the part of the doctor

This study also attempted to assess and to evaluate the interventions of the health care providers at the Rape Clinic. About forty-eight percent of the health care providers were evaluated to be respectful according to the views of the raped clients. About eighty-nine percent of the laboratory staff members were evaluated as helpful and cooperative in their interactions with the raped clients by the respondents. In addition, three-fourth (75.00%) of the clients showed positive attitude towards the workers at the Rape Clinic by considered them as helpful and very kind.

As to the results of the laboratory tests, the majority of the laboratory results of the raped cases' blood were found to be negative for pregnancy and HIV. However, there were opposite results among about thirty percent of the cases. For those raped clients who got pregnant, the findings of the study came up with mixed and overlapping reflections. About forty-three percent of the cases expressed that the positive test result for pregnancy was not considered as a problem for them because the nurse counseled them properly. In contrast, 41.30% of them resorted to engage in having safe abortion somewhere in the city.

With regard to discussion about ART with the doctor at the Clinic, the majority of the cases held such a discussion with him. About eighty-one percent of the respondents held the session. Regarding the raped clients' satisfaction by the overall services at the Hospital, a total of 32(forty

percent) of the clients were only found to express the workers as both polite and respectful towards them.

The raped clients had a number of reasons for their being raped. They stated that family breakdown (47.50%), negligence (32.50%), poor family upbringing (12.50%), and physical abuse (7.50%). Thus, the causes for being raped are family and personal related factors.

The raped women decided to accuse their rapists, but this was the case for less than half of the clients. Forty-five percent of the clients were found to decide on accusing the rapists. Generally, 82.50% of them already prepared to accuse the rapists. They expected that the rapists should be hanged and/or to be shot for death which accounted for thirty-five percent and about twenty-nine percent respectively.

A considerable proportion of the raped women were not in bad conditions because 57.50% of them were with such views. In these conditions, seventy percent of the raped women were accepted by their respective family members.

In the survey, about forty-one percent of them decided to go to country side in different parts of Ethiopia after they had got the necessary health care provisions in the Clinic. Generally, these and related issues may have multi-dimensional causes and effects. These effects can be social and health related ones.

Rape was caused by a number of inter-related factors which included: use of force dictated by both internal and external conditions, drinking alcoholic liquors, chewing chat, and infected some drugs. These causes are: dressing normal but catchy dresses, dressing transparent dresses, short skirts, clear pyjamas, and then thin occasional dresses.

Rape had multi-faceted effects which manifested in various contexts. Victims were found to be socially unacceptable and were considered as worthless human beings. They were stigmatized by their own families, as well as by the members of their respective local communities.

Rape further resulted in different types of health problems, such as gynecological problems, sexually transmissible infections (STIs), like HIV/ AIDS, pelvic inflammatory disease (PID), and headache. Moreover, health effects of rape which included self-injury behaviour, like smoking and unprotected sex, vaginal blooding, genital irritation and urinary tract infection including, pregnancy and abortion were other such effects.

The raped clients encountered with immediate effects which resulted in wide range emotions and misbehaviors, followed by anger self-blame, anxiety, feelings of guilt, shock and disbelief, confusion, feeling of worthlessness, and fear of being alone – these were experiences on the part of victimized women in the first week of rape. Later these were followed by a change and long life style with manifestations of phobia, sexual dysfunction, suicidal attempt, lack of confidence, difficulty in making decisions, developed hatredness towards men, showed low self-esteem and developed desire for revenge.

In contrast, the health professionals in the Clinic engaged in medical care services according to the guidelines for all clients of rape victims and then referred them for VDRL, wet smear, KOH (fungal test), HB Ag (for hepatitis B), HIV , STIs, U/A, and pregnancy test. All complaint is written especially the chief complaints. Physical examination performed, chest, cardiovascular, abdominal, gastro intestinal, assessment also done weather the client has got laceration. Hymen intact or not which is given to the police or not plus certificate. Counseling done vital sine checked such as VP, pulse and respiration.

