THE PSCHOSOCIAL EFFECTS OF INTIMATE PARTNER VIOLENCE AGAINST WOMEN: THE CASE OF SELECTED WOMEN FROM ASSOCIATION FOR WOMEN’S SANCTUARY AND DEVELOPMENT (AWSAD)

ADDIS ABABA UNIVERSITY
SCHOOL OF PSYCHOLOGY

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A THESIS SUBMITTED TO THE SCHOOL OF PSYCHOLOGY OF ADDIS ABABA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF ARTS IN SOCIAL PSYCHOLOGY
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November, 2018
Addis Ababa
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APPROVAL

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DEDICATION

I DEDICATED THIS TO ALL WORKING MOTHERS IN ETHIOPIA
Acknowledgments

I would like to acknowledge my advisor, Dr. Dame Abera(PHD) for his limitless patience besides his wisdom and excellence in all his guidance.

My second acknowledgement goes to my two kids, Yedi and Roshan, for being my reasons to never let go.

Also, I would like to appreciate W/roMarya, the executive manager of AWSAD for giving me personal approval to conduct this study and Tigist, the social worker at AWSAD, for helping me around and introducing me to participants and helping me to the level I could acquire their trust.

Finally, my acknowledgement goes to Intimate Partner Violence survivors for their willingness to go out of their comfort zone and being open towards the research questions unlike they were doing.
Abstract

Different studies show that Intimate partner violence is prevalent problem in Ethiopia as it is in all over the world. However, there is little recognition and consideration provided to the psycho social effects of Intimate partner violence. This study explores psychosocial effects of domestic violence against women in AWSAD women shelter. These women are recognized as survivors of intimate partner violence by the shelter in order to receive appropriate support that the shelter could provide; these women also identified themselves with survivors of the problem. The aim of this study was to create a comprehensive understanding about the psychosocial effects of Intimate Partner Violence against women. A mix of qualitative and quantitative study was conducted in AWSAD women shelter which the qualitative study included Five interviews with survivors from Intimate Partner Violence and focus group discussion of six individuals which were 2 nurses, 2 trainers and 2 social workers at AWSAD. Also, quantitative study conducted through questionnaire which was completed by 25 participants of survivors from Intimate Partner Violence who are living in the shelter; these samples were purposively selected with the help of the professionals in the shelter. The data was collected using interview and questionnaires; which the questionnaire was adapted from international psychosocial status measurement scales found on the internet for free. The result indicated that women who survived from Intimate Partner Violence have psychological problems, like stress, depression, and low-self-esteem and low control over their future, low- self T concept and also they have indicated social phobia. The research also found out that they have low social support in their post-shelter life from relatives and institutions. Intimate partner violence have consequences of psychological and social problem. People who survived from the act have low social support and psychological wellbeing to be able to lead healthy life in the future. The result of this study implies that the need for more studies focusing on psychosocial problems of intimate Partner violence survivors and more post-shelter support to be given to survivors out of shelter.
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CHAPTER ONE

1. Introduction

1.1. Background of the Study

Intimate partner violence is a severe verbal, physical and psychological abuse executed by a close person. It is a kind of violence that happens between two individuals who are in romantic relationship. This relationship could be spousal or non-spousal. “the willful intimidation, assault, battery, sexual assault, or other abusive behavior perpetrated by one partner against another partner in an intimate relationship such as marriage, dating, family, or cohabitation.” (Center for Victims of Crime, 2006, as cited in Cardero, 2014, p24)

Different studies discussed a lot on violence against women because the majority of the cases are women. Intimate partner Violence is defined as a common form of gender based violence which is executed against specific sex as a result of the power distance between them. “The women are far more likely to suffer and physically assaulted by intimates compared to men. Women were victims of nonfatal intimate partner violence at a rate about five times that of men.” (Fisher, 2004, as cited in Myers, 2012).

Another study also mentioned that it is mostly executed by men against women. “Violence in the domestic sphere is usually perpetrated by males who are, or who have been, in positions of trust and intimacy and power.”(UNICEF, 2000). Also, it is explained further the reason behind men being the performers of the violence is because it is normalized by so called cultural and religious beliefs in the community which allow men to play the role of authority (UNICEF, 2000).

Domestic violence is a broad term which includes Intimate partner violence and other type of Violence that happens at home, where it is supposed to be safe. “DV, family violence, interpersonal violence and intimate partner violence are terms often found to be interchangeable.” (Corvo&deLara, 2010, as cited in Cardero, 2014)
Intimate Partner Violence is a lawbreaking act of an individual in marriage or in relationship. It is considered as a misdeed because it is against human right violation at home level. However it is silently observed and communally overlooked. “Domestic Violence against women is the most pervasive yet an under-recognized human violation in the world” (WHO, 2005).

Various studies have mentioned different consequences of Intimate partner violence found to be physical, psychological, financial etc. Victims of IPV pass through different injuries which put their post violence life in question. “Violence against women and girls continues to be a global epidemic that kills, tortures, and maims – physically, psychologically, sexually and economically” (UNICEF, 2000).

Even though, it is widely recognized consequence of IPV is being physical injury, the psychological and social consequences are also phenomenon. Victims of IPV apparently demonstrate psychological damages and social awkwardness. Research by WHO explain this fact as follow “Evidence suggests that women who are abused by their partners suffer higher levels of depression, anxiety and phobias than non-abused women.”(WHO, n.d.)

Depression, anxiety and phobias are known as signs of psychological problems and social chaos. Different studies have also mentioned the above behaviors as consequences of IPV. The following is mentioned as a result of a study conducted by group of people, “A comparison between the mean scores of the abused group and the mean scores of the control group showed an increase in scores in scale 2 (depression), which is similar to the result of Campbell (2002), who found that intimate partner violence is associated with high rates of depression.” (Coid et al. 2003, as cited in Khaled et al, 2014). Another study has also strengthened the reality of stress and depression being associated with IPV by saying the following. “Battered women have a high incidence of stress and stress-related illnesses such as post-traumatic stress syndrome, panic attacks, depression, sleeping and eating disturbances, elevated blood pressure, alcoholism, drug abuse, and low self-esteem.
Among many social problems as a result of intimate partner violence, lowing oneself down compared to other people is well-known effect. Victims of intimate Partner Violence have distorted image of themselves, the people around them and the world unlike they had before the violence. “Along with clinical issues such as depression and PTSD, women in abusive relationships demonstrate lower self-esteem, negative self-concept, and misrepresentations about themselves, others, and the world” (Herman, 1992; Johnson & Zlotnick, 2009; Nurius et al., 2003, as cited in Annel, 2014).

Research explains that when Intimate partner Violence survivors’ socialize, they could relief their shame, fear and isolation. “It is clear that when victim-survivors have the opportunity to interact with other women experiencing the same problems, they are able to escape their isolation, shame and fear, and are able to rebuild their lives at a faster pace.” (UNICEF, 2000). This implies the fact that survivors live with fear, shame and isolation in trial of socializing with others. However, when they are mixed with other women who are passed through the same experience, it is found that they relief from these behaviors.

This study focuses on psychosocial effects of intimate partner violence. Psychosocial is the concept that include psychological and social structure. Psycho social variables encompasses two categories of variables. The first consists of psychological attributes like hostility, depression, hopelessness, etc. which exist at the individual level, and are likely to be a result of the process of socialization (community Health, 2003, cited in Khalid, 2014).

Intimate partner violence and its consequences are becoming burning societal issues Worldwide. Although it has been an issue for years, people have started to express their concern about gender based violence and one of its forms called Intimate Partner violence. “Intimate partner violence against women has emerged as one of the world’s most pressing issues.” (Michael, 2002, as cited in Sileshi, 2015). In recent times, the prevalence is becoming recognized by different studies including a study by UNICEF. “The United States Department of Justice has reported that 37 per cent of all women who
sought medical care in hospital emergency rooms for violence-related injuries were injured by a current or former spouse or partner.” (UNICEF, 2000)

In Ethiopia, it is clear that there are unheard voices and untold stories in most houses regarding partner violence. How serious the violence could be between husbands and wives yet it is considered normal to be silent about it and taking care of it by elders in the community who encourage tolerance of any quarrel in relationship. Also, there were serious incidents of acid attacks and physical injuries by partners which were disregarded. “Violence against women is not only an extremely rooted but also an accepted rather than challenged problem in Ethiopia.” (Abbi et al., 2010, as cited in Megersa, 2014)

There are different studies which are considered as evidences for Intimate partner Violence being a social issue in Ethiopia. Particularly, women are feeling unsafe and in danger in their relationship with male partners. According to a study on intimate partner violence in Ethiopia by Ministry of Women, Children and Youth affairs “Domestic abuse or Domestic violence which occurs in the context of marriage or cohabitation, pre-domestic relationships such as dating, and post-domestic relationships, as in the case of ex-partners who are no longer living together is one of the most common forms of VAW (Violence Against Women) in Ethiopia.” (MoWCYA, 2013).

There are few studies which have been conducted in Ethiopia to reveal the prevalence of the occurrence. “Intimate Partner Violence in Western Ethiopia: Prevalence, Trends and Associated Factors” is one of the studies by (Sileshi and Alemayehu, 2012). This study displays from the sample of 1540 ever married and/or cohabited women from urban as well as rural settings that 76.5% of them experience domestic violence in their life time. Also, ‘Assessment of Conditions of Violence against Women in Ethiopia ’the Final Report by Ministry of Women, Children and Youth Affairs (MoWCYA) found out that out of a sample of 4785 women, one out of ten had experienced physical violence from their husbands. (MoWCYA, 2013).

The study conducted by CARE Ethiopia has also revealed the fact on the status of Gender Based Violence and related services in four Woredas in 2008 with a total sample size of 700 households where the household head and the spouse were interviewed.
Among the women, 36.6% have been victims of physical violence, 76.6% have experienced sexual violence, and 26.4% were subject to emotional violence while 92% were victims of household chores related violence by their current or ex-partner.

Besides, researching all the prevalence of domestic violence has been done by (Tegbar, 2005; Sosna, 2007; Roman, 2013; CARE Ethiopia, 2008; MoWCYA, 2013; Megersa, 2014) e.t.c. but while studying the frequency of Domestic Violence is being appreciated, it is not at its richest level to be able to communicate the real damage which stays with throughout their entire life. The violence perpetrated by intimate partner is not something that happens once and will be over then: the wounds and scars stay for a while being in need of intervention. It is also something which needs to be supported with more qualitative personal stories than counted numbers.

It is believed that the consequence of intimate partner violence needs basic consideration of researchers but almost all of the studies in the past such as (Tegbar, 2005), (Sosna, 2007), (Roman, 2013), (CARE Ethiopia, 2008), (MoWCYA, 2013), (Megersa, 2014) e.t.c were making their focuses on the prevalence. The physical damage of domestic violence had also received unlimited amount of attention compared to other psychological and emotional consequences. However, the victims are highly suffering from them.

The past researches have also focused on risk factors and attitude towards Intimate Partner Violence., “Factors Associated with Attitudes of Men towards Gender and Intimate Partner Violence against Women in Eastern Ethiopia” by Sileshi Garoma Abeya is One of them. However they pay minimum attention to the consequences; especially the psychosocial part of the consequence. Subsequently, this research will fill the gap of previous researches in this regard. Because of the fact that this study envisions displaying the psychosocial challenges of survivors of domestic violence, it contrasts with many previous studies; by inclusively focusing on victims lived experience. It will illustrate the impact of the prevalence which was studied a lot by narrating and describing from the horse mouth.
Most of other studies were also found using a quantitative method in approaching this research topic but this study will be diverging to getting both qualitative stories of survivors and quantitative data of their psychosocial experiences which helps the researcher to attain the deep down experience of the victims, to illustrate accurate feeling and thoughts and supportive information in number.

