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An assessment of Integrated services from the Present and Past Shelter Users' Perspectives: the case of Association for Women's Sanctuary and Development (AWSAD) Shelter

By

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This is to certify that the thesis prepared by **Ruth Enkuberhan** entitled "**An assessment of Integrated services from the Present and Past Shelter Users' Perspectives: the case of Association for Women's Sanctuary and Development (AWSAD) Shelter** " and submitted in partial fulfillment of the requirements for the Degree of Master of Arts (Gender studies) complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

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Abstract

This study assesses present and past AWSAD shelter users' perspectives towards the medical, psychosocial, living arrangement, legal, child facility and reintegration services. The objectives of the study were attained through the use of a mixed research design. In the quantitative method, eighty participants were selected using convenience sampling technique. While, in the qualitative method, twenty-three participants were selected through the use of purposive sampling technique. The data collection instrument comprised semi-structured interview questions, focus group discussions, key informant interviews, and survey questionnaires. The findings have shown that the counseling services and skill-based trainings have contributed to the residents' vitality by improving their self-efficacy, confidence and social skills. The main findings of the research revealed that shelter services have been essential for the residents' rehabilitation as it enabled them to regain a self-determined and independent life. To improve the quality of shelter service for the betterment of survivors lives it was recommended to enhance reintegration services through providing income generating opportunities and social welfare assistance.

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Table of Contents Page

List of Tables Page

List of Graph Page

Acronyms and Abbreviations

AP	African Protocol on the Rights of Women
AWSAD	Association for Women's Sanctuary and Development
BFA	Beijing Platform for Action
BIGA	Bright Image for Generation Association
CEDAW	Convention for Elimination of all forms of discrimination against women
DEVAW	Declaration on the Elimination of Violence against Women
EDHS	Ethiopia Demographic Health Survey
EWLA	Ethiopian Women's Lawyers Association
FDRE	Federal Democratic Republic of Ethiopia
FGM	Female Genital Mutilation
GBV	Gender Based Violence
GTP	Growth and Transformation Plan
HRC	Human Right Council
MOWA	Ministry of Women Affairs
MOWYCYA	Ministry of Women, Children, and Youth Affairs
NCB	National Coordinating Body
UN	United Nations
UNDFW	United Nations Development Fund for Women
VAWG	Violence against Women and Girls
WHO	World Health Organization

Chapter One

Introduction

1.1 Background of the Study

Domestic violence against women is a universal phenomenon that persists in all countries of the world and a major contributor to ill health of women (WHO, 2014). The United Nations Development Fund for Women estimates that at least one of every three women globally will be beaten, raped or otherwise abused during her lifetime (UNDFW & UN, 2003). According to this data, the health, social, sexual, reproductive health and wellbeing of millions of individuals and families are adversely affected by violence. Intimate partner violence and non-partner sexual violence are among the most pervasive forms of violence against women and girls. According to global review of the World Health Organization (WHO, 2013), 35% of women worldwide have experienced physical and /or sexual intimate partner violence or non-partner sexual violence.

Violence against women and girls is a fundamental breach of women and girls human rights, particularly on the right to a life, which is to be free from fear and violence (UN Women & UNFPA, 2015). As a result, states could not achieve growth and development targets without addressing violence against women. One of the goals of UN sustainable development Agenda for 2030 is achieving gender equality and empowering women and girls (UN Women, 2018). In addressing this one of the targets of the goal is eliminating all forms of violence against women and girls (UN Women, 2018). Since, violence against women still accounts to be the major social problem, which hinders the empowerment of women.

Similar to this, when examining violence rate in Ethiopia, UNFPA and population Council's study in 2010, conducted in seven regions, indicate that 25 percent of Ethiopian women experienced their first sexual experiences under coercion. In addition, a study conducted on Intimate Partner Violence in Western Ethiopia in 2011 showed that 76.5% of the women faced intimate partner violence in their life-time (MOWYCYA, 2013). Furthermore, 56.9% of the women faced an overlap of sexual, physical and psychological violence.

Similarly, WHO study has indicated that the number of women who suffered sexual violence in Ethiopia, is 59% and women had suffered physical violence are 49% (VAWC, 2009). According to the UNFPA and the Population Council Gender Survey in 2010 indicated that out of a sample of 4785 women, one out of ten had experienced physical violence from their husbands (MOWCYA, 2013). Yemane (2010) has also shown that 50-60% of women experienced domestic violence in their lifetime. Moreover, according to the 2016 Ethiopia Demographic Health Survey (EDHS), 23% of women aged 15-49 have experienced physical violence and 10% have experienced sexual violence (EDHS, 2016)

However, violence can have long-lasting and detrimental effects on their overall wellbeing of women and girls. Among these are low self-esteem, lack of trust in others, lack of confidence, feelings of shame and guilt, and lasting effects including trauma, stress disorders, depression and even suicidal thoughts (UN, 2012). In addition, it has long-term effects on the life choices of women, educational attainments and performance, self-confidence and their actions for personal and societal development (UN, 2016). Statics shows that Intimate Partner abuse against women has started to become a major public health problem resulting in mental and physical health difficulties.

In relation to this, Ellsberg, Heise, Pena, Agurto & Winkvist (2001), in their study, pointed out that most married women experienced severe physical abuse but they didn't leave the abusive relationship due to different barriers. Many women found difficult leaving their violent partner due to lack of resources. Galano, Hunter, Howell, Miller, & Graham (2013) described women who stay in the abusive relationship as tending to have less education and fewer job skills and being unemployed when compared to women who actively seek help and leave the relationship. In addition to the economic dependence of women on men, fear of

ostracization from society puts women to bear on an abusive relationship. The other factor that makes women endure violence is the desire to raise children jointly within a family environment. Women socialization and traditional gender role belief cause to greater reluctance to report abuse and the likelihood that a woman would stay in a relationship even the violence is severe. It is well known that in a patriarchal society, women are socialized to accept responsibility to ensure a successful marriage. This way, women go to great lengths to endure abuse in order to save their home and marriage (Sosena, 2007).

In spite of these facts, globally there is a growing attention and commitment to support women to escape abuse. One of the support systems that provide effective resources for the rehabilitation and reintegration of abused women is shelter service.

Shelters are especially relevant in cases where the violence is perpetrated by intimate partners or family members. In need of secured accommodation and protection women mostly choose to enter into a shelter or safe house (Sosena, 2007).

Due to the rising number of violence also many countries have started to acknowledge the need for shelters and safe accommodation spaces for victim women. If shelter or social welfare support system is not provided for women and girl survivors of violence, victims will find it difficult to escape abuse, report the violence and seek justice against their perpetrators. It is through shelter services that victim can actively be assisted and empowered to move on from violence and live an independent life (Gierman, Liska & Reimer, 2013).

Thus, to support women and girls victims of violence and foster their healing there is a need for an integrated service by multi-sectoral actors such as government, community and civil society organizations. In regard to this, responses to violence must be holistic and strive to help the survivor achieve a state of complete physical, mental and social well-being (WHO, 1946). It must consider the physical, emotional, psychological, social and legal needs of the person so that it could respond to the holistic needs of the survivor.