The researcher found out that there were weaknesses in law enforcement bodies at different levels in the study area. Hence, these served as contributory factors for increasing the presence of more number of perpetrators. The key informants from the Family Guidance Association of Ethiopia (FGAE) expressed other aspects of the constraints as the weakness of enactment bodies which caused a big problem on the part of the victims. They revealed that most policemen were found to be reluctant to locate and bring perpetrators to courts, taking long time to take medical evidence from the Hospital and to examine it.

Generally, the prosecution, conviction and incarceration of rapists were substantially lower than expected it should be. Once they were referred for prosecution, those rapists who were known by the raped women before were significantly less likely than rapists who were strangers to be convicted of the crimes. Therefore, the above-stated constraints among the law enforcement bodies at different levels mostly discouraged actual and potential victimized persons to report to police offices.

5.2 Conclusion

Based on those major findings of the study, the researcher draws the following conclusions in order to answer those research questions and then to address the objectives of the study:

The mean age of the raped clients is 18 years and there is variation in their age distribution. These victims are matured females who are Orthodox Christians. However, this finding may run counter-against the dogmatic teachings of the Ethiopian Orthodox Church (EOC). In addition, there is no rape case in only one ethnic group, single girls are subject to the risks of rape, and pupils who are attending their lessons at the second cycle of the primary education are more vulnerable to be raped than other age categories in the study city. In terms of the raped women's

occupation, they are pupils and students who are attending their respective lessons at different levels of the Ethiopian Education System.

The majority of the raped clients get raped by persons whom they do not know in their respective homes, forests, hotels and schools. Nevertheless, homes seem favourable place for rapping them in the study area at any time of the whole day.

The raped clients' clothing styles have no contributions to be raped in the study area. Surprisingly, significant majority of the raped ones are normally dressed while getting raped in those venues and times in the study area. Such a practice of rape has echo responses for crying or shouting on the part of the raped ladies for getting assistance when they are being raped by respective rapists through using different types of mechanism, particularly use of force. This is justified by forced sexual initiation during the current rape incidence.

All cases are reported to the police offices, but none of the rapist is being arrested. Thus, the clients become not to be transparent and then become quiet because of feeling of shame, guilty, and fear of reaction from family not knowing what to do all about. Paradoxically, after the victims have been raped, more than half of the raped cases report their conditions to the nearby police office in the study area. Even though the proportion is very small, there is rape initiated suicides in the Sub City. Fortunately, there is no repeated rape incident on the part of one case.

On the other hand, the raped girls do not see anything in their body after they have been raped. Therefore, they have no preference in getting informed to go to the Hospital. The raped girls are informed by the health care providers to visit the doctor at Gandhi Memorial Hospital. Generally, the health care providers usually facilitate further medical diagnosis and treatment by the medical doctor at the Rape Clinic in Hospital.

At the Rape Clinic, the doctor first examines the clients, and counsels them to check for pregnancy, HIV, as well as check for STIs test. Surprisingly, the diagnosed raped clients get only medical examinations. Therefore, the doctor may not be in a position to fully discharge his/her professional responsibilities in this case. However, these clients get the medical examinations free of charge at the Clinic. Consequently, the health care providers are generally evaluated as respectful and the laboratory staff members are also helpful and cooperative in their interactions with the raped clients. In addition, the clients show positive attitude towards the supportive workers at the Clinic as they are helpful and very kind.

As to the results of the laboratory tests, the raped cases are found to be either negative or positive for pregnancy and HIV negative. Therefore, concerned bodies at different levels may engage in well-informed interventions in context sensitive approach.

For those raped clients who got pregnant, they have mixed reflections for the positive test result. For some clients pregnancy is not a problem for them because the nurse counselled them properly. In contrast, other clients resort to attempt safe abortion somewhere in the city. If the test result for pregnancy is negative, these clients are not in difficult conditions. These raped clients would use contraceptives of one sort or another as they were well-informed by the nurse about the availability of such different effective methods. With regard to discussion about ART with the doctor at the Clinic, the majority of the cases also hold such a discussion with him. Generally, there is still very level of satisfaction with the overall services at the Hospital for one-third of the victims view the workers as both polite and respectful towards them.

The raped clients have a number of reasons for their being raped, like family breakdown, negligence, poor family upbringing and physical abuse. Thus, the causes for being raped are mainly family and personal related factors.