1.2 Statement of the Problem

In general, intimate partner violence is the least discussed topic until these days because of different cultural and religious reasons. Even though most societies proscribe violence against women, the reality is that violations against women’s human rights are often sanctioned under the garb of cultural practices and norms, or through misinterpretation of religious tenets. (UNICEF, 2000).

Different insights have also indicated how it has been unfamiliar to certain communities to study on the prevalence of intimate partner violence. Especially, making the research samples surviving women is rarely practiced “Prevalence studies with samples of representative populations are relatively new in developing countries. Such studies were initially conducted in industrialized countries— the United States, Canada, and Europe.” (UNICEF, 2000). So that, there has been limited Intimate Partner Violence related knowledge conveyed until now. “It remains one of the most pervasive yet least recognized epidemic human rights abuses in the world” (Koenig et al., 2006; Hoff, 2012, as cited in Sileshi, 2015).

Bearing this in mind, it is not difficult to presume how least Psychological and social experiences of Intimate partner Violence were studied. However, psychological challenges are as prevalent as physical challenges on abused women; more attention were given to physical consequences than psychosocial. In fact, different studies have proved the fact that survivors demonstrate depression and anxieties which are known as indictors of psychosocial wellbeing “women who have been battered tend to be more depressed, have increased anxiety, and have increased suicide attempts (Campbell, Belknap, & Templin, 1997) ”. Such psychological challenges as a
result of intimate partner violence are not such visible plus easy to reach out. Therefore, the psychological results of the problem won’t be solved on time before it causes deeper and broader impact.

Furthermore, Women who faced domestic violence give upon their trust of people around them and their interest of life. They will be afraid of living as a normal person again as they are expected to socialize with other community members’. They would also think as it is the end of their carrier and there is dim future. This may happen as a result of trying to avoid any thing which reminds what happen to them, either people or ornament. “In all settings, women who had ever experienced physical or sexual violence, or both, by an intimate partner reported significantly higher levels of emotional distress and were more likely to have thought of suicide, and to have attempted suicide, than women who had never experienced partner violence.”(WHO,n.d.)

However, less attention was provided for psychosocial effects of domestic violence because psychological health considered as fancier need compared to other necessities. Asome psychological problems determine whether ones mental condition is strong or not, Nanthana T&Nopporn(2010) mentioned in their studies on Thailand women that, the majority of studies on the mental health effects of IPV have been undertaken in Western and developed countries.

When women encountered with violence the first support they would probably receive is physical treatment. Usually the psychological treatment is something to think next to medical treatment. Counseling was the one service that victimized women indicated was most difficult to access. Mary, Jennifer, and Nicole, 2003(as cited in Sileshi&Alemayehu, 2012). This indicate the fact that most violated women denied the opportunity to solve their psychosocial challenges before it goes to serious trouble.

Also, Consequences of intimate partner violence remain as a potential research area because a little has been known about it. Instead of focusing on the prevalence, there will be a lot to be investigated if researchers could turn their face to its effects and
consequences. “Despite the growing research on IPV, the existing literature is still lacking a comprehensive review on the mental outcome resulting from physical IPV against women.” (Delara, 2016). Centers for Disease Control and Prevention has identified the evaluation of the health consequences of intimate partner violence as a research priority (Delara, 2016).

Especially, the psychosocial consequences of Intimate partner Violence which should have been taken as major part of research area was under studied. The psychological suffering, the social phobia and the emotional distress that happen after experiencing intimate partner violence has been left as gaps of different research works.

Ignoring the psychological and social consequence of intimate partner violence against women highly affect the society because women are mothers who create a community by raising kids who are well raised and be part of the community. So that, mothers are not psychologically stable at home, she couldn’t raise a healthy family so that the entire community could be affected by the consequence. “It can also have severe effects on the health of their children as the latter may be at increased risk for emotional and behavioral problems, such as anxiety and depression (Bott et al. as cited by Megersa, 2014). So that, the psycho social effects of intimate partner violence need immediate concern before it ruin their children’s psychological health. Due to this fact Intimate partner Violence against women is considered as major societal problem “While women are usually the immediate victims of gender based violence, its consequences extend beyond the victim to the society as a whole. Gender violence threatens family structures, with serious consequences being seen.” (CARE ETHIOPIA, 2008)

Even if the prevalence is covered by media and the statistic of victims is reported by different research results, the whole effort still remain deficient and difficult without analyzing the full extent of Intimate partner Violence consequence. This research aims at exploring the lived experiences of Intimate partner violence survivors, their psychological challenges and social interaction. The experience of abuse often erodes
women’s self-esteem and puts them at the greater risk of a variety of mental health problem, including depression, anxiety, and alcohol and drug abuse (WHO, 2005)

The quantitativenature of the studies seemsto be inadequate to reflect what survivors really underwent as well. For instance, while some of the studies were crime investigation reports and crime statistics surveys of international and governmental organizations, most others were human rights violation reports(Tegbar ,2005) ,(Sosna ,2007) ,(Roman ,2013) ,(CARE Ethiopia,2008), (MoWCYA, 2013), (Megersa ,2014)
Though the prevalence of the problemis given enough amount of attention in previous researches, the consequence and the impact of it has limitedresearch done for as a case in Ethiopia. And that is the main reasons why this research takesup this topic to explore the issues closely and deeply focusing on psychological and social consequences.

1.3. Research Questions
The research answered the following questions

- What psychological problems do the victim experienced as a result of intimate partner violence?
- What social problem do the victims experienced as a result of intimate Partner Violence?

1.4. Purpose of the Study

A) General Objective

The aim of the study is to explore psychosocial effects of Intimate Partner Violenceagainst victim womenandto create a comprehensive understanding about the psychosocialeffects Intimate Partner violence against women .These women’spsychological and socialbehavior were investigated and their lived experience were narrated.

B) Specific Objectives

- To describe the psychological well-being of intimate partners violence survivors.
- To demonstrate the nature of intimate partner violence survivors social interaction or social cohesion.
1.5. Significance of the Study

The research has been thought to have the following significance. The result of the research could create an insight on the side of women support organizations and development agencies to expand their counseling system. The research will also be considered as an additional resource for those who would want to study further on psychological and social experience of Intimate Partner violence. In addition to the above, the study may initiate nurses, health officers and social workers who work in women and health centersto have a better understanding on intimate partner Violence survivors’ psychosocial experience.

1.6. Delimitation of the Study

The study only focuses on adult women from age 15-45 though it is known that Intimate partner violence could happen on children and men. The research is also delimited on the victim whose violence is perpetrated by current or previous partner whether spousal or dating relationship. The participants are only women who have already reported their cases and sheltered in to receive support. The sanctuary/shelter is the one which is located in Addis Ababa, Hayahulet area (LemHotel). Due to time and resource constraints and also the nature of the topic the study was based on small samples. Although it recognizes the presence of many other challenges related to domestic violence; it will only focus on psychosocial challenges of Intimate partner Violence.

1.7. Operational Definition

**Intimate Partner Violence:** Any hurtful or unwanted behavior perpetrated upon an individual by an intimate or prior intimate partner. It describes physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner.

**Psychosocial:** According to Webster’s new world dictionary the definition of psychosocial is relating to the combination of psychological and social behavior. It communicates to one's psychological development in, and interaction with, a social environment.
Anxiety Disorder: Is an excessive and abnormal fear, worry and related behavior disturbances.

Depression: Feeling of severe melancholy, misery, sadness, woe, gloom, down heartedness, discouragement, despair

Post-traumatic stress disorder: a condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock, typically involving disturbance of sleep and constant vivid recall of the experience, with dulled responses to others and to the outside.

Emotional Distress: causes poor ability to function in life

Social Phobia: An excessive fear of social situations.
CHAPTER TWO

2. Literature Review

This literature review will briefly present and discuss current research regarding Intimate Partner Violence. The prevalence and its psychosocial effects on intimate partner violence survivors are discussed. First, general overview of the prevalence described in addition to few risk factors. Types of intimate partner violence were also stated before going to the next part Second, specific prevalence of the violence in Ethiopia was reviewed. And then thirdly, information regarding psychosocial effects of the violence psychological and social effects separately explained. Description of possible effects, observed risk factors and societal responses presented. Finally, the review of all literatures was provided to give the summarized concept of all reading.

2.1. Intimate Partner Violence

Domestic violence is a broad term which includes different types of violence at household level. “Although terminology varies, DV, also known as domestic abuse, spousal abuse, battering, family violence, intimate partner violence, and interpersonal violence, is best conceptualized as a pattern of behavior that includes the use of or threat of violence and intimidation for the purpose of gaining power and control over another person” (Arizona Supreme Court, Family Law Unit cited in Cardero, 2014)

Domestic Violence could happen on any one in any kind of human relationship. It could be perpetuated either by men or women; even children can be encountered with domestic violence whether from related families. But the most common kind of violence that happen indistinctively in many countries is the one against women by their partners. Women are far more likely to be raped and/or physically assaulted by intimate partners, and are up to fourteen times more likely to suffer severe physical abuse from an intimate partner (National institution of justice, 1998 cited by saurge research, 2003).

Statistics shows that the violence men have seen is from people who they don’t really know or acquaintances that have no romantic relationship with but females are mostly violated by people they are close with. In most countries, men are more likely than
women to be killed by urban violence, especially by people unknown to them. Women are more likely to suffer violence at the hands of people they know, but also experience violence committed by strangers (ActionAid, 2011). A research also supports this point by saying the following “Whereas strangers and acquaintances commit most crimes and assaults against men, women are more likely to be raped, beaten, stalked, or killed by their intimate partners than by strangers or any other type of assailant” (Bachman & Saltzman, 1995 cited by Neil and Richard, 2005).

The perpetrators more likely tend to be those who have intimate relationships with the victim. “In reality, more than half of all rapes in U.S. are committed by friends or acquaintances of the victim and more than the victim has or formerly had an intimate relationship.”(U.S. Department of justice, 1995 cited in Lips, 2002). Another study from the United States had also announced that at least in US, violence has been found to be a part of an estimated 20% of dating relationships (Silverman, Raj, Mucci and Hataway, 2011 cited by Lips, 2003).

Partner violence happens in the community which has detailed strategies and lists of policies to tackle the problem. It is the situation which is happening all over the world with severity of the consequences. In spite of the definitions and methodological differences, several population-based studies from around the world indicated that 10%-71% of married or cohabited women have experienced IPVAW (Sileshi & Alemayehu, 2012).

However, Domestic violence against women is a highly tolerated act of violence in some communities compared to others. Especially, when it is heard from two people in relationship either the victim or the witness try to ignore or suppress the incident for the sake of being socially right or to live peacefully with others. Violent behavior under stressful condition is tolerated by our society when it is carried out in the context of the family (Gelles and Straus, 1979 cited by Tesser, 1995). It is basically because of the established norm in the community which categorized women to obey for their partner, husband and any male elders.
The problem of having difficulty to be open about domestic violence is not only on the people who are bystanders but also on the victims themselves; they are the ones who are more scared of reporting about the injustices they face. Either they don’t really consider they are under oppression and their partners are violating their human right or they are afraid of making the problem go worse as a result of reporting. Being beaten and chocked by husband is a common practice experienced by housewives of rural Ethiopia. The culture and the norm of the country allow the husband to take the disciplining role on his wife. Wife beating has deep cultural roots as a norm and in some instances is considered necessary in order for a man to maintain control (especially over resources and major decisions) and show his dominance within a household. (Care Ethiopia, 2008)

Partner Violence is also one of cultural ways of generating distinction between male and female in a way of creating gender role between them; it is also way of displaying the power distance between the two sexes in the community. According to UN Declaration on the Elimination of Violence against Women (1993), violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men.