Therefore, the aim of this thesis is to assess the perspectives of AWSAD shelter users and establish a knowledge base towards comprehensive shelter services. In addition, it examines the support that is provided by the shelter so that the survivor could rehabilitate and reintegrate back to the community.

1.2 Statement of the Problem

Despite of increase on women's right issue around the world, violence against women and girls still remains to be the most prevalent and pervasive human right abuse (HRC, 2015). In societies with a patriarchal power structure and in a place where women are socialized into a rigid gendered role, women are often poorly equipped to protect themselves from violent relationships (Ravneet, 2008). Particularly, women who are financially dependent on their partner, that have children or have been in a relationship for long period of time are also likely to stay in an abusive relationship (Galano, Hunter, Howell, Miller, & Graham, 2013).

In a similar way victims' of violence, face multiple barriers to establish an independent pleasant life. Some of the common challenges of the victims are related with legal issues, lack of financial resource, emotional, mental and physical health problems (Tolman & Raphel, 2000). Although violence against women has detrimental and long-lasting consequence on the individual, society and development of a country; globally there is an enormous gap on the service provision to respond and prevent violence.

Hence, one of the basic first specialized support services, which are available to the survivors, is shelter service. Shelter mainly helps a survivor who has limited resources or has no access to turn for provision. Furthermore, it protects from further harm and builds the capacity and resiliency of the victim so that the victim could withstand the challenges of violence (Eleanor and Shannon, 2008). In light of this, Eleanor and Shammon (2008) multi-state study assessment in the U. S. has shown that survivor could be homeless, lost their possessions, be depressed, uncertain and face/continue being abused and be exposed to death if the shelter provision did not exist.

Nevertheless, globally shelter services are inadequate to meet the needs of the survivor. Due to lack of resource annually 81,418 women are turned away from shelters and 4,358 children could not be accommodated in the shelter (Global data, 2012). In addition, 77% of the shelters did not receive adequate government funding. In the same manner, Ethiopian support service for victims of violence is inadequate and interventions are not meeting the demand of the survivor. Majority of the shelters are owned by non-governmental organizations. Even with the available shelters, there is a gap in the provision of comprehensive service, which addresses the multi-dimensional needs of survivors such as the psychosocial support, medical care, legal-aid and economic empowerment. With respect to this, researchers such as Goodman and Epstein (2005) have highlighted the need for renewed research and policy which focuses on the complexity of survivor needs' and the importance of flexible services, that address the particular combination of holistic need experienced by individual women.

Accordingly, vast researches that are conducted in Ethiopia have also showed the prevalence, magnitude, type and effects of domestic violence. A study which is conducted by Yigizaw, Yibre and Kebede (2004), Deribe, Beyene, Tolla, Memiah, Biadgilign, & Amberbir (2012) & Dibaba (2008) have also examined domestic violence types, prevalence rate, causes and correlation. In addition, it has identified the percentage of women who have experienced physical, sexual and psychological abuse (Yigzaw, Yibrie & Kebede, 2004). These researchers' focuses were on description of violence and intervention measures that needs to be taken in order to reduce the effects of violence.

Subsequently in a larger scale, in 2016 the UN Women and MOWA in 2013 have undertaken a national assessment on the demand for shelter services and on the conditions of violence against women. These studies have assessed the available shelter in the country and examined the programs that are formulated to address the problems related to Violence against women and girls. Moreover, a thesis conducted by Lemma (2017) in the University of Nairobi on the "Experiences of Women Survivors of Gender based Violence" has also looked the shelter service provided to GBV survivors and challenges the women face while in the shelter.

Nevertheless, these studies focused only on the shelter residents and did not consider former shelter users experiences and expectations on reintegration. In addition, the shelter users'

satisfaction level and benefit that they gained as a result of the comprehensive service have not been studied from the survivors' perspective. Besides the study was also qualitative in nature and gave emphasis mainly on the experience of the women which lacked the quantitative trend that indicates the individual perspective of the residents.

In conclusion, it is observed that there are gaps in the above researches. Primarily limited attention was given to the shelter resident's perception in respect to the comprehensive services. Secondly, the expectation and experience of the residents' to integrate with their family and community was not captured.

Therefore, to explore and manage the stated problem this thesis aims to study and analyze the practice of AWSAD shelter services provision from the vantage point of former and present shelter users.

2

2.1 Purpose of the Study

1.3.1 General Objective

The aim of this study is to assess AWSAD's present and past shelter users' perspectives towards its comprehensive services including the reintegration.

1.3.2 Specific Objectives

- To assess shelter users' perception towards the medical, psychosocial, living arrangement, legal and child facility;
- To examine the perception of shelter users' regarding reintegration service and;
- To provide service improvement recommendations from shelter users' perspective.

1.3.3 Research Questions

In order to address the specific objectives, the following research questions need to be answered:

1. What is the shelter users' perception towards the medical, psychosocial, living arrangements, legal and child facility services?
2. How do shelter users perceive the reintegration service?
3. What are the shelter users' recommendations to improve the services?

2.2 Significance of the Study

This research can help to deliver the quality of service to survivors of violence and improve the organizational capacity in terms of management and implementation of the programs. Likewise, it has significance to reduce gaps in services provision and identify the types of services women might require the most in order to recover and reestablish their lives.

Besides this, the research findings can also help to promote survivor-centered approach and ensure that survivors are active participants in defining their needs and deciding what options best meet those needs. It can also support the service providers to develop communication and discuss problems with the victims without bias. The research process encourages survivors to freely express their desires, complaints and their recommended solution. This fosters the relationship with service providers. Finally, it can support for the operationalization of the strategic plan through integrating the needs of the survivors.

2.3 Scope of the Study

The scope of this study covers the perspectives of AWSAD residents and ex-residents of the shelter towards its comprehensive services including reintegration. It focuses on the type of violence which the shelter users experienced. Furthermore, it explores the effect of the shelter services on the lives of the shelter residents. The study focus area was on AWSAD's Addis Ababa and Adama centers. The findings are based on data gathered from quantitative survey questionnaires and qualitative interviews from the shelter residents, former residents and AWSAD staff who have related work to the services.

2.4 Limitation of the study

One of the study's limitations is that it was difficult to access ex-residents from the Adama center. Similarly, in the Addis Ababa safe house, only a limited number of ex-residents were willing to participate in the study. Nevertheless, by interviewing Adama reintegration officer and the available Addis Ababa former residents, the researcher was able to capture survivors' perception towards reintegration service.

2.5 Organization of the Thesis

This thesis consists of five chapters. Chapter one deals with the background, problem statement, objectives, scope, limitation, and significance of the study. Chapter two reviews related literature appropriate for the research topic. Methodological issues including the study area description, data collection instrument and sampling techniques are presented in chapter three. The fourth chapter presents interpretation and analysis of the study. The final chapter includes conclusion and recommendations.

Definition of Key Terms

VAW: Violence against women means any act of violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women. (UN Declaration on the Elimination of Violence against Women, 1993)

Domestic violence: violence against a marriage partner or a person cohabiting in an irregular union.

