

**FEMALES PSYCHO-SOCIAL PROBLEMS WITH SURVIVING SEXUAL
VIOLENCE IN CONFLICT-AFFECTED AREAS: IN CASE OF
SHEWAROBIT TOWN.**

BY:

YECHALE YIGZAW

ADDIS ABABA, ETHIOPIA

JUNE, 2023

ADDIS ABABA UNIVERSITY
College of Education and Behavioural Studies
School of Psychology

**Females Psycho-Social Problems with Surviving Sexual Violence in Conflict-
Affected Areas: In Case of Shewarobit Town.**

By: Yechale Yigzaw

**Thesis Submitted to the School of Psychology in Partial Fulfilment of the Requirements of
the Degree Masters of Arts in Developmental Psychology.**

Advisor: Abera Tibebu (PhD)

ADDIS ABABA UNIVERSITY

College of Education and Behavioural Studies

School of Psychology

Declaration

I, the undersigned, declare that the thesis, entitled: Females psycho-social Problems with surviving sexual violence in conflict-affected areas: In case of shewarobit town submitted by me to award the degree of Master of Art in Developmental Psychology at Addis Ababa University, is my original work and it not been presented for the award of any other Degree, Diploma, or fellowship of any other University or institution. This work has also accredited the views of research participants, and I have fully acknowledged the materials and pieces of information used in this study.

Yechale Yigzaw Bizuneh

Approval page

Females Psycho-Social Problems with Surviving Sexual Violence in Conflict-Affected Areas: In Case of Shewarobit Town.

Yechale Yigzaw

Approval of the Board of Examiners

1. Advisor-----signature-----Date-----

2. Intenal Examiner-----signatu-----Date-----

3. External Examiner-----signature-----Date-----

Acknowledgment

First and foremost, I would like to express my heartfelt appreciation to my advisor, Dr. Abera Tibebe, who encouraged me to take on this study bravely and assisted me in monitoring the study in detail, both technically and content-wise-items, as well as teaching me commitment and kindness.

Second, I am appreciative of those respondents who willingly shared their time, energy, personal experiences, and knowledge to me.

Lastly, I could not have finished this job without the help of my mother, Yatenesh Yigzaw, and my lovely wife, Helen Temesgen; I am eternally thankful!

Abstracts

The purpose of this study was to discover the females psycho-social problems with surviving sexual violence in conflict-affected areas: in case of shewarobit town. To achieve its objectives, the study used a qualitative research approach to gather, analyse, and interpret data. As a result, the study included 11 sexual violence survivors for an in-depth interview. In addition, 3 key informants were used for key informant interviews, 1 from the woreda women and children's affairs, 1 from an NGO social worker, and 1 from the health sector. The study used a phenomenological foundation to reveal whether sexual victim girls experienced sexual violence, and have different meanings towards sexual violence, DSM-5 to understand the specific psycho-social problems stated under the specific objectives. The study also used humanistic theory to understand survivors' feelings, actions, and self-image, following sexual violence, and cognitive theory to understand survivors' thoughts and feelings. The study shows survival females who are violated by sexual assault, are vulnerable to different psycho-social problems. It was also found that because of the violence and the influence of society, survival females are affected by depression, anxiety, post-traumatic stress disorder, isolation, sleep disturbance, loneliness, hopelessness, suicidal attempts, and other societal and family-based problems. The study, on the other hand, found the majority of the study participants did not obtain the psychological, medical, social, and spiritual assistance that they should have received to solve their difficulties. Even victims who received medical assistance could not overcome their problem because they received assistance only once. So government, religious institutions, and communities must provide psychological, social, and spiritual support to survivors.

Keywords: *Sexual violence, psychosocial problems*

Table of Contents

Contents	page
No	
Acknowledgment	i
<i>Abstracts</i>	ii
Table of Contents	iii
List of Tables	vi
Abbreviations	vi
CHAPTER ONE	1
1. INTRODUCTION	1
1.1. Background of the Study	1
1.2 Statement of the Problem	4
1.3. Scope of the Study	7
1.4. Objectives	7
1.4.1. General Objectives	7
1.4.2. Specific Objectives	7
1.5. Significance of the Study	7
1.6. Operational Definition of Variables	7
1.7. Limitations of the Study	8
CHAPTER TWO	8
2. RELATED REVIEW LITERATURE	8
2.1. The Concept of the Psycho-social Problems of Sexual Violence on Females	8
2.2. Empirical-Related Reviews	10
2.3. Sexually Violent Females' Psychosocial Problems Coping Mechanism	16
2.5. Theoretical Reviews	24
2.5.1. The Humanistic Theory	24
2.5.2. The Cognitive Theory	25

2.6. Conceptual Framework	26
CHAPTER THREE	27
3. Research Methods	27
3.1. Research Design	27
3.2. Study Area	27
3.3. The Population of the Study	28
3.4. Philosophical Foundation	28
3.5. Research Approach	29
3.6. Sample Size Determination	29
3.6.1. Sampling Technique	29
3.7. Types of Data Source	30
3.8. Data Collection Methods	30
3.8.1. In-Depth Interview	30
3.8.2. Key Informant Interview	30
3.8.3. Observation	31
3.9. Data Collection Procedure	31
3.10. Methods of Data Analysis and Interpretations	31
3.11. Administration	32
3.12. Data Trustworthiness	32
3.13. Ethical Consideration	33
CHAPTER FOUR	34
4. FINDINGS	34
4.1. Summary of the Participant's Profile	35
4.2. Existence of psycho-social problems within Shewarobit Town	36
4.3. Types of Psychosocial Problems that Females Confront Due to Sexual Violence	37
4.4. Responses Practiced to Overcome Females' Psycho-social Problems in the Study Area.	51
4.5. Discussion	57
CHAPTER FIVE	62
CONCLUSION, AND RECOMMENDATIONS	62
5.1. Conclusion	62
5.2. Recommendations	64

Reference	65
Appendix A. interview guide for Survivors	
Appendix B. Interview guide for health sector experts.	
Appendix C. Interview Guide for government sector experts and social workers	
Appendix D Observation checklist	

List of Tables

Table 1 Profile of the Interviewees

Table 2 Profile of the Key Informant Interviewees

Abbreviations

DSM-5- diagnostic and statistical manual of mental disorder

TPLF- Tigrean People Liberation Front

CHAPTER ONE

1. INTRODUCTION

1.1. Background of the Study

The term “conflict-related sexual violence” refers to rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage, and any other form of sexual violence of comparable gravity perpetrated against women, men, girls, or boys that is directly or indirectly linked to a conflict (UN, 2019).

Sexual violence continues growth across the world in different forms. It is a pervasive issue across Europe. The study conducted by European Union Agency for Fundamental Rights (FRA) report highlights that one in five women in Europe has experienced some form of sexual violence since the age of 15 (FRA, 2021). Sexual violence is beyond gender-based sexual harassment and it includes psychological, emotional, and physical violence (Lang, Mergaert, Arnaut, & Vertommen, 2023).

Likewise, the study conducted on the USA-Mexico border revealed that it has long been associated with violence, insecurity, and human rights violations. On both sides of the border, human rights violations and sexual violence against females have been recorded (Staudt, Payan, & Kruszewski, 2022). Females are particularly vulnerable to violence, exploitation, and trafficking, with many facing sexual assault and harassment as they attempt to cross the border (Staudt et al., 2022).

Align with the above study, in Ireland women significantly experienced sexual violence more than men. Irish adults experienced sexually assaulted (raped) and sexually harassed. This resulted in and is associated with mental health and psychological influences (Vallières et al., 2022). In addition, sexual violence in Ireland resulted in psychological health problems (Vallières et al., 2022).

Similarly, conflict-related sexual violence in Ukraine and Afghanistan highly impacted female’s life. Survivals faced both psychological and physical health treatment due to the collapse of

health center due to conflict and a lack of health experts that serves in humanitarian contexts (Armitage, 2022). In UK sexual violence crimes data are registered through different crime-based surveys. Sexual violence reports indicate that 9.8 percent were women and 1.4 percent were men victims. Hence, the prevalence of sexual violence is higher among females (Brunton-Smith, Flatley, & Tarling, 2022).

Similarly, Females in Spain faced a different form of sexual violence. The study at the Macro-survey level conducted by the Spanish Ministry of Equality reveals that Females faced a different forms of sexual violence including sexual violence by a partner or ex-partner, someone other than a partner or ex-partner, and sexual harassment (Pastor-Moreno, Ruiz-Pérez, Sordo, & Henares-Montiel, 2022). Sexual violence is currently used as a war weapon. In the current world structure rape is a weapon, tool, or instrument of warfare (Kirby, 2020). Sexual violence during war times effect accounted as a war weapon and it is usually viewed as psychological warfare (Stark & Wessells, 2012).

Concerning sexual violence studies, Africa does not differ from European countries concerning sexual violence. Females in Africa experienced a different form of sexual violence. It includes murder of women through sexual violence, rape, intimate partner violence, and human trafficking. This form of sexual violence is worse during the armed conflict in Africa (Medie, 2019). Sub-Saharan African countries' females faced higher sexual violence prevalence including emotional, physical, and rape. These sexual violence acts worsen during the conflict in the region (Muluneh, Stulz, Francis, & Agho, 2020).

Align with the above studies, an armed conflict existed in different parts of Africa in different decades. It brought a different form of human rights violations and loss of life. Beyond these losses, war conflict caused sexual violence-related psychological problems for women and girls. During the Congo Wars, the Rwandan genocide, and the Eritrean-Ethiopian War females experienced war-based sexual violence. Females are highly vulnerable and exposed to the risk of intimate partner and troop sexual violence (K. Le & Nguyen, 2022).

In 2018, the United Nations Organization Stabilization Mission in the Democratic Republic of Congo (MONUSCO) documented 1,049 cases of conflict-related sexual violence against 605

women and 436 girls. Most of the cases (741) were attributed to armed groups, while 308 were attributed to the Armed Forces of the Democratic Republic of the Congo and the Congolese National Police. In most incidents, females were targeted while walking to school or collecting firewood or water. A quarter of the cases attributed to the Congolese police were committed while victims were detained in temporary holding cells (UN, 2019).

Likewise, the study conducted in Rwanda reveals a quarter of a million ladies were assaulted and it has been recognized as war wrongdoing, an infringement of human rights, and wrongdoing against humankind (McKay, 1998).

Similarly, conflict-related sexual violence against females in South Sudan result indicated that girls and women were forced to provide sexual services as slaves, cooking, cleaning, and washing clothes for soldiers. Victims got severe injuries and death in some instances because of the cruelty, duration, severity of the rape, and sexual violence (HRC, 2022).

The issues do not differ from other nations hence, females are exposed to sexual violence in Ethiopia. The range and form of sexual violence worsen during conflicts and different forms of violence are widespread and those women and girl survivors of sexual violence are left with many psycho-social needs (UN, 2016). However, there is also non-conflict-based sexual violence in the country. The cause of non-conflict sexual violence against girls alarmingly increased in different secondary high schools and it includes psychological, physical, and sexual violence. Sexual harassment and seduction are experienced types of sexual violence (Shanko Wamako, 2022).

Likewise, The study conducted in Bahir Dar City concerning gender-based sexual violence result indicates that from the total of 788 respondents, 387 respondents experienced sexual violence in their lifetime and the lifetime prevalence of rape was 132 (Belay et al., 2021). In the northwest, Gondar town, female students who travelled to school for more than 30 minutes experienced sexual violence including sexual harassment, unwelcome touching of body parts like breasts, kissing, and unwanted sexual act and asked to have sex through force (Woynhareg, Terefe, & Moges, 2019).

Similarly, armed conflicts in northeast Ethiopia resulted in several psychological and physical damages. Female survivors were exposed to sexually transmitted infections, and unwanted pregnancy, and confronted social objections. The armed group's inhumane individuals and they consider rape or sexual violence activities as their way of expressing abjection to civilians (Tenaw, Aragie, Ayele, Kokeb, & Yimer, 2022).

Additionally, the conflict between the Ethiopian federal government and TPLF resulted in numerous violence nearby the Afar and Amhara regions. The TPLF forces forcefully raped and sexually assaulted females as young as 14 years old. They were raped by a gang or multiple rebel fighters. Girls and women have lately arrived in different Hospitals in Debarq, Gondar, and Bahir Dar. TPLF forces raped girls and women in Chenna, Boza, Abriham, Jerosan, Finure, Zarima, Dia, Adimenai, Tintane, Tabla, and Did-Bahr (Amnesty, 2022).

With the northern conflict area, the study conducted by Forum for Higher Education Institutes in Amhara Region (FHEIAR) result indicates that the northern part of armed conflict damages both the physical and psychological state of different war areas of the region. The result reveals some properties are not damaged by the war however no someone is not a victim of the war psychologically (FHEIAR, 2022). The FHEIAR study reveals that people who are living in different war areas in the Amhara region are exposed to different types of psychological problems (FHEIAR, 2022).

Hence, this study focused on conflict-related sexual violence psychosocial problems existence, types of psychosocial problems, and coping mechanisms concerning survival females in war areas specifically in Shewa Robit Town.

1.2 Statement of the Problem

Worldwide, there are varying estimates of young people's exposure to war, especially in the adolescent age group. War-based violence is associated with numerous mental health, behavioral, and emotional consequences. These include depression, withdrawal, alienation, post-traumatic stress disorder (PTSD), health, and physiological malfunctioning (Amone-P'Olak, 2005). In studies conducted in Pakistan, Yugoslavia, and Rwanda, a quarter of a million

ladies were assaulted by West Pakistani troopers. It has been recognized as war wrongdoing, an infringement of human rights (McKay, 1998).

Armed groups used sexual violence as a tactic of war in the Central African Republic. In 2019, the southeast region witnessed sexual violence wrongdoing conducted between anti-Balaka and Union pour la Paix en Centrafrique (Group, 2019). Most of the females who were raped by groups belonging to parties to the conflict were interrupted on their way to farms or while fleeing to safety (Imasuen, 2015). The United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA) documented 179 incidents of conflict-related sexual violence, affecting 259 victims (144 women, 78 girls, 1 man, 1 boy, and 35 females of unknown age). The incidents included 239 cases of rape or attempted rape, 14 forced marriages, one case of sexual slavery, and five other forms of sexual violence (UN, 2019).

According to the literature, sexual violence is a risk factor for the development of an array of intra and interpersonal difficulties, including depression, anxiety, post-traumatic stress, dissociation, personality, and eating disorders (Sinanan, 2016).

Sexual abuse has been correlated with higher levels of depression, guilt, shame, self-blame, eating disorders, somatic concerns, anxiety, dissociative patterns, repression, denial, sexual problems, relationship problems, and trauma (Astuti & Tisnawijaya, 2020). The psychological effects of child sexual abuse often occur irrespective of the particular extent of trauma the child experienced during the abuse (Sinanan, 2016).

The most frequent psychological disorders participants experienced were anxiety and depression, followed by nightmares, occasional suicidal ideation, and thoughts of self-harm (Bonomi, Nichols, Kammes, & Green, 2018). Women described that most of these experiences were tied to their inability to forget what happened, which was exacerbated by insults and stigma in their community and their inability to care for the children they came back with. One woman shared, that participants shared that they were disturbed by their inability to move on and believed having these unresolved feelings affected multiple areas of their lives including their relationships with families, intimate partners, and their children born in captivity (Woldetsadik, Acan, & Odiya, 2022). In 2018, the United Nations Mission in South Sudan (UNMISS) recorded

an alarming increase in the number of incidents and victims of conflict-related sexual violence(TUNG, 2018).

Likewise, qualitative research was conducted in Karagawa Indonesia, on the title sexual violence and its psychological impacts, depression, phobia, nightmares, trauma, and urge to attempt suicide are the major problems of sexually violated girls (Suhita, Ratih, & Priyanto, 2021). Another qualitative research titled post-traumatic growth in early adult women victims of sexual violence indicates that trauma and shocks due to sexual violence drive the process cognitive in victims such as self-blame, and fear of reaction for others (Wisnu & Kurniawan, 2018).

Survivors interviewed by Amnesty International have suffered physical and mental trauma resulting in depression, insomnia, anxiety, and other forms of emotional distress, often made worse by the reaction of their husbands and families (Amnesty, 2022). Several women said that their husbands had left them and others said that they feel unable to tell their husbands and their families about having been raped. Some said they could no longer live in their villages because of the stigma (Amnesty, 2022).

Thus, in the study area in Shewarobit town, armed group sexual violence psych-social problems has yet to be explored, and its consequences on sexual violence survivors needs to be investigated.. Hence, this study was conducted to fill the gaps in sexual violence's impact on Females in Shewarobit towns. Unless otherwise conducting psychological problems caused by sexual violence and delivering psychological coping mechanism services for those victims, they may live suffering the pain of sexual violence. Hence, this study investigated the existence of psycho-social problems concerning sexual violence, identifying the types of psychological problems that sexually victim females, and suggesting relevant coping mechanisms. Thus, this study answered the following major research questions.

- Are there any psycho-social problems existing within the armed conflict areas specifically in Shewarobit Town?
- What specific psycho-social problems exist as a result of war-related sexual violence?
- What are the coping mechanisms of war-related sexual violence psycho-social problems?

1.3. Scope of the Study

The scope of the study was delimited into three major scopes such as geographical, thematic, and time scopes. Thus, this study was conducted in Shewarobit Town, which is located in the Amhara regional state of North Shewa. The study was focused on the psychosocial problems of sexual violence on Females who are living in war areas in the year 2022. The study was accomplished this academic year. This study was not cover other parts of the country that have been affected by the conflict. It also focuses on the psychosocial problems of the attack on urban dwellers, not on rural residents. In addition, the study included all females who are a victim of armed-related sexual violence.

1.4.Objectives

1.4.1. General Objectives

The general objective of this study was to explore the psycho-social problems of sexual violence on Females in conflict-affected areas, particularly Shewarobit Town.

1.4.2. Specific Objectives

- To explore psychosocial problems, in case of being sexually violated
- To identify the types of psychosocial problems that have occurred in the study area
- To examine the responses to solve existing psycho-social problems

1.5. Significance of the Study

This study contributes to a better understanding of the psychological consequences of sexual violence on females. According to the findings of this study, several governmental and non-governmental organisations may provide psychological and other services to females who are experiencing psychological disorders. It could also be useful for academics and students interested in studying sexual violence-related psychological studies in war zones.

1.6.Operational Definition of Variables

Sexual violence: - It is a sexual assault caused by the conflict between the Ethiopian federal government and TPLF rebels.

Females: - Those females who are a victim of armed conflict and sexual violence and living in the town of Sharobit.

Psychosocial Problems: - Psycho-social problems based on sexual violence caused by war

1.7. Limitations of the Study

This analysis excludes other areas of the country that have been impacted by the conflict. It also concentrates on the psycho-social consequences of the attack on urban people rather than rural residents. Furthermore, the study only looked at war-associated sexual violence-related psycho-social problems; it did not look at other conditions.