Most cultures allow men to correct and spot-on their wives. As one of the FGD participant (a Priest) on TegbarYigzaw’s research mentioned “BetefirLijnet Kale LemastekakelYigerfalu (One may beat a woman with leather strip to correctchildishness.” (A priest cited by Tegbar, 2005). There are Violent husbands maintain the level of societal violence and they reflect a “direct manifestation of socially learned sex-role behaviors” (Jennings, 1987, p. 195 as cited by Niel and Richard).

If the community has seen the wife doing what is considered wrong in the community, they blame the husband for it. In most of the cultures the husband will be accused for the reason he let his wife to be in the way she wanted to be. In many cultures men have traditionally claimed the right to beat their wives as a matter of authority, superiority and control over property (Lips, 2002).

There are many reasons for Intimate Partner Violence. One of them is women partners trying to get back the power taken by their male partners in the name of cultural
norm. After living for many years within the gender role and power distance, women inadvertently wake up and demand for the right they deserve which will lead the relationship to violence. Young heterosexuals report that they want equal balance of power in their couple relationship; however, such equality is frequently lacking (Preplan and Campbell, 1989 as cited in Myers, 2002).

Jealousy and mistrust could be reasons for intimate partner violence. Jealous partners were observed creating damage because they just think she is cheating on him. Potentially serious assaults occurred often due to suspicion of infidelity and jealousy. Focus group participants shared real life experiences of violent acts they had heard and/or observed. Violent acts ranging from intentional severe burn injuries to murdering a partner by jealous Husbands and wives were narrated (Tegbar, 2005).

Social psychologists also reported that the characters of movie and TV shows have great impact on the frequency of domestic violence happenings. The way males react and females respond to sexual advances in the movies might create a biased image of all humans in life. The male characters’ aggression and the submissive character of female roles really influence real people’s way of life. Given frequent media images of women’s resistance melting in the arms of a forceful man, we should not be surprised that even women often believe that some other women might enjoy being sexually overpowered though none think of themselves (Malamuth and others, 1980 cited by Myers, 2002).

Different studies have shown that there are specific women who are highly exposed to domestic violence too. Violence against women in public spaces particularly affects the most marginalized (Action Aid, 2011). According to UNICEF, women who are the most vulnerable are those with less protection, low income and those in abandoned situation, minority groups, indigenous and migrant women, refugee women and those in situations and detention, women with disabilities, female children and elderly women (UNICEF, 2000).
Most studies from local and international groups have set their focus on the prevalence of the domestic violence or intimate partner violence. So that, the results of the study that they have displayed indicate how broadly domestic violence is happening in every corner of the world. One of the results of the research reported that college women suffered some from sexual assault while on a date, and even more have experienced verbal, sexual coercion or harassment (Craig, 1990; Pryor, 1987).

A review of 25 studies worldwide indicates that 0 to 32% of women report that they experienced sexual abuse in childhood (UNICEF, 2000) and another national study from Texas suggested that one third of all women will be physically or sexually abused in their lifetime (Saurge research, 2003).

According to UN Declaration on the Elimination of Violence Against Women, (1993) the term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering of women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Intimate Partner Violence could happen in a physical form and more. The physical form only results in beating, choking and slapping etc. Physical violence that happens against women was defined in WHO study as being hit with a fist, kicked, dragged, threatened with a weapon, or having a weapon against her. These forms of violence were even more qualified as severe physical violence (WHO, 2005).

The result of a study by World Health Organization on multiple countries including Ethiopia shows that younger women, especially those aged from 15 to 19 years, were at high risk of ‘Current ‘physical or sexual violence, or both by a partner in all setting (WHO, 2005). This shows that the presence of different forms of domestic violence in addition to which age is more exposure to it. It also shows the fact that Domestic Violence happens in different forms in spite of the age and other factors which vary from victim to victim.

Sexual violence by intimate partner is one of the form in which domestic violence reveals itself. It embraces whole gamut of exertions from manipulating the sexual life of
the victim without their preparedness and consent to the elevated action which is rape and sexual assault. Having nonconsensual sex or any sexual advance without the partner’s agreement is considered as a sexual violence. Forced sexual contact can take place at any time in a women’s life and includes a range of behaviors, from forcible rape to non-physical forms of pressure to compel girls and women to engage in sex against their will (WHO, 2005).

Partner Violence also describes psychological aggression and emotional harm by current or former partner. As it is stated by CDC (2015), psychological aggression is use of verbal and non-verbal communication with the intent to a) harm another person mentally or emotionally, and/or b) exert control over another person. Intentionally, making the victim to feel degraded and humiliated contains the psychological aggression and emotional part of it. Being insulted or made to feel bad about one self, being humiliated or scared on purpose, being threatened with harm is one forms of domestic violence (WHO, 2005).

Battering and controlling the person in relationship with is a way of perpetrating domestic violence, denying their right to work, their right to reject offers and to raise their own ideas categorized in this form. The WHO study defines this controlling behavior as it includes keeping her from seeing friends, restricting contact with her family of birth, insisting on knowing where she is at all times, ignoring or treating her indifferently; getting angry if she speaks with other men, often accusing her of being unfaithful, controlling her access to health care… (WHO, 2005).

Intimate Partner violence is committed for the specific purpose of punishment, intimidation and control of the woman’s identity and behavior (UNICEF, 2000). Although this form of violence brings high risk of mental health on the victims’ part, it is one of the unobserved and unrecorded forms of violence.

Besides, surveys in many countries reveal that approximately 10-15% of women report being forced to have sex with their intimate partner. (UNICEF, 2000). This shows how sex is a global language for oppressors to use. In both the capital and provinces of Thailand, a substantial portion of women who experienced partner violence, experience
sexual violence only; in Bangkok it was only 44%, in Bangladesh province 32% and in Ethiopia 32% (WHO, 2005).

The incident might be reported or investigated by researchers but exploring deep on the consequences have been difficult because the problem highly twined to the culture of sharing this experience to other people. In most cultures, traditional beliefs, norms and social institutions legitimize and therefore perpetuate violence against women (ACORD, 2010). Women with this experience themselves are also scared of sharing their stories because of the judgment that they assume they will be run into. According to FIDA Kenya (2002), many Kenyan women believed that abuse is an acceptable part of marriage and that they feared that complaining would invite further abuse.

IPV is also indirectly encouraged by such tolerant community and culture, the more it happens is when it is more enclosed. Violence is therefore, often vindicated by traditional practices that recognize the man as the head of the family, part of whose role is to discipline the woman. Patriarchy also limits a woman’s agency to abandon an abusive husband (McCloskey et al., 2005). When a community has big power distance between male and female, it encourages the male to have more power and influence and it allow the male to take any action based on their limited judgment to protect their power over female. The power that the male has also hinder the women to make money for living, the male are the one who are expected to win bread, however, this will lead the women to be under economical influence of men which could be potential reason of a women to tolerate battering by partner. According to KDHS (2008/09), spousal violence decreases gradually as wealth quintile increases; 53% of women in the lowest wealth quintile have experienced emotional, physical, or sexual violence, compared to women in the highest quintile.
2.1.2 Prevalence of Intimate Partner Violence in Ethiopia

While intimate Partner violence is a global problem, women in developing countries particularly face more challenges. (Tabitha, 2014). In Ethiopia, different forms of intimate partner violence against women happen but the physical violence is the only dominantly reported one; the least reported form of violence is sexual violence although, that there is also high prevalence of sexual violence by partner. Sexual violence by partner was one of the focus areas of the CARE Ethiopia (2008) study. Its findings show that 26.5% of married women have experienced some type of sexual violence in the 12 months preceding the survey. Among these women, 9% were physically forced to have intercourse. (MOWCYA, 2013).

In Ethiopia, there are different studies and articles compiled on the popularity of Intimate Partner Violence. One of them is by Ministry of Women, Children and Youth Affairs which reported that cases of psychological violence were relatively more frequent closely followed by cases of physical violence. The incidence of sexual violence is also high as 77% of respondents indicated it was reported (MoWCYA, 2013).

As it is stated in a short version of national Action Plan for gender equality by Network of Women Association too, human rights and violence against women are one of the seven gaps studied in Ethiopia and it is women who are victims of violence which is specific to their sex (NEWA, 2006). According to a research result of Ruman Abdulrashid there are many women who receive verbal/Psychological abuses at home during their pregnancy.

Among respondents from 83% - 86.8% have never been insulted or humiliated in front of other people, but 13.2 – 16% have experienced verbal violence during their current pregnancy. Respondents of this study reported that 12.3 % were intimidated on purpose or threatened when intended to visit friends or relatives. The remaining 4% of respondent have also threatened by their partners or threatened to hurt their loved one. (Ruman, 2013)
Ruman also put in percentage the physical and sexual violence women with pregnancy has been encountered. She has stated that 8 -10.1 % of respondents from her participants have faced sexual violence some times by force; fear of consequential physical violence and by unwanted seduction of partners. 0.6 – 2.9% have usually or always they face sexual violence during their current pregnancy (Ruman, 2013).

WHO study result indicator reference also says that “the percentage of women who reported sexual abuse by partner ranged from 6% in Japan and Serbia and Montenegro to 59 % in Ethiopia” (WHO, 2005). Furthermore, community based studies in Ethiopia indicated that 50-60% of women experienced domestic violence in their life time (Devessa et al, 1998 cited by Megersa, 2014).

There are many factors of Domestic violence in Ethiopia, one of them is Poverty. The lower socio economic status of women in the country make them to be dependent on men who treat them in whatever way they like to treat them and this dependence lead them to stay longer under violence or tolerate the violence for long.

According to UNICEF report one of the reasons that contribute to Domestic violence is Economic. Women’s economic dependence on men, Limited access to cash and credit, Discriminatory laws regarding inheritance, property rights, use of, communal lands, and maintenance after divorce or widowhood, Limited access to employment in formal and informal sectors, Limited access to education and training for women. (UNICEF, 2000) This is very true in Ethiopia where most of access and resources on the hands of men.

Another Justification for frequent violence in Ethiopia is the Gender norms and roles of men and women in the country. Violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men,(UN, 1993).
In Ethiopia, the cultural law is for man to be a head of the house and a bread winner of the family. Accordingly, the older family law provides that husband is the head of the family and thus have an authority to control and follow up his wife’s conduct (Proclamation No. 165 of 1960, articles 635, 637 & 644 as cited in Megersa, 2014).

The consequences of gender-based violence are devastating. The abused women often experience life-long emotional distress, mental health problems and poor reproductive health. Abused women are also at higher risk of acquiring HIV/AIDS. The research findings in Ethiopia indicate that more than half of the women who had ever experienced physical partner violence in Ethiopia had been injured at least once (Sosna, 2007).