Survivor: include women who have experienced physical or sexual violence and temporally live in a shelter or social support sector.

Shelter: is defined as an institution, which provides safe accommodation and support service for women and children, who are victims of violence.

Reintegration: means to enable the survivors to go back into the family and community or society from which they used to live before.

Integrated Services: Includes services that enable survivors to be fully rehabilitated and reintegrated back into the society through provision of support to address their physical, emotional and social needs, including overall healing and empowerment of survivors (UN, 2016).

Living arrangement: refers to shelter accommodation services such as meal, bed, shelter space and sanitation.

Chapter Two

Literature Review

2.1 Global Shelter History

The first well-documented women's center was established in Hounslow, Great Britain in 1971 (Shelter Module, 2013). It provided an unofficial refuge for domestic violence survivors. During this period, other shelters were opened across countries and the first emergency rape crisis line became established in Washington, D.C., United States (Shelter Module, 2013). The movements began through women who were concerned on the suffrage of battered women due to lack of safe accommodation or alternative houses. As a result, the advocates began housing women in their own homes for one or two days (Women Advocates, 1980).

Early shelter services responded to physical injuries, emotional aspects of both the violence and of leaving relationship, difficulties in escaping violence. It also provided accommodation for children who arrived with their mother and take into consideration the legal, social and medical needs (Women Advocates, 1980).

Between 1980- 2000 there was an increase in number of shelter facilities and services. There were a growing acceptance that violence against women is a violation of human rights and an impediment to gender equality (United Nations Secretary-General, 2006b). After the millennium till present there is a strong advocacy for shelter services alongside with the establishment of new partnerships and networks as well as collaboration at national, regional and global levels. The first world conference on women Shelter was organized in Alberta, Canada in 2008. Next there was an establishment on the Global Network of Women's Shelter.

The Global Shelter Data statistics in 2011 has noted that during a single day 56,308 women and 39,130 children sought shelter from domestic violence in 36 countries across regions (Global Network of Shelters, 2011).

2.2 Shelter for Survivors of Violence: In the Context of Ethiopia

An estimated around 12 shelters were identified in the country, which provide rehabilitation and reintegration services for women and girl survivors of violence. There are 12 shelters for women and girl survivors of violence. In Addis Ababa there are five, two in Benishangul Gumuz, Amhara-one, Oromia-two, SNNP one and one in Dire Dawa (UN Women, 2016). The eligibility criterion for admission varied from one shelter to another. According to the UN Women national assessment, the referrals to the shelters are made by the police, Women's Affairs Office and at times the Justice Office, Ethiopian Women's Lawyers Association (EWLA) and one-stop centers.

The most recognized center for rehabilitation and reintegration in Addis Ababa is Association for Women's Sanctuary and Development (AWSAD). It has shelter in Addis Ababa and in Oromia regional state, Adama town (UN Women, 2016). In accordance to the data recorded by AWSAD shelter, majority of the survivors of violence have low educational background and most of them are illiterate. They are in need of shelter, medication, legal assistance, counseling, basic literacy, and skill development trainings (AWSAD, 2012).

AWSAD and Bright Image for Generation Association (BIGA) provide skills training to enable survivors to engage in income generating activities after rehabilitation. For instance, records from AWSAD show that until 2012, 584 women have been supported through the organization to access shelter and rehabilitation services (UN Women, 2016). 141 women have received skills training in food preparation and child care and 106 women are now engaged in gainful employment through the support of AWSAD. As to the availability of comprehensive services, some shelters also provides services, including basic needs (food, shelter and clothing), health care services, economic empowerment initiatives, counseling and therapeutic activities, and referral to legal aid services (UN Women, 2016).

In terms of accessibility and capacity of shelters, majority of the shelters had capacities that ranged from 14-50 survivors (UN Women, 2016). However, due to the rising demand, the shelters are obliged to accommodate survivors beyond their holding capacity. Literatures indicate

that there was a high demand for shelters in Tigray, Harari, Somali, Gambella and Afar regions (UN Women, 2016).

Moreover, there is other violence response center that is referred as a one stop center located in Gandhi hospital in Addis Ababa. It has served above 600 sexual violence victims from Addis Ababa and Oromia regional state as well as from other regions since its establishment (MOWCYA, 2013). The center also provides referral services to sexual violence victims from other regions. The highest proportions of those victims are girls of age between 10 and 17 and most of these girls are victims of rape (MOWCYA, 2013). The most prevalent sexual violence case that is reported to the center is rape and most of the victims are child girls (MOWCYA, 2013). This Center mainly provides service to victims of sexual violence such as (victims of rape) medical treatment, legal support and psychological treatment and shelter (UN Women, 2016).

One Stop Centers improve the health and safety of survivors of violence by establishing a multidisciplinary teams and providing specialized training to the front line medical, legal and social welfare workers that respond to survivors of violence (MOWCYA, 2013). In addition, through bringing this multidisciplinary team together in a one-stop center, the survivor can get adequate attention and receive services from multiple agencies in one location (MOWCYA, 2013). Besides this, it has importance to the survivors of violence in preventing and reducing the hassle to victims, bringing justice and reducing redundancy of services across service providers (MOWCYA, 2013).

2.3 Significance of shelter service

Shelter is a secure accommodation that provides essential protection, services and resources for women and girls who are at risk of or have been subjected to violence. Shelters provide essential aspects of protection, services and resources. “It enables women who have experienced abuse and their children to recover from the violence, to rebuild self-esteem, and take steps to regain a self-determined and independent life” (Gierman, Liska & Reimer, 2013, p.6).

Mainly shelters provide safe accommodation and services for women and girls that escape violence such as physical, emotional, sexual and economic violence. Shelters also have a role in strengthening the quality of responses provided by other service providers who are in contact with abused women and girls (Gierman, Liska & Reimer, 2013). One of the main importance's of shelter is to support survivors of violence get access to the justice, health, education, psychosocial and social service systems (Gierman, Liska & Reimer, 2013). This service includes safe accommodation, medical treatment for immediate and long term consequences of violence, legal assistance, facilitating police prosecution, access to housing, medical follow-ups and counseling and therapeutic supports, financial and economic assistance (Gierman, Liska & Reimer, 2013).

Secondly, shelter increases awareness and understanding on gender-based violence and violations of their human rights. In addition to this, it also promotes women's equality and signifies relations between individual women's experiences and the conditions of women within society that give rise to violence. Finally, promote women's right to make informed decisions and increase the availability of adequate government resources for strengthening the provision of appropriate survivor centered services (Gierman, Liska & Reimer, 2013).

Many studies from the United States, Ireland and Scotland emphasized that women's experiences in shelters can contribute to increased feelings of hope about the future, greater self confidence in their own decision-making, comfort asking for help, talking about their concerns and knowledge about their options and community resources (Sosena, 2007). The experience can also help them to recover from their past life, plan for their safety, encourage women to feel more positive about their ability and self-esteem and helps them to achieve their purpose in life.

Shelters can also encourage states to promote the development of clear and compelling legislation and public policy on their services (Western Cape Government, 2015). This involves engaging in political advocacy in order to ensure relevant laws are in place. Furthermore, shelters could also have an important role in invoking social change through enhancing community awareness about VAWG and its effects on society (Gierman, Liska & Reimer, 2013).