The raped girls and women have decided to accuse their rapists, but this is the case for less than half of the clients. However, there few cases that do not want to accuse the rapists due to fear of being raped again and having no one's own home. Generally, the majority of the raped clients are already prepared to accuse the rapists. Therefore, they expect that the rapists should be hanged and/or to be shot for death. A considerable proportion of the raped women are not in bad conditions. In these conditions, the majority of the raped women are accepted by their respective family members.

In the survey, less than half of the rape victims decide to go to country side in different parts of Ethiopia after they have discharged from the Clinic due to various grounds. Generally, these and related issues have multi-dimensional causes and effects. These are social and health related effects. Rape is caused by a number of inter-related factors which may emanate from both the rapists and the women raped. Those conditions on the part of the former which forced them to engage in rape include: use of force dictated by both internal and external conditions, drinking alcoholic liquors, chewing chat, and infected some drugs. In addition, on the part of raped girls and women, their dressing styles played paramount role in initiating, encouraging and making blind the rapists' eyes, as well as Id-dominated guys so that they immediately rushed to rape the 'catchy opposite sex'.

The documentary analyses of raped cases' medical histories substantiate those facts and documented the major causes of rape in the study area. Among them cultural norms, poverty, break down of the family, alcohol and drug uses, trafficking, lenient enforcement of pornography, instability of the community which were identified as the major causes of rape. Physically, the majority of the rape victims had body injuries, bruises, abrasions, bites, ecchymosed.

Rape has therefore had multi-faceted effects which are manifested in various contexts. Victims are socially unacceptable and considered as worthless human beings. They are further stigmatized by their own families, as well as by the members of their respective local communities. These members of the locality believe and blame that the raped women make them to be ashamed of them. Therefore, the members of the local community in the study area felt so humiliated and/or made them feel so ashamed in their daily routine of social life. Consequently, these victimized women were forced to run away to other areas. Then, all these social effects increased their vulnerability for being raped because, when they come to new areas; most of them engaged in prostitution and eke out their loaves of bread along the streets.

Rape further results in different types of health problems. Most of the risks after rape are associated with gynaecological problems, sexually transmissible infections (STIs) (like HIV/ AIDS, and pelvic inflammatory disease (PID)), and headache. Moreover, health effects of rape which include self-injury behaviour, such as smoking and unprotected sex, vaginal blooding, genital irritation and urinary tract infection including, pregnancy and abortion are other types of the effects.

In addition, rape brings about psychological problems on the part of the victimized clients which may result in wide range emotions and misbehaviours, anger self-blame, anxiety, feelings of guilt, shock and disbelief, confusion, feeling of worthlessness, and fear of being alone in the first week of rape. Later these are followed by a change in long life style which manifests in terms of phobia, sexual dysfunction, suicidal attempt, lack of confidence, difficulty in making decisions, developed hatredness towards men, showed low self-esteem and developed desire for revenge. However, there are no relevant and concerted psychological and social interventions to facilitate and to relieve them from such traumas.

The health professionals in the Clinic, in contrast, engage in medical care services according to the guidelines for all clients of rape victims and then refer them for VDRL, wet smear, KOH (fungal test), HB Ag (for hepatitis B), HIV, STIs, U/A, and pregnancy test. Chief complaints on the part of the raped clients are thus written on the charts.. Physical examination performed, chest, cardiovascular, abdominal, gastro intestinal, assessment are also done whether the client has got laceration. Hymen intact or not which is given to the police or not plus certificate. Counselling is done and vital sine is also checked, such as VP, pulse and respiration on the part of the victims.

There are constraints law enforcement bodies at different levels which, in turn, result in creating an obstacle to justice. Hence, these contribute to increase the number of perpetrators in the study area. Most policemen therefore become reluctant to locate and bring perpetrators to law courts in that court cases are taking long time – there is delay in taking medical evidence from the Hospital to the courts. Generally, the prosecution, conviction and incarceration of rapists are substantially lower than expected. Once they are referred for prosecutions, those rapists who are known by the raped women before are significantly less likely than rapists who are strangers to be convicted of the crimes. Therefore, the above-stated constraints among the law enforcement bodies at different levels mostly discourage actual and potential victimized persons to report to police offices. On the whole, the existing legal intervention constraints are tantamount to encouragement and increment in number of potential rapists and actual offenders in the study area.