CHAPTER TWO

2. RELATED REVIEW LITERATURE

2.1. The Concept of the Psycho-social Problems of Sexual Violence on Females

Conflict is an unavoidable spectacle and different extreme political ideologies arise in severe political conflicts. This political conflict brings many psychological pressures and consequences. Thus, conflict causes physical and psychological harm. When physical conflict ends, psychological conflict continues. As a result, many females become victims of violence and psychological conflict Van Prooijen and Krouwel (2019).

Armed conflict is categorized into four types. It includes intrastate or civil conflict, interstate conflict, Non-state conflict, and One-sided violence. Intrastate or civil conflict mainly refers to violence between a government and at least one non-governmental party whereas interstate conflict denotes sexual violence between two or more governments and Non-state conflict states to the use of armed force between two organized armed groups. The last conflict is concerned with One-sided violence and it is the use of armed force by the government of a state or by a formally organized group against civilians. These major conflict types, directly and indirectly, affect females. The impact of war conflict on Females does not end after the war is over but it brings psychological disorder problems especially when Females are sexually violent (Cederman & Pengl, 2019).

Psychological disorders are closely related to social, cultural, and family norms and values, and when these principles are violated, psychological disorders occur. It is characterized by abnormal thoughts, feelings, and behaviors. Psychological disorders have different perspectives across different contexts and countries. Thus, there is no universal acceptance definition however some of the common definitions refer to the four Ds including deviance, distress, dysfunction, and danger. Deviance refers to different, extreme, unusual, and even

strange. Distress on the other hand refers to unpleasant and upsetting to other persons. Dysfunction psychological disorder that denotes interfering with the person's ability and danger refers to being dangerous to other people. Thus, females who are sexually violated are mainly categorized under distress psychological disorders, and they became unhappy, anxious, and discomfort. Psychological disorders are categorized from different perspectives (Antony & Barlow, 2020).

Anxiety disorders usually refer to describe the unpleasant, widespread, and nebulous sensation of fear and nervousness. When the anxiety level is severe there are several symptoms including rapid heartbeat, shortness of breath, diarrhea, loss of appetite, dizziness, fainting, sweating, frequent urination, trembling, and shortness of breath. It also included worry and anxious feelings about the future; hypervigilance (continuously assessing potential threats), which involves constantly scanning the environment for dangers (Antony & Barlow, 2020).

Depression refers to the presence of feelings of sadness, emptiness, or irritability, accompanied by bodily and cognitive changes lasting at least two consecutive weeks. A high level of sexually violated Females ' depression led to clinical depression treatments and it affects feeling, thoughts, behavior, variety of emotional, and physical problems (Villarroel & Terlizzi, 2020).

Major depressive disorder (MDD) includes feelings of worthlessness, sad mood, loss of pleasure in life, sleeping difficulties, lack of motivation lasting for two weeks after the sexual violence occurred, and other related harassment. Persistent depressive disorder (PDD) on the other hand lasts at least 2 years and the victims experience depressive symptoms. The last depression is a premenstrual dysphoric disorder that the victim's mood swings after the incident or violence occurred (Diehl, 2014).

Stigma psychological disorder refers to destructive beliefs and attitudes. The effect of stigma led to a reluctance to seek treatment, and a lack of understanding from the family and society. Stigma psychological disorder attached to mental illness and victims is hesitant to consult a doctor or psychologist because they are ashamed of their sexual violence experiences (Kring & Johnson, 2018).

Anyone who experienced psychological trauma suffered post-traumatic stress disorder (PTSD). It includes intrusive and distressing memories of the event. To diagnose PTSD, the following symptoms must occur at least for one month. The major symptoms are fear, anger, guilt, shame, feelings of detachment from others, irritability, proneness toward outbursts, and an exaggerated startle response. Trauma experience, greater trauma severity, lack of immediate social support, and more subsequent life stress are the contributing factors to the development of post-traumatic stress disorder. The victim associated related things with the previous experience. Females who were sexually assaulted during conflict developed PTSD when they hear new conflicts from different perspectives (Weiser, 2014).

Posttraumatic stress disorder (PTSD) occurred when an individual experiences, witnesses, confronted with an event or events that involved actual or threatened death, serious injury, or sexual violence. PTSD symptoms include re-experiencing, avoidance, negative alterations in cognition and mood, memory difficulties, feeling detached, persistent negative beliefs, and hyperarousal. Re-experiencing symptoms include memories of the trauma intruding into consciousness repetitively without warning, flashbacks of the event, nightmares, psychological reactions including terror, disgust, and depression, and physiological responses such as increased heart rate, rapid breathing, and perspiration (Barlow, 2014).

Sexual violence against victims can have physical and psychological impacts. It is an act that leads to sexual violence against someone that is carried out by force in a war area and similar environment that exposed females to forced sexual violence. Sexual violence includes forced abortion, sexual slavery, rape, forced pregnancy, sexual assault, and sexual torture (Mukwege, 2018).

2.2. Empirical-Related Reviews

The war caused different sexual violence and females are more vulnerable to sexual harassment. According to Konstantina Sklavou in war areas, women are highly victims of sexual violence. They faced different sexual slavery, torture in detention, rape, humiliation, and discrimination. Due to war and sexual violence, women confronted short-term and long-term health consequences, including mental illness, psychological disorders, social problems, and complications of pregnancy (Sklavou, 2019).

During the Rwandan genocide, girls were raped and 22 years later, reconciliation with traumatized girls appears difficult. Sleeping problems, having bad dreams, pregnancy due to rape, and being contaminated with HIV/AIDS are the major psychological and health problems (Banyanga, Björkqvist, Österman, & Hackett, 2017).

Sexual violence is far from being a temporally discrete trauma. Mass of the victims' girls and women had physical, psychological, social, and economic consequences. Gang rape, sexual slavery, and forced pregnancy are the worst practices of sexual violence in war zones, and this sexual violence results in psychological damage or disorders (Jones, Cooper, Presler-Marshall, & Walker, 2014).

During the South Sudan conflict, females suffered different forms of psychological disorders due to wartime sexual violence. They faced two major types of sexual violence such as intimate partners and armies. Girls and women were physically and psychologically traumatized by being beaten, kicked, hurt with a stick or other object, or threatened with a gun, knife, or another weapon (Ellsberg et al., 2020).

The study conducted in northern Uganda revealed that conflict-related sexual violence included forced marriage, rape, and forced pregnancy. The study tried to address the effect of wartime sexual violence on their health, relationships, and care-seeking behaviors. Findings indicate that women survivors still experience unresolved and untreated trauma, lack access to mental health services, and struggle financially as a result of social shame and traditional rules that forbid women from owning land. Moreover, their relationship was disrupted after survivors disclosed their experiences, in addition to their physical health, they faced emotional and psychological health problems. They had several psychological issues that affected their daily lives, including bitterness, hostility, suicidal thoughts, and nightmares based on their sexual violence spent in the bush. Among the major psychological disorders, participants were experiencing anxiety, depression, nightmares, occasional suicidal ideation, stigma, and thoughts of self-harm (Mahlet, 2018).

According to Halyna et.al sexual violence in refugee settings, due to the destruction of social institutions caused by armed war, Congolese women frequently live apart from other family members, leaving them more vulnerable. Sexual violence survivors experience severe

emotional distress, physical pain, and psychological anguish as a result of being branded and shunned by society (Lugova, Samad, & Haque, 2020).

2.2.1 Sexual Violence Cause Psycho-Social Problems and Experiences

Females who were raped indicate Post-Traumatic Stress Disorder, they faced adjustment problems and showed high levels of distress (Karl Hanson, 1988). Due to conflict, several girls were exposed to psychological disorders because of sexual violence, and among major psychological disorders are anxiety, withdrawal behavior, trauma, depression, irritability aggressive behavior, and suicidal ideation. Victims developed a sense of insecurity, helplessness, and fear. The victim girls dropped their academic performance and do not trust others, they felt aggrieved, under high trauma pressure, powerless, and behaviors self-injurious (Byba Suhita, Ratih, & Priyanto, 2021). The study conducted at the University of Sao Paulo results revealed that the signs and symptoms of sexual violence were anxiety or referred to having fear difficulties with operational memory and difficulty sleeping, and more trouble performing tasks that required attention and memory (Marques et al., 2020).

Girls' sexual violence suffered are so swept away by their dreams or even persistently and they disturb their sleep patterns because they constantly reflect on the experiences (nightmares) they encountered (Ningsih, 2018). Sexually violent girls developed a feeling of Ashamed of the incident they experienced and a traumatic situation in which the victims blame themselves in long term. They also developed regression, blaming or judging themselves, fear of other people, and fear of the perpetrator because of repeated raped (Zahirah, Nurwati, & Krisnani, 2019).

Sexual violence pushed the victims to use drugs or other dangerous substances. Thus, the critical psychological impacts occurred on victims of sexual violence, namely anxiety in the form of fear after sexual violence, withdrawal behavior comes from feelings of an ashamed, traumatic situation in which the victim blames himself and still remembers events, blaming or judging oneself, fear of other people's reactions, and fear of the perpetrator, depressive, irritable, experiences nightmares, and fear of meeting again the perpetrator (Hamdullahpur, Jacobs, & Gill, 2018).

The victims failed to suicide psychological disorders after experiencing sexual violence. This happened because of experiencing high trauma pressure and the victims cannot manage

negative emotions which can result in a self-defense deficit. Thus, victims who experience sexual violence are vulnerable to suicidal ideation. Sexual violence brings interpersonal measures of difficulty, maladaptive cognition, depression, trauma, and suicidal ideation (DeCou & Lynch, 2019).

Girls who are experiencing sexual violence had higher suicide attempts than their peers who had no experience of sexual violence. They are highly depressed, and filled with anger, annoyance, deep sadness, and confusion. Girls who are experiencing sexual violence show irritability, fear, nightmares, decreased academic performance, pessimism, distrust of others, and substance abuse (Saputri, Noviekayati, & Saragih, 2018).

Sexually abused adolescents exhibited depression, anxiety, social problems, maladaptive cognitions, posttraumatic stress, interpersonal difficulties, loss of confidence, shame, trauma, stress, feeling isolated, angry, lonely, and feeling useless or hopeless in life (Pittenger et al., 2019). Sexually abused females experience depression, loss of self-assurance, humiliation, trauma, stress, feeling alone, furious, hopelessness, trauma, and shocks, they familiarize themselves to regret, blaming or judging themselves, fear of the reaction of others, and fear of the perpetrator (Wardhana & Kurniawan, 2018).

The psychological impact of sexual violence resulted in anxiety, withdrawal behavior, trauma, depression, and suicidal ideation. In addition to this victims experience depression, loss of confidence, shame, trauma, stress, and feeling isolated, angry, lonely, and feeling useless (Mubina, 2017). The adolescent sexual abuse study result exhibited regressive behavior, depression, withdrawal behavior, nightmares, aggression, and neurotic disorder. Victims experience fear, anxiety, low self-esteem, lack of friends, loneliness, withdrawal from the creation of new social bonds, and post-traumatic stress disorder after sexual violence occurred (Fontes, Conceicao, & Machado, 2017).

According to Kennedy Amone, rape forced marriages, and other forms of sexual abuse are often used as a tool for war. Thus, sexually abused girls faced getting upset, sweating, breathing problems, feeling irritable, and angry, having bad dreams, depression, fear, lack of concentration, confusion, absent-mindedness, incoherent speech patterns, sleep disturbances, and sadness (Amone-P'Olak, 2005).

Sexually abused adolescents faced low self-esteem, depression, post-traumatic stress disorder (PTSD), sleep difficulties, borderline personality disorder, self-injury, and suicidal behavior psychological disorders (Cruz et al., 2021). The study finding reveals that sexual assault adolescents experience an anxiety disorder, post-traumatic stress disorder, psychiatric disorder, depression, a decrease in appetite, sleeplessness or hypersomnia, fatigue or energy loss, feelings of worthlessness, concentration difficulties, and recurrent thoughts of death. They also faced other health-related problems including sexually transmitted infections, unwanted pregnancy, and exposure to transmitted diseases (Khadr et al., 2018).

Sexually abused adolescents failed to anxiety, depression, and post-traumatic stress psychological disorders. Depression and anxiety were found prominent psychological disorders (Guerra, Farkas, & Moncada, 2018). Sexually violent adolescents experiencing suicidal ideation. Among adolescents, 46.3% of them their lifetime failed in mental distress, and 21.4% had been diagnosed with a severe disorder. Sexual abuse in adolescence increases the risk of suicidal ideation (Yoon, Cederbaum, & Schwartz, 2018).

Females who are victimized by conflict-related sexual violence are stigmatized by their community and excluded from social networks. Due to war conflict-based sexual violence, birth rates are escalated in Myanmar. Women are exposed to stigma, depression, cultural pressure, developing fear, (Green, McHale, Mishori, Kaljee, & Akter Chowdhury, 2022) anxiety, hastiness (unstable), and trauma psychological disorders.

They were experiencing forced nudity shows, and violence targeting sexual organs, as a result, they were exposed to a bladder infection (urinary tract infection). Females and women are suffering conflict-related sexual violence effects. Some of the survivors saw when their family members were killed and raped in front of them (Green et al., 2022).

Concerning the above finding sexual violence was used as a weapon of war in Rwanda. It was deliberately planned to murder, to incur permanent mental and physical harm (Sitkin, Lee, & Lee, 2019). Sexually victim adolescent girls experience sleep problems, depression, decreased appetite, feelings of hopelessness, nightmares, and a sense of resignation to their fate. They also faced attention problems and a lack of emotional attachment to the community (Shaw, 2017).

The study conducted by ICRC result indicated that war conflict-based sexual violence resulted in physical and psychological consequences. The physical problem includes death, injuries, pain, exposure to sexually transmitted infections, and pregnancy burden problems. The psychological consequences include suicidal ideation, distress, self-blame, confusion, indignity, anger, low self-esteem, and guilt or shame and trauma. Girls and women who are forcefully raped face social-related problems. It includes re-victimization, intimate partner violence, stigmatization, discrimination, rejection by family members, and refusal of children born because of raped and forced marriage (ICRC, 2021).

Sexual violence in Ireland resulted in psychological health problems. Girls and women who are exposed to sexual violence faced serious mental health problems (Vallières et al., 2022). In the Democratic Republic of Congo, civil war females were sexually assaulted and they experienced physical and psychological related health problems. The physical health problems brought additional psychological disorders. The majority of raped girls and women faced unwanted pregnancy, traumatic genital injuries, fistulae, and exposure to sexually transmitted diseases. As a result, victims are exposed to post-traumatic stress disorder, anxiety, and depression. The study concluded that wartime sexual violence is highly traumatic, causing multiple, long-term negative outcomes. The most commonly reported types of sexual violence were gang rape, rape, and abduction (Ba & Bhopal, 2017).

The study conducted in London result revealed that sexual assault adolescents experience depressive disorder, anxiety disorders, post-traumatic stress disorder, and post-traumatic stress, and self-harm behaviors. They also failed to unwanted pregnancies and sexually transmitted infections (Khadr et al., 2018).

Conflict-related sexual violence against females in South Sudan result indicated that girls and women were forced to provide sexual services as slaves, cooking, cleaning, and washing clothes for soldiers. Victims got severe injuries and death in some instances because of the cruelty, duration, severity of the rape, and sexual violence. Due to traumatic experiences, attacks, killings, social stigma, and the trauma of losing children in conflict, the victims lose self-worth and meaning in their life. They suffer serious stress, depression, anxiety, emotional shock, sexual dysfunction, hopelessness, suicidal thoughts, and post-traumatic stress disorder. Girls and women had been raped and subjected to sexual mutilation,

humiliation, and torture. As a result of the above major psychological disorders, the victims suffered high blood pressure, thyroid conditions, panic attacks, and nightmares health problems (HRC, 2022).

The conflict between the Ethiopian federal government and TPLF resulted in numerous violence nearby the Afar and Amhara regions. The TPLF forces forcefully raped and sexually assaulted females as young as 14 years old. They were raped by a gang or multiple Tigrayan fighters. Girls and women have lately arrived in different Hospitals in Debark, Gondar, and Bahir Dar. TPLF forces raped girls and women in Chenna, Boza, Abriham, Jerosan, Finure, Zarima, Dia, Adimenai, Tintane, Tabla, and Did-Bahr. Females faced physical, and mental trauma including depression, insomnia, anxiety, fear, and other forms of emotional distress, and could no longer live in their villages because of the stigma. They are also exposed to unwanted pregnancy and transmitted diseases (Amnesty, 2022).

2.3. Sexually Violent Females' Psychosocial Problems Coping Mechanism

There are two basic psychological disorder coping mechanisms. Psychological and pharmacological therapy. Psychological therapy includes cognitive-behavioral, psychoanalysis, supporting consulting, brief psychotherapy, and group psychotherapy. The pharmacological therapy includes Benzodiazepine, antidepressants, Buspirone, beta-blockers, and antipsychotics (Mangolini, Andrade, Lotufo-Neto, & Wang, 2019).

Sexual-related violence and psychological disorders require in-depth support from different perspectives such as psychiatric, health center consultation, community-based rehabilitation, and spiritual support. Victims in South Sudan were seeking psychiatric or consultation services. However, language barriers, lack of professionals, unavailability of health center services, and cultural barriers aggravated the psychological problems of sexually abused girls and women. On the other hand, the victims developed medical support rejection behavior due to losing self-worthiness (Ellsberg et al., 2020).

Sexually violent females required the help of professionals who treat people with psychological problems. Psychiatrists, counselors, social workers, and medical doctors are some of the professionals that give relief to victims. Cognitive therapy coping mechanism is the best fit for depression treatment. The client requested and was given a series of sessions

to write down the situation, emotion, automatic thought, rational response, and outcome of the treatment process (Karpiak & Spilis, 2019).

Social support is the critical coping mechanism for post-traumatic stress disorder. It is delivered in the form of relatives, friends, and neighbors. It allows the victim to discuss feelings and experiences and provides a sense of being loved and appreciated (Weiser, 2014).

Sexually assaulted females who are suffering from suicide attempts, depression, anxiety, and stress psychological disorder received Methadone Maintenance Treatment (MMT). It mitigates physical and psychosocial hardships. Vietnam's government has made a great commitment to expanding the MMT program for those who are suffering from depression, suicidal ideation, and anxiety (T. A. Le et al., 2019).

The accepted psychopharmacological medicines medicine includes antidepressants, buspirone, beta-blockers, and antipsychotics. In addition to the above medications, the following treatments are complementary including aromatherapy, acupuncture, herbal medicine, relaxation homeopathy, yoga, mindfulness, and other exercise practice that are critical for psychological disorder coping mechanisms (Mangolini et al., 2019).

Antidepressant medication is recommended as an initial treatment choice for patients with mild to moderate major depressive disorder. However, pharmacotherapy has some side effects including gastrointestinal symptoms, sedation, insomnia, activation, weight change, and cardiovascular, neurological, anticholinergic, and sexual side effects (Gelenberg et al., 2010). Symptoms of PTSD, consistently irritable, anger, unreasonably or obsessively anxious, suspicious, or mistrustful, and nightmares are addressed by antidepressants (Stahl, 2017).