2.4 Categories of shelters

Emergency shelters or first stage emergency housing: provide a short or medium-term secure accommodation and emotional support for a period of a few days up to a few months. Core services during this shelter stage often include the provision of personal goods (such as clothes and toiletries), as well as more extensive support, including counseling, referrals, individual advocacy with community agencies and service providers, safety planning, programs for affected children and follow-up for former residents (Gierman, Liska & Reimer, 2013).

Second stage/transitional housing: in this stage receives a long-term accommodation and facilities ranging from six months to one year or more. In this stage survivor receive shelter services, ongoing emotional support, and referral and reintegration services back into the community (UN Women, 2016).

Third stage housing: are available for women who have completed a second stage program, but still need financial assistance with housing and support in their community. In this stage women are supported with subsidized permanent housing (Gierman, Liska & Reimer, 2013).

2.5 Multi-sectorial Service for Women and Girls Subject to Violence

Subsequent to the incidence of violence, there are various response mechanisms and immediate protection that should be provided through different sectors and service providers. Thus, response to violence requires an integrated and multi-sectorial approach, which includes physical, legal and psychological support. It requires action by key government sectors such as police, judiciary, health, social and civil society organization.

In relation to this, the United Nations Joint Global Program Essential Services Package reflects the vital components of coordinated multi-sectorial responses for women and girls subject to violence. These involve four areas: health, justice and policing (legal), social services. The provision of these services can mitigate consequences of violence and protect the well-being, health and safety of women and girls lives. In addition it assists, in the recovery and

empowerment of women, and stop violence from reoccurring. The following are the three major integrated service elements for survivors of violence:

A. Health Sector

Engagement of the health sector is necessary in the initial stages in order to address immediate as well as long-term effects of the violence. In addition, counseling and psychosocial support and psychiatric care could be included as part of the services (UN Women, 2015). After assessing the risk level then the health service provider will refer the victim to other service provider such as police, justice sector, shelters or organization that provide psychosocial and economic empowerment programs. In the UN essential services packages health care services includes:

- First line support: First line support provides practical care and responds to a woman's emotional, physical, safety and support needs, without intruding on her privacy.
- Care of injuries and urgent medical treatment
- Sexual assault examination and care
- Mental health assessment and care
- Documentation (medico-legal): writing and documenting in the medical record any health complaints, symptoms and signs, including a description of injuries.

B. Social services

Shelters provide essential social services and life-saving support to abused women and their children. However, the services are time-limited and their major goal is to assist victims of violence with the necessary resources so that they could make a transition to a safer life back in the community (YWCA, 2006). To do so the shelter requires to provide the following social service:

1. **Psychosocial support:** the first social service is providing the victim safe accommodation in order to respond to the victim immediate needs and offer protection. If the victim has children, children services are also essential component. In addition to this,

core social service that are offered to the survivor include, education about the effects of trauma, listening, assistance with coping strategies, and establishment of support groups and peer groups that will help to share experiences. To support victim's resilience, self-esteem and develop coping mechanism-counseling service are also provided to survivor in the safe house or rehabilitation centers Tutty, L.M., Brashaw, Waegemaker, Worthington, Mac Laurin, Hewson, (2006).

2. Reintegration Service:

According to Palestinian study on reintegration service of women survivors of GBV reintegration is defined as: *"means to return the survivor to her normal life within family and community through programs and activities that meet protection, health and legal needs, alongside psychological and social support to empower survivors professionally and economically to interact socially in a normal life" (Awwad, 2012, p. 5).*

According to this definition reintegration comprises a holistic service, which includes health, legal, psychological and social support in order that the survivors lead a calm and stable life.

There are three stages of reintegration. The first stage involves going back into the society and learning to blend and manage one's own livelihood (UN women, 2016). The second stage of reintegration includes returning to the family and being accepted; while the last stage involves going into the community (UN women, 2016). Similarly, Gierman, Liska & Reimer (2013) shelter researchers suggested that economic intervention such as skills and professional development programs, income generating activities, and other supportive programs strengthen the social reintegration of survivors.

C. Legal Assistance

Legal assistance includes Safety and Protection from the offender and Prosecution of the offender, Child custody and access proceedings (i.e. contact with children), Compensation and restitution for survivors and their children, Assessment/investigation, Pre-trial processes, trial and post- trial processes, legal advice assistance and justice sector coordination. Furthermore, a

quality police and justice response is crucial in order to ensure victims and survivors safety, reduce the re-occurrence of further violence and hold perpetrators accountable. Those administering the criminal justice system, especially police, should be duty bounded and not undermine women complainants or by disbelieving or denigrating complainants. Thus, criminal investigators or police officers should be adequately trained in using medico-legal evidence gathering techniques, particularly in allegations of rape and sexual assault, in a non-judgmental and respectful manner (UN Women, 2015).

2.6 The Legal and Policy Framework on Violence against Women

Ethiopia has ratified major international instruments such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 2011).These documents clearly outline what states should do to address violence against women. In addition, the 1993 Declaration on the Elimination of Violence against Women and the Protocol to the African Charter on the Rights of Women in Africa are also the succeeding legal instruments that promote and protect women's rights. The following are some of the international, regional and national legal instruments provision that entails protection to Violence against Women and Girls (VAWG).

2.6.1 International Legal Instruments

A. CEDAW (Convention for Elimination of all forms of discrimination against women)

Ethiopia has adopted CEDAW convention in 1981(CEDAW, 2011). CEDAW deals with human rights of women and commits states to incorporate the principle of equality of men and women in their legal systems (CEDAW, 2011). It addresses the protection of women's rights and outlines the state's obligations to protect women from discriminations and violations of rights such as all forms of trafficking and the exploitation and prostitution of women. In line with this, the Committee on CEDAW, through its general recommendation Art 19 states that: Appropriate protective and support services to be provided for victims. In addition, in Article24(t)(iii) it spells

out the need for: Protective measures, including refuges, counseling, rehabilitation and support services for women who are the victims of violence or who are at risk of violence.(UN, 1993)

In addition, in July 2017, the CEDAW committee has adopted a new General Recommendation, which backs up the previous instrument. The new Recommendation Art 35 defines gender-based violence against women as a social problem, requiring comprehensive responses. Furthermore, the recommendation has recognized new forms of violence against women and girls which occur in the internet and digital spaces (CEDAW, 2017).