5.3 Recommendations

Based on the findings of this research and other related literature, the following recommendations are forwarded.

Most important is the need to address the root causes of rape. working for gender equality in the social, economic and political spheres is very impotent. Both men and women should work for changes starting from in their families. Great efforts are needed to increase awareness on the seriousness of the crime among all groups of societies

A special emphasis should be given to education designed to make women aware of ther rights existing laws and fundamental freedoms of women and girl-children. Education in the human rights of women and girl children should be integrated in all education and existing policies of different sectors at the national level.

..The government and the concerned institutions should take preventive measures through educating the society so as to change attitudes of the society towards female rape victims and socially and culturally constructed beliefs which have been taken as normal and harmless.

The society should encourage and help victims to bring their cases to justice and to speak out their situation to public or legal bodies because it is only then that the problem can be solved

..Governments should ensure all law enforcement personnel and other government agents receive adequate training on national and international standards which protect the human rights of all women and how to enforce them properly. The criminal code should be revised and the classification of rape cases should be made on the basis of victim’s age rather than on her virginity.

..Government and NGO should provide support for women survivors of rape through legal, economic psychological and reproductive health services. The related government and NGOs should enhance their efforts in fighting drug use and prevent offenders using drugs as a mean of committing crime.

It is recommended that community based efforts, school based programs, legal support may be important to decrease the magnitude of the problem. It is recommended that community based studies are important to determine the actual magnitude of the problem in the society.Awerness of the existing policies , rules and regulations regarding sexual violence should be done to all sections of the community through various institutions. Promotional activities should be put in to effect regarding bringing up of a child and family bonding.

- Provision of civic and ethical education should be reported I both governmental and nongovernmental schools
- Awareness should be created to families, teachers and children to disclose or report any form of violence immediately.
- Promotion in maintaining and transferring of Ethiopian good culture versus preventive of external culture influences must be done.
- Comprehensive and long term care addressing physical, psychological and social needs of survivors should be provided.
- Government policy directions in the provision of special attention to children and women should be strengthened and put in to action.

REFERENCES

Addis Ababa city administration (2008). Profile of Kirkose Sub city. Retrived Feabruary 24, 2008, from http ://www.

African charter on human & peoples Rights (2003)

Allison, A. (1993) . Rape : misunderstood Crime.US. Sage publication

Almaz Haile Selassie (1996) . The impact of rape & abduction against women on the social ,economical &psychological condition of the victims . Addis Ababa.

Amnestey International (2001) it ‘s in our hands :stop violence against women .London .

Andargachew Tesfaye (1996) . Rape & abducting a historical perspective : department of sociology & social anthropology . Addis Ababa University, Addis Ababa.

Bart ,B . and Moran G .(1993) .Violence against women the bloody foot prints (Eds) London

Sage publication.

Bekele Melese (1998) Rape its effects on female students in Addis Ababa with particular reference to Bole Senior Secondary School . Addis Ababa University, Addis Ababa.

Bessmer . S (1984) . The laws of rape : USA

Brayman . A (2004) . Social research methods (2nd. ed .) of ‘ford : Oxford University Press

Brownmiller . S . (1975) . Against our will men, women and rape . US : The Random House Publishing Group .

Caputi . J (1993) . The sexual politics of Murder.

In Bart , B . and Moran .G (Eds) , violence against women : .. the bloody foot prints (pp .5-25) London : Sage publication .

CEDAW (1995) . Human rights Discrimination Against Women .The convention & the committee . UN .Geneva

Douglas . J . and Mark . O . (1999) .The anatomy of Motive .N ewYork : Lisa Drew/Serbners'

APPENDICES

Appendix A: Socio-demographic Characteristics

Part I. Background Data

1. Age
    a. 0-9 months
    b. 15-19 month
    c. 25-29 years
    d. 30-34 years
    e. 40-44 years
    f. 45-49 years
    g. >50 years
2. Sex
    a. Male
    b. Female
3. Religion
    a. Orthodox
    b. Muslim
    c. Protestant
    d. Catholic
    e. Other
4. Ethnicity
    a. Oromo
    b. Amharic

c. Gurage

d. Tigre

e. Other

5. Martial status

    a. Married

    b. Divorced

    c. Unmarried

    d. Widow

6. Education

    a. Illiterate

    b. Can red &write

    c. Grade 5-8

    d. College

7. Occupation

    a. Daily labor

    b. House wife

    c. Student

    d. Civil servant

8. Monthly family income

    a. Baggers

    b. Under pension

    c. < 150 birr

    d. > 3000 birr

Part II. Other Related Issues

9. Do you know the rapist
    a. Yes, It was my teachers
    b. No I don't know him
    c. He was my neighbor
    d. Relative