According to WHO psychopharmacological treatment is used for different types of disorders including depressive disorders, generalized anxiety, and sleep disorders, obsessive-compulsive disorders. These types of medication have their own pro and cons. Benzodiazepine medications are the main class of pharmacological agents for the treatment of anxiety disorders. Benzodiazepines' low doses are used to treat short-term anxiety therapy. It has poor evidence for long-term treatment of PTSD-related anxiety and it is also used for emotional numbing related to PTSD and preventing integration of the traumatic event. Thus, it needs continuous assessment by the prescriber (Stahl, 2017).

Thus, healthcare providers should discuss with patients, family members, and patients' careers (WHO, 2009). Atypical antipsychotics in low doses effectively reduced flashbacks, anxiety, depression, and insomnia symptoms. On the other hand, sleep aids effectively resulted in control and reduced nightmares, re-experiencing trauma symptoms, and frequently disrupts of sleeping (Stahl, 2017)

Psychological treatment is the most preferable coping mechanism. Psychological interventions for psychological disorders are more critically important than medications. In this thought doctor-patient relationship can itself be considered an important therapeutic instrument. Thus, the relationship between physical health experts, psychiatrists, and sexually victim females is valuable for treating psychological disorders (Infante, 2019).

Depression-focused psychotherapy is suggested as a first-phase treatment choice for patients with mild to moderate major depressive disorder. In this form of treatment cooperation, availability of social support, and frequency of visits are necessary to create and maintain a therapeutic relationship, ensure treatment adherence, and monitor and address depressive symptoms and suicide risk (Gelenberg et al., 2010).

Depression-focused psychotherapy is recommended as an initial treatment choice for patients with mild to moderate depression. Interpersonal psychotherapy (IPT), cognitive behavioral therapy (CBT), psychodynamic psychotherapy (PDP), and problem-solving therapy (PST) are suggested for depression reduction as critical support for depression-focused psychotherapy (Li & Wang, 2019).

Cognitive-Behavioral Therapy (CBT) or Combination treatments is more effective because of the nature of assessment; intervention, and evaluation of the disorder problems. It included many forms of psychological disorders. It reduces the symptoms of anxiety, worry, and depression through relaxation, breathing, autogenic training, cognitive restructuring, situational exposure, and desensitization through self-control. This form of treatment is run by a psychologist, nurse, social worker, or psychiatrist. Thus, it is more effective than medication especially when it is applied in the first phases of psychological disorder problems (Stefan, Cristea, Szentagotai Tatar, & David, 2019).

This method of treatment identifies dysfunctional thoughts and attitudes prompted by the trauma. The therapist tried to modify beliefs, and lower anxiety, depression, and PTSD

symptoms. The CBT treatment resulted in improved sleep quality and decreased nightmares (Leslie Miles, Mabey, & Caten, 2020).

A study result revealed that cognitive-behavioral therapy significantly contributed to generalized anxiety disorder, post-traumatic stress disorder, depression, obsessive-compulsive disorder, and social anxiety disorder symptoms (Carpenter et al., 2018).

Different techniques are applied to support anxiety-disordered clients. The techniques include image exposure, response prevention, systematic desensitization, worry exposure, de-catastrophizing, cognitive restructuring, guided imagery, breathing retraining, and progressive muscle relaxation. Mastery and control-based techniques are the other coping mechanism for psychologically disordered clients. These techniques mainly emphasize guiding sexually assaulted females to overcome and control or reduce unwanted thoughts and feelings. The therapies create awareness for sexually violent females that their thoughts and feelings are the cause of their suffering and life problems. Thus, to escape from anxiety disorders client's willingness and the experts' ability to inspire the victims to apply this coping mechanism is critical for anxiety disorder recovery. On the other hand, the new wave of behavioral therapies for anxiety believed that to help anxiety disordered, clients' acceptance, mindfulness, values, spirituality, meaning and purpose, relationships, and quality of life are critical determinants (Eifert & Forsyth, 2005). Post-traumatic stress disorder therapy includes coping, skills-focused treatments, exposure-based treatments, cognitive therapy, combination treatments, and eye movement desensitization and reprocessing.

Stress Inoculation Training is the process of coping with psychological problems. This approach includes different phases. The preparation phase of treatment tried to understand the existing fear and anxiety problems and it incorporates three major channels physical or autonomic, behavioral or motoric, and cognitive channels. The second phase focused on delivering the prepared coping skill training and the cognitive phase provides a chance for victims to focus on their internal dialogue and train to label negative, irrational, and maladaptive self-statements. Self-dialogue taught preparation, confrontation, management, coping with feelings of being overwhelmed, and reinforcement (Barlow, 2014).

Cognitive processing therapy (CPT) is the other form of therapy that help sexual victims to challenge their thinking about their past traumatic events. Clients are asked to write an

impact statement and their beliefs. In this approach, the victims are requested to label their emotions and recognize the connection among events, thoughts, and feelings. The therapist encouraged them to feel write down their trauma event experiences and feelings. The experts identify patterns of problematic thinking and generate alternative solutions (Barlow, 2014).

Psychodynamic psychotherapy is effective in treating patients with post-traumatic stress disorder (PTSD) that resulted from sexual assault. Under this treatment, there must be different tasks to support the victims. It includes the identification of targets, traumatic events, and experiences. Following this, there should be preparation that includes creating a therapeutic alliance, building, and practicing resilience, and self-soothing tasks. Then it needs desensitization tasks that incorporate reprocessing the memory until the distress is decreased. The installation phase helps the disturbing event associated with positive cognition. Conducting an assessment for residual bodily distress or somatization is critical for debriefing and closure of the previous traumatic events and re-evaluation to check out the level of ongoing traumatic symptoms (Cowan & Ali Ashai, 2020).

The review found insufficient evidence to support Psychodynamic Psychotherapy as a stand-alone treatment for PTSD and trauma and it works with other types of treatments (Leslie Miles et al., 2020). Psychodynamic therapy is equivalent to CBT to reduce suicide attempts and depression, and it also resulted in long-term treatment (Khademi, Hajiahmadi, & Faramarzi, 2019).

Acceptance and commitment therapy (ACT) emphasizes cognitive behavior therapy that helps clients to accept their difficult thoughts and feelings as a necessary part of a worthy life. This treatment requires mindfulness and acceptance techniques with behavioral commitments. It helps to reduce PTSD symptoms and experiential avoidance. Study results confirmed that ACT helps to deteriorate TSD, depression, and event centrality symptoms or problems (Leslie Miles et al., 2020). This therapy reduced perceived stress, PTSD, depression, and anxiety. It is applied through commitment and behavior change strategies, reduces psychological stress, and increases flexibility (Herbert et al., 2019).

ACT was found to reduce the symptoms of posttraumatic stress disorder and the study assured pre and post-intervention. It increased mindfulness and psychological flexibility (Wharton, Edwards, Juhasz, & Walser, 2019).

Trauma-focused Cognitive Behavioral Therapy (TF-CBT) played a significant first-line treatment for trauma. It reduced and controlled adolescents' impact of trauma. This treatment demonstrates significant improvements in anxiety, depression, dissociation, feelings of shame, sexual problems, and PTSD symptoms (Landolt, Cloitre, & Schnyder, 2017).

TF-CBT help to the reduction of dissociation, post-traumatic stress disorder, internalizing, dissociation, and externalizing sexual-related violence problems. Sexually violent children showed improvement in complex PTSD problems (Hebert & Amedee, 2020).

Sexually abused children experience emotional instability, are reluctant to leave the house, suffer depression, fright, and anxiety, daydream, feel shy and inferior, and suffer post-traumatic stress disorder problems. Concerning this, post-traumatic stress disorders were measured through PTSD Symptoms Scale in three stages such as intervention, during the intervention, and after the intervention. The re-experience, avoidance, arousal, negative thoughts, and emotions were the major symptoms measured through PTSD Symptoms Scale. To alleviate these major psychological problems Traumatic-focused behavioral cognitive therapy was found effective (Tursilarini, 2017).

TF-CBT is widely used for children and adolescents' anxiety and trauma disorders therapy. It is slightly more effective in reducing post-traumatic symptoms in this group and multi-dimensional group therapy was an effective intervention to reduce post-traumatic stress disorder symptoms (Rakhmasari, Nashori, & Kurniawan, 2021).

TF-CBT is effective for PTSD, sadness, anxiety, externalizing behaviors, sexualized behaviors, and feelings of shame symptoms. Adolescents and children who are victims of the above major psychological disorders had improved because of TF-CBT therapy (Liang, 2021).

Eye Movement Desensitization and Reprocessing (EMDR) treatment is psychotherapy recommended by the WHO for the treatment of PTSD in adolescents and adults. This treatment is functional for intrusive, avoidance, anxiety, and depression symptoms (Leslie Miles et al., 2020).

EMDR treatment approach is effective for sexual violence or assault-based PTSD and it decreases symptoms. This method of therapy is capable of producing stable and long-term positive effects. The EMDR and TF-CBT therapy hadn't similarly addressed PTSD problems.

It considered being an evidence-based therapy that can be applied to both adults and children in the case of PTSD (Jongh, Amann, Hofmann, Farrell, & Lee, 2019).

PTSD occurred due to accidents, assaults, terrorist attacks, and war, while human events include sexual assault, sudden death, kidnapping, serious illness, and disaster. For these disorder problems eye movement desensitization and reprocessing treatment for posttraumatic stress disorder are found effective. This approach reduced depression, bipolar disorder, behavioral problems, substance abuse, psychosis, suicidal ideation, and substance dependence problems (Khan et al., 2018).

Eye movement desensitization and reprocessing approach solved evidence-based treatment for posttraumatic stress disorder, complex trauma, and dissociative disorders (Shapiro & Brown, 2019). Sexually violent children and adolescents continue to suffer from anxiety, depression, and PTSD, and victims after being supported by Eye movement desensitization and reprocessing approach to function and behave appropriately. This approach emphasizes conducting a systematic study, building understanding, focusing therapy on the most worrying elements of past traumas and current triggers, and supporting victims' skills to manage their distress problems (Jones-Smith, 2018).

Trauma Sensitive Yoga is the complementary treatment for trauma-based disorders. It focused on breathing exercises, postures, and mindfulness meditation. It is an effective therapeutic method for victims of sexually assaulted females and victims who are supported through this method improved and developed tolerance and decreased PTSD symptoms. Trauma Sensitive Yoga resulted in decreased fear helplessness, anxiety, depression, PTSD, and stress symptoms (Neukirch, Reid, & Shires, 2019).

Victims who are experiencing sexual assault or violence suffer slowly escaped from their depression, stress, anxiety, and worries about their sense of well-being due to trauma-sensitive yoga intervention programs (Nicotera, Connolly, Jawdat, & Ostrow, 2022).

Yoga intervention provides relief to anxiety, depression, PTSD-related symptoms, and illnesses. It is effective when health and psychiatrists used it with integrating other psychological treatments (Macy, Jones, Graham, & Roach, 2018).

Women developed military sexual trauma, post-traumatic stress disorder, and co-occurring disorders because of war-related sexual violence. Trauma-informed yoga (TIY) improved

psychiatric symptoms and showed feasible and acceptable results. Women improved diet, exercise, disorders symptom severity, sleep, pain reduced medication usage and alcohol use, and mindfulness, stress reduction, and self-compassion (Kelly, Haywood, Segell, & Higgins, 2021).

Social support is one of the treatment methods for sexually violent females and adolescents. Victims who are delayed to disclose their problems and early disclosure had a difference in the effectiveness of social support therapy methods. Victims delayed disclosing their sexual violence experience is fear of the most negative reactions from others and family members. Thus, social support required acceptance of the victims and managing negative consequences which are raised by the community. Social support was found effective when victims immediately disclosed sexual violence to their family members, social workers, and health experts (Koçtürk & Bilginer, 2020).

Social support was found strong association with the treatment of anxiety and depression. Higher social support resulted and lowering anxiety and depression disorders and lower social support resulted in avoidant coping behaviors (Budge, Rossman, & Howard, 2014).

Social supports are vital to maintaining physical and psychological health. Quality-based social support help to reduce posttraumatic stress disorder, stress, and anxiety. This form of support requires basic dimensions including network size and frequency of social interactions and functional dimensions with emotion such as receiving love and empathy (Ozbay et al., 2007). Social support is the most effective means to cope with stress, anxiety, and other forms of psychological problems (Kim, Sherman, & Taylor, 2008).

Higher societal support is associated with lowering internalized stigma and recovery. It is effective for stigmatized psychological problems and improving quality of life (Chronister, Chou, & Liao, 2013). Social support is directly related to anxiety, and depression treatments, and societal support reduced suicide attempts. Moreover, good social support, education, and positive life events were protective factors against suicide (Kumar & George, 2013).

A spiritual coping mechanism is one of the treatments used to relieve a victim's suffering psychological disorder. Adults suffered sexually related posttraumatic stress due to the Liberian Civil War and spiritual coping mechanisms were effective (Ochu, Davis, Magyar-Russell, O'Grady, & Aten, 2018).

For depression, anxiety, and post-traumatic stress disorder problems spiritual coping mechanism was effective for women who are victimized by war violence (Heiras, 2018). Positive beliefs include secure religious attachment, belief and trust in God, inherent religious inspiration, and religious gratitude for reduced anxiety disorders (Rosmarin & Leidl, 2020). Religious coping mechanisms were found effective for suicide ideation disorders and hopelessness (De Berardis et al., 2020).

Religious involvement successfully addressed depression, post-traumatic stress disorder, bipolar disorder, substance use disorders, suicide, chronic psychotic disorder, personality disorder, anxiety, and other emotional problems (Koenig, Al-Zaben, & VanderWeele, 2020).

2.5. Theoretical Reviews

Basic theories which are related to sexual violence disorder treatment are addressed in this part of the study. The humanity and cognitive theories were reviewed to align with the context of the study.

2.5.1. The Humanistic Theory

Humanity theory mainly emphasizes and primarily focused on factors that determine individuals' feelings, actions, and self-image. Everyone has the responsibility to be happy and fully functional in their life. Humanity plays a significant role in human therapy and it is also known as person center theory.

Thus, humanity is the fundamental element to support sexual violence-based psychological disorders clients. This theory foundation is effective for psychological problem therapy. This theory mainly focused on humanity, values, emotional maturities, and interactions or relationships. The required interaction between the client and the therapist. It needs genuineness, congruent relationships, empathic understanding, and perceiving the genuineness, positive regard, and empathy of the therapist (Schneider, Pierson, & Bugental, 2015).

According to this theory assumptions, positive experiences enhance human life, and negative experience hinder or negate human growth. The real self, perceived self, and ideal self are the major aspect of everyone's, life. The self-image or ideal self determines the functioning and process of body image of the inner personality. Self-worth directly links with the ideal self.

In this humanistic person-centered therapy, self-actualization is a long process that requires maintaining, enhancing, reinterpretation of experience, and allowing oneself to recover, develop, change, and grow (Joseph, 2020). Thus, this theory is the tipping stone for this study to address sexually assaulted females' current states and required humanity-based therapy and another coping mechanism to recover and regrowth their inner personality by ditching the previous traumatic events and psychological suffering.

2.5.2. The Cognitive Theory

This approach mainly stresses the importance of testing the existing victim's or patient's situation and the construction of reality. The therapist tried to cover the client's thoughts, beliefs, and habitual patterns of thinking about their problems. Depressed individuals reveal negative views about his/her self, life, and the future due to demoralization or regretting past events and life experiences.

Thus, this cognitive theory helps to encourage a greater awareness of one thought and feelings. Depressed or anxious individuals berate themselves and they lack meaning in their life. This therapy approach encourages them to cope with their problems (Leahy, 2017). In this theory, thoughts have the primary determinants for psychological-related problems. This approach provides self-talk, unconditional acceptance, eliminating misunderstanding about oneself, and restructuring thought patterns (Vergnaud, 1998). This theory helps to understand, maintain, and treat depression problems.

Depression resulted in form of self-referential processing of past experiences, interpretation, attention, and memorizing events. Cognitive processes exacerbate and sustain the negative mood and bring long-term depression (LeMoult & Gotlib, 2019).

This theory has three stages encoding, storage, and retrieval. The encoding stages are where individuals access information or experience an event, and storage is the stage a brain holds information.

The last stage of retrieval is processing information and an individual's psychological structure depends on these three major cognitive processes (Zayfert & Becker, 2019). Thus, sexual violence victims required psychological therapy because they encoded bad experiences, stored bad information, and retrieved each bad information and experience in their lifetime. This determines their psychological well-being.

2.6. Conceptual Framework



Source: Own completion/2022

CHAPTER THREE

3. Research Methods

3.1. Research Design

According to Creswell (2009), a research design is a plan to conduct research that involves the intersection of philosophy, strategies of inquiry, and specific methods and also the procedures of research that span the decisions from broad assumptions to detailed methods of data collection and analysis. As he mentioned that the selection of research design is based on the nature of the research problem or issue being addressed. To achieve the aim of this study, the researcher applied a transcendental or psychological phenomenology research design. Thus, in this study, psychological phenomenology gives a chance to interpret based on participants' descriptions of their experiences, emphasizing what the participants experience, how they experienced it, their living expectations after the incident, their current feelings, and the overall essence of their experiences. Consequently, this study applied phenomenological study research design to explore and interpret the existing psycho-social problems and their symptoms among sexually victim females.

3.2. Study Area

The study area was Shewarobit town, a town in north-central Ethiopia. Located in the North Shewa Zone of the Amhara Region. And it was chosen purposefully by the researcher. Based on

this, the town was chosen because it was the site of a recent war and suffered several human and material damage. The researcher observed some victims who are presented on different media platforms concerning their sexual violence experiences. One of the victims “Hikirem” who was presented at Seifu on EBS (<https://www.youtube.com/watch?v=npuf03gzCVw>) shared her existence of the sexual violence problem in Shewarobi town's reason to select the study area. Thus, the study area was purposively selected from other war-victim cities to access sexually victim females. On the other hand, this study area was purposively selected for the economic reasons and geographical intimacy of the researcher.

3.3. The Population of the Study

The potential respondents of this study were victims of sexual violence during the war in Shewarobit town, who were purposefully selected by the researcher. And it was chosen purposefully by the researcher. Based on this, the town was chosen because it was the site of a recent war and suffered humiliation acts and material damage (FHEIAR, 2022). Thus, from this estimated total population this study will focus only on females who are a victim of sexual violence during the conflict.

3.4. Philosophical Foundation

This study applied a phenomenological foundation. The researcher followed this paradigm because this philosophy believes that truth is in the mind of people and constructed via lived experiences of a phenomenon. Thus, sexual victim girls may experience sexual violence, they may have different meanings towards sexual violence. Meaning relies on descriptions of conscious experiences to develop an understanding of the meaning of human action (Alvermann & Mallozzi, 2010).

The interpretivism philosophical stance advocates that humans are different from physical phenomena because they create meanings (Estlund, 2022). There are multiple relatives and qualitative research emphasis on meanings and understanding the existing phenomenon than quantification (Van der Walt, 2020).

Hence, the interpretivism foundation is relevant to analyze females' sexual violence-related psychological disorder experiences and what gives them to be sexually harassed. Thus, an interpretivism research paradigm is the foundation of this study. The researcher explored and interpret subjective phenomena concerning sexual violence-related psycho-social problems in the study area.