2.2. Effects of Intimate Partner Violence

2.2.1. Psychological Effects of Intimate Partner Violence

Recent studies have consistently shown a significant association between IPV and mental health in women, including depressive symptoms, anxiety, hostility, borderline personality disorder, antisocial personality disorder, psychotic experiences, post-traumatic stress disorder (PTSD), suicidal thoughts, currently available data indicate that women who are being abused by a partner are at increased risk for developing certain mental health problems such as depression and posttraumatic stress disorder (PTSD). Subsequent domestic violence and abuse and also that domestic violence and abuse increases the likelihood of depression in women with no previous history of symptoms; for example, more than 10% of postnatal depression might be potentially attributable to domestic violence and abuse. (Oram and Khalifeh, 2016)

People who have been under abuse or attack, may feel terribly afraid, confused, shocked, angry, or emotionally dazed and all these feelings are expected as consequence of violence. However the situation of women gets severe, the stressful conditions of violence, poverty and gender role strain may add to women’s risk of many kinds of psychological distress not just depression (Lips, 2002).
Sexual violence has been associated with various psychological problem ranges from the mental health and behavioral problems up to experience of suicide in adolescence and adulthood. Studies showed that abused women who reported experience of forced sex were at significantly greater risk of depression and post-traumatic stress disorder than non-abused women (Stets & Straus, 1990 as cited in AndualemMustefa, 2014). Mainly, suicidal attempt have been reported as a result of mental illness because of the gender-based violence. In Ethiopia, 6% of raped schoolgirls and 15% in Canada reported having attempted suicide (Mulugeta et al., 2012 as cited in AndualemMustefa, 2014).

Experiencing abuse or an attack can lead to serious mental and psychological health problems, including post-traumatic stress disorder, depression, and anxiety. Victims of domestic violence may suffer from depression due to feelings of loss of control, lack of worth, and fear for one’s life. Other contributing factors to depression are being isolated, controlled, and injured by a partner. (LANCET, 2002)

Sometimes, violence that happened long ago still can affect. Even if many years have passed since the person was abused, the pain can still be there. Women who have been abused by their husbands and have lived in fear for years are likely to exhibit post-traumatic stress disorder (Walker, 1991 cited by Lips, 2002).

Although, post-traumatic stress is one of the typical consequences of domestic violence, there are higher rates of chronic stress and anxiety among women who have experienced abuse and they also tend to self-report more infections, migraines, and gastrointestinal distress (Campbell, 2002; Leserman, Li, Drossman, & Hu, 1998 cited by Margaret, 2013).

Many studies agree to the fact that passing through depression is another impact of domestic violence. The National Institute of Mental Health reports that violence against women and girls, including physical and sexual violence, may be responsible at least in part for the relatively higher rate of depression seen among females compared to males (National Institute of Mental Health, 2001 as cited in Sandra & others, 2003).
The psycho social experience of domestic violence during this time is more severe than other times in women’s life. Different studies also made their focus on violence during pregnancy too. A study of obstetric patients found that 14% of the 81 women studied who experienced violence before and/or during pregnancy had a history of depression, compared to only 3% of women who had not experienced such violence; however, it is not clear from this report exactly how women’s histories of depression were assessed (Hillard, 1985).

As it is observed by many researchers, the consequence of domestic violence is more likely to be similar all over the world. Many researchers have similar conclusions of being under the experience of domestic violence having mental health consequences. In a national epidemiological study, Straus (1987) reported that women who were “severely assaulted” had much higher rates of psychological distress, including four times the rate of feeling depressed. (Cited by camp bell & William, 1995).

Trauma symptoms in populations exposed to partner violence depression, anxiety, self-doubt, and confusion are common difficulties experienced by women who have been battered (Hague & Wilson, 2000; Sackett & Saunders, 1995). Being a victim of violence is associated with post-traumatic stress disorder (Lips2, 2002) As it is stated on Continuing Psychology Education presentation Research has revealed a strong correlation between women experiencing chronic abuse and onset of bipolar disorder, anxiety disorder, posttraumatic stress disorder (PTSD), panic disorder, and/or depression with suicide ideation (Petretic-Jackson & Jackson, 1996; Walker, 1985).

Psychological consequences of Intimate partner Violence are mainly depression and common post-traumatic stress but these concepts are broad to understand, there are specific symptoms that the person who is depressed and in post stress displays. Individuals who are depressed often feel worthless, fearful, guilty, and powerless to control their situations, while those with more severe cases of depression may consider suicide. Abused women tend to have low self-esteem and often consider themselves failures as partners and peacemakers; some consider suicide as a way to end such feelings. (Varkovitzky & Cort, 2004).
Likewise, IPV challenges the professionals in public health; Professionals are challenged by the extent of the prevalence and in terms of providing pharmaceutical support because of the complex nature of the problem. As Brown and Golding, 1993 suggested Intimate partner violence (IPV) is a global public health problem that greatly impacts women’s mental, emotional, and physical well-being (Selena Tramayne, 2012). The fact that the problem affects the entire human body and soul makes the solution abstract and difficult to range.

According to the World Bank (1993), violence against women is as serious a cause of death and incapacity among women of reproductive age as cancer, and a greater cause of ill-health than traffic accidents and malaria combined (cited by Mussie, 2006). Intimate partner violence is a chronic problem that leads to superfluous death of once country citizens.

A Review of mental health problems among women with a history of IPV in the United States (Golding, 1999) reported that victims had a 3 to 5 time’s greater likelihood of depression, suicidality, posttraumatic stress disorder (PTSD), and substance abuse than no victims. (A. Zeffiro and D. Krause, 2019). This result of study shows that the correlation between intimate partner violence and psychological distresses. The consequences on mental and psychological wellbeing are clearly indicated.

Especially, depression and post traumatic disorder are common kind of mental disorders that victims of intimate Partner Violence displayed. Mary explains in her study the broad concept of these two psychological behaviors as following, the two predominant psychological responses occurring at elevated rates among adult survivors of childhood sexual abuse and women who have been raped or physically assaulted in adulthood. (Mary, 2003).

Depression is a common mental disorder that presents with lower mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. Women who experienced physical abuse from their partners were more likely to report depressive symptoms than non-abused women. They further categorized the symptoms of depression into three subgroups namely: difficulty in
doing daily activities, difficulty in making decisions, crying easily and feeling tired which all were more likely to be reported by physically abused women than non-victims. (Dalia, 20).

Also PTSD is a diagnostic category of the Diagnostic and Statistical Manual of Mental Health Disorders (American Psychiatric Association, 2000) which involves exposure to a traumatic event which involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others causing intense fear, helplessness, or horror. (as cited by Selena, 2012)

Violent domestic relationships have a considerable impact on the mental health of those experiencing the abuse. Depression is a particularly concerning implication of engaging in an abusive relationship. (Varkovitzky, 2004)

Woman who are abused are socially isolated but in case they seek for social support, researches shows that they would experience less mental illness. Social support can be perceived as a source of resistance against illness, including stress-related illness (Quick, Horn, & Quick, 1986). Social support can help ameliorate their isolation. In addition, positive social support from friends and family might influence a woman in an abusive relationship to seek social services or other help (Bowker, 1984). Informal and formal support from other people helps the victims to feel fewer symptoms of depression and isolation. This support may include simple personal support to complex professional one. Emotional support involves behaviors such as listening, encouraging, and showing sympathy, while practical support involves behaviors such as providing monetary assistance, child-care, and transportation. Varkovitzky (2004)

Emotional abuse is any behavior that exploits another vulnerabilities, insecurity, or character. These behaviors include continuous degradation, intimidation, manipulation (Anal, 2014). Those under these kind of abusive experience are normally expected to feel degraded and humiliated. They also lose their self-worth and are emotionally distressed.

In the WHO study emotional distress was identified through symptoms such as crying easily, inability to enjoy life, fatigue and thoughts of suicide (WHO, 2005).
Different studies show that people who survived from domestic violence displayed a
great amount of emotional distress. Women who have been raped and women who have
been the victims of childhood sexual abuse or aggressive acts of racism, sexism or
heterosexism experience the chronic anxiety and sense of being in danger (Lips, 2002)
Women under violence experience tend to be bothered by emotional illness like
above. Denying her autonomy, violence also offends against the principle of respect for
persons thus abused women were more likely to experience emotional distress (Cook et
al., 2008:387; Garcia Moreno et al., 2005:1283 as cited by Megersa, 2014).

From many manifestation of emotional distress, lack of self-worth and self-
control could be listed. Women with abusive partners have reported feelings of
powerlessness and loss of control over their lives (Walker 1984). These women doesn’t
think that they worth better life and they are the one who stopped thinking that the future
is hopeful. They think their life is done and their happiest moments are gone. Based on
the information on National Prevention Toolkit on Domestic Violence for Medical
Professional: Florida State University 2014, they may have panic attacks or constantly
worry or fear for themselves. Anxiety can be caused by physical, sexual, and
psychological abuse. Also, Chronic and acute stress can be caused by the loss of control
and the fear victims have from domestic violence.

Women shouldn’t live only with abusive relationship to feel emotionally distress,
it is assumed after they left the abusive relationship the trauma and depression stays with
them. However, as it is mentioned on National Prevention Toolkit on Domestic Violence
for Medical Professional: Florida State University 2014 women who are living with
abusive relationship are also feel trauma. A woman may develop PTSD from living in an
abusive situation.

Some abused women try using drugs, alcohol, smoking, or overeating to cope,
but this can lead to greater physical and emotional problems. Most individuals experience
increased levels of emotional distress after going through traumatic events like violence
then this will lead to suicide. The stress and emotional devastation that results from
physical abuse puts women at risk for suicide (Lips, 2002.). Based on studies in U.S.,
Fiji, New Guinea, Peru, Bangladesh, and Sri Lanka, researchers estimate that women who have been abused are 12 times more likely than others to attempted (UNICEF, 2000).

Indeed young women who had been sexually and physically hurt by dating partners were 6 to 9 times more likely hurt than their peers, to say they had recently tough about or attempted suicide. (Silverman et al., 2001 as cited in Lips, 2002). This is because they are emotionally distressed after the incident and lose their interest to live and drop their energy to fight back to resolve the problem in life.

2.2.2. SOCIAL EFFECTS OF INTIMATE PARTNER VIOLENCE

Intimate partner violence is a wide-reaching social chaos, it is becoming major concerns of most communities. Worldwide; an estimated 40 to 70% of homicides of women are perpetrated by intimate partners, frequently in the context of abusive relationship (WHO, 2005).

When we refer to documents on modern countries who are expected to be effective in terms of reaching at equal right between men and women, United States is the first to come in to our mind but according to U.S. department report, an estimated 30% of female homicide victims are killed by an intimate partner (Hillary, 2003). This fact can confirm that IPV is one of the concerns of many countries and the challenge that they thrive to decrease the likelihood to happen. In Chicago, Among 153 women seen in a range of psychiatric settings, half had been sexually abused and 16% had been physically assaulted as children (Mueser et al, 1998). As adults, 64% had been sexually assaulted, 36% had been physically attacked, and 24% had witnessed severe violence. (Warshaw, 2003). This indicated that the fact that IPV related to mental and social health that needs psychiatric treatment.

Many abused women find it difficult to function in their daily life after the occurrence of domestic violence. Absences from work, due to injuries or visits to the doctor, often cause them to lose their jobs, making them less able to leave their abusive situations. These studies point to the key role that psychological and emotional abuse,
threats of violence, and stalking can play in women’s ability to achieve or maintain employment (Jenefer, 2009)

They may feel ashamed that their partners abuse them, see themselves as unworthy of love, and suffer from a significantly diminished self-perception. Because of their feelings of low self-worth, these women become isolated from friends and family and do not participate in social activities. Moreover, violence determines women’s sense of self-worth, their sense of autonomy, their ability to feel and act as independent, capable women (Garcia, 1999 cited by sosna, 2007).