B. Declaration on the Elimination of Violence against Women

The Declaration on the Elimination of Violence against Women (paragraph 4g) calls on states to: "Work to ensure, to the maximum extent feasible in the light of their available resources and where needed, within the framework of international cooperation, that women subjected to violence and, where appropriate, their children, have specialized assistance, such as rehabilitation, assistance in child care and maintenance, treatment, counseling, and health and social services, facilities and programs, as well as support structure, and should take all other appropriate measures to promote their safety and physical and psychological rehabilitation" (UN, 1993, parag. 4)

C. Beijing Declaration and Platform for Action (BPA)

The World Conference on Women in 1995 came with the BPA which showed a renewed commitment to the goals of equality, development and peace for all women. The Beijing Declaration and Platform for Action, has also recognized shelter as an essential element for the holistic response to survivors of violence. It also called states to "provide well-funded shelters and relief support for girls and women subjected to violence, as well as medical, psychological and other counseling services and free or low-cost legal aid, where it is needed, as well as appropriate assistance to enable them to find a means of subsistence."(Carlise, 2014) In addition, it is called on states to create or strengthen institutional mechanisms to women and girls so that they could report acts of violence against them in a safe and confidential environment, free from the fear of penalties or retaliation, and file charges. Besides this, it

called for an increase in the role of states in promoting health, education and economic opportunities for women (Carlise, 2014).

2.6.2 Regional Legal Instrument

African Protocol on the Rights of Women (AP)

The AP requires State parties to adopt appropriate measures to ensure the protection of women from all forms of violence, particularly sexual and verbal violence (AP, 2003). The Protocol requires State Parties to enact and enforce laws to prohibit all forms of violence against women in both the private and public realm. It has adopted legislative, administrative, social and economic measures to eradicate violence against women. Support systems for victims of VAW such as shelters, legal aid, medical and psycho-social support are also provided within the protocol (AP, 2003).

2.6.3 National Legal Instrument

The FDRE Constitution of the land, adheres the definition given by the United Nations Declaration on the Elimination of Violence against Women (DEVAW) under Article 35(4). It states that "laws, customs and practices that oppress or cause bodily or mental harm to women are prohibited" (Deribe, 2012). In Art 35 of the constitution equal protection of the law, equality in marital affairs, protection from harmful traditional practices, the right to consultation, property rights, and access to family planning information and services have been provided (Megersa, 2014). It also imposes an obligation on states to protect women from violence. Similarly, in Article 16 of the Constitution also states that everyone has the right to protection against bodily harm. As most acts of VAW result in physical harm, this article can be utilized to look into cases of violence against women. In similar manner Art 15 and 18 of the constitution are also related to the security of the person and prohibit actions that are against inhuman treatment.

The other legal instrument that criminalizes violence against women and girls is the revised criminal code. In the revised criminal Code (2004) article 564 recognize violence against a

marriage partner or a person cohabiting in an irregular union and punishes a perpetrator that causes grave or common injury to the victim (Ibid). It also addresses harmful traditional practices such as, female genital mutilation (FGM) (article 565), early marriage (art 649) and abduction (art. 587-590). These articles criminalize the acts and provide sanction for the practice. Furthermore, it set sanction on rape, trafficking women and the act of prostitution for the gain of another (Megersa, 2014).

The Revised Family law has abolished some of the discriminatory provisions in the 1960 Civil Code that are dealing with marriage (Megersa, 2014). It has outlined equal rights of men and women pertaining in marriage, divorce, ownership of property and child custody issues. The law further sets the minimum age for marriage at 18 years.

2.6.4 Policies that address Gender-Based Violence

Formulated in 1993; the National Policy of Ethiopian Women aims to guarantee the creation of the political, economic, and social rights of women; through ensuring appropriate gender structures in government offices, to make policies and interventions gender-sensitive towards equality in development. (National Policy, 1993)

As for the Strategic Plan for an Integrated and Multi-Sectoral Response to VAWC, Violence response mechanism requires the prevention and response interventions by multi-sectoral actors. Thus, to place in a comprehensive strategic framework, the Ethiopian government has adopted in 2009 a strategic framework for an integrated and multi-sectoral response to VAW and Child justice. The strategic plan's vision is "*to protect the rights of women and children that is guaranteed by the FDRE Constitution and international human rights instruments and are enjoyed by all women and children."* The plan intends to improve the situation by addressing gaps and challenges at the policy, institutional and practical level and by initiating a comprehensive multi-sectorial and integrated prevention and response to violence against women and children as well as child justice (MOWCYA, 2013).

The overall aim of the Strategic Plan is to pursue a comprehensive legal and policy framework harmonized with the Constitution and international human rights standards in a multi-sectoral

and integrated approach (MOWCYA, 2013). The strategic plan identified health, education, legal and security and social sector as essential sectors for multi-sectoral and integrated interventions. This has importance in increasing the availability and accessibility of support services to survivors of violence in an integrated and coordinated manner (VAWC, 2009). It also builds the capacity and resiliency of victims and promotes coordinated efforts (Ibid). For the implementation of multi-sectoral and integrated response the National Coordinating Body (NCB), Technical Committee and Secretariat have been established. The NCB works with service providers such as NGOs, government hospitals, organizations that work on prevention and response to VAW (VAWC, 2009).

In accordance to the plan, the NCB has established violence prevention units in all sub cities of Addis Ababa and Dire Dawa. It has also been established in all regional state justice bureaus as well as at federal, regional and Addis Ababa police commission. In collaboration with the NCB at federal level and regional justice bureaus, the units also work on facilitating referral services and other necessary services to victims, including medical treatment, legal support, psychological treatment and shelter service (MOWCYA, 2013)

Similarly, in the Growth and Transformation Plan (GTP), there are strategies that aim to address GBV. In the second GTP, addressing violence against women is outlined as one of Ethiopia's multi-sectorial priorities. In the next five years, the plan sets to reduce HTPs and VAWG, including trafficking, female circumcision and abduction. There is also a plan to establish hotlines for children in violence and increase the number of one stop centers throughout the regions (MOWCYA, 2013).

2.7 AWSAD shelter Integrated Services

Association for Women's Sanctuary and Development (AWSAD) is non-profit charitable organization established with a vision to see violent free society. It provides holistic rehabilitation and reintegration services for women and girl survivors of violence to help clients recuperate from their trauma and be reintegrated into society. The association was founded by Mrs. Maria Munir Yusuf who is the current director of the center and a former high court judge with the realization that women survivor of violence had few support services. (AWSAD,_)

AWSAD places clients' empowerment as an important and central part of the services. Thus, it follows a feminist approach through giving emphasis on the needs and wishes of survivors and laying down platform, which enhance women's empowerment (UN Women, 2018).

It works in collaboration with government and non-government organizations with similar concerns. The most referrals are made from the women and children affairs' offices at different level, police bureau and women's organization (UN Women, 2018). The organization also works with the mentioned government organization for effective survivor reintegration. First, the survivors report their cases to these organizations who refer survivors to AWSAD's safe house (UN Women, 2018). Then, AWSAD looking into the victim's economic status or level of income, support system (i.e. from family or relatives), and taking into consideration the consent and the need for transitional accommodation will accept the survivor (UN Women, 2018). The majority of the shelter clients are under-aged victims: 45% of the shelter residents are between 11-19 yr. of age and 21% of them are under 10 yrs. of age (UN Women, 2018). Starting from January until March 2018 AWSAD has provided services to 104 women and 52 children. In addition, the residents' duration of shelter stay in the AWSAD is between three-six months (UN Women, 2018).