3.5. Research Approach

In this study, a qualitative research approach was applied. This approach aimed to gain a deep understanding of a specific event or problem rather than surface descriptions (Bhawna & Gobind, 2015). The researcher employed different philosophical assumptions, strategies of inquiry, and methods of data collection, analysis, and interpretation. This helps the researcher to gather and analyzed multiple sources of data and to build patterns, themes, and categories from the inductive data analysis method. Moreover, this approach gives a theoretical lens, interpretive inquiry, and holistic view, and tries to develop a complex picture of the problem or issue under study (Creswell, 2009). Thus, this approach was important to understand the sexual victim females' psychosocial problems through qualitative tools.

3.6. Sample Size Determination

Sample size determination in qualitative research is difficult and has several critiques concerning data saturation (Boddy, 2016). Large sample size determination is not important in qualitative research to eliminate data redundancy or theoretical saturation. To determine an adequate sample size requires ultimately judgments and experiences (Sandelowski, 1995). Sample size determination in qualitative research is a matter of the researcher's consideration to determine the proper sample size (Mocănașu, 2020). Using the principle of saturation as a foundation, the researchers describe and validate saturation through the inductive thematic analysis method (Guest, Namey, & Chen, 2020). Thus, in this study, the researcher interviewed females who experienced sexual violence in the study area, and due to the saturation rule, the number of interviewees was limited.

3.6.1. Sampling Technique

Among various sampling techniques judgmental or purposive and snowball sampling are convened to select productive samples to answer the research questions (Marshall, 1996). In the

qualitative research approach, sampling selection techniques should continue until the data saturation level is reached and to do this nonprobability sampling selection process is used (Shaheen & Pradhan, 2019). Purposive sampling was used to identify government organizations and the study area that help the researcher get actual research respondents. And snowball sampling was used for actual respondents.

3.7. Types of Data Source

The primary and secondary sources of data were used in this study. The primary data was collected through interviews and observation. The researcher observed the interviewees' facial and other emotional feelings changes during the interview time. A secondary source of data collected, reviewed and collected and reviewed from different related publications including journals, articles, theses, dissertations, and human rights organization publications.

3.8. Data Collection Methods

The researcher employed in-depth interviews, key informants, and observation data collection methods to further investigate psychosocial problems due to sexual violence within the study area.

3.8.1. In-Depth Interview

The interview data collection method is widely used in qualitative research. Semi-structured and in-depth unstructured interviews are used in face-to-face interactions with interviewees (Nathan, Newman, & Lancaster, 2019). Thus, in this study, the researcher applied both semi-structured and in-depth unstructured interviews. Semi-structured interviews were used to identify the existence of psychosocial problems and in-depth unstructured interviews were applied to investigate the types of psychosocial problems through DSM-5 measurement.

3.8.2. Key Informant Interview

The key informant interview is used to identify the key problem that sexual violence victims faced in health treatment situations (Backman, Spear, Mumford, & Taylor, 2020). For violence prevention strategies studies under emergency circumstances, key informants' interview is applied (Stiphout et al., 2020). Thus, key informants from social workers, women and social affairs, and health organizations purposively selected to deeply understand the victim's psychosocial problems.

3.8.3. Observation

The observation method of data collection is used to refer to several different types of non-experimental studies in which behavior is systematically observed and recorded (Boyko, 2013). This method helps to observe emotional change and it supports unstructured interview feelings. Moreover, it helps the researcher to make careful observations of one or more specific behaviors in a particular setting (Howitt & Cramer, 2020). Thus, observation tools were developed and critically recorded the interviewee's emotions, feelings, and current psycho-behavioral situations like signs of crying, neck tightening, the feeling of disappointment, wrinkling of the face, covering the face with hands, holding the head in the hands during the interview setting.

3.9. Data Collection Procedure

To gather reliable and well-organized information the following procedure was used for the In-depth interview. First, there were data-gathering instruments developed and framed depending on demographic characteristics, basic research questions, and objectives by identifying variables. The variables were identified and organized as a checklist for observation, and semi-structured interview questions for qualitative purposes were produced. And then there was a legal letter request from the university and clear communication was made between key interviewees and informants of this study to create a common understanding of the aim of the study. Then, the data collection was done based on the consensus of the respondents.

3.10. Methods of Data Analysis and Interpretations

First, the data was collected in Amharic and translated into the English language. Accordingly, the data analysis was made into themes. Thematic analysis is widely used in qualitative studies (Kiger & Varpio, 2020). A thematic analysis method widely used in health care, psychology, and beyond (Xu & Zammit, 2020). Thus, inductive coding and theme development process were used in this study. Hence, the researcher was apply Braun and Clarke's six steps in the thematic analysis including familiarizing with the collected data, generating initial codes, identifying themes, reviewing the structure of the themes, defining and naming themes, and finally producing thesis reports for the final interpretations (Braun & Clarke, 2006). The interpretation was conducted according to the objectives of the study and was summarize the major findings accordingly.

3.11. Administration

After the questionnaire was developed by the researcher and approved by the advisor, the main interview prepared in English was transcribed into Amharic for the convenience of the interviewees. Following the development of tools, every necessary precaution such as permission to enter research areas (a concerned government body), discussing with the sampling subject, taking a supporting letter from the psychology department, etc. was carried out.

Before starting an interview with purposefully selected samples, the researcher was informed of the objectives of the study and gained consent from the participants. Additionally, the participants were informed as they can withdraw at any time. Further, adequate orientation on how to respond to the interview was given to interviewees in the presence of the researcher. Data collection was administered through the day, time, code, voice recorder naming, and daily interview data transcription techniques.

3.12. Data Trustworthiness

Qualitative research data trustworthiness is often questioned since the concepts of validity and reliability in the qualitative study are not addressed in the same fashion as in quantitative studies, the mechanism to ensure validity and reliability is very crucial in qualitative research (Abdalla, Oliveira, Azevedo, & Gonzalez, 2018). To ensure the trustworthiness of the data credibility, transferability, dependability, and confirmability was checked through different methods. Credibility stands for validity in quantitative and multiple data sources assured the credibility of the finding (Richards & Hemphill, 2018). Transferability is the extent to transfer the finding of the study to other similar situations hence to assured it the researcher used multiple data sources and collection methods and indicates thick descriptions of the finding. Dependability is assured through rigorous data collection techniques, procedures, and analysis. Confirmability is about eliminating personal biases in the data (Belotto, 2018). Thus, the researchers were assured of the trustworthiness of the data through different data collection tools, cross-checking by collecting data from different sources, and triangulating the data with each other. The researcher also focused on data from interviewees and eliminate personal biases to confirm the trustworthiness of the data. Thus, validity and credibility will be assured through multiple and different sources of information to form themes or categories and expert supports.

3.13. Ethical Consideration

Research law and code of ethics require researchers to recognize and consider certain injunctions, namely, never to cause unnecessary or irreversible harm to subjects, hence, the need to secure prior voluntary consent whenever possible, and to never release harmful information about specific individuals that were collected for the research (Neuman 2007). As a result, the researcher honored the key interviewees' and informants' rights to privacy, confidentiality, and free will to participate in the research. Before the start of the study, the research objectives or the detail of the study was presented to all study participants in the Amharic language, and their consent was obtained in oral form before the interview and the discussion held. The researcher gained the participant's consent for sound recording. To make the participants comfortable, the researcher was pseudo-names throughout the whole research.

CHAPTER FOUR

4. FINDINGS

This chapter deals with the result of the study, which the data gathered using various qualitative methods, such as interviews, key informants, and observations. The study organized the data into meaningful themes, which are the situation at the time of the sexual violence attack, health damage, psychological problems, and social problems, as a result of sexual violence, life after the sexual violence attack, regarding the action taken to solve the problem, and the best recommendations for solutions. Then used to interpret and analyze it accordingly. The presentation of the data is done in a narrative format and the study uses quotes from the data collected to illustrate the findings.

This chapter mainly focused on the investigation of psychosocial problems that develop in individuals who have experienced sexual violations. The key aims of this chapter are to recognize the types of psychological problems that are prevalent in the study area and to scrutinize the coping mechanisms adopted to mitigate existing psychological problems. By thoroughly analyzing these objectives, this chapter intends to provide comprehensive understanding problems of sexual violation on psychosocial and the diverse approaches that women employ to manage the outcomes.

4.1. Summary of the Participant's Profile

Pseudonym	Interviewee no	Age	Marital status	Number of children	The type of psychological service they provided
Kenbanchi	1	33	married	Have two children & eight months pregnant during raped	Received medical treatment once through an NGO
Semiyelef	2	27	married	Mother of two children	Have not received any treatment
Sikoyush	3	21	married	Mother of 1 child	Have not received any treatment
Edlebanchi	4	28	Single	Have no children	Have no medical treatment but received support from religious leaders
Biyayulesh	5	39	Married	Have 4 children	Revived medical treatment once
Kenblich	6	23	Single	Have no children	didn't receive any medical treatment and psychological support
Kezamash	7	29	Married	Mother of two children	Got medical treatment once by her initiation and didn't receive any support
Bisemush	8	37	Divorced due to raped	Have two children	HIV tested and negative but haven't received medical and psychological support
Lebanchi	9	26	Divorced due to raped	Have on child	Didn't receive medical treatment and psychological support
Elefedle	10	19	A single and 10 th -grade	Got birth to a child due to rape	Didn't receive medical treatment and psychological support from any organization

			student		
Elefitu	11	31	Divorced due to sexual violence	Have three children	Got medical treatment once but she didn't receive any other psychological support

Table 4.1 Demographic Profile of the Interviewees

Key informants profile

No	Name	Educational background	Responsibility
1	Wondim Melash	BA degree in Psychology	Social affairs officer
2	Ayalew Tesfahun	BA degree in sociology	Social worker
3	Meseret yihunie	Health officer	Maternal and child care specialist

Table 4.2 demographic profile of the key informant interviewees

4.2. Existence of psycho-social problems within Shewarobit Town

After analyzing the collected data, it has become evident that women who have been exposed to sexual violence in areas affected by war have a significantly higher risk of developing various psychological disorders. Through an in-depth analysis of the data collected from the study, it is evident that sexual violence in Shewarobit Town has a significant impact on females psycho-social problems.

The finding indicates that women who have confronted war-based sexual violence face various psychosocial problems that have a profound impact on their mental health and well-being. The problem is multifaceted and complex and arises from a variety of sources.

Their psychosocial is attached to various causes including psychological trauma from the sexual violence itself. It leaves deep emotional scars, causing feelings of fear, anxiety, and shame that can be difficult to overcome societal-based gossip and norm. One of the primary psychological

problems confronting women who experienced sexual violence is the occurrence of flashbacks or intrusive memories.

These recollections are extremely distressing and overwhelming to their psychological well-being. On the other hand, a woman who is experienced sexual violence-based psychological problems is attached to the social and cultural stigma. Women who are sexually assaulted feel isolated or ostracized from their communities, which compounds their feelings of trauma and makes it difficult to seek help or support from the community and social organizations. This leads them to a sense of hopelessness and helplessness, which further exacerbate their psychological distress.

The DSM-5 defines someone as a victim of psychological troubles if they exhibit symptoms of psychological and social problems. Participants in this study have been confirmed to have DSM-5 symptoms for over a year. Depression, sleep disturbance, anxiety disorder, post-traumatic stress disorder, suicidal attempts, and social anxiety disorder all have psychological and social challenges, according to the study.

Furthermore, the findings reveal that females experienced additional stressors related to displacement, loss of family and friends, economic instability, and other problems associated with living in the conflict-affected area. These stressors contributed to a sense of powerlessness and hopelessness, which further impacted their mental health.

Generally, the psychological problems of experiencing sexual violence, as observed among females who have suffered rape in Shewarobit Town, are severe and complex. These traumatic experiences resulted in a range of psychological issues, necessitating multiple coping mechanisms to alleviate the profound emotional distress that they encountered.

4.3. Types of Psychosocial Problems that Females Confront Due to Sexual Violence *“Even if the battle is over, our scenario remains”*

The participants of the study were asked about their psychosocial problems and they said that they have many types of psychosocial problems. For example depression, anxiety, post-traumatic stress disorder, isolation, sleep disturbance, loneliness, hopelessness, suicidal attempts, and other societal and family-based problems are exposed.

She was raped by a gunman when she was 8 (eight) months pregnant and working at a local shop. She suffers from persistent bodily pain, dizziness, and a severe headache. She has lost respect within her community and has become the subject of ridicule, causing difficulties in building relationships. Her memories of the traumatic event have resulted in worry, anxiety, a lack of sleep, and irrational fear of future attacks (Kenbanchi, 33).

“I started feeling anxious as the situation kept replaying in my mind. My lack of sleep is due to my fear that the problem might resurface, and I’m constantly worried about the possibility of it happening again. Even a power outage in the area triggers my concern that they might return.” (Kenbanchi, 33).

The above psychological evidence reveals a woman experienced severe and various trauma as a result of sexual violence and physical abuse. Specifically, she suffers from post-traumatic stress disorder (PTSD), depression, and anxiety. As a result, she experienced significant emotional distress as a result of past sexual violence and physical abuse. The fact that she is likely struggling to cope with the aftermath of the traumatic events she has experienced due to war-based sexual violence in the study area. These psychological suffering she is experiencing is a common reaction to traumatic events, including nightmares, flashbacks, hypervigilance, and emotional numbing. Thus, Interviewee One had multifaceted psychological disorders due to sexual violence during the war in Shewa robit Town.

She (Kenbanchi, 33) is not only confronted with psychological problems that arise from sexual violence but also struggling with socially related psychological influences. In her statement, she mentioned the following critical issues.

“Despite the end of the war, I feel like I have lost all of my positive qualities in the area. The community is ridiculing me, and my husband is facing significant pressure to divorce me. Despite still being together, I fear that one day I may lose my family. Building relationships with others has become a challenging task”.

From her statement, we can understand that she (Kenbanchi, 33) is experiencing symptoms of depression and anxiety because of social and her husband's influences. She has confronted feelings of worthlessness, shame, and social isolation. Thus, her sexual violence psychological

problem not only arises from the event but also from the pressure of the community through gossip.

"I'm very nervous. I can't control my emotions when I think about the attack. I can't sleep, and because of this, I have severe headaches. I panic, I worry. Sometimes I feel say die is better," (Semiyelef, 27)

She (**Semiyelef, 27**) suffers from significant psychological problems as a result of the sexual assault. She experiences severe emotional distress, including panic attacks, sleep disturbances, and intense headaches. Her memory of the attack makes her nervous, and she struggles to control her emotions when she thinks about it.

She sometimes feels that death would be preferable to her current state. This severe emotional distress, panic attacks, intense anxiety, sleep disturbances, and intense headaches are all common symptoms of PTSD. On the other hand, her difficulty controlling her emotions and feeling nervous when she thinks about the attack also suggests that she is experiencing intrusive thoughts or memories related to the traumatic event. Thus, her psychological problem is consistent with the symptoms of post-traumatic stress disorder (PTSD). She is also struggling with insomnia and severe headaches, which could be related to the emotional distress caused by the traumatic event.

The fact that she sometimes feels that death would be preferable to her current state is a concerning sign and indicate that she is experiencing suicidal thoughts or feelings. The result reveals that she is in severe psychological problems that need critical support from different organizations. Moreover, she is also dealing with social problems, including stigma and isolation from her community. The fact that her husband occasionally uses ironic language toward her suggests that he may not fully understand the impact of the attack on her mental health. Additionally, her daughter is displaying a sign of trauma, which is causing her even more distress. Thus, She (**Semiyelef, 27**) is suffering from various and complex psychological disorders due to sexual violence during wartime.

She (Semiyelef, 27) is confronting social-based psychological problems due to her sexual violence experiences. In her statement, she raised the following problems.

“Our community doesn't understand the sexual violence survivor's problem at all. There is a lot of gossip. Due to this, I am ashamed and I am living without participating in the Edir or Ekub in my surrounding.”

Thus, she is experiencing psychological suffering as a result of being a survivor of sexual violence, as well as social stigma and ostracization from their community. Her feelings of shame and isolation suggest that she is experiencing symptoms of anxiety and depression, which are common psychological reactions to trauma. On the other hand, her unwillingness to participate in public events is a sign of social anxiety or a fear of judgment from others. Thus, she is confronted with various forms of psychological problems which arise from sexual violence, family members, and societal gossip.

“I have been experiencing a lot of negative attention from others in the form of gossip and scorn, which has caused me to feel isolated from social life. Unfortunately, this has taken a toll on my relationships, including my marriage, which is now at risk of falling apart. The constant fear and uncertainty surrounding my situation have left me feeling extremely anxious and scared for what the future holds.” (Sikoyush, 21)

She (Sikoyush, 21) experienced significant psychological distress as a result of the sexual violence. She mentioned having bad dreams, difficulty sleeping, and being easily disturbed by gunshots or seeing someone armed. These are all common symptoms of post-traumatic stress disorder (PTSD). Her sexual violence experience potentially develops post-traumatic stress disorder (PTSD) which is severe and long-lasting. These symptoms can interfere with her daily life and make it difficult to function in relationships, work, and social situations. The bad dreams and difficulty sleeping lead her to fatigue and difficulty concentrating on her life.

She (Sikoyush, 21) also faced like other sexual violence survivors a form of societal-related psychological influences concerning her sexual violence experience. In her statement, she put the following basic problems.

“I was isolated from social life because I was subjected to a lot of gossip and scorn. Now my marriage is also in danger and I am very scared.”

Thus, She (Sikoyush, 21) experiences signs of anxiety, depression, and trauma due to the social isolation, gossip, and scorn she has confronted. The worry and fear about her marriage also indicate feelings of low self-esteem and insecurity. This indicates that her psychological problems are attached to multifaceted problems caused by sexual violence. Hence, her psychological problems are not only rooted in sexual violence but also rooted in the traditions of the community or low awareness of sexual violence's influence on the victim's psychological well-being.

Regarding this, one of my major informants discusses the circumstances during wartime and the effects that follow from sexual abuse on women. As the area was suddenly invaded, the community was mentally unprepared. As a result, the community is not under the protection of the government and is subject to the law, which means that everyone is free to do whatever they want (Ayalew).

“During times of conflict, people were shot and killed, many people were hurt, property was looted, institutions were destroyed, women were beaten, raped and spouses were forced to leave the house. Everyone was the target of the attack, regardless of age”.

His words made it clear that the community was not under the protection of the government and the strike included both material and humanitarian targets. So, wives, mothers, daughters, and kids were the target. They have been robbed of the money and assets they needed to support themselves and their families.

As a result, Women were raped in broad sunshine while being beaten and threatened with knives and weapons in front of the family and neighbors of the survivors.

“Raping in groups of three or more was involved. The unnatural way that some of the violence is carried out on some people makes it even more horrifying than the fact that it targets pregnant women”.

We can understand from this, they can develop difficult social relationships with families, friends, workmates, and the community because of being raped and beaten by attackers in front

of their families and neighbors. In this case, all of the victims are struggling with psychosocial problems as a result of society's strong negative influence.