The woman in cases of violence becomes isolated from other people and faces a growing sense of powerlessness as she tries and fails to change the situation in some way that will stop the violence (Lips, 2002). Given this suggestion; we can realize that social withdrawal is a common consequence of domestic violence against women. The use of illicit drugs, alcohol dependence, and even suicidal ideation could also happen after experiencing the domestic violence; this addiction trend as a result of trying to cop up with the damage encountered can lead to more social discrimination.

People with experience of intimate partner violence are the one who would afraid of future relationship too. It will take them a while to trust other people to be able to start affiliation. Longitudinal studies reveal that destructive marital conflict and negative communication are the leading risk factors for future marital distress (Gottman, 1994; Markman & Hahlweg, 1993 cited by Nieland Richard, 2005).

The long-term consequence of intimate partner violence is making the victim to believe in the power distance they have with their perpetrator. Finally they will ended up accepting the offenders higher power and controlling behavior so that women will stay under the power of their male partner and never demand higher authority in the community. Women in the no help-seeking group were significantly more socially isolated and reported that they did not seek help because they were still in love with their partners and believed he would change (Tramayne, 2012).
One of the reasons for women to tolerate violence is the strong love they have for their partner that never stops and the low self-esteem they could develop throughout their life but most importantly, the level of accepted violence in the community. Aspects of the social system are thought to maintain a patriarchal system and thereby increase the risk of violence against women by influencing the power structure within intimate relationships and supporting relationships in which men possess a higher relative status than women. (Niels & Richard, 2005).

This result would affect the nature of role that women play in the community. Therefore, we can conclude by saying that the effects of domestic violence on women can go beyond the immediate physical injuries they suffer at the hands of their abusers. The dangers that women experience in public and private spaces are closely linked. For example, male control in the domestic arena can restrict women’s mobility in public spaces (ActionAid, 2011). Because of the unreliable safety at home, women who are under domestic violence may be scared of going out and do their daily activities. It saps women’s energy, undermines their confidence, compromises their health, and deprives a society of the full participation of women. Recently observed women could not lend their labor or creative ideas fully if they are burdened with the physical and psychological scars of abuse (Carrillo, 1992 cited by Sosna, 2007).

One of the reasons which hinder women who are survivors of domestic violence from going out is the physical symptom from the violence. Women who have been abused also tend to experience poorer physical functioning, more physical symptoms, and more days in bed than women have not been abused. (WHO, 2005)

Most women in the world also have difficulty to find people who understand their situation, most of the cultures they are living in allow the men to control and discipline their wives in whatever way they want so that women will be scared of being criticized for sharing their situation or blaming their husbands to their closest. Women are blamed and held responsible for the violence and insecurity they experience (Action Aid 2011). This situation will lead them to think as if no one ever understands their situation.
and point of view and therefore they ended up separating themselves from society for not being understood.

Women in abusive relationships tend to have a harder time meeting financial demands and experience more difficulty providing for the basic needs of their families than women who are not in abusive relationships (Margaret, 2013). Low financial ability could also affect their social circumstances. It may expose them to the way they do not want to be observed by their community by giving the image they do not want to have in the community which is looking economically weak.

Social relationship is also one of the ways that helps the victims to cure from their sickness. If the victims have well organized social support, there is low risk of passing through depression and trauma. Furthermore, people are particularly vulnerable to depression when they have poor social support. Therefore, it is important to look at social support as a protective factor in regard to depression. Although domestic violence causes considerable emotional pain, many battered women do not develop mental health conditions and data indicate that symptoms, particularly of depression, may resolve when social support and safety increase (Campbell, Sullivan and Davidson, 1995; Tan et al, 1995).

**Summary of the Literature Review**

Domestic Violence is a broad term which includes Intimate Partner Violence in it. IPV is common form of Domestic Violence and it is highly tolerated kind of violence in many communities compared to other kind of violence.

Most culture allow men to discipline their wives by any ways that they think appropriate. This is mentioned by many literatures as a reason for IPV to occur. There are also other reasons for high prevalence of IPV, some of them are mistrust between the partners, how women depicted on media and the concept of power distance in the culture where the violence take place.
Literatures stated that in Ethiopia IPV is practiced popularly. It is one of the gaps studied in Ethiopia. The cultural and religious belief of the people contributed high prevalence. However, a little could be discussed about it, some women don’t even think they are passing through violence because of the cultural point of view regarding violence at home.

In addition, literatures showed that the fact that there is significant relationship between IPV and depression, anxiety and stress. Women who have been under abusive relationship are diagnosed for confusion, emotional distress, confusion and low self-esteem. Because of shame and fear of blame, victims avoid social engagement and some signs of depression.

IPV is being known as social problem which was illustrated because survivors experience some loneliness, self-isolation and fear of people. It was conformed that women with abusive relationship scared of leaving the abusive relationship and are scared of starting new one as a result of the memory and recall. They are fearful of the future and the people around them as well.
CHAPTER THREE

3. Methodology of the Study

3.1. Research Design

The study utilized mixed Design (qualitative and quantitative methods) to gather the relevant data. Mixed design used mainly because to better understand the research problem by two separate data collection methods. The specific type of mixed design which was used to conduct this study is known as triangulation design. This design is implemented to check whether those collected data match. The purpose of triangulation design is to obtain different but complementary data on the same topic (Morse, 1991, p.122).

Interview and Focus group Discussion was used to describe the psychological and social status of victims from intimate partner Violence. A non-probability sampling method which was specifically called convenient sampling was used in the study. A total of 5 interviewees who were under the shelter service, 6 Focus Group Discussants who works in the shelter and 25 survivors including the fives who participated in the interview demonstrated willingness to participate. The interview was conducted separately on different day from the questionnaire, the focus group discussion was also conducted on different day independently.

3.2. Research Setting

According to the information found from the shelter’s broacher and their website, Association for Women’s Sanctuary and Development (AWSAD) was established in 2003. It operates the first women-only shelters for survivors of violence in Ethiopia, supporting hundreds of women, girls and their children every year. In the care of the organization the women and girls gain the confidence and skills needed to rebuild and improve their lives once they leave.
They also raise awareness of women's issues and provide training sessions on violence against women and girls to community leaders and government representatives. This will improve responses to violence and make sure women can seek justice.

AWSAD has two safe houses in Addis and two in Adama (newest one in Adama opened 2015). The houses provide psychological support for survivors of gender-based violence (GBV), medical care, counseling, basic literacy education, self-defense training, and reintegration into society. They also provide educational support for some women who are attending tertiary education. Children are welcome, and many babies are born while in the safe house. The Ethiopian Federal Police is the referrer for most of the safe house residents.

The safe houses also offer livelihood training – e.g., the Addis Safe House has a hairdressing training facility and an embroidery class. Reintegration support includes helping survivors to find housing, providing them start-up capital for small businesses, paying their rent for a period of time, and providing them with household goods. AWSAD also provides training in GBV for police/prosecutors, and runs GBV awareness raising programs in schools (including self-defense classes and classes in reproductive health).

Although it has capacity for only 50, the safe house in Addis is supporting more than 80 women and 35 children. AWSAD provides 24-hour medical care, counseling, training and legal aid. When they feel ready, residents are encouraged to undertake life skills and employment training, literacy classes, self-defense sessions and social activities.

With a 50 bed-capacity, the shelter has hosted more than 143 women and their 54 children since May 2015, providing them holistic rehabilitation and reintegration services, including transitional housing, food, medical services, counseling, legal support and professional skills training.

The big compound found in Hayahulet is protected by security guards. Visitors can come in only when they have permission. Service receiving Women are living
incommunal dorms. They are assigned rooms based on the seriousness of their issue and whether they are mothers or not. Mothers are given rooms with their kids’ . There are office rooms for professionals and a clinic to take care of minor issues. Women who live in the compound perform their daily activities like washing clothes, bathing kids and cleaning themselves in the compound and there are communal places for these purposes too. While Kids run here and there in the compound, mothers were sitting at corners, doing some dishes and wandering around with their fellows have been observed.

AWSAD does not receive any government funding and relies entirely on donors. The Adama safe houses are 100% funded by UNWOMEN. AWSAD has been in discussions with the Addis Ababa and Adama city administrations about being granted permanent land, which would allow AWSAD to expand the shelters.

### 3.3. Accessible Population

Accessible population is a subset of the target population. The accessible population of this research are women victims of intimate partner violence. However, as it is being challenging to find people who openly identify themselves as intimate partner violence survivors, this study chose a community who already recognized as intimate partner violence survivors to be able to answer research questions. So that, the accessible population are those who are currently living in AWSAD women shelter, in one of the safe house which is found in Addis Ababa. These participants have also reported their cases to officials in the shelter to be able to receive the service the shelter could provide. These women are adults who are varied by age, educational background and marital status but all have experienced intimate partner violence committed by a spouse, an ex-spouse, a current or former boyfriend, or a dating partner.

### 3.4. Samples and Sampling Techniques

**Sample Size**

Five people who confirmed their comfort to participate and who were willing to share their personal stories drawn from 25 accessible populations. These accessible
population were victims of intimate partner violence survivors who were recorded in the shelter for support.

Although about 45 women currently sheltered in Addis Ababa branch, only 25 women recorded as intimate partner survivors, the rest are survivors of other domestic and gender based violence. Due to the fact that the research pursues mixed design, even though most part of the research was intended to be qualitative it incorporated quantitative methods as well. Accordingly, 25 participants or victims of intimate partner violence who are shielded at the shelter and their victim record shows that they passed through intimate partner violence participated in filling the questionnaires.

Six professionals at the shelter were also used to conduct focus group discussions. These professionals are inclusive of 2 nurses, 2 social workers and 2 baby sitters. The number of participants of the quantitative research was limited by the history found in the shelter.

**Sampling Technique**

This study used purposive (Non probability) sampling techniques. Specifically, called convenience sampling. Convenience samples are useful for certain reasons, and they require very little planning. Researchers simply use participants who are available at the moment. People who passed through intimate partner violence were already identified by care givers and councilors who work in the shelter and they have suggested these participants to take part in the interview and questionnaire as well. All Intimate partner survivors who were found in the shelter at the moment were invited to participate. The professionals themselves also have participated in the FGD.

**3.5. Method of Data Collection**

**Interview**

Qualitative data collection method was conducted using in-depth interviews with 5 of Intimate Partner Violence survivors in the women shelters. This interview divided into two parts which the first part spared for general background (demographical status) of the interviewees and the second part divided into two spheres of question which the first
two questions focused up on psychological challenges of the victims as a result of the violence and the second part of two questions investigate their social challenges.

**Questionnaire**

Quantitative data have also been collected using questionnaire which had 20 questions of Likert scale. This questionnaire was developed from different psychosocial status measurement scales found on the internet for free use. These scales are called Becks depression inventory (of 21 items), a collective of 21 questions which measures depression, Cohen perceived stress scales (of 10 items) which measure stress, social phobia inventory scale (17 item), Zung self-rating anxiety scale (of 20 Items) and Meaning in life questionnaire. Based on the literature review, more appropriate items such items that measure depression and stress were picked from each of the above scales and adapted for this research. Then, two educators the one who holds PHD holder in Educational management and a person who is M.A. graduate in Psychology checked on the appropriateness of the questions. Also, the reliability was checked by random five women found in the shelter. These people work in the shelter in different position. They didn’t necessary report Intimate Partner violence but they were helpful to evaluate the clarity of the instruction and the appropriateness of the vocabulary.