AWSAD has holistic rehabilitation and reintegration services. The first provision of the shelter is safe house service, which includes safe home, food and child day-care service (UN Women, 2018). Secondly it is related with the psychosocial, medical and legal support, which involves clinical care, counseling, legal follow-up, basic literacy education, and skill trainings. The following illustrates AWSAD's services:

1. **Counseling**: counseling is one of the key services, which is provided to clients. The session counseling session includes individual and group sessions, which is divided by age group. It is delivered by two trained counselors. The clients receive one set session of individual counseling a week and can also drop-in to speak to the counselors when needed. Most clients have at least 12 individual counseling sessions during their stay. The counselors teach the victims on how to develop their self-esteem, self-confidence and cope with stresses (AWSAD,_). The counselors also maintain and protect the confidentiality of the information which they find in the counseling session. In addition,

they check quarterly the improvement of the clients through employing an outcome star assessment tools. (UN Women, 2018)

2. **Medical:** The medical service is provided 24-hour a day through certified nurses. The nurse will make health assessment up on arrival of the client (UN women, 2018). Depending on the condition of the client necessary medical services and treatments are provided at the clinical center. When it is necessary, it refers the clients to other external health providers. The medical services include medication, access to sexual and reproductive health services (such as termination of unwanted pregnancies) and access to post-exposure prophylaxis to prevent HIV infection (UN women, 2018).
3. **Vocational skill based training:** AWSAD provides clients with skill training in: embroidery and sewing, hairdressing, bamboo and leather making, carpet weaving, food preparation and packaging, baby-sitting and modern spinning (AWSAD,_). The length of the training varies from two to four months. Clients that are above age of 15 are given the option to engage in skill training and through the consultation of income generating officer that the clients will be enabled to choose the most suitable course for them (UN Women, 2018).
4. **Legal Follow-up Service:** the legal officers provide legal support to victims that have legal cases. They support the client through encouraging them to testify in court and police stations, helps them to rehearse their testimony, follow on court appointment and explain to them about the overall legal process (UN women, 2018). The legal officer also accompanies the client in the court and police station.
5. **Basic Literacy Education:** the shelter also provides basic literacy class for the survivors that are not able to read and write.
6. **Self-defense and recreational activities:** the shelter provides self-defense, (taekwondo), dance and art classes in order to raise their confidence, entertain and help them to defend themselves (UN Women, 2018)
7. **Reintegration service:** AWSAD release the client from the shelter after assessing the client on the psychological state, legal and safety situation and economic support (UN women, 2018). Clients that are under aged will be supported to reunify with their families

after the reintegration officer acquire both parties interest and assess the situation of the families. On the other hand for those clients that want to live by themselves, AWSAD provides living costs and housing materials such as mattress, blanket, cooking materials and three months' worth of food, (UN women, 2018). In to this, the ex-residents also receive a small amount of money for a business start-up.

Besides the services, the association has also developed manuals on administration, strategic planning and finance, a child protection policy and safe house implementation guideline in order to enhance the service quality and strengthen the association operation.

2.8 Theoretical Perspective

Theories have been raised and argued on violence from the state, individual and advocates or sheltering institution perspectives. However for the purpose of this thesis my focus will be on the shelter service using empowerment Theory. The concept of empowerment originated from the field of social psychology. In accordance to (Rappaport, 1981, p. 15) definition of Empowerment "it is enhancing the possibilities for people so that they can control their own lives." Psychological empowerment refers to the individual level of analysis (Zimmerman, 2000). It integrates personal control, proactive approach to life, engagement in community.

In relation to this approach Judith Herman found that domestic violence victims face not only external problem such as the need for safe area and resource but deep inside they experience a trauma, depression and anxiety slowly through the process which even leads them to degrade and dishonor (Herman, 2005). Thus due to the severity of the trauma what they are looking after the violence is "the restoration of their honor and reestablishment of their own connections with the community" (Herman, 2005, p.585).

Correspondingly Walker (1989) & Shields and Hanneke, (1983) argues that women with domestic violence experience low self-esteem, low self-efficacy which often seen as learned helplessness and difficulties in dealing with negative emotions. Concerning the experience of the domestic violence victims, the empowerment approach thus address interventions in individual, organizational and social levels.

In regard to organization level, empowerment theory emphasizes on services provided by shelters and non-profit organizations. This approach is grounded in the belief that victims of domestic violence should have access to information, education, and other necessary social and economic support to make informed decisions that best reflect their interests and needs (Ofstehage et al., 2011). In another way, according to Wood (2014) empowerment approach has several key assumptions. These are assumption that considers the client as the expert on their own lives, next the advocate or supporting organization as a collaborative partner and thirdly emphasizing on intervention programs to rely on client's expressed needs.

The empowerment perspective is the foundation for advocacy services in many shelters (Goodman & Epstein, 2008). It shapes programs by drawing from the needs of clients, builds on strengths of people, revises intervention, and pays ongoing attention to power differentials (Simon, 1994). In this theory the personal power of abused women that was taken by an abusive partner is restored by shelter service by encouraging and creating avenues for women to make decisions about their own lives (Kallivayalil, 2007). Shelters and agencies often do this by creating safe spaces to give survivors the time to make their own choices without fear or punishment (Clevenger & Roe-Sepowitz, 2009). This idea connotes that survivor are the decision maker on their own lives and have the right to determine the type of service which they need from the supporting agency or shelter.

The end goal of this approach is to instill self-esteem and confidence in the women, enabling them to make sound personal decisions and protect themselves (Ofstehage, et al., 2011). In accordance to, Ofstehage et al. (2011) study empowerment has four approaches. The first is crisis and pre-crisis service, which is to remove the women quickly from abusive environment. This approach presents available options (one stop centers and crisis services) to victims of violence so that they can be able to leave or escape from abusive environment.

The second empowerment approach is referred as medium and long-term services. Once the immediate needs of the victims are met by the crisis services, medium and long term services will be provided by the shelter to enhance the welfare of victims. These services include counseling, legal, medical and financial assistance as well as social independence. And these

services enable survivors to cope with emotional, psychological, and physical trauma, restore self-esteem and build independence.

Thirdly, the approach also includes children services in order to address the trauma that the children experience and assist the mothers that came to seek help. This involves child day care services and parent-child counseling services. The counseling service helps children that have witnessed or experienced violence to recover from their trauma. Besides, the day care service that is provided for children will allow women to seek employment or engage in career development trainings (Ofstehage et al., 2011).

The final approach is to inform women about available resources, to facilitate and encourage a community-level response by creating awareness and advocacy (Ofstehage et al.,2011). This initiative includes publicity campaigns and creation of community networks in order to encourage victims to seek out assistance and create awareness to reduce stigma that is associated with victimization.

Therefore, empowerment approaches help women to overcome domestic violence, build safety plans, provide coping strategies, self-management skills and promote wellness. The approach is ideal for women to gain control over their lives and to instill motivation in them so as to empower them to reclaim their position in the community (Zimmerman, 2000).

Thus, using this theoretical approach, the researcher assesses the shelter service and examines the perception of the residents. The theory helps to assess the residents' social and emotional wellbeing and their ability to reintegrate the community. Furthermore, it incorporates the ideas and opinions of shelter residents without the influence of the service provider. Therefore, through this approach, the opinion of the residents towards the service will be explored.