“Social isolation is their biggest issue. They are highly anxious, depressed, and despairing as a result of their isolation. They experience insomnia, restlessness, panic, and nightmares as a result of remembering the traumatic injury. They have given up on social interaction and are unable to look up to people. Some victims of this assault have even lost their marriages. In addition, some drop out of school and grow dissatisfied with their place in the community”.

Based on the above statement, survivors are isolated from their community and vulnerable to anxiety, depression, and hopelessness. And having nightmares as a result of remembering traumatic phenomena, implies they are a problem with post-traumatic stress disorder (PTSD).

Additionally, they are unable to look up to others and have given up on social engagement. Even marriages have been destroyed as a result of this abuse for some victims. Some people also resigned from school and become unhappy with their role in the community.

By firmly agreeing with the above remark, The researcher reveals that the respondents were seen crying, scrunching their necks, making angry faces, and feeling unhappy. All of the respondents had trouble speaking clearly. They were crying a lot, making it challenging to get the interview done. During the interview, their emotions drastically changed when they discussed the violence and social exclusion they experienced.

“Militants were roaming around in the area. Upon their arrival at my residence, they requested alcohol. When they were informed of its unavailability, they proceeded to insult me before departing. On a particular day, whilst I returning from church, I was followed by three gunmen. Upon entering my dwelling, one of the three followed me inside and closed the door, while the other two waited outside. He threatened me to maintain silence and surprisingly he took out a condom from his pocket before proceeding to act in his interest” **(Edlebanchi, 28)**.

“Starting that day, due to the attack, my mind is troubled and as a result, I am unable to sleep. I feel very upset and it's making it difficult for me to focus on anything else. I tend to obsess over one particular thing and it consumes my

thoughts and emotions for the entire day. When I talk with someone, I tend to raise my voice and get angry at the person I'm speaking to. Because of all this, I'm finding it hard to get things done and be productive. Due to this, I spend most of my time in Tsabel (monastery place).” (Edlebanchi, 28).

Based on the above statement her obsessive thinking and difficulty focusing are common symptoms of anxiety disorders. Similarly, feeling upset or overwhelmed and exhibiting angry or irritable behavior indicate a mood disorder, such as bipolar disorder or depression. Thus, she is exposed to various psychological disorders because of her sexual violence experience.

She (Edlebanchi, 28) has not shared her sexual violence story with society, she did reveal in her statement that she faced difficulties with members of her family as follows.

“No one knows that I am raped by militants except my family. My relationship with my family is full of arguments because I get angry about everything after the accident”.

Thus, She (Edlebanchi, 28) experienced post-traumatic stress disorder (PTSD) as a result of the rape by militants. The symptoms of PTSD include anger and irritability, as well as having intrusive thoughts or memories about the traumatic event. The sign that her association with her family is full of arguments and she gets angry about everything after her sexual violence indicates that she is struggling with emotional dysregulation or difficulty managing her emotions. Thus, she is confronted with a common symptom of PTSD or trauma-related disorders.

“The traumatic experience continues to haunt me incessantly, both during the day and at night. I feel a continuous sense of fear and anxiety, and alone only worsening these feelings. I struggle to sleep at night, as the memories of the attack often disturb my peace and rest. As a result, I prefer to avoid sleeping” (Biyayulesh, 39).

From the above statement, (Biyayulesh, 39) is experiencing PTSD, anxiety, fear, and insomnia due to sexual violence. Hence, her sexual violence experience is severe and potentially results in debilitating psychological problems. She is unable to find solace in sleep as her sense of safety and security has been completely shattered. These symptoms suggest that she is experiencing PTSD, which can occur after experiencing a sexual violence event.

She (**Biyayulesh, 39**) is confronting societal and family-based problems due to her sexual violence experience. In her statement, she put the following problems.

“Due to what happened to me, I have become the center of gossip in our society. Thus, I am reluctant to interact with anyone. Additionally, my spouse fails to comprehend the situation, and I fear that our marriage may break up as a result”

From the above statement, she (**Biyayulesh, 39**) is experiencing social anxiety disorder and marital problems. In this case, she is reluctant to interact with others due to being the subject of gossip suggests social anxiety disorder. Thus, her psychological problem results from multifaceted sources such as sexual violence itself, society, and family-based problems.

*“As soon as the area was invaded, four armed persons came to our house and arrested my mother. When they tried to make free my mother, they arrested me. My elderly brothers were in the house and they beat them and warned them that they would be shot and killed if they said anything. Then they all raped me before my mother and brothers” (**Kenblich, 23**).*

Following the attack, she experienced extreme fear and anxiety. Which has been significantly impacting her daily life. The mere thought of her being alone triggered overwhelming feelings of terror, causing her to become extremely fearful and apprehensive.

“After the attack, I was troubled by anxiety and fear. I am very scared when I am alone”

She (**Kenblich, 23**) is experiencing symptoms of post-traumatic stress disorder (PTSD), including anxiety, fear, and flashbacks. She also struggles with depression and feelings of isolation due to the social stigma in her surroundings. Thus, she is exposing and experiencing various and complex psychological problems.

She (**Kenblich, 23**) is confronted with social-based psychological influences too resulted from sexual violence. She stated in her statement the following major problems.

I'm not feeling well because I perceive that society is at odds with me. I feel unable to openly discuss my problems due to the fear that they considered me to beg for

money by revealing my raped story. As a result, I prefer to avoid meeting people and keep to myself. I worry that this may hinder my chances of finding a future partner”.

As her statement suggests that she is experiencing social anxiety and feelings of isolation because of a perceived lack of acceptance from society. The fear of being stigmatized and judged for sharing her personal story. She also experiences symptoms of depression, such as withdrawal from social activities and feelings of hopelessness about her future prospects for relationships. Overall, she experiences or confronts a complex interplay of anxiety, depression, and trauma-related psychological symptoms.

“A group of armed individuals arrived at our residence, claiming that it was a dwelling of armed persons. They proceeded to search our house and remove any items they deemed questionable. During this intrusion, they forcibly took my mother and subjected me to physical abuse, causing blood to flow from my ears. Tragically, My cousin was in the house and she was shocked and passed away. I have not confided in anyone about my problem because I feel that nobody will lend an ear. As a result, I am struggling with severe anxiety alone. Sleep eludes me as I cannot stop worrying about the potential return of the attacks” (Kezamash, 29).

Based on the above statement she (Kezamash, 29) is experienced and exposed to social anxiety or generalized anxiety disorder, which can cause intense fear, worry, and anxiety in social circumstances and specific phobias or panic disorders when facing potential triggers. Thus, she is experiencing various and complex psychological problems due to physical harassment and the death of her cousin.

“As they found me out I was in the house where Tella was sold, three armed men came to the house and asked me to give them Tella. During that time, I was afraid that I had stopped working, and I said nothing is there. Following my response, they slapped, kicked, and insulted me. In that situation, their boss came to us and they left me. But a moment later, they returned to me, two of them were waiting outside, and one came in and suffocated me with a towel and raped me. When I think about this

situation, my mind is confused, I get anxious, and I have severe headaches. I also have amnesia” (Bisemush, 37).

The finding reveals that she (**Bisemush, 37**) experiencing a combination of psychological and physical problems. Confusion, anxiety, and severe headaches suggest that she is under significant psychological problems. The presence of amnesia is indicative of a dissociative disorder, a condition in which she experiences disruptions in her memory and consciousness. Hence, she is exposed to various psychological problems. Specifically, the symptoms of confusion, anxiety, severe headaches, and amnesia suggested the existence of GAD. On the other hand, her experience of amnesia suggests that she has experienced a hurtful event and is experiencing symptoms of PTSD. Her severe headaches experience may suggest the presence of migraines. Thus, she (**Bisemush, 37**) is experienced and exposed to various psychological and physical health problems due to her sexual violence experience.

She (**Bisemush, 37**) is also confronted with societal-based psychological effects. In her statement, she put the following basic psychological influences arise from the community.

“The public does not have enough awareness, so it has a great impact. We don't talk about our problems. Many females hide in fear of society. In my social life, I live in a low position after this happened. My job is at risk because my clients stopped coming to drink Tella, and I lost my marriage because of it”.

From her statement, we can understand that she is confronting social anxiety. She mentioned that she is in a low position in her social life and the loss of her marriage suggests that she is experiencing depression characterized by persistent feelings of hopelessness, a decline of interest in different activities, and sadness. On the other hand, the influence of the public's absence of awareness, the loss of clients and jobs, and the end of her marriage suggest that she may experience a traumatic event. She also put in her statement that "We don't talk about our problems" which suggests that she using avoidant coping strategies to deal with her distress. Thus, denying her sexual violence experience and its consequences instead of facing and finding solutions long-last her psychological problems.

She (**Lebanchi, 26**) explained the situation with a deep feeling connected with the event. The Gunmen beat my husband and took him away to show them ways to go further. Three other gunmen came to the house, two of them were waiting at the door and one entered the house. He kicked my mother out and locked her in another house, and he beat me badly by kicking and slapping me. He brought a knife and told me that he was going to tear my womb. He threatened me not to do anything. I couldn't defend myself when he finished raping me, they robbed the shop and left me.

She adds “I get very anxious when I think about the attack. If I see someone with a weapon, I get scared and hide. I tried to commit suicide twice and my neighbor saved me. I am afraid they will come again. I don't sleep, I spent my night taking care of myself. It is my wish if the night does not come. But if they come again, I will kill myself”.

She (**Lebanchi, 26**) experiencing anxiety, fear, suicide attempts, and PTSD. The anxiety and fear are triggered by the thought of an attack, as well as the presence of weapons or anything that reminds her of a previous traumatic event. Suicide attempts suggest that she is experiencing intense distress and hopelessness, potentially due to the trauma she has experienced. Besides this, her difficulty sleeping and the desire to avoid the night are also indicative of the symptoms of PTSD. Thus, this indicates that she is struggling with multifaceted psychological problems.

She (**Lebanchi, 26**) is facing societal-related psychological influences other than sexual violence. She stated the following critical issues in her statement about her problems.

“Our society gossiped about me due to what happened to me. I do not want to meet anyone because of this. I decided socially isolate myself from different activities including Equb and Edir, even though I don't want to talk to people when meeting them in the street. Furthermore, my husband doesn't understand the problem and he left me with my son. The influence of our community has a great role in my divorce”.

From this statement, we understand that she fears meeting people and the decision to isolate oneself could be indicative of social anxiety disorder. The fact that she (**Lebanchi, 26**) rejects to talk to people when meeting them on the street also suggests that she feels anxious in social

situations. She mentioned the influence of the community divorce of her marriage suggested signs of depression, such as feelings of hopelessness, sadness, and difficulty with interpersonal relationships within the community. Thus, she faced multiple psychological problems because of sexual violence during wartime.

Concerning this, another key informant describes the geography of the area as convenient for accessing Addis Ababa and controlling the central government, wars from the north must travel by this side. This region was also the scene of the central government's power struggle in 1983. I don't know anything about the harm done outside of the war in 1983, but in the current conflict, lives have been lost, things have been taken, infrastructures have been damaged, and women have been sexually assaulted. As a result, society has endured significant economic and humanitarian harm (Wondim).

“The rapes of women were committed in front of their families, kids, and neighbors, which made the situation even worse. The rapes were committed using threats with words, weapons, and even physical violence”.

We might deduce from this that because they were raped and assaulted by perpetrators in front of their families and neighbors, they may experience social difficulties with their families, friends, coworkers, and the community. All of the victims, in this case, are fighting for survival. In addition, ironic words and physical beating is other issues for them.

As a result, victims were physically injured due to beatings and rapes. There are earaches, headaches, backaches, and HIV+ in addition to psychosocial problems. Their social relationship, marriage, family relationship, work, and economic condition is in danger.

“They are dissatisfied in their marriage and have sex difficulties after the attack. They are so terrified and anxious that they are unable to speak to anyone or even keep their heads up. They are greatly worried by the idea that the attackers would return, and they have a hard time falling asleep because of the attack they experienced”.

It can be understood from this that their reluctance to have sex with their spouse after being assaulted shows that they have experienced sexual dissatisfaction. Being afraid to meet and see people indicates that they are afraid and worried. In addition, the worry that perpetrators will

come back indicates that they are vulnerable to post-traumatic stress disorder (PTSD). Additionally:

“Because of being isolating the victims from the community, they are completely cut off from social interaction. Their children are also being impacted by The community and school in addition to the victims. In addition, the majority of the victims were married, and many of the women had a difficult time parting with their spouses following the attack. Even the remaining victims are now living in constant terror of losing their husbands. Divorced women typically care for their children alone, their belongings have been taken, they currently lack employment, and they are experiencing a terrible economic crisis”.

This indicates that society and the school are having an impact on the victims of the attack in addition to their children. Married women also struggle with the concern that their marriages could end due to the issues they have with their partners. Due to the breakup of their marriage, some of them are obliged to treat their kids alone. This demonstrates that because they are not in the previous economic and social environment, they are vulnerable to overlapping difficulties.

Elefedle, a 19-year-old explained the situation of how the armed groups raped her and her current psychological problems as follows.

“One day when I was returning from shopping, I encountered a group of five men who were armed. They obstructed my path, pointed a gun at me, coerced me into a nearby house, and physically assaulted me. Subsequently, they raped me for five, despite my discomfort and pleas. As a result of this horrendous act, I became pregnant and gave birth to a child. Concerning to this I perceive myself as having sinned because my experience has been different from others. Due to my isolation from my studies and society, I am susceptible to intense depression and anxiety, and I tend to oversleep throughout the day and night”

Based on the above data she (Elefedle, 19) is experiencing indications of anxiety and depression, which are both common psychological disorders. She is isolated and experienced negative thoughts about herself, which contribute to feelings of sadness and hopelessness. Additionally,

her excessive sleeping is a sign of depression. Thus, she also faced various psychological problems as the other survivors experienced too.

She (Elefedle, 19) put in her statement the following major problems that arise from a society.

Because I didn't get married, society shames me for saying that she gave birth to a bandit. I don't even meet friends. I also regretted that I did not receive enough care when I got birth to a child. I also dropped out of school.

From the above her (Elefedle, 19) statement we can understand that she confronted multifaceted psychological problems such as social anxiety, trauma or PTSD, and depression.

In her statement, the community shames her because she gave birth to a "bandit" due to being forcefully raped, which suggests that she confronted social anxiety or social phobia. This causes her to avoid meeting friends and be isolated from social circumstances. On the other hand, regret regarding not receiving enough care when she got birth suggested symptoms of trauma or PTSD. Likewise, dropping out of school can be a sign of depression, which leads her to feelings of isolation, hopelessness, and helplessness. Thus, she encounters multifaceted psychological problems from the community and sexual violence.

The last interviewee (Elefitu, 31) explained the situation of her rape situation and the impact it brought on her psychological well-being.

"I was going shopping with my son. They took us on the road and entered the forest. They slapped me and threatened me with a gun. One of them raped me. My son was watching all of the situations. Because of this, I am experiencing intense feelings of anxiety that are significantly affecting my ability to sleep. My mind is preoccupied with anxious thoughts, making it difficult to relax and fall asleep" (Elefitu, 31).

The above result indicates that she (Elefitu, 31) is experiencing a type of anxiety disorder, specifically GAD. The intense emotional state of anxiety and preoccupation with anxious thoughts mentioned in her statement suggests that she is experiencing significant distress and impairment in her daily functioning. Thus, she is struggling with Generalized Anxiety Disorder characterized by extreme and continuous worry or anxiety with her traumatic experience.

She (Elefitu, 31) stated the following social-related problems due to sexual violence. In her statement, she raises two major psychological distress such as isolation and a decline in inspiration towards her tasks.

“I am isolated from the community, and my business clients stopped coming after the attack. My initiation to do things has slowed down”.

Her statement reveals that she is socially isolated and it is a form of emotional distress that occurs when she feels disconnected or excluded from social networks or groups. In this case, she feels isolated from the community, which can cause feelings of loneliness, sadness, and anxiety. This could be a symptom and sign of depression or other disorders. Thus, she confronted multifaceted and various psychological problems due to sexual violence consequences and low community awareness about the impact of sexual violence.

According to the DSM-5, someone is a victim of psychological issues if they have symptoms of psychological and social problems. Participants in this study had been confirmed to have the DSM-5 symptoms for more than a year. According to the study, depression, sleep disturbance, anxiety disorder, post-traumatic stress disorder, suicidal attempts, and social anxiety disorder, all have psychological and social difficulties.

4.4. Responses Practiced to Overcome Females' Psycho-social Problems in the Study Area.

All of the female participants in this study are survivors of war-related sexual violence. They are susceptible to psycho-social issues as a result of sexual violation. However, neither a health center nor a church or community organization provided any care to the majority of them. However, some of them have received medical care once, even though it is insufficient to restore their health. In response to the study, one of my respondents stated the following:

“I have received medical treatment once through a non-governmental organization, but I did not permanently recover. And I did not get any social support either from the religious leaders or from society” (Kenbanchi, 33).

This suggests that although she had only received a single medical treatment, it was insufficient. She lacked, however, the social and spiritual support of accountable institutions. This indicates

that governmental bodies, non-governmental groups, and religious institutions are not fulfilling their obligation to assist survivors of sexual assault.

Kenbanchi, 33, wants to receive financial, medical, and psychological support to overcome her current issue.

“I think it is good to focus on work to get out of the problem. I consider medical, psychological, and financial support as a solution to the current problem” (Kenbanchi, 33).

Another respondent adds that despite having a variety of issues, she never received treatment (Kenblich, 23).

“I didn’t receive any medical treatment yet. And I did not get any social support either from the religious leaders or from society. They shamed me by telling the government about the attack, saying that you are begging for money. So I am losing the courage even to speak”.

Her explanations suggest that she is incapable of receiving social or medical care. Surprisingly, the religious authorities treated her badly and made her feel guilty. This suggests that accountable entities are hindering survival rather than solving problems.

She (**Kenblich, 23**) consider medical treatment for her problem.

“My health is my everything, so I want to prioritize medical support”.

Similar to the last respondent, (Kezamash, 29), said she visited the hospital on her own once and received an HIV diagnosis. She also had a negative HIV test. But because she didn't receive more care, she is unable to regain her health.

*“I went to the hospital once and tested for HIV but it was not enough and I could not get better. And I didn't tell anyone because I thought I had sinned, so I didn't get any support from the religious leaders or society” (**Kezamash, 29**).*

She implied that because individuals live in communities, some misconceptions are being formed among them. She related this accident to her spiritual beliefs, which shielded her from disclosing the situation to others. She is therefore unable to receive assistance from anyone.

Regarding the solution, she (**Kezamash, 29**) prioritizes medical treatment.

“The main thing is health, I need medical support”.

Similarly, one of the key respondents reported that, due to the effect of society, we were unable to identify all of the victims because many people do not report having been raped. However, based on the information we were able to gather, we worked with the government and non-governmental organizations to help them get medical care. Additionally, funding has been offered in some fashion. However, it cannot be said that the problem was significantly reduced because this support was only provided once and was emergency support (Ayalew).