**Focus Group Discussion**

Likewise, five triggering questions were organized for FGD with 6 professionals who work at the AWSAD women shelter. These professionals are 2 nurses, 2 social workers and 2 volunteer trainers. The FGD was conducted to investigate what observant of intimate partner violence survivors could witness about their psycho social status.

**3.6. Data Collection Procedure**

The In-depth interview guide and the questionnaire were translated into Amharic, the local working language, in order to collect the quantitative and qualitative data.

Moreover, the researcher employed interview guide to conduct in-depth interviews to probe main information from participants. The interview had two sections, the first sections was to gather general information which helped to make the situation comfortable with participants before jumping into interviewing their actual experience.
All the interviews were recorded and during the interview, the researcher run into emotional break downs from the interviewees side however, whenever it happen the researcher had to have off mike conversation to calm the participants and bring them back to normal dialogue. As to the procedures for data collection in the study area, the Amharic version of the structured Interview schedule designed used during the collection of the primary data by holding interviews with the respondents in a face to face situation.

The questionnaire was modified from standard scales which were designed mainly to measure depression, stress and social phobia. They were found on the internet and tailored for the purpose of this study. The questionnaire was used to collect quantitative part of the data. The questionnaire was translated into Amharic for only Amharic speaking participants. The questionnaire was read for some of the participants and the other read and gave answers themselves.

Regarding data quality, the researcher took certain measures to ensure their quality. The standard questionnaire was composed from different sources of experts in the area of the Study like.

Pre-test of the tools were filled by professional women who are working in the shelter, they are considered as experts in the research area because of their lived experience with survivors of Intimate partner Violence and their educational back ground so they can easily identify inaccuracy.

3.7. Method of Data Analysis

All of the text attained through in-depth interview and FGD were summarized and described qualitatively through thematic analysis method. The data obtained from different interviewees under the same theme was interpreted and described following the research questions.

The data (Likert data) which was collected through the questionnaire adapted from different psycho social measurement scales were analyzed through simple cross tabulation quantitatively under each topic which was intended to be measured.

The qualitative and qualitative results were analyzed independently and then the interpretation was provided jointly.
3.8. Ethical Consideration

This research strictly followed World Health Organization (WHO, 2002) guideline on ethical issues related to domestic violence research to ensure the safety of the respondents as well as data quality.

Above all first consent was asked and the purpose of the study was explained to the participants. Privacy was promoted and respondents were informed that whatever information they provide would be kept confidential.

Tape recording was carried out taking into consideration the willingness of each participant. Thus, if requested not to be recorded, they were told their wishes will be respected. Pseudonyms (codes) were used for all participants’ protection and respecting their privacy. Respondents were given a right to quit the interview whenever they feel overwhelmed by the memory of their experience.
CHAPTER FOUR

4. RESULTS AND DISCUSSION

4.1. Result

This chapter presents the results of the research and discusses about them based on the methodology implemented. Findings reported in sequential order.

The first part included brief demography of 5 participants. Qualitative of analysis are carried out using data collected from 5 females who were registered in AWSAD women shelter as survivors from intimate partner violence. The data was collected using in-depth interview and questionnaire as tools to triangulate the data generation. The in-depth interview was divided in two sections with the purpose of the first section being focusing on the general background information of the respondents while the second section focuses on psychological and social hurdles from the violence.

Similarly, another qualitative data from FGD which was done with 2 nurses, 2 social workers and 2 volunteer psychiatrists discussed under similar research questions that have used earlier to analyze the data from in depth interview with survivors.

The quantitative result of the study collected using the questionnaire which was modified from different standard psychosocial scales. The result of the questionnaire on psychological evaluation of the violated women is presented in the second part of analysis. In this part, 25 volunteer respondents of women found in AWSAD women shelter participated using convenient sampling technique for the women who could read and write and using the data on the extent of psycho social consequences from intimate partner violence is reported.

4.1.1. Qualitative Result of the Study

The following are the interviews and the results from the interview which was conducted with 5 survivors of intimate partner violence who are sheltered in AWSAD. The interviewees were asked to answer five different questions under three umbrellas which are demography of the participants, psychological challenges of participants and
social challenges of participants. Primary, the interviews are displayed and then the results will be discussed.

BACK GROUND OF PARTICIPANTS

CASE 1

Participant one is an 18 years old woman who was in relationship with her abuser. She was a woman who was creating her own business as most of her home town people from southern Ethiopia, Gurage.

CASE 2

Case 2 is also an 18 years old young woman who explained how her situation with her partner started to go worse.

CASE 3

Case three is a 23 years old woman who was married and had a kid from her marriage. She is registered as one of the survivors from partner violence in the shelter. She is from Adama but her marriage was in Addis Ababa.

CASE 4

Case four was also lived in marriage for five years and she is a 25 years old who have been registered as one of intimate partner violence survivors in the shelter. She is from wello but her marriage was in Addis Ababa. She is a woman of few words but she tried to explain what happened between her and her husband.

CASE 5

The last participant was a 28 years old married woman who is from Addis and had family and friends around. She is married for three years but didn’t try to have kids because she thought things were going wrong in the first year of their marriage.
Results of the Interview and Focus Group Discussion
Psychological problems of Intimate partner Violence survivors

Self- esteem and Self-control

All participants asked to answer what they think of oneself as a result of the violence. The intention of this question was to discuss how much self-control they have, how worthy they feel and the self-esteem they usually feel. In result of this investigation, respondents have mentioned that they feel pain, couldn’t think of bright oneself in the future, emptiness and worthless.

One of the participants of the interview has said the following:

*I am so scared of leaving this shelter, I have to leave in a month. I have been challenged, have seen the worst already but I am sure more challenge is waiting for me out side, I feel so fearful when I think of that. I feel like all the good things in my life has been gone and what is left is dark and emptiness. Couldn’t handle anything similar with what I have handled in my life.*

Similarly, another participant revealed:

*I am trapped, I hope one day I will be released from my own jail, I feel I will be fine and cure myself from the pain I am feeling right now. However, currently I have no idea of where my life going, what I would do in the future and where to go.*

In general, as the discussion we have seen indicated that women who have survived from intimate Partner Violence have demonstrated lack of capacity to control their future, they have concentrated so much in their present problem than looking at tomorrow. Some of them prioritize their kid’s life than thinking that they should exist for themselves as well. They have no idea of what to do if something similar could happen again which shows their low self-esteem and loss of control, there is clear confusion of what they would do and can do as a result. They don’t think their life worth second chance and unconsciously chose to stay psychologically tortured.
Depression and stress

All participants were asked also to know if they are in common stress as a result of their experience and if they get emotional easily and feel sad after they left the abusive relationship. The question was intended to investigate if they might have depression syndrome and whether they have demonstrated stress related behaviors. The respondents of all survivors from intimate partner violence disclosed that they feel depressed, traumatized, anger, discriminated, deceived and overwhelmed.

In relation to this, case two said:

*I used to feel deceived, I used to hate myself. The discrimination you would face because you have a baby without dad is overwhelming. I really wanted to work anything to support myself but no one trusted me, no one ever wanted me to be close to them, they banished me. I am hopeless, I am weak, I couldn’t even work to be able to raise my kid by myself. My whole behavior and physical appearance is different now, it is distorted, I feel like I am a different person.*

Likewise, case four said:

*I blame myself. I feel anger towards everything and sadness. Especially when I see my daughter, she reminds me of everything we passed through.*

Similarly, case five expressed:

*I feel depressed most of the times, sometimes I couldn’t believe this all happened to me and I am living totally a different life. I used to feel useless and fearful of everything about the past. I am traumatized when I think of going back to normal life because I sometimes feel I deserve this, it is my fault to decide all the decision that led me to my current situation. I am confused, I don’t know what should be corrected.*

The above findings exhibited that the fact that survivors experience different psychological defects. Feeling of discrimination, feeling of being banished, hopelessness, depression, fear, trauma and confusion are what they developed as day to day emotion of themselves. It is also indicated that they have developed self-blame, low confidence of their appearance and personality and they think all the violence happen because they made certain mistake or they chose wrong path as a wrong person.
Psychological disorders were also detected by FG discussants. They responded for psychological problem they observe on survivors as they observed anger, loneliness, sorrow and anxiety.

One of the FGD from nurses said:

*The most difficult part of our work is to find out what they feel inside, because they usually feel depressed they don’t want to attend their medical appointment, sometimes they stop sharing their histories and show their anger on us because they think we are not helping them enough.*

Also, from participants the one who works as social worker in the shelter said:

*When they come to the shelter for first time, we find them crying a lot, they are highly scared of what will happen next, they are worried about everything and scared of everyone in the shelter and they became extremely shy when they get across male supporters and visitors of the shelter.*

Similarly, another participant of FGD who works as a trainer said:

*It is easy to train them vocationally but it is really difficult to train them to forget their sorrow, the betrayal they have experienced and to increase their low self-esteem. In conclusion, survivors are found angry, depressed, worried and scared. They memorize the worst of their experience and they grow low in their self-esteem.*
Social Problem of Intimate Partner Violence Survivors

Avoidance of Romantic Relationship

There were three questions asked to investigate what social interactions women victims of intimate partner violence look like and whether they become phobic of relationship as a result of their experience, one of these questions was if they want to start another relationship. However, all of the respondents except case three who wants to return to her abusive husband responded that they never see themselves in future romantic relationship.

One of the respondents who gave response for this question said:

After these whole thing? No way. I would never think of another relationship after the person I love didn’t do any good for me. I will never trust a guy again. I will never raise my kids with step dad.

Similarly, Case two strengthen the idea of hopelessness in future relationship as following:

I will not think of romantic relationship. In this shelter, I have observed multiple weird stories, experiences of violence from different guys in women life, relatives and acquaintances. There are women that I am learning from their life that all guys are annoying and dominant. So, I have no hope from having peaceful relationship with other man.

Also, case four reinforced the fact of survivors losing the need of having relationship by saying:

I don’t want a relationship; I prefer to rely on my own self. I will never want to have romantic relationship.

Finally, case five gave similar response as following:

I feel love for no one; forget about opposite sex but for my family, for my friends. I have no love left with me to serve for others.

The above result showed that starting relationship with another partner is currently unthinkable for survivors. Because the previous relationship didn’t work they think the future will not work as well. One of the respondents also think of beyond her
experience, including the stories she has heard from other women in the shelter, she thinks no man would be trustworthy. Survivors also think they better be rely on themselves or raise the kids they have brought to earth than thinking of another relationship. In general, their answers indicate the fear, the frustration and the impossibility they feel for their future intimate relationship and how much trust they lost in their future with other guys.

**Avoidance of Social Interaction**

Participants have also responded as they have asked if they like to socialize themselves with people in general. As they have discussed, they don’t want to socialize, because of the reaction from the community members as a result of publicizing the violence they have experienced and their own fear of judgment, survivors avoid socializing.

As one of the respondent replied for this question:

*After I gave birth of the twins, I went to my sister house to get good care of myself but that was so stressful experience for me. My own sister blamed me, neglected me and ignored me. She was even stopped talking to me at some point. Then, my brother took me to his house and she used to contrivers with him a lot because of me. So, I want to stay away from socializing and relationship as a solution.*

Also, another respondent expressed:

*After the violence, I stopped meeting people. I used to spent my time at ‘Kechene’ graveyard and the forest by myself. I still entertain loneliness and scared of socializing with people.*

In the same way, another interview has explained as following:

*I fight a lot, I am always in disagreement and misunderstanding of people. I think people will never think of good for me. I try to avoid people in my life because of continues fighting I am having.*

Almost all of the respondents have hidden fear of socializing with people or think they have lack of skill to be engaged in social affairs or ashamed of the challenge they have passed through that hinders them from peaceful interaction. They highly think people judge them for what happened and discriminate them. They all indirectly
indicated that people whether relatives or acquaintance stand against them or understand them very little. So that, survivors of intimate partner violence set up avoidance of social interaction which indicates their phobic behavior to that.