10. Where were you rapid/?

    a. In the hotel
    b. At home
    c. In the forest
    d. At school

11. At what time?

    a. Mid day
    b. Mid night
    c. I don't know
    d. During the night

12. How was your style of dressing during the incident?

    a. Short skirts
    b. Transparent dress
    c. Normal dress
    d. Occasion dress

13. Did you Cray or shouted for assistance when raped?

    a. No body papered for assistance

b. No body was there during the incident

c. Kept quite

d. Assisted me to report to the police

14. Have you seen your rapist used different mechanism like

a. Knife

b. Acid

c. Weapons

d. Benzyl

15. Did the rapist took alcohol during the incident

a. He was drank

b. He was chewing chat

c. Injected him self some drug

d. I can't say

16. For whom did you tell the incident

a. To my sister

b. To my neighbor

c. To my mother

d. Kept quite

17. Where did they took you after the incident

a. To the hospital

b. Report to the police

c. Stay at home

d. I went to commit suicides

18. Did you have this kind of incident repeatedly

    a. To twice in my life
    b. Three times in my life
    c. Not at all

19. Who told you to go to the hospital

    a. The police man
    b. Friends
    c. Neighbor
    d. My relatives

20. How do you find the health providers in the rape clinic

    a. Help full
    b. Shouting
    c. Not at helping hands
    d. Respect full

21. Did you see something in your body?

    a. Scratches
    b. Some broth
    c. Laceration
    d. No

22. Did the health providers tell you something important

    a. Counseled me
    b. Checked my blood pressure
    c. Told me to go to the doctors
    d. Nothing

23. Did the doctor tell you something

a. Examined me

b. Told me to check pregnancy test

c. Told me to check HIV test

d. Told me to check STI test

24. Did you have to pay May for the investigation?

a. Yes

b. No

25. How was the attitude of the workers in the rape clinic

a. Help full

b. They were rough

c. Very kind

d. I am fared the that I have seen police girls

26. How do you get the laboratory staff?

a. Help full

b. Cooperative

c. undisciplined

d. I can't say

27. What was the result?

a. Pregnancy test positive

b. HIV positive

c. Pregnancy test negative

d. HIV negative

28. How about if pregnancy test positive?

a. The nurse counseled me properly what to do

b. I will accept it

c. I want to have safe abortion

d. I will hung my self

29. How about if pregnancy test negative?

a. The nurse told me different methods of contraceptive

b. I will insert nor plant

c. I will use condom

d. I can't say

30. Did the doctor discus with you about anti retroviral therapy?

a. No

b. Yes

31. Are you satisfied by the service delivery?

a. I was afraid of male doctors

b. I was afraid of police in the clinic

c. The nurses were good

d. Both of them are polite and respect full

32. Do you have any reason for this incident?

a. Poor parental raring

b. Family break down

c. Physical abuse

d. neglect ion

33. what is your decision now

a. I don’t know
b. To go to safe house
c. I will disappear
d. I will accuse the rapist

34. Do you want go home?

a. Yes
b. No

35. If no what is your reason?

a. Fear of being raped again
b. Fared of my relatives
c. I don’t have my own home
d. They will neglect me

36. Are you prepared to accuse the rapist

a. Yes
b. No

37. What kind of punishment you think to be done on the rapist

a. To be hanged
b. The constitution on violence should be improved
c. To prepare awareness program to teach them
d. Should be shouted

38. How was your condition now?

a. Improved
b. Good
c. Not bad

39. Did your family accept you as before?

a. Yes

b. No

40. Do you have any place to go after helped by the rape clinic?

a. To country side

b. Safe house

c. I will kill my self

d. I don’t know

Thank you!