“We were unable to identify every victim due to the effect of society because many people do not report having been raped. A certain amount of funding has also been offered. It cannot be argued that the problem was significantly decreased, though, as this support was only provided once and was emergency-related”.

We can infer from this statement that because of the community's influence, survivors are reluctant to report their issues. This shows that society isn't working together to find a solution due to a lack of awareness. And when women reported their problems, they didn't get fair treatment from organizations that cared compared to what they were going through. This suggests that organizations are not collaborating with the community to address the issues at hand.

He shared the same solutions as the other respondents for the challenges that were being faced.

“There hasn't been enough focus on the environment from either government or non-governmental organizations. As a result, our efforts to remedy the issue were limited. But care must be taken, and ongoing medical, financial, and psychological support must be provided”.

This suggests that the area receives little attention from accountable entities like the government and non-governmental groups. As a result, survivors cannot get enough assistance from organizations that are concerned.

Additionally, Survivors are unwilling to receive treatment alone, even when we tried to collaborate with religious authorities. Instead, they decide to seek counseling with the community as a whole.

Another respondent continues that she visited the clinic on her own, had an HIV diagnosis, and had a negative HIV test. However, she did not get any medical care or social or spiritual assistance (Bisemush, 37).

“I went to the clinic on my own and was diagnosed with HIV and tested negative. And I do not receive any medical treatment, and I did not get any support either from the religious leaders or from society (Bisemush, 37).”

Her words indicate that she is only concerned about HIV vulnerability. This indicates that she views not having HIV as being free from other issues or as what she can accomplish right now. She paid no attention to alternative treatments because of whatever reason—possibly financial inability or ignorance.

She (Bisemush, 37). (Kezamash, 29) places a high priority on medical care as part of the solution.

“Health is very important, and getting medical care and regaining my previous health are my top priorities. The next thing I want to do is work. To do this, I need financial assistance”.

The respondent also stated that, other than therapy from a traditional healer, she did not receive any medical care, spiritual guidance, or social support (Lebanchi, 26).

“I’ve only ever had traditional healers treat my neck and feet. I have not yet received any. I received no assistance from society or the authorities in my religion. If I could receive therapy, I could keep my neck and legs. It is preferable if society’s impact is

less. But because no one is available to take care of my mother, I would rather die than continue living”.

She is obviously in a difficult situation based on her statement, as even conventional treatment has been considered as a remedy. Suicide is more essential to her than getting help. Even if she has the opportunity to obtain medical attention and other therapies, her way of thinking puts her future in danger.

In contrast, the respondent stated that she is praying to God after receiving spiritual counseling from Tsebel. Although she has not yet received medical care, she said, she is receiving assistance from religious authorities (Edlebanchi, 28).

“I'm praying for a solution to my issue. I hadn't yet received any medical care. In addition, religious authorities are helping me. I pray that tomorrow will be better with the help of God”.

This suggests that she is acting in a new way to address her current situation. She believed that the best course of action was to use Tsebel, seek advice from religious authorities, and pray. She continued her narration:

“It would be good if I could get training and get psychological treatment”.

Another key informant also describe Work was done to identify the injured women after the area had been freed from the combat zone. However, women were hesitant to speak up for various reasons. We searched for about 32 victims before giving up. We have worked with a non-governmental group called Action Aid-Ethiopia to offer them medical treatment as well as a modest amount of cash support, as we discovered. At this time, there are 82 ladies who have been attacked, and we are still looking for the victims. Not all of these women received assistance beyond the first (wondim).

“To help them with medical care and some financial support, we have worked with a non-governmental group called Action Aid-Ethiopia. There are currently 82 ladies who have been attacked, and we are still looking for the victims. These women did not all receive assistance beyond the first 32 females”.

He adds also, we place the highest priority on providing medical care. Therefore, they did not concentrate on social and psychological support. It has been challenging for them to assist the victims directly, even if there is a minor endeavor to educate the community at large through religious institutions. But he made it clear that neither governmental nor non-governmental organizations are paying much attention to this problem.

“We prioritize delivering medical treatment first. Because of this, we did not focus on social and psychological support”.

This indicates that even though medical care has gained attention, victims of violence have only ever received a single treatment. Additionally, there is a lack of social and psychological support, both of which can help with problem-solving.

He also shared his best solutions to solve the issue, both governmental and non-governmental entities are crucial. Violence victims should first receive medical care. Another assistance comes after the medical care. The importance of social and psychological support cannot be overstated. The ability of our professionals deserves to be improved to accomplish this. Along with these groups, it ought to collaborate closely with religious institutions and social institutions like Idr and Equb.

“The ability of our professionals deserves to be increased to address this issue. Additionally, it ought to collaborate closely with institutions of higher learning and nonprofit groups like Idr and Equb”.

From this, it may be determined that there is a shortage of qualified human resources to give psychological and social support in addition to the material support required for addressing the problem.

Another respondent explains that while she did nothing to help herself, she did receive medical care once, but not enough. She also once received social assistance from Woreda women and social affairs (Elefitu, 31).

“I did nothing to help myself; I did obtain medical treatment once, but it was insufficient; I did not receive assistance from social groups or religious leaders; nevertheless, I did receive social treatment from woreda women and social affairs”.

She continued, believing that if the government and other groups assisted her in addition to receiving spiritual support, she might consider leaving her current neighborhood and starting a new job.

“I wish to leave this place first, thus I need the spiritual guidance of religious authorities. And financial assistance from the government to begin another work”.

The researcher realizes from her statement that staying in her current residence is not the best course of action for her to resolve her issues. In addition, the community contributes to the problems rather than helping to solve them.

4.5. Discussion

This section presents the finding of the study with comparisons to other studies conducted in Ethiopia and as well as outside Ethiopia. The study found that despite being beaten and sexually assaulted during the war, the victims of the incident are still dealing with their other issues years after the war has ended because of the problems it caused. As a result, survival females who are violated by sexual assault, are vulnerable to different psychological, social, and economic problems. Supporting this finding, War caused different sexual violence and females are more vulnerable to sexual harassment. Females are highly victims of sexual violence.

It was found that because of the violence and the influence of society, survival females are affected by depression, anxiety, post-traumatic stress disorder, isolation, sleep disturbance, loneliness, hopelessness, suicidal attempts, and other societal and family base problems. In line with this study Psychological disorders are closely related to social, cultural, and family norms and values, and when these principles are violated, psychological disorders occur. It is characterized by abnormal thoughts, feelings, and behaviors (Antony & Barlow, 2020). The finding was supported by (Byba Suhita, Ratih, & Priyanto, 2021). Due to conflict, several girls were exposed to psychological disorders because of sexual violence, and among major psychological disorders are anxiety, withdrawal behavior, trauma, depression, irritability

aggressive behavior, and suicidal ideation. Victims developed a sense of insecurity, helplessness, and fear. The victim girls dropped their academic performance and do not trust others, they felt aggrieved, under high trauma pressure, powerless, and behaviors self-injurious.

Similar to the above study, another study conducted in Rwanda also describes, During the Rwandan genocide, girls were raped and 22 years later, reconciliation with traumatized girls appears difficult. Sleeping problems, having bad dreams, pregnancy due to rape, and being contaminated with HIV/AIDS are the major psychological and health problems (Banyanga, Björkqvist, Österman, & Hackett, 2017).

The present study found that most participants have nightmares as a result of remembering traumatic phenomena, anger, irritability, as well as having intrusive thoughts or memories about the traumatic event and feeling worried that perpetrators will come back. This indicates they are experiencing post-traumatic stress disorder (PTSD) as a result of the rape by militants. Supporting this finding, Sexually abused adolescents faced low self-esteem, depression, post-traumatic stress disorder (PTSD), sleep difficulties, borderline personality disorder, self-injury, and suicidal behavior psychological disorders (Cruz et al., 2021). additionally, A study conducted in London result revealed that sexual assault females experience post-traumatic stress disorder and post-traumatic stress (Khadr et al., 2018).

Similarly, a study (Ningsih, 2018) reported, female sexual violence suffered are so swept away by their dreams or even persistently and they disturb their sleep patterns because they constantly reflect on the experiences (nightmares) they encountered. In line with the above another study conducted by (HRC, 2022) revealed that conflict-related sexually violated females are suffering nightmares and health problems including high blood pressure and panic attacks.

Likewise, most participants are also vulnerable to anxiety disorder due to fear. The study conducted at the University of Sao Paulo supports this finding. The results revealed that the signs and symptoms of sexual violence were anxiety or referred to having fear difficulties with operational memory and difficulty sleeping, and more trouble performing tasks that required attention and memory (Marques et al., 2020).

The study also found some participants experienced suicidal attempts as a result of being excessively traumatized and isolated by the community. Supposimilarly, The victims failed to

suicide psychological disorders after experiencing sexual violence. This happened because of experiencing high trauma pressure and the victims cannot manage negative emotions which can result in a self-defense deficit. Thus, victims who experience sexual violence are vulnerable to suicidal ideation (DeCou & Lynch, 2019).

Another finding of this study was stigma, all participants are being isolated by the community due to sexually violent incidents. They are unable to participate in any social events and organizations like Ikub and Idir. And they don't want to have any relationship with their community. In line with this finding, a study conducted by (Green, McHale, Mishori, Kaljee, & Akter Chowdhury, 2022) revealed that Females who are victimized by conflict-related sexual violence are stigmatized by their community and excluded from social networks. And women are exposed to the stigma. In addition to this, a study conducted in South Sudan result indicated that females are vulnerable to stigma due to traumatic experiences.

The findings of this study were also supported by Amnesty International's (2022) report. The report revealed that the conflict between the Ethiopian federal government and TPLF resulted in numerous violence nearby the Afar and Amhara regions. The TPLF forces forcefully raped and sexually assaulted females as young as 14 years old. They were raped by a gang or multiple Tigrayan fighters. Girls and women have lately arrived in different Hospitals in Debark, Gondar, and Bahir Dar. TPLF forces raped girls and women in Chenna, Boza, Abriham, Jerosan, Finure, Zarima, Dia, Adimenai, Tintane, Tabla, and Did-Bahr. Females faced physical, and mental trauma including depression, insomnia, anxiety, fear, and other forms of emotional distress, and could no longer live in their villages because of the stigma. They are also exposed to unwanted pregnancy and transmitted diseases (Amnesty, 2022). But this report does not show any coping mechanisms that may help the survivors to recover from their problems.

On the other hand, the study found that Some victims of violence have lost their marriages as a result of their spouses' incapacity to assist them and the impact of society on them and their husbands. According to research, the majority of them are concerned about losing their marriage.

In terms of coping techniques, the majority of participants were advised to seek social assistance. They feel that lessening the community's influence will aid in their recovery from psychological

and social problems. Similarly, studies show Social support is the critical coping mechanism for post-traumatic stress disorder. It is delivered in the form of relatives, friends, and neighbors. It allows the victim to discuss feelings and experiences and provides a sense of being loved and appreciated (Weiser, 2014).

In the same way, Social support is one of the treatment methods for sexually violent females and adolescents. Victims who are delayed to disclose their problems and early disclosure had a difference in the effectiveness of social support therapy methods. Victims delayed disclosing their sexual violence experience is fear of the most negative reactions from others and family members. Thus, social support required acceptance of the victims and managing negative consequences which are raised by the community. Social support was found effective when victims immediately disclosed sexual violence to their family members, social workers, and health experts (Koçtürk & Bilginer, 2020).

Additionally, a study conducted by (Budge, Rossman, & Howard, 2014) revealed that social support was found strong association with the treatment of anxiety and depression. Higher social support resulted and lowering anxiety and depression disorders and lower social support resulted in avoidant coping behaviors. And another study revealed Social support is the most effective means to cope with stress, anxiety, and other forms of psychological problems (Kim, Sherman, & Taylor, 2008).

The key informants advised working in the community to decrease the suffering associated with survival, which was mostly caused by societal influences. This finding was supported by (Chronister, Chou, & Liao, 2013), Higher societal support is associated with lowering internalized stigma and recovery. It is effective for stigmatized psychological problems and improving quality of life. Similarly, Social support is directly related to anxiety, and depression treatments, and societal support reduced suicide attempts. Moreover, good social support, education, and positive life events were protective factors against suicide (Kumar & George, 2013).

Participants and key informants also suggested that psychological and medical support would be taken into consideration as a solution. Correspondingly, the study conducted in South Sudan

revealed that Sexual-related violence and psychological disorders require in-depth support from different perspectives such as psychiatric, and health center consultation (Ellsberg et al., 2020). Likewise, other study shows sexually violent females required the help of professionals who treat people with psychological problems. Psychiatrists, counselors, social workers, and medical doctors are some of the professionals that give relief to victims(Karpiak & Spilis, 2019).

Similarly, participants urged that spiritual healing be considered as a possible solution to the problems. And some of them are seeking spiritual healing. Key informants also recommend spiritual support as the best solution for the survivors. Supporting this finding, a study conducted in Liberia shows females suffered sexually related posttraumatic stress due to the Liberian Civil War, and spiritual coping mechanisms were effective (Ochu, Davis, Magyar-Russell, O'Grady, & Aten, 2018).

Likewise, For depression, anxiety, and post-traumatic stress disorder problems spiritual coping mechanism was effective for women who are victimized by war violence (Heiras, 2018). Positive beliefs include secure religious attachment, belief and trust in God, inherent religious inspiration, and religious gratitude for reduced anxiety disorders (Rosmarin & Leidl, 2020). Religious coping mechanisms were found effective for suicide ideation disorders and hopelessness (De Berardis et al., 2020). Similarly, Religious involvement successfully addressed depression, post-traumatic stress disorder, bipolar disorder, substance use disorders, suicide, chronic psychotic disorder, personality disorder, anxiety, and other emotional problems (Koenig, Al-Zaben, & VanderWeele, 2020).

The study also discovered that medical and social support was only offered once. However, it was ineffective due to a lack of efficient psychology and social work specialists, as well as a lack of adequate medical care. Supporting this finding the study conducted in South Sudan revealed, Victims in South Sudan were seeking psychiatric or consultation services. However, the lack of professionals, unavailability of health center services, and cultural barriers aggravated the psychological problems of sexually abused girls and women. (Ellsberg et al., 2020).

Some participants are seeking traditional healing, even if they did not consider it as the best solution. this is because of being unable to get medical treatment or other societal influences.

Regarding this finding, the researcher was unable to locate a study in which traditional healing was used as a solution. Similarly, no evidence was found to support traditional healing in the study.

Further finding of the study was Children who observed the attack are exposed to a variety of psychosocial issues. They are compelled to continue their studies due to societal pressure. Additionally, The majority of study participants reported serious physical injuries, including severe headaches and earaches, as a result of intense physical beating during the sexual attack. Because there was a hearing impairment, the researcher confirmed the occurrence of the earache during the interview. And, the study also found that family members who observed severe physical beatings and harm during sexual attacks passed away due to anxiety and shock. On the other hand, The majority of research participants reported being subjected to a severe economic crisis as a result of the stealing of their wealth and property as a result of the conflict.

CHAPTER FIVE

CONCLUSION, AND RECOMMENDATIONS

5.1. Conclusion

The study was generally written with the general aim of exploring Psychosocial problems of sexual violence and coping mechanisms on the survival of Females in the conflict-affected area.

In order to achieve the aims, the study used in-depth and key informant interview methods. Through in-depth interviews, 11 war-related sexually abused females took part in the study. Key informant interviews were conducted with medical practitioners, woreda women, and Children's

Affairs Office, and social workers. Thus, based on the findings of in-depth and key informant interviews, this section gives a summary of the study's primary findings and conclusion. The conclusion is based on the results of in-depth interviews and key informant interviews.

Females are frequently victims of violence during wartime. They are especially exposed to a variety of psychosocial problems as a result of sexual violence caused by conflict. This study also revealed that as a result of the conflict, females were victims of sexual violence and were exposed to a variety of psychosocial problems. This means that individuals who are moms of children in the community are victims of violence. It also indicates that those who were leading the family and playing a good part in the social and economic duties of society are victims of violence. As a result, it suggests that the survivors are not as socially active as usual.

The study also found that the majority of sexual violence survivors suffered from post-traumatic stress disorder, stigma, depression, anxiety, hopelessness, loneliness, nightmares, and suicidal attempts. It is understood from the study that this is due to the impact of the attack on them and the negative pressure they have received from the community.

The study, on the other hand, discovered that some victims of violence lost their marriages due to their spouses' inability to understand them and the impact of society on them and their husbands. According to studies, the majority of them are afraid of losing their marriage as a result of husbands and community influence.

The study found that the majority of study participants indicated that the actions they made to recover from the problem were limited; even victims who received medical assistance could not overcome their problem because they received assistance only once. This suggests that the governmental and non-governmental organizations that are directly touched by the issue are failing to play their roles in resolving the victims' difficulties.

The study, on the other hand, revealed that the victims did not obtain the psychological, social, and spiritual assistance that they should have received in order to solve their difficulties. This demonstrates that religious institutions and social influencers did not do their part, and as a result, the victims of the attack are living with their psychosocial problems.

Some study participants seek spiritual and traditional treatments on their own, but they were unable to effect significant change because they did not freely discuss their difficulties and accept therapy. It was discovered that the study participants who employed traditional healing did so because medical care was difficult to obtain.

In general, the study's participants were women who were employed before the attack, who assisted their family both emotionally and financially, who had a stable marital status, and who were active participants in various social and economic activities in the community they lived in. However, following the attack, these women face a variety of psycho-social issues, their wealth and goods are destroyed, their marriages collapsed, and their family lives are destroyed.

5.2. Recommendations

The study found out that, females were victims of sexual violence and were exposed to a variety of psychosocial problems. as a result of the conflict-based violence. In order to minimize this problem, concerned bodies government, and non-government organizations should give attention to the problems.

According to the study, the majority of sexual violence survivors had post-traumatic stress disorder, stigma, sadness, anxiety, hopelessness, loneliness, nightmares, and suicidal attempts. To address this issue, the government, religious institutions, and communities must provide psychological, social, and spiritual support to survivors.

This indicates that religious institutions and leaders are failing to meet their obligations to assist vulnerable females. The government should force religious leaders to take an active part in resolving the female's psychological and social crisis affecting.

In this study, survivors were stigmatized due to the severe impact that society has on victims of violence. Therefore, reducing the negative impact on society means reducing the problems of the victims of violence. As a result, it is essential to work and educate the community.

On the other hand, the study found females were singled out by their spouses as being vulnerable to violence. The majority of them are concerned that their marriage will fail. Because this issue

generates a family life, and societal crisis, religious leaders and psychologists should assist husbands in better understanding the essence of marriage.

Another issue is the impact of survivor children in the community and at school. When children reach adulthood, they may have a negative attitude toward their community and commit behaviors that are detrimental to it. As a result, society should cooperate with teachers and health experts who have close relationships with the community to prevent this problem from ongoing and to produce healthy generations.

Additionally, the war's all aspects damage to females may have an impact on their future developmental stage and hinder them from accomplishing their development. As a result, they should be assisted by psychologists.

Furthermore, the majority of study participants had trouble getting to the medical center because they did not have enough money to receive the essential treatment. As a result, the government should give free high-quality care to these vulnerable citizens.