Chapter Three

Research Methodology

In this chapter, the methodology for collecting data is presented along with justifications of the choices made. This is done so that the researcher can obtain the necessary empirical data based on the specific objectives of the study and the literature review. This section deals with the research design, research area, methods of data collection, sampling techniques, selection criteria and sources of data. Additionally, ethical issues and considerations and method of data analysis in this study are discussed. Towards the end of the chapter, the approach to data analysis (i.e. qualitative and quantitative data) is also outlined.

3.1 Research Design

The aim of this research is to assess perspectives of AWSAD present and past shelter users on the integrated and reintegration services. The present research is exploratory and descriptive in nature. This design is appropriate because, in Ethiopia, there has been very little discussion about the issue of survivors of violence perception on shelter-integrated services. According to Marican (2006), an exploratory study is undertaken when little is known about an issue or situation. Similarly, Polit and Hungler (1999) suggest an exploratory and descriptive study approach for investigating new topic areas. In view of the fact that too little attention has been given for survivors' subjective shelter perspectives, the researcher has decided to undertake this approach. In addition, the study is underpinned by a feminist approach focusing on women as a subject.

To conduct this study, the researcher employed mixed research design that involves the use of qualitative and quantitative data. The reason for using mixed method, was to collect data from a large number of the study participants, obtain individual shelter residents perspectives and include the participant detail narratives and experience (Sharlen, 2012). In addition to this, Sharlen (2012) argues that using mixed method adds up the richness and provides multiple perspectives to the research. The scholar notes that the combination of both methods also enables

the researcher to triangulate the results. In the same way, Lewin (2006) has also articulated that mixed- method approach in the social inquiry are used to construct triangulation, which involves the use of multiple methods and each representing a different perspective in order to enhance confidence in the validity of the findings and obtain quantifiable and subjective information.

Moreover, feminist researchers accept mixed method as a study design. In the views of feminist researchers mixed research allows the concept of triangulation method to assess a given phenomenon to promote social change and uncover the subjugated knowledge and oppressed group voices (Hesse-Biber, 2007). Convergent parallel design was used to collect and analyze both quantitative and qualitative data.The data was collected concurrently and analyzed separately. Following this, the results was merged together to provide a more complete understanding on the perspectives of shelter residents towards the shelter integrated services.

3.2 Description of the Study Area

This study was conducted in Association for Women's Sanctuary and Development /AWSAD/ Addis Ababa and Adama center. AWSAD formerly known as Tsotawi Tekat Tekelakay Mahiber (TTTM) is an Ethiopian Resident charity Association established to advance women's social and economic development and provide support for women and girls that have experienced physical and psychological harm. It was first legally registered with the Ministry of Justice of Ethiopia in 2003 and with the issuance of the new Charity Societies Proclamation; AWSAD is reregistered in November 2009. It has three safe houses in Addis Ababa, Adama and Hawassa.

In Ethiopia, AWSAD was the first organization to open a women-only shelter for women and girls experiencing VAWG. It provides holistic rehabilitation and reintegration services for women and girl survivors of violence. AWSAD has 91 technical and supportive staffs currently working in Addis Ababa, Adama, Oromia and Hawassa.

The shelter mainly provides a safe and positive environment for women and girls to overcome the trauma of violence. It aims to provide a holistic and empowering approach to service provision to support survivors to recover from violence and go on to live independent lives, free from violence. It also raises awareness of women's issues and provides training sessions on

violence against women and girls to community leaders and government representatives (UN Women, 2018).

3.3 Qualitative Method

A qualitative method allows researchers to make an interpretation of what they see hear, and understand (Creswell, 2009). It is also used when little is known in the research area. In this study, qualitative method was used to have a deep understanding on the perception of shelter residents and include the voice of the participants. The method enables the researcher to listen to the ideas and personal experiences of the shelter users.

The perception of the participants in the shelter services and the effects of the shelter services on the participant's lives were assessed using this method. Together with this, the participant's expectation on the reintegration service and experience after their exit from the shelter was examined using semi-structured interviews and key informant interviews. This approach enabled the participants of the study to be active participant and minimize the information gap between the researcher and respondents (Reinhaz, 1992).

3.4 Methods of data collection for Qualitative study

3.4.1 Semi-structured Interview

Qualitative interview is to understand the perspectives of the respondents through verbal interaction (Mugenda &Mugenda,2003). Subsequent to the above reasoning, to capture the views of the participants, follow up ideas and probe response as well, to investigate motives and feelings, semi-structured interviews was used. Semi-structured interviews allow to shape the flow and content of the talk in accordance to interview questions (Monayatsi, 2002). Furthermore, according to Honey (1987), the semi-structured interview is the appropriate tool to capture the participant's thinking about a particular topic or domain where the answers given by the participant may induce the interviewer to move forward for in-depth questioning.

Through this interview, the views of shelter residents towards the physical, social, medical, legal child facility and reintegration shelter services were assessed. This information was gathered

from participants that are shelter residents and ex-residents. Semi-structured interviews were conducted with nine shelter residents and seven ex-shelter residents. When ex-residents come to monthly AWSAD meetings, the researcher was able to interview only seven ex-residents since they were the only ones that were willing to be interviewed. To undertake the semi-structured interview (Appendix 3) was used. The interview guide was first prepared in English then translated into Amharic for the interviewees.

3.4.2 Key informant interview

Key informant interviews involve interviewing people who have particularly informed perspectives on an aspect of a situation being studied. Key informant interviews are qualitative, in-depth interviews to people selected for their first-hand knowledge about a topic of interest (USAID, 1996). The interviews are loosely structured, relying on a list of issues to be discussed. Key informant interviews resemble a conversation among acquaintances, allowing a free flow of ideas and information (USAID, 1996).

USAID (1996) lists a number of situations in which key informant interviews can be useful. These include situations in which decision-making can be achieved through qualitative and descriptive information. Furthermore, it is used when it is important to gain an understanding of the perspectives, behavior and motivations of clients.

In order to structure survey and interview questions and assess the overall shelter services' and interpret and analyze data key informant interviews were held. The key informants were selected on the basis of their knowledge, service provision and interaction with the shelter residents. Interviews were carried out with seven participants. These includes: with the Addis Ababa and Adama shelter counselors, Adama Reintegration officer, Nurse, Legal follow-up and documentation officer, monitoring, evaluation and learning (MEL) officer and shelter housemother. The key informants were mainly interviewed on the services, which they provided, on the type of support, which the residents require most, limitation or gap in the service and about their suggestion for the improvement of the services. To undertake the key informant interview (Appendix 5) was used. The interview guide was first prepared in English then translated into Amharic for informants.

3.5 Sampling techniques

The researcher employed purposive sampling techniques to select the semi-structured interviewed participants. Purposive sampling is a sampling technique in which researcher relies on his or her own judgment when choosing members of a population to participate in the study (Black, 2010). In another words, David and Sutton (2011) define purposive sampling as non-probability sampling in which the researcher selects the units to be observed on the basis of their own judgment based on a participant's capacity to provide useful information.