**Social Support**

Survivors of intimate partner violence who are living in AWSAD women shelter were asked to respond from whom the most support they received. They responded as the most meaningful support was received from the shelter and one person said as she get the support from her brother.

Case one expressed the case as:

*My brother was the most supportive and I pray a lot. God has given me a power to bear with this challenge. My brother...is a dad for my kids, if he wasn’t supportive of me this way, I would have killed myself. I have been thinking suicide before he came to take me back to his house.*

Also, case two have mentioned:

*The shelter was the most supportive. However; most people who work here don’t understand what we passed through. They get easily angry when people react in a different way than the way they expect. They will yell at women who fight with others but I don’t think those who fight enjoy fighting, it is just because their situation is out of their control.*

Likewise, case three repeat the idea of case two as following:

*There is no enough support other than getting food and shelter, no one wants to hear your problem, there is a huge listening problem...there is no one who you count as a good listener, that is why I am not open with everyone.*

Case four has also repeated the same idea about getting the support from the shelter:

*The shelter is very supportive. I have no support somewhere else.*

Case five also said:

*The shelter has helped me. They treated me inside and outside. I am psychologically cured before I could go crazy. I was also feeling pain but with listening to my problems and sharing their own experiences, they helped me to cure my past wound, I am thankful.*
Even though the most support received from the shelter, it is indicated that it is not as satisfactory as they could imagine. They mentioned that some worker don’t really understand their situation, they are not great listeners and they sometimes yell at them. It is pointed out that low support is from relatives and friends.

FGD discussants were asked to describe what social disorder they observe on Intimate partner survivors that they work for. They have responded that these survivors show less social life and prefer more privacy.

One of the FGD of this study who works as nurse witnessed the following:

You might expect the survivors to support each other but the fact is otherwise, they never get along with each other, they fight with very minor reasons, they don’t trust each other and one of our jobs is to create team spirit.

Also, the discussant who works in the shelter as trainer said:

They avoid chatting, they are very secretive and avoid sharing what happened to them by their Intimate Partner. They never work in group, the well-done individually instead.

The FG participant who is from social workers is also witnessed similar situation as above, she said:

They spent most of their time alone or with couple of their trusty worthy individual’s those who have kids prefer to spend most of their time with their kids, taking care of them. There is also a lot fighting, quarrel and disagreement that we have to deal with every day.

The findings above exhibited that survivors have low social interaction and even the fact that the interaction they have is negative. Survivors don’t disclose themselves because they think people never understand them if they do or judge them. They have low informal support system because they have no friend and people who are related to them.

4.1.2. Quantitative Result of the Study

25 Respondents participated in the questionnaire of 20 questions adapted from psychosocial scales. These questions are designed to indicate whether the person who respond to them have depression, stress and social phobia. Simple statistical analysis was made by setting a questionnaire data elements like level of anger, stress, hope, sorrow
and fear involved after the violence. Most woman 10(40%) out of the 25 study woman in post abuse rehabilitation center said anger has been their state of emotion all the time. 6(24%) woman feel angry most times and 9(36%) felt the same way at some time. The women were also asked if they ever had felt scared after they were exposed to the violence they were in. 11(44%) feel scared of their situations all the all the time 5(20%) said they feel fear most times the remaining 28% & 8% said they felt the same way sometimes and never consecutively.

Stress has been the major emotional state for 10(40%) of the women as they feel stressed all the time. 6(24%) said they feel it most times and the remaining 8(32%) sometimes feel stressed. Feeling of Sorrow is the other emotional state women are expected to develop after going through partner violence arising from close contact and family. This study found 12(48%) of women out of 25 domestically violated women are in sorrow of their lives and their luck all the time and the other majority 13(52%) said they are sometimes in sorrow

Feeling discouraged about the future is one of the emotional symptoms of depression. 10(40%) women in these survey are found to be hopeless all the time and 9(36%) feel it sometimes and only 2(8%) found not feeling hopeless at all.

Table 1; percentage frequencies of findings of the 25 abused women in Women shelter found in Addis Ababa.

<table>
<thead>
<tr>
<th></th>
<th>All the time</th>
<th>frequency</th>
<th>Most times</th>
<th>frequency</th>
<th>Some times</th>
<th>frequency</th>
<th>Never</th>
<th>frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger</td>
<td>10</td>
<td>40%</td>
<td>6</td>
<td>24%</td>
<td>9</td>
<td>36%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Scare</td>
<td>11</td>
<td>44%</td>
<td>5</td>
<td>20%</td>
<td>7</td>
<td>28%</td>
<td>2</td>
<td>8%</td>
</tr>
<tr>
<td>Stress</td>
<td>10</td>
<td>40%</td>
<td>6</td>
<td>24%</td>
<td>8</td>
<td>32%</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>Sorrow</td>
<td>12</td>
<td>48%</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>52%</td>
<td>0</td>
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<td>Discouragement</td>
<td></td>
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<tr>
<td>about the future</td>
<td>10</td>
<td>40%</td>
<td>4</td>
<td>8%</td>
<td>9</td>
<td>36%</td>
<td>2</td>
<td>8%</td>
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19(76%) of the woman confessed loss of satisfaction in their lives only 16% feel satisfied sometimes

One of the most important indicators of psychological health is feeling guilty of things that could easily be prevented, in terms of this, 19(76%) said that they feel guilt
all the time 5(20%) stated they feel it most times and the other 20% & 4% said sometimes & never consecutively.

Avoidance of social activity is also the most important sign of psychological injury which most study women 11(44%) agreed to withdraw from social activities all the time. The others 24% & 20% said they mostly and sometimes withdraw consecutively. 4(16%) of the woman doesn’t feel lonely at all 4(16%) feel lonely sometimes the majority 10(40%) feel lonely all the time 14(56%) never feel loved 5(20%) feel loved all the time. 6(24%) feel loved sometimes. 14(56%) feel that no one understands them 2(8%) feel understood by others. Complain has also been the major feeling most abused woman have 13(52%) feel it all the time 8(32%) feel it most times.

Depression is the most feared emotional derangement accompanied by feeling of worthlessness hopelessness and loss of interest leading to self-harm and suicide. 9(38%) woman sometimes think of suicide 7(28%) think of it all the time which is a very high index to how sever the results of intimate partner abuse. 11(44%) of woman cry all the time 5(20%) cry most times 6(24%) cry sometimes 16(64%) do not feel confident 6(24%) sometimes feel confident 2(8%) feel confident all the time.

Sexual interest also is less for 16(64%) of the woman all the time. 8(32%) most times feel loss of sexual interest 7(28%) never had good night sleep 8(32%) has a good night sleep all the time. The remaining 12% sometimes sleep good most woman feel they have lost weight all the time 8(32%) the remaining 38% and 32% said they feel it most times and sometimes consecutively. 48% has loss of appetite all the time. 11(44%) has loss of appetite most times. 2(8%) sometimes lose appetite.

One of the signs of being depressed and stressed is losing so much weight. So that, the survivors were asked if they lost weight after their abusive relationship and they conformed as they did. 11(44%) they feel of losing their weight all the time whereas 8(32%) sometime think of themselves losing weight. The other 4(16%), 2(8%) think the same way often and never consecutively.

Feeling of tiredness & weakness are also signs of depression and stress which most women 20(80%) feel tired and weak all the time. 4(16%) feel weak too. Another complementary symptom is loss of appetite which most of them stated they lost their
appetite often 12(48%), all of the time 10(40%) and 5(20%) said report they lose appetite sometimes.

4.2. Discussion

The Study finding shows that survivors of intimate partner violence suffer from psychological challenges and social phobia. Some of the main behaviors that they are diagnosed for are depression, stress, anger, sorrow and related post traumatic behaviors. Most of them have low self-esteem and they recognize feelings of deceived, trauma, sadness and similar behaviors as it is investigated in other studies of the empirical literature. The WHO (2005) which declares the result being the experience of abuse often erodes women’s self-esteem and puts them at the greater risk of a variety of mental health problem, including depression, anxiety, and alcohol and drug abuse also support the result of this study. First, women who experienced sexual violence reported significantly higher stress and depression but lower self-esteem and social support compared to those women who experienced other types of IPV. Second, women who experienced sexual violence were vulnerable to stress and depression and women who experienced sexual and emotional violence were at the greatest risk of stress and depression. Finally, women who experienced a combination of three types of IPV were also vulnerable to those mental health issues. (Nanthana&Nopporn, 2010)

4.2.1. Psychological problems

Women survivors of intimate partner violence also demonstrate low self-esteem, they think they would never look pretty and would be considered for future relationship. They also have low control over the future. As it is found from Focal group discussion as well, they also got emotional easily, and they have low self-control with situations and people around. Other negative psychological effects have been noted such as feelings of worthlessness and hopelessness on those who survived from Intimate Partner Violence. (Gelles&Harrop, 1989, As cited in selena, 2012).

Other studies also shows that the reality of victims personality after the violence being unhealthy. One of them is a study from WHO which says, Loss, feelings of shame
and guilt, humiliation, entrapment, and lack of control contribute to the development of poor self-esteem and depression as a result of Partner Violence (WHO, 2005; Astbury & Cabral, 2000). Self-perception and evaluation has also been suggested as risk factor for mental ill health in female victims. (Delia, 2012). This finding conform with literature as participants indicate feeling of shame and guilt from what happened to them. The also feel low self-esteem when it comes to creating future romantic relationship.

Questions from quantitative data like changes of appetite, the ability to handle personal problems and difficulty of sleeping in addition to questions from qualitative data like withdrawal from social interaction and feeling of worthlessness led the study to conclude the fact that depression being one of the main disorders the survivors experience. From one of previous studies Negussie, (2010) found out as well that the married women, who live in rural Ethiopia experiencing physical violence, childhood sexual abuse, emotional violence and spousal control were factors independently associated with depressive episode. This contributes to the constant emotional and psychological pain which makes the women powerless and their everyday life exhausting and frustrating. (Cerulli et al. 2012)

In addition, Stress is one of emotional factors what the study findings proved. Based on the qualitative data it is found that survivors are frustrated with their future and lost interest in of socializing. In addition to that quantitative data indicated that how survivors cry more, get angry more, with drown more etc compared to their pre-violence life. These information point out that survivors hurt by stress. So many other literatures are connected to this particular result too. It is conveyed that Victims had a 3 to 5 times greater likelihood of depression, sociality, posttraumatic stress disorder (PTSD), and substance abuse than no victims. (Zeffiro and Krause, 2019) Similarly, another literature support the fact that depression and stress being consequences of the violence by saying, “Domestic violence and abuse increases the likelihood of depression in women with no previous history of symptoms; for example, more than 10% of postnatal depression might be potentially attributable to domestic violence and abuse.” (Oram and Khalifeh, 2016)
4.2.2. Social problem

Correspondingly, this finding showed that the fact that survivors of Intimate partner violence are socially phobic. In the qualitative data, it was found that survivors have intense fear of interacting or talking, avoiding doing things with people, fear of social interaction, expecting the worst consequence from interaction which are considered as signs of social phobia. Survivors, Because of their feelings of low self-worth, they become isolated from friends and family and do not have enough opportunity to participate in social activities. Moreover, violence determines women’s sense of self-worth, their sense of autonomy, their ability to feel and act as independent, capable women (Garcia, 1999 cited by sosna, 2007).