Finally, it can be concluded that, from our own and the world's experience that the cause of war is mostly a political crisis. Although the origin of war is political, the danger is that it causes economic, social, physical, and psychological damage to innocent citizens. In our country, the war that happened in northern Ethiopia was caused by politics, but it has led the citizens to great humanitarian and material destruction. Therefore, politicians should solve their problems in a dialogue and democratic way and protect citizens, especially females, from the terrible problems they face as a result of war.

Reference

- Abdalla, M. M., Oliveira, L. G. L., Azevedo, C. E. F., & Gonzalez, R. K. (2018). Quality in qualitative organizational research: Types of triangulation as a methodological alternative. *Administração: ensino e pesquisa*, 19(1).
- Alvermann, D. E., & Mallozzi, C. A. (2010). Interpretive research. In *Handbook of reading disability research* (pp. 500-508): Routledge.

- Amnesty, I. (2022). Ethiopia: summary killings, rape and looting by Tigrayan forces in Amhara: Amnesty International report.
- Amone-P'Olak, K. (2005). The psychological impact of war and sexual abuse on adolescent girls in Northern Uganda 3(1):33-45
- Amone-P'Olak, K. (2005). The psychological impact of war and sexual abuse on adolescent girls in Northern Uganda Intervention 2005, Volume 3, Number 1, Page 33 - 45 <https://www.researchgate.net/publication/287936525>.
- Antony, M. M., & Barlow, D. H. (2020). Handbook of assessment and treatment planning for psychological disorders: Guilford Publications.
- Armitage, R. (2022). Conflict-related sexual violence in Ukraine: insight from the field. The Lancet, 400(10354), 730-731.
- Astuti, P., & Tisnawijaya, C. (2020). PSYCHOPATHIC PERSONALITY DISORDER IN LARSSON'S "THE GIRL WITH THE DRAGON TATTOO".
- Ba, I., & Bhopal, R. (2017). Physical, mental and social consequences in civilians who have experienced war-related sexual violence: a systematic review (1981–2014). Public health, 142, 121-135.
- Backman, D., Spear, K., Mumford, E. A., & Taylor, B. G. (2020). The campus sexual assault policy and prevention initiative: Findings from key informant interviews. Health Education & Behavior, 47(1_suppl), 75S-84S.
- Banyanga, J. d. A., Björkqvist, K., & Österman, K. (2017). The trauma inflicted by genocide: Experiences of the Rwandan Diaspora in Finland. Cogent Psychology, 4(1), 1333244.
- Banyanga, J. d. A., Björkqvist, K., Österman, K., & Hackett, J. (2017). The trauma inflicted by genocide: Experiences of the Rwandan Diaspora in Finland. Cogent Psychology, 4(1). doi:10.1080/23311908.2017.1333244
- Barlow, D. H. (2014). Clinical Handbook of Psychological Disorders A Step-by-Step Treatment Manual

- Belay, H. G., Liyeh, T. M., Tassew, H. A., Ayalew, A. B., Goshu, Y. A., & Mihretie, G. N. (2021). The magnitude of Gender-Based Violence and Its Associated Factors among Female Night Students in Bahir Dar City, Amhara Region, Ethiopia. *Int J Reprod Med*, 2021, 6694890. doi:10.1155/2021/6694890
- Belotto, M. J. (2018). Data analysis methods for qualitative research: Managing the challenges of coding, interrater reliability, and thematic analysis. *The Qualitative Report*, 23(11), 2622-2633.
- Bhawna, & Gobind. (2015). Research Methodology and Approaches: *IOSR Journal of Research & Method in Education (IOSR-JRME)* e-ISSN: 2320–7388,p-ISSN: 2320–737X Volume 5, Issue 3 Ver. IV (May - Jun. 2015), PP 48-51. doi:10.9790/7388-05344851
- Boddy, C. R. (2016). The sample size for qualitative research. *Qualitative Market Research: An International Journal*.
- Bonomi, A., Nichols, E., Kammes, R., & Green, T. (2018). Sexual violence and intimate partner violence in college women with a mental health and/or behavior disability. *Journal of Women's Health*, 27(3), 359-368.
- Boyko, E. J. (2013). Observational research—opportunities, and limitations. *Journal of Diabetes and its Complications*, 27(6), 642-648.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Brunton-Smith, I., Flatley, J., & Tarling, R. (2022). Prevalence of sexual violence: A comparison of estimates from UK national surveys. *European Journal of Criminology*, 19(5), 891-910.
- Budge, S. L., Rossman, H. K., & Howard, K. A. (2014). Coping and psychological distress among genderqueer individuals: The moderating effect of social support. *Journal of LGBT Issues in Counseling*, 8(1), 95-117.

- Byba Suhita, Ratih, N., & Priyanto, K. E. (2021). Psychological Impact On Victims of Sexual Violence: Literature Review. ISSN: 2252-3847 (print); 2614-350X (online) Vol.10 No.1 May 2021 Page. 1412-1423. doi:10.30994/sjik.v10i1.825
- Carpenter, J. K., Andrews, L. A., Witcraft, S. M., Powers, M. B., Smits, J. A., & Hofmann, S. G. (2018). Cognitive behavioral therapy for anxiety and related disorders: A meta-analysis of randomized placebo-controlled trials. *Depression and anxiety*, 35(6), 502-514.
- Cederman, L.-E., & Pengl, Y. (2019). Global Conflict Trends and their Consequences.
- Chronister, J., Chou, C. C., & Liao, H. Y. (2013). The role of stigma coping and social support in mediating the effect of societal stigma on internalized stigma, mental health recovery, and quality of life among people with serious mental illness. *Journal of Community Psychology*, 41(5), 582-600.
- Clark, J. N. (2014). A crime of identity: Rape and its neglected victims. *Journal of Human Rights*, 13(2), 146-169.
- Cowan, A., & Ali Ashai. (2020). Psychotherapy with Survivors of Sexual Abuse and Assault: *Innov Clin Neurosci*. 2020;17(1–3):22–26.
- Creswell, J. W. (2009). Mapping the field of mixed methods research. In (Vol. 3, pp. 95-108): SAGE publications Sage CA: Los Angeles, CA.
- Cruz, M. A. d., Gomes, N. P., Campos, L. M., Estrela, F. M., Whitaker, M. C. O., & Lírio, J. G. d. S. (2021). Impacts of sexual abuse in childhood and adolescence: an integrative review. *Ciência & Saúde Coletiva*, 26, 1369-1380.
- CSA. (2005). Ethiopia census central statistical agency
- De Berardis, D., Olivieri, L., Rapini, G., Serroni, N., Fornaro, M., Valchera, A., . . . Serafini, G. (2020). Religious coping, hopelessness, and suicide ideation in subjects with first-episode major depression: An exploratory study in the real world clinical practice. *Brain sciences*, 10(12), 912.

- DeCou, C. R., & Lynch, S. M. (2019). Emotional reactivity, trauma-related distress, and suicidal ideation among adolescent inpatient survivors of sexual abuse. *Child Abuse & Neglect*, 89, 155-164.
- Diehl, N. (2014). Psychological disorders: Developed and Produced by the Teachers of Psychology in Secondary Schools (TOPSS) of the American Psychological Association.
- Dufer, F., Kebira, J. Y., Gobena, T., & Assefa, N. (2021). Lifetime Prevalence of Sexual Violence and Its Associated Factors among High School Female Students in Jarso District, Oromia Region, Eastern Ethiopia. *Int J Reprod Med*, 2021, 1821579. doi:10.1155/2021/1821579
- Dye, H. (2018). The impact and long-term effects of childhood trauma. *Journal of Human Behavior in the Social Environment*, 28(3), 381-392.
- Eifert, G. H., & Forsyth, J. P. (2005). *Acceptance and Commitment Therapy for Anxiety Disorders A Practitioner's Treatment Guide to Using Mindfulness, Acceptance, and Values-Based Behavior Change Strategies*.
- Ellsberg, M., Ovince, J., Murphy, M., Blackwell, A., Reddy, D., Stennes, J., . . . Contreras, M. (2020). No safe place: Prevalence and correlates of violence against conflict-affected females in South Sudan. *PLoS One*, 15(10), e0237965. doi:10.1371/journal.pone.0237965
- Estlund, D. (2022). Moreau on Discrimination and Wrong: Comments on Faces of Inequality: A Theory of Wrongful Discrimination. *Jerusalem Review of Legal Studies*, 25(1), 84-95.
- FHEIAR. (2022). የ ት ህ ነ ግ አ ማራዊ ጥ ላ ቻ እ ና የ ፈ ፀ መው የ ዘ ር ማጥፋት ወንጀል .
- Fontes, L. F. C., Conceicao, O. C., & Machado, S. (2017). Childhood and adolescent sexual abuse, victim profile and its impacts on mental health. *Cien Saude Colet*, 22(9), 2919-2928. doi:10.1590/1413-81232017229.11042017

- FRA. (2021). Violence against women: An EU-wide survey. Luxembourg: Publications Office of the European Union.
- Gelenberg, A. J., Freeman, M. P., Markowitz, J. C., Rosenbaum, J. F., Thase, M. E., Trivedi, M. H., & Rhoads, R. S. V. (2010). Practice Guideline for the Treatment of Patients with Major Depressive Disorder.
- Green, L., McHale, T., Mishori, R., Kaljee, L., & Akter Chowdhury, S. (2022). “Most of the cases are very similar.”: Documenting and corroborating conflict-related sexual violence affecting Rohingya refugees. *BMC public health*, 22(1), 1-14.
- Group, W. B. (2019). Central African Republic: Priorities for Ending Poverty and Boosting Shared Prosperity: World Bank.
- Guerra, C., Farkas, C., & Moncada, L. (2018). Depression, anxiety, and PTSD in sexually abused adolescents: Association with self-efficacy, coping and family support. *Child abuse & neglect*, 76, 310-320.
- Guest, G., Namey, E., & Chen, M. (2020). A simple method to assess and report thematic saturation in qualitative research. *PloS one*, 15(5), e0232076.
- Hamdullahpur, K., Jacobs, K. w. J., & Gill, K. J. (2018). Mental health among help-seeking urban women: the relationships between adverse childhood experiences, sexual abuse, and suicidality. *Violence against women*, 24(16), 1967-1981.
- Hebert, M., & Amedee, L. M. (2020). Latent class analysis of post-traumatic stress symptoms and complex PTSD in child victims of sexual abuse and their response to Trauma-Focused Cognitive Behavioural Therapy. *Eur J Psychotraumatol*, 11(1), 1807171. doi:10.1080/20008198.2020.1807171
- Heiras, N. A. B. (2018). Drug-war Violence, Mental Health, and Coping Mechanisms among Mexican-origin Women in El Paso, Texas: The University of Texas at El Paso.

- Herbert, M. S., Malaktaris, A. L., Dochat, C., Thomas, M. L., Wetherell, J. L., & Afari, N. (2019). Acceptance and commitment therapy for chronic pain: does post-traumatic stress disorder influence treatment outcomes? *Pain Medicine*, 20(9), 1728-1736.
- Howitt, D., & Cramer, D. (2020). *Research methods in psychology*: Pearson.
- HRC. (2022). Conflict-related sexual violence against females in South Sudan.
- ICRC. (2021). *Addressing sexual violence*.
- Imasuen, E. (2015). Insurgency and humanitarian crises in Northern Nigeria: The case of Boko Haram. *African Journal of Political Science and International Relations*, 9(7), 284-296.
- Infante, A. (2019). *Clinical Practice Guideline for Treatment of Patients with Anxiety Disorders in Primary Care*.
- Jones-Smith, A. (2018). *Therapists' Perceptions of Eye Movement Desensitization and Reprocessing Treatment for Women Survivors of Child Sexual Abuse*. Walden University,
- Jones, N., Cooper, J., Presler-Marshall, E., & Walker, D. (2014). The fallout of rape as a weapon of war: The life-long and intergenerational impacts of sexual violence in conflict.
- Jongh, A. d., Amann, B. L., Hofmann, A., Farrell, D., & Lee, C. W. (2019). The Status of EMDR Therapy in the Treatment of Posttraumatic Stress Disorder 30 Years After Its Introduction: *Journal of EMDR Practice and Research*, Volume 13, Number 4, <http://dx.doi.org/10.1891/1933-3196.13.4.261>. doi:10.1891/1933-3196.13.4.261
- Joseph, S. (2020). Why we need a more humanistic positive organizational scholarship: Carl Rogers' person-centered approach as a challenge to neoliberalism. *The Humanistic Psychologist*, 48(3), 271.
- Karl Hanson, R. (1988). The psychological impact of sexual assault on women and children: A review. *Annals of Sex Research*, 3(2), 187-232. doi:10.1007/bf00850870
- Karpiak, C. P., & Spilis, M. (2019). *Treatment of psychological disorders: A Six-Unit Lesson Plan for High School Psychology Teachers*.

- Kelly, U., Haywood, T., Segell, E., & Higgins, M. (2021). Trauma-sensitive yoga for post-traumatic stress disorder in women veterans who experienced military sexual trauma: interim results from a randomized controlled trial. *The Journal of Alternative and Complementary Medicine*, 27(S1), S-45-S-59.
- Khademi, M., Hajiahmadi, M., & Faramarzi, M. (2019). The role of long-term psychodynamic psychotherapy in improving attachment patterns, defense styles, and alexithymia in patients with depressive/anxiety disorders. *Trends in psychiatry and psychotherapy*, 41, 43-50.
- Khadr, S., Clarke, V., Wellings, K., Villalta, L., Goddard, A., Welch, J., . . . Viner, R. (2018). Mental and sexual health outcomes following sexual assault in adolescents: a prospective cohort study. *The Lancet Child & Adolescent Health*, 2(9), 654-665.
- Khan, A. M., Dar, S., Ahmed, R., Bachu, R., Adnan, M., & Kotapati, V. P. (2018). Cognitive behavioral therapy versus eye movement desensitization and reprocessing in patients with post-traumatic stress disorder: Systematic review and meta-analysis of randomized clinical trials. *Cureus*, 10(9).
- Kiger, M. E., & Varpio, L. (2020). Thematic analysis of qualitative data: AMEE Guide No. 131. *Medical teacher*, 42(8), 846-854.
- Kim, H. S., Sherman, D. K., & Taylor, S. E. (2008). Culture and social support. *American psychologist*, 63(6), 518.
- Kirby, P. (2020). The body weaponized: War, sexual violence, and the uncanny. *Security Dialogue*, 51(2-3), 211-230.
- Koçtürk, N., & Bilginer, S. Ç. (2020). Adolescent sexual abuse victims' levels of perceived social support and delayed disclosure. *Children and Youth Services Review*, 118, 105363.
- Koenig, H. G., Al-Zaben, F., & VanderWeele, T. J. (2020). Religion and psychiatry: Recent developments in research. *BJPsych advances*, 26(5), 262-272.

- Kring, A. M., & Johnson, S. L. (2018). *Abnormal psychology: The science and treatment of psychological disorders*: John Wiley & Sons.
- Kumar, P. S., & George, B. (2013). Life events, social support, coping strategies, and quality of life in attempted suicide: A case-control study. *Indian journal of psychiatry*, 55(1), 46.
- Landolt, M. A., Cloitre, M. A., & Schnyder, U. (2017). *Evidence-based treatments for trauma-related disorders in children and adolescents*. Springer Publishing.
- Lang, M., Mergaert, L., Arnaut, C., & Vertommen, T. (2023). Gender-based violence in sport: prevalence and problems. *European Journal for Sport and Society*, 20(1), 57-78.
- Le, K., & Nguyen, M. (2022). War and intimate partner violence in Africa. *Sage open*, 12(2), 21582440221096427.
- Le, T. A., Le, M. Q. T., Dang, A. D., Dang, A. K., Nguyen, C. T., Pham, H. Q., . . . Ho, R. C. M. (2019). Multi-level predictors of psychological problems among methadone maintenance treatment patients in different types of settings in Vietnam. *Subst Abuse Treat Prev Policy*, 14(1), 39. doi:10.1186/s13011-019-0223-4
- Leahy, R. L. (2017). *Cognitive therapy techniques: A practitioner's guide*: Guilford Publications.
- LeMoult, J., & Gotlib, I. H. (2019). Depression: A cognitive perspective. *Clinical Psychology Review*, 69, 51-66.
- Leslie Miles, Mabey, L., & Caten, R. (2020). *Mental health treatments for adolescent/adult victims of sexual assault: Systematic Literature Review and Recommendations*.
- Li, X., & Wang, Q. (2019). Psychological treatment for depressive disorder. *Depressive Disorders: Mechanisms, Measurement and Management*, 233-265.
- Liang, L. (2021). A Brief Note on Trauma Focusing on Cognitive Behavioral Therapy. *Trauma Acute Care Vol.6 No.7:107*.
- Liebling-Kalifani, H., Mwaka, V., Ojiambo-Ochieng, R., Were-Oguttu, J., Kinyanda, E., Kwekwe, D., . . . Danuweli, C. (2011). Women war survivors of the 1989-2003 conflict

- in Liberia: the impact of sexual and gender-based violence. *Journal of International Women's Studies*, 12(1), 1-21.
- Lugova, H., Samad, N., & Haque, M. (2020). Sexual and Gender-Based Violence Among Refugees and Internally Displaced Persons in the Democratic Republic of the Congo: Post-Conflict Scenario. *Risk Manag Health Policy*, 13, 2937-2948. doi:10.2147/RMHP.S283698
- Macy, R. J., Jones, E., Graham, L. M., & Roach, L. (2018). Yoga for trauma and related mental health problems: A meta-review with clinical and service recommendations. *Trauma, Violence, & Abuse*, 19(1), 35-57.
- Mahlet, A. W. (2018). Long-Term Effects of Wartime Sexual Violence on Women and Families.
- Mangolini, V. I., Andrade, L. H., Lotufo-Neto, F., & Wang, Y. P. (2019). Treatment of anxiety disorders in clinical practice: a critical overview of recent systematic evidence. *Clinics (Sao Paulo)*, 74, e1316. doi:10.6061/clinics/2019/e1316
- Marques, N. M., Belizario, G. O., Rocca, C. C. A., Saffi, F., de Barros, D. M., & Serafim, A. P. (2020). Psychological evaluation of children victims of sexual abuse: development of a protocol. *Heliyon*, 6(3), e03552. doi:10.1016/j.heliyon.2020.e03552
- Marshall, M. N. (1996). Sampling for qualitative research. *Family practice*, 13(6), 522-526.
- McKay, S. (1998). The effects of armed conflict on girls and women. *Peace and Conflict*, 4(4), 381-392.
- Medie, P. A. (2019). Women and violence in Africa. In *Oxford Research Encyclopedia of African History*.
- Mocănașu, D. R. (2020). Determining the sample size in qualitative research. Paper presented at the International Multidisciplinary Scientific Conference on the Dialogue between Sciences & Arts, Religion & Education.