In the same way, Babbie and Mouton (2004) add that it is appropriate for the researcher to select the sample on the basis of their own knowledge of the population and the nature of the research's goals. To take into account the distinctive background of the residents and capture their diverse experiences, the participants were selected purposively based on the subsequent selection criteria. These include: the participant's number of children, residential area (urban or rural area), willingness and ability to understand and properly respond to the detailed interview questions.

Secondly, using purposive sampling technique, the researcher selected key informant participants based on the shelter service they provide. The selection was made in consultation with AWSAD safe house coordinator.

3.6 Quantitative Method

Accordingly, Burns (2000) quantitative method is the approach used to gather facts that represent large-scale data. To collect large scale data and analyze data in numeric form this method was used. In this research, the quantitative method has helped the researcher to measure the type of violence assess the resident's perception toward the vocational, counseling, medical, legal, shelter accommodation and child facility shelter services.

3.7 Data collection instruments for quantitative method

3.7.1 Questionnaire

According to Marshal and Rossman (1995), the aim of administering a questionnaire is to gain knowledge about the quantitative distribution of characteristics, attitudes, and beliefs. In regard to this, to gather facts, perception, and opinions from the shelter residents, questionnaire survey was administered. The questionnaire, which is composed of closed-ended and open-ended questions, helped to gather detailed responses from the participants. Furthermore, according to Brewer (2003) questionnaires can offer the important advantage of anonymity, which is an essential condition for co-operation by some respondents.

Likewise, in this thesis, most of the questions are closed ended so as to make the coding process easier. However it also contained some open-ended questions so that respondents can freely give their opinion. The questionnaire was delivered to shelter residents that resided in the shelter at the moment of interview. It was interviewer-administered questionnaire because most of the shelter residents were not able to read and write. Also to reduce language barrier, the interviewer read the questions for each participant individually and then reordered their answers. To Adama safe house residents that did not speek Amharic, the survey questions were asked by an "Oromigna" translator.

In short, the questionnaire addressed issues such as the residents' needs towards the services and identified their level of service satisfaction, timely provision of service and changes that occurred on the lives of residents. To undertake the survey Questionnaire (Appendix 2) was used. The questionnaire was first prepared in English then translated into Amharic for the participants.

3.8 Sampling techniques

A Convenience sampling or availability sampling will be used for administering the questionnaire. Convenience sampling is a specific type of non-probability sampling method that relies on data collection from population members who are conveniently available to participate

in study (Saunders & Thornhill, 2012). It involves selecting a sample from the population because it is accessible.

Convenience sampling technique was used for the Quantitative method. This technique was selected due to limited number of the shelter residents. In addition, there was also inconsistency on the number and availability of the residents' due to the shelter short term provision of accommodation. At the data collection period, the total number of Addis Ababa safe house residents was 83 and, among them, 30 residents were less than 14 years of age and 3 of them had a serious psychiatric problem. Similarly, in the Adama safe house, total number of residents was 80 and, among them, 50 residents were below 14 years of age.

Therefore, the researcher was only able to get 50 participants from the Addis Ababa AWSAD shelter and 30 participants from Adama Shelter. The researcher's focus was only on shelter residents that are 14 years of age and above. The reason for choosing the age 14 is to get larger number of participant since most of the participants are in between age 14 and 18. In addition, the researcher was informed that children under 14 could only be interviewed at the presence of a social worker. Thus, the information which they provide will be biased.

3.9 Secondary Data

In this study, the secondary source of data are gathered from available books, research reports, journals, articles, newspapers, online materials, thesis or unpublished documents and other publications related to the shelter.

3.10 Method of Data Analysis

Data analysis is an important step in the research process, which is conducted after the completion of data collection from the fieldwork. As Miles and Huberman state: "Data is not usually immediately accessible for analysis, but require some processing" (1994: 9). Therefore, the purpose of data analysis in this study is to transform raw data into more meaningful information, which includes the interpretation, analysis and discussion.

Quantitative analysis

First, descriptive statistics such as percentages were used to explain the basic features of the participants' biographical facts and identify the relationship between the survivors and the perpetrators. In addition, statistics were used to describe the types of violence, resident's perception and level of satisfaction towards the service provided as well as its effects on the lives of the residents. Simple descriptive statistics such as simple measures of frequency and percentages were used for the survey. Statistical package for social science (SPSS) were employed to analyze the data. The analyzed data were presented using tables, graphs and charts.

Qualitative analysis

In the present study, a thematic approach was used to provide structure for describing the experience of shelter service users. The main resources of data needed for the qualitative interview were the interviews from present and past shelter users, and the interviews from AWSAD staff. Thematic analysis is used for identifying, analyzing and reporting patterns within qualitative data (Lyons & Coyle, 2008; Rubin & Rubin, 2004). As Braun and Clarke state, "the thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed account of data" (2006: 78).

At the beginning of the data analysis, qualitative interviews which were audio-recorded from the interviewees were then transcribed into Amharic and translated to English. After the interviews were translated, a primary cycle of coding was conducted by assigning words and brief phrases to the concepts being described in the transcripts. Next, themes were identified in line with the study objectives. Following this, respondents' responses from the open-ended survey questions were included together with the interviews themes. Subsequently, each interview was prepared into verbatim quotes to amplify the voices of the residents and deepen understanding during data presentation.

3.11 Ethical Consideration

As this research involves human participants, it is necessary that ethical principles such as individual consent, right to confidentiality, anonymity and right to privacy be adhered to. The International Research Network on Violence Against Women and the World Health Organization stipulate the prime importance of confidentiality and safety; the need to ensure the research does not cause the participant to undergo further harm (WHO, 2007). Among these, one of the main ethical considerations that are related most with research on violence against women are ensuring the safety of both the victims and researchers (Frontes, 2004). In order to maintain both the safety of the researcher and respondents the following ethical consideration was taken.

Individual Consent: Before each interview and questionnaire was administered participants was informed orally about the purpose of the research thesis, their ethical rights and protections including their right to omit questions, stop the interview and the voluntary nature of their participation (Frontes, 2004).

Confidentiality: It was explained to the participants that the information given by informants and their identities would be kept confidential (Frontes, 2004). Every effort was made by the researcher to preserve confidentiality and the participant anonymity. This includes assigning code names/numbers for the participants and conducting interviews in a safe and confidential private setting.

Finally, the participants' right to privacy was maintained by conducting the interviews in a one to one basis with the researcher and one participant at a time due to the sensitive nature of the matter.

Chapter Four

Analysis and Interpretation

This chapter presents data from questionnaires with 80 shelter residents, individual interviews with eight key informants shelter service providers, semi-structured interview with nine shelter residents and seven former shelter users and focus group interview with 3 former shelter users (henceforth referred to as ex-resident interviewees). In the following sections, I will present my findings in an integrated manner. By combining quantitative and qualitative data, that is, frequencies and percentages on the one hand, and perspective and stories on the other hand, I will try to bring out the voice of my informants on their own terms and context.

4.1 General characteristics of Shelter Residents

This section details a number of general characteristics of shelter residents. It also indicates survivor of violence socio-economic status, recurrent types of violence and the victim's relationship with the perpetrator