Women’s overall health and social wellbeing is severely influenced by forms of psychological, physical or sexual violence performed by a current or former partner (Neill & Peterson 2014).

Finally, the result of this study indicates that women survivors of intimate partner violence have low social support system. Literature also suggest that Social support can be perceived as a source of resistance against illness, including stress-related illness (Quick, Horn, & Quick, 1986)
CHAPTER FIVE

5. Summary Conclusion and Recommendation

5.1. Summary

The aim of the study is to explore psychosocial effects of Intimate partner violence on victim women and create a comprehensive understanding about the psychosocial effects domestic violence against women. These women’s psychological (cognitive judgment on one’s life satisfaction), emotional (feeling about one’s life) and social status which is related to type of relationship they want to establish in future and they currently have have were investigated.

The research answered the following questions. What psychological problems do the victim experienced as a result of intimate partner violence? What emotional problems do the victims experience as a result of Intimate partner Violence? What social problems do the victims experienced as a result of intimate Partner Violence? The target population of the research is women victims of intimate partner violence who are living currently in AWSAD women shelter, in one of the safe house which is found in Addis Ababa. These participants have also reported their cases to officials in the shelter to be able to receive the service the shelter could provide. These women are adults who are varied by age, educational back ground and marital status but all have experienced intimate partner violence committed by a spouse, an ex-spouse, a current or former boyfriend, or a dating partner.

This study used purposive (Non probability) sampling techniques. Specifically, called convenience sampling. Convenience samples are useful for certain purposes, and they require very little planning. Researchers simply use participants who are available at the moment. People who passed through intimate partner Violence were already identified by care givers and councilors who work in the shelter and they have suggested these participants to take part in the interview and questionnaire as well. All Intimate partner survivors who were found in the shelter at the moment were invited to participate. The professionals themselves also have participated in FGD.
Qualitative data collection method was conducted using in-depth interviews with 5 of Intimate Partner Violence survivors in the women shelters. This interview divided into two parts which the first part exposed general background (demographical status) of the interviewees and the second part divided into two spheres of questions which the first two questions focused up on psychological challenges of the victims as a result of the violence and the second part of two questions investigate their social challenges.

Quantitative data have also been collected using questionnaire which had 20 questions of Likert scale. This questionnaire was modified from mixed different psychosocial status measurement scales. These scales are Becks depression inventory (of 21 items), Cohen perceived stress scales (of 10 items), social phobia inventory scale (17 item), Zung self-rating anxiety scale (of 20 Items) and Meaning in life questionnaire. Some items are picked from each of the above scales and adapted for this research. Then, a PHD holder in Education and an M.A. graduate in Psychology checked on the relevancy and accuracy of the questions and approved. Also, the reliability was checked by first five participants a head.

Likewise, five triggering questions were organized for FGD with 6 professionals who work at the AWSAD women shelter. These professionals are 2 nurses, 2 social workers and 2 volunteer trainers. The FGD was conducted to investigate what observant of Intimate partner violence survivors could witness about their psycho social status.

The in-depth interview and the standard scales were translated into Amharic which is the local working language in order to collect the quantitative and qualitative data. Moreover, the researcher employed interview guide to conduct in-depth interviews. The interview had two sections which the first sections intend to make the situation comfortable for the participants before jumping to interviewing the actual experience.

The qualitative data was extracted from the questionnaire which was developed from different standard psychosocial status measurement scales. The questionnaire was translated into Amharic for only Amharic speaking participants.
Regarding data quality, the researcher took certain measures to ensure their quality. The standard questionnaire composed from different sources and consulting experts in the area of the Study. Pre-test of the tools were filled by women who are working and living at the shelter and who were also willing to participate.

As to the procedures for data collection in the study area, the Amharic version of the structured Interview schedule designed used during the collection of the primary data by holding interviews with the respondents in a face to face situation.

All of the text attained through in-depth interview and FGD were summarized and described qualitatively through thematic analysis method. The data obtained from different interviewees with similar patterns interpreted and described following the research questions.

The data (Likert data) which was collected through the questionnaire adapted from the psycho social measurement scales were analyzed through simple cross tabulation quantitatively under each topic which was intended to be measured. The information received through this tell whether survivors experience depression and stress.

The result indicated that women who survived from Intimate Partner Violence have psychological syndrome, like stress, depression, trauma, low-self-esteem and low control over their future, low self-concept and also they have indicated social phobia. The research also found out that they have low social support from relatives and institutions. Intimate partner violence have consequences of psychological and social disorder. People who survived from the act have low social support and psychological wellbeing to be able to lead healthy life in the future
5.2. Conclusion

Intimate Partner Violence is a very serious social issue which led into social chaos. Human beings could be affected by physical, psychological and emotional injuries as a result of intimate partner violence.

There are many women in AWSAD women shelter who have experienced different kinds of domestic violence but the accessible population of this study are only those who have survived from intimate partner violence (marital and romantic).

It was indicated that woman who just survived from abusive relationship have signs of depression as a result of losing control and interest of in one’s life. Because among victims who are living in the shelter, low appetite, low engagement, high anger and sadness were recorded, depression is concluded as common consequence because these behaviors occurred as a result of depression.

The most commonly referenced psychological effect of domestic violence is Stress. Their experience is characterized by flashbacks and avoidance of triggers that are associated with the abuse. These symptoms are generally experienced after the victim has left the dangerous situation. Sleeping problem, anger, withdrawal are also indication of stressful behavior.

This study also finds out that victims of intimate partner suffering from phobia of socializing with people and instruction with future intimate partner, as it accounts for previous experienced trauma. This was indicated through their fear of socializing and ineffective social condition that they have. As victims are made to feel guilty for ‘provoking’ the abuse and are frequently subjected to intense criticism. It is reported that most of the victims meet the diagnostic criteria for depression after termination of the relationship, and have a greatly increased risk of suicide.

In conclusion, the current study argues that female survivors of intimate partner violence have increased their chances of psychological and social illness. It is, therefore, all around impacts of health need to be considered in to any supportive strategies of intimate partner survivors.
5.2 Recommendation

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

- Women shelters should sustain their psychological and social support which victims can utilize in their post shelter life.
- More research should be conducted from perspective of Intimate partner violence survivors in order to better understand their lived experience and other risk factors.
- Women shelter should develop certain platform to network survivors in the shelter with those who left the shelter and became successful in solving their distress.
- The professional in women shelter should vigorously teach against intimate partner violence.
- Women shelters, women organizations and health center should provide leadership in the local community to oppose violence against women.
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Annex-A

In-depth interview with Domestic Violence Survivors

School of Psychology
Addis Ababa University

This study is being conducted to gather data and information on one of domestic violence against Women called Intimate Partner Violence. The information you provide will be kept strictly confidential and will be used for only research purpose. If you are voluntary to participant in this Interview, I would like to ask about the relationship between you and your partner and what happened during and after the violence.

I hope that you will participate keenly, due to your experience and view being very crucial for this study. Thank you very much for your interest to participate.

Section One (General back ground)

1. Age_________
2. Where are you from ------------
3. Relationship status with the abuser ____________
4. Where did you live with your partner
5. What happened between participants and their partners?

Section Two (Psycho social consequences)

THE PSYCHOLOGICAL HURDLES AS A CONSEQUENCE OF THE VIOLENCE?

1. What do you feel about oneself as a result of the violence?
2. What abnormal behaviors do you see in yourself after the violence?

THE SOCIAL HURDLES AS A CONSEQUENCE OF THE VIOLENCE?

1. Do you want to begin another romantic relationship after the Violence?
2. Do you want to socialize with people in general after the Violence?
3. Where did you find the most support after going through IPV?
FOCUS GROUP DISCUSSION GUIDE WITH CARE GIVERS

We are here today to discuss about psychosocial effects of domestic violence against women (Particularly Intimate partner Violence). Please feel free to disagree one with another. We would like to have many point of view and experiences. All comments are confidential and used for research purposes only. Your names will not record to protect your confidentiality. Thank you very much!

What is your Occupation in AWSAD ________________?

1. What psychological disorder do you observe on women who are survivors of Intimate Partner Violence as a result of their experience?
   - What feeling do they exhibit about themselves?
   - What abnormal behaviors do you observe?

2. What social disorder do you observe on women who are survivors on Intimate partner violence as a result of their experience?
   - What social interaction do they exhibit?
Annex-C

Questionnaire on Intimate partner Violence

School of Psychology
Addis Ababa University

This study is being conducted to gather data and information on psycho-social consequence of intimate partner violence against Women. The information you provide will be kept strictly confidential and will be used only for research purpose. I hope that you will participate in this, since your experience and view is very crucial for the study. Thank you very much for your willingness to participate in advance.

The following questions ask about your feelings and thoughts after the violence. In each question, you will be asked how often you feel or think in a certain way. Tick ✔ how often each of the statements below is descriptive of you.

<table>
<thead>
<tr>
<th>No.</th>
<th>Statement</th>
<th>Never</th>
<th>Sometimes</th>
<th>All the time</th>
<th>Often</th>
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<tbody>
<tr>
<td>1</td>
<td>In the past couple of months, how often do you feel anger?</td>
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<td>2</td>
<td>In the past couple of months, how often do you feel scared?</td>
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<td>3</td>
<td>In the past couple of months, how often do you feel stressed?</td>
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<td>4</td>
<td>In the past couple of months, how often do you feel discouraged about the future?</td>
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<td>5</td>
<td>In the past couple of months, how often do you feel sorrow?</td>
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<td>6</td>
<td>In the past couple of months, how often do you feel satisfied with your life?</td>
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<td>7</td>
<td>In the past couple of months, how often do you feel guilty about what happened?</td>
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<td>8</td>
<td>In the past couple of months, how often do you lose interest in other people’s accompany?</td>
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<td>Question</td>
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<td>9</td>
<td>In the past couple of months, how often do you feel you are completely alone?</td>
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<td>10</td>
<td>In the past couple of months, how often do you feel loved?</td>
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<td>11</td>
<td>In the past couple of months, how often do you think nobody understands you?</td>
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<td>12</td>
<td>In the past couple of months, how often do you feel disappointed in yourself?</td>
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<td>13</td>
<td>In the past couple of months, how often do you think of suicide?</td>
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<td>14</td>
<td>In the past couple of months, how often do you cry?</td>
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<td>15</td>
<td>In the past couple of months, how often do you feel confident about your ability to handle personal problem?</td>
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<td>16</td>
<td>In the past couple of months, how often do you think you lost interest in sex?</td>
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<td>17</td>
<td>In the past couple of months, how often do you sleep well?</td>
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<td>18</td>
<td>In the past couple of months, how often do you think you lost so much weight?</td>
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<td>19</td>
<td>In the past couple of months, how often do you feel weak and tired very easily?</td>
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<tr>
<td>20</td>
<td>In the past couple of months, how often do you lose appetite?</td>
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Annex-D

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የሚቀጥለትጥያቄዎችከጥቃቱበኋላስሇሚሰማዎትስሜትእናስሇአልዎትአመሇካከትሇማጥናትየተወጠኑናቸው፡፡በእያን

ከአክብሮትጋር

አአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአአInforme in English.
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