- Mubina, N. (2017). KONSEP DIRI PADA PEREMPUAN KORBAN KEKERASAN SEKSUAL DI KARAWANG. *Psychopedia Jurnal Psikologi Universitas Buana Perjuangan Karawang*, 2(2), 19-36.
- Mukwege, D. (2018). Weapon of war Sexual violence against children in conflict.
- Muluneh, M. D., Stulz, V., Francis, L., & Agho, K. (2020). Gender-based violence against women in sub-Saharan Africa: a systematic review and meta-analysis of cross-sectional studies. *International journal of environmental research and public health*, 17(3), 903.
- Nathan, S., Newman, C., & Lancaster, K. (2019). Qualitative interviewing.
- Neukirch, N., Reid, S., & Shires, A. (2019). Yoga for PTSD and the role of interoceptive awareness: A preliminary mixed-methods case series study. *European Journal of Trauma & Dissociation*, 3(1), 7-15.
- Nicotera, N., Connolly, M. M., Jawdat, L., & Ostrow, L. (2022). A qualitative study examining the lived experiences of stress among female sexual assault survivors in an 8-week trauma-sensitive yoga intervention. *Traumatology*.
- Ningsih, S. H. E. S. B. (2018). Kekerasan seksual pada anak di Kabupaten Karawang. *Jurnal Bidan*, 4(2), 267040.
- Ochu, A. C., Davis, E. B., Magyar-Russell, G., O'Grady, K. A., & Aten, J. D. (2018). Religious coping, dispositional forgiveness, and posttraumatic outcomes in adult survivors of the Liberian Civil War. *Spirituality in Clinical Practice*, 5(2), 104.
- Ozbay, F., Johnson, D. C., Dimoulas, E., Morgan III, C., Charney, D., & Southwick, S. (2007). Social support and resilience to stress: from neurobiology to clinical practice. *Psychiatry (Edgmont)*, 4(5), 35.
- Pastor-Moreno, G., Ruiz-Pérez, I., Sordo, L., & Henares-Montiel, J. (2022). Frequency, types, and manifestations of partner sexual violence, non-partner sexual violence, and sexual harassment: a population study in Spain. *International journal of environmental research and public health*, 19(13), 8108.

- Pittenger, S. L., Schreier, A., Meidlinger, K., Pogue, J. K., Theimer, K., Flood, M. F., & Hansen, D. J. (2019). Psychological distress and revictimization risk in youth victims of sexual abuse. *Journal of interpersonal violence*, 34(9), 1930-1960.
- Rakhmasari, V. P., Nashori, F., & Kurniawan, Y. (2021). Trauma-Focused Cognitive Behavioral Therapy to reduce symptoms of post-traumatic stress disorder in adolescent victims of incest. *Psikohumaniora: Jurnal Penelitian Psikologi*, 6(2), 187-198.
- Rees, S., Silove, D., Chey, T., Ivancic, L., Steel, Z., Creamer, M., . . . Mills, K. L. (2011). Lifetime prevalence of gender-based violence in women and the relationship with mental disorders and psychosocial function. *Jama*, 306(5), 513-521.
- Richards, K. A. R., & Hemphill, M. A. (2018). A practical guide to collaborative qualitative data analysis. *Journal of Teaching in Physical Education*, 37(2), 225-231.
- Rosmarin, D. H., & Leidl, B. (2020). Spirituality, religion, and anxiety disorders. *Handbook of spirituality, religion, and mental health*, 41-60.
- Sandelowski, M. (1995). Sample size in qualitative research. *Research in nursing & health*, 18(2), 179-183.
- Saputri, R. W., Noviekayati, I., & Saragih, S. (2018). Konseling Kelompok untuk Menurunkan Depresi Pada Remaja Introvert Korban Kekerasan Seksual. *Persona: Jurnal Psikologi Indonesia*, 7(1), 93-106.
- Schneider, K., Pierson, J. F., & Bugental, J. F. T. (2015). *The Handbook of Humanistic Psychology_ Theory, Research, and Practice : Second edtion*, Sage Publications, Inc. ISBN 978-1-4522-6774-6.
- Shaheen, M., & Pradhan, S. (2019). Sampling in qualitative research. In *Qualitative techniques for workplace data analysis* (pp. 25-51): IGI Global.
- Shanko Wamako, A. (2022). *Impact of Violence Against Girls on Their Educational Achievement: The Case of Government Secondary Schools in Harari Regional State*,

Ethiopia. *International Journal of Secondary Education*, 10(1).
doi:10.11648/j.ijsedu.20221001.15

- Shapiro, R., & Brown, L. S. (2019). Eye movement desensitization and reprocessing therapy and related treatments for trauma: An innovative, integrative trauma treatment. *Practice Innovations*, 4(3), 139.
- Shaw, J. (2017). Adolescent Victims of Commercial Sexual Exploitation versus Sexually Abused Adolescents: *The Journal of the American Academy of Psychiatry and the Law*.
- Sinanan, A. N. (2016). SEXUAL ABUSE AND THE PSYCHOLOGICAL IMPACT ON CHILDREN: A REVIEW OF THE LITERATURE.
- Sitkin, R. A., Lee, B. X., & Lee, G. (2019). To destroy a people: Sexual violence as a form of genocide in the conflicts of Bosnia, Rwanda, and Chile. *Aggression and violent behavior*, 46, 219-224.
- Sklavou, K. (2019). Violence against women in armed conflicts pre, during, and post. DOI: 10.26386/obrela.v2i4.138 ISSN 2585-2795. doi:10.26386/obrela.v2i4.138
- Stahl, S. M. (2017). *Prescriber's Guide: Stahl's essential psychopharmacology: Update on Medications for PTSD*. The Carlat Psychiatry Report, 15(12). Carlat Publishing.
<https://www.thecarlatreport.com/the-carlat-psychiatry-report/update-medications-ptsd>:
Cambridge University Press.
- Stark, L., & Wessells, M. (2012). Sexual violence as a weapon of war. *Jama*, 308(7), 677-678.
- Staudt, K., Payan, T., & Kruszewski, Z. A. (2022). *Human Rights along the US–Mexico Border: Gendered Violence and Insecurity*: University of Arizona Press.
- Stefan, S., Cristea, I. A., Szentagotai Tatar, A., & David, D. (2019). Cognitive-behavioral therapy (CBT) for a generalized anxiety disorder: Contrasting various CBT approaches in a randomized clinical trial. *J Clin Psychol*, 75(7), 1188-1202. doi:10.1002/jclp.22779

- Stiphout, M., Tarraf, R., Fraser, A., Hair, H., Lang, E., Holroyd, B., & Hastings, S. (2020). P086: Violence prevention strategies in emergency departments: Key informant interviews. *Canadian Journal of Emergency Medicine*, 22(S1), S95-S95.
- Suhita, B. M., Ratih, N., & Priyanto, K. E. (2021). Psychological Impact On Victims of Sexual Violence: Literature Review. *STRADA Jurnal Ilmiah Kesehatan*, 10(1), 1412-1423.
- Tenaw, L. A., Aragie, M. W., Ayele, A. D., Kokeb, T., & Yimer, N. B. (2022). Medical and psychological consequences of rape among survivors during armed conflicts in northeast Ethiopia. *PLoS One*, 17(12), e0278859. doi:10.1371/journal.pone.0278859
- Tol, W. A., Stavrou, V., Greene, M. C., Mergenthaler, C., Van Ommeren, M., & García Moreno, C. (2013). Sexual and gender-based violence in areas of armed conflict: a systematic review of mental health and psychosocial support interventions. *Conflict and Health*, 7(1), 1-9.
- TUNG, O. (2018). Conflict-Related Sexual Violence.
- Tursilarini, T. Y. (2017). Dampak kekerasan seksual di ranah domestik terhadap keberlangsungan hidup anak. *Media Informasi Penelitian Kesejahteraan Sosial*, 41(1), 77-92.
- UN. (2016). Shelters for females who are survivors of violence in Ethiopia. National assessment on the availability, accessibility, quality, and demand for rehabilitative and reintegration services.
- UN. (2019). Conflict-related sexual violence report of the united nations secretary-general. 13-28
- Vallières, F., Gilmore, B., Nolan, A., Maguire, P., Bondjers, K., McBride, O., . . . Hyland, P. (2022). Sexual violence and its associated psychosocial effects in Ireland. *Journal of interpersonal violence*, 37(11-12), NP9066-NP9088.
- Van der Walt, J. L. (2020). Interpretivism-constructivism as a research method in the humanities and social sciences—more to it than meets the eye. *International Journal*, 8(1), 59-68.

- Van Prooijen, J.-W., & Krouwel, A. P. (2019). Psychological features of extreme political ideologies. *Current Directions in Psychological Science*, 28(2), 159-163.
- Vergnaud, G. (1998). Towards a cognitive theory of practice. In *Mathematics education as a research domain: A search for identity* (pp. 227-240): Springer.
- Villarroel, M. A., & Terlizzi, E. P. (2020). Symptoms of depression among adults: United States, 2019: US Department of Health and Human Services, Centers for Disease Control and ...
- Wardhana, Y. W., & Kurniawan, A. (2018). *Jurnal Psikologi Klinis dan Kesehatan Mental. Jurnal Psikologi Klinis Dan Kesehatan Mental Tahun*, Vol. 7, 84–96.
- Weiser, E. B. (2014). Psychological Disorders: <https://www.researchgate.net/publication/291348876>.
- Wharton, E., Edwards, K. S., Juhasz, K., & Walser, R. D. (2019). Acceptance-based interventions in the treatment of PTSD: Group and individual pilot data using Acceptance and Commitment Therapy. *Journal of Contextual Behavioral Science*, 14, 55-64.
- WHO. (2009). *Pharmacological treatment of mental disorders in primary health care. QV 77.2*(ISBN 978 92 4 154769 7).
- Wisnu, Y., & Kurniawan, W. (2018). *Jurnal Psikologi Klinis dan Kesehatan Mental. Jurnal Psikologi Klinis Dan Kesehatan Mental Tahun*, Vol. 7, 84–96. . *Front Psychol*, 11, 566212. doi:10.3389/fpsyg.2020.566212
- Woldetsadik, M. A., Acan, G., & Odiya, O. I. (2022). The enduring consequences of conflict-related sexual violence: a qualitative study of women survivors in northern Uganda. *Conflict and health*, 16(1), 1-11.
- Woynhareg, K., Terefe, D., & Moges, M. (2019). Proportion and associated factors of sexual violence among female night junior school students in Gondar town, Northwest, Ethiopia. *International Journal of Sexual and Reproductive Health Care*. doi:10.17352/ijshrhc

- Xu, W., & Zammit, K. (2020). Applying the thematic analysis to education: A hybrid approach to interpreting data in practitioner research. *International Journal of Qualitative Methods*, 19, 1609406920918810.
- Yagi, I., Malette, J., Mwindo, T., & Maisha, B. (2022). Characteristics and Impacts of Conflict-Related Sexual Violence against Men in the DRC: A Phenomenological Research Design. *Social Sciences*, 11(2), 34.
- Yoon, Y., Cederbaum, J. A., & Schwartz, A. (2018). Childhood sexual abuse and current suicidal ideation among adolescents: Problem-focused and emotion-focused coping skills. *Journal of Adolescence*, 67, 120-128.
- Zahirah, U., Nurwati, N., & Krisnani, H. (2019). Dampak Dan Penanganan Kekerasan Seksual Anak Di Keluarga. *Prosiding Penelitian Dan Pengabdian Kepada Masyarakat*, 6(1), 10. <https://doi.org/10.24198/jppm.v6i1.21793>.
- Zayfert, C., & Becker, C. B. (2019). *Cognitive-behavioral therapy for PTSD: A case formulation approach*: Guilford Publications.

Appendix A. interview guide for Survivors

Good morning/afternoon!! First and foremost, I would want to thank you for your time. My name is Yechale Yigzaw. I am a Developmental Psychology student at Addis Abeba University, and I am conducting research on the psycho-social problems of sexual violence and coping mechanisms in female survival. I'd like to thank you ahead of time for meeting with me today. I am writing to request your participation in an interview for a thesis titled "The Psycho-social Problems of Sexual Violence and Coping Mechanisms on Survival Females in Conflict-Affected Areas." The interview would last no more than an hour. If you consent, I will record your voice. Because I will be using an anonymous name, whatever information I give in my report will be considered confidential. Thank you!

1. Could you please introduce yourself?
2. Can you tell us about the situation when the attack took place?
3. Did you experience any problems as a result of the attack?

- In health
- Psychologically
- Socially
- Emotionally

DSM-5-based Triggering questions

Types of psychological disorders and social problems that will be identified their occurrence

A. Depression

For the 7 Days		Existence check (√)
1	I felt worthless	
2	I felt that I had nothing to look forward to	
3	I felt helpless	
4	I felt sad	
5	I felt like a failure	
6	I felt depressed	
7	I felt unhappy	
8	I felt hopeless	
9	Decreased appetite	

10	Escalation of confusion	
----	-------------------------	--

B. Sleep disturbance

For the 7 Days		Existence check (√)
1	My sleep was restless	
2	I was satisfied with my sleep	
3	My sleep was refreshing	
4	I had difficulty falling asleep	
5	I had trouble staying asleep	
6	I had trouble to asleep	
7	I got enough sleep	
8	My sleep quality was	
9	Fear of sexual violence in dream or nightmare	
10	Having thought or nightmare about event (sexual violence) in each night	
11	Experiencing nightmare every night	

C. Anxiety Disorder

For the 7 Days		Existence check (√)
1	felt moments of sudden terror, fear, or fright when separated	
2	felt anxious, worried, or nervous about being separated	
3	have had thoughts of bad things happening to people important to me or bad things happening to me when separated from them (e.g., getting lost, accidents)	
4	felt a racing heart, sweaty, trouble breathing, faint, or shaky when separated	
5	felt tense muscles, felt on edge or restless, or had trouble relaxing or trouble sleeping when separated	
6	avoided going places where I would be separated	
7	when separated, left places early to go home	
8	spent a lot of time preparing for how to deal with separation	
9	distracted myself to avoid thinking about being separated	
10	needed help to cope with separation (alcohol or medications, superstitious objects)	

D. Post-Traumatic Stress Disorder

		Existence checking (√)
1	Having flashbacks and felt a stressful experience from the past happening all over again (re-experienced by seeing, hearing, smelling, or physically feeling parts of the experience)	
2	Feeling very emotionally upset when something reminded a stressful experience	
3	Trying to avoid thoughts, feelings, or physical sensations that reminded stressful experience	
4	Thinking that a stressful event happened because you or someone else (who didn't directly harm you) did something wrong or didn't do everything possible to prevent it, or because of something about you?	
5	Having a very negative emotional state (experiencing lots of fear, anger, guilt, shame, or horror after a stressful experience)	
6	Losing interest in activities which enjoy before having a stressful experience	
7	Repeated, disturbing dreams of the stressful experience	
8	Feeling jumpy or easily startled when hearing an unexpected noise	
9	Being extremely irritable or angry	
11	Having strong negative beliefs about oneself, other people, or the world	
12	Trouble experiencing positive feelings (unable to feel happy or have loving feelings form people)	
13	Blaming oneself attached with the past experience and emotional shock	

E. Suicidal attempts

Suicidal attempts 7 days		Existence checking (√)
1	Thought to end-up life	
2	Thoughts of hurting oneself	
3	Thoughts of death	
4	Thought of worthless	
5	Seeking or access to means: seeking pills, weapons, or other means	
6	Expresses no reason for living, no sense of purpose in life	
7	Expressing (writing or talking) ideation about suicide, wish to die or death	
8	Withdrawing from family, friends, society	

F. Social dysfunction or social anxiety disorder

Social dysfunction 7 days		Existence checking (√)
1	felt moments of sudden terror, fear, or fright in social situations	
2	felt anxious, worried, or nervous about social situations	
3	had thoughts of being rejected, humiliated, embarrassed, ridiculed, or offending others	
4	avoided, or did not approach or enter, social situations	
5	needed help to cope with social situations (alcohol or medications, superstitious objects)	
6	distracted oneself to avoid thinking about social situations	
7	left social situations early or participated only minimally (said little, avoided eye contact)	
8	felt a racing heart, sweaty, trouble breathing, or shaky in social situations	
9	Sense of resignation to oneself fate	
10	Lack of emotional attachment	

4. Can you describe your life before and after the problem?

Injury's negative outcome

1. Has your behavior and health changed as a result of the problem?
2. Have you ever experienced anxiety, panic attacks, or other types of panic attacks?

Interview Guidelines for victim informants' coping methods

1. How did you tackle the problem?
2. Did you receive social, religious, or medical assistance to help you deal with your problems?
3. What do you desire right now? What kind of solution do you expect to emerge from the problem?

Appendix B. Interview guide for health sector experts.

Good morning/afternoon!! First and foremost, I would want to thank you for your time. My name is Yechale Yigzaw. I am a Developmental Psychology student at Addis Abeba University,

and I am conducting research on the psycho-social problems of sexual violence and coping mechanisms in female survival. I'd like to thank you ahead of time for meeting with me today. I am writing to request your participation in an interview for a thesis titled "The Psycho-social Problems of Sexual Violence and Coping Mechanisms on Survival Females in Conflict-Affected Areas."

During our stay, we will discuss the sexual assaults created by the conflict, the problems caused by the sexual attacks, the actions taken to alleviate the problem, and the remedies that should be implemented next. The interview would last no more than an hour. If you consent, I will record your voice. Because I will be using an anonymous name, whatever information I give in my report will be considered confidential. Thank you!

1. Could you please introduce yourself and your role?
2. Did sexual violence occur as a result of the fighting in the area?
3. Could you please clarify the condition of sexual violence as a result of the war?
4. Could you tell us about the consequences of the sexual assault?
5. What steps did you take to mitigate the effects of the sexual assault?
6. What do you think should be done to remedy the problem permanently?
7. If you have any comments about the gravity of the situation?

Appendix C. Interview Guide for government sector experts and social workers

Good morning/afternoon!! First and foremost, I would want to thank you for your time. My name is Yechale Yigzaw. I am a Developmental Psychology student at Addis Abeba University, and I am conducting research on the psycho-social problems of sexual violence and coping mechanisms in female survival. I'd like to thank you ahead of time for meeting with me today. I am writing to request your participation in an interview for a thesis titled "The Psycho-social Problems of Sexual Violence and Coping Mechanisms on Survival Females in Conflict-Affected Areas."

During our stay, we will discuss the sexual assaults created by the conflict, the problems caused by the sexual attacks, the actions taken to alleviate the problem, and the remedies that should be

implemented next. The interview would last no more than an hour. If you consent, I will record your voice. Because I will be using an anonymous name, whatever information I give in my report will be considered confidential. Thank you!

1. Could you please introduce yourself and your role?
2. Did sexual violence occur as a result of the fighting in the area?
3. Could you please clarify the condition of sexual violence as a result of the war?
4. Could you tell us about the consequences of the sexual assault?
5. What steps did you take to mitigate the effects of the sexual assault?
6. What do you think should be done to remedy the problem permanently?
7. If you have any comments about the gravity of the situation?

Appendix D Observation checklist

During interview		Exist	Not exist
1	Sign of crying		
2	Neck tightening		
3	Feeling of disappointment		
4	Wrinkling of the face		
5	Covering the face with hands		
6	Holding the head in the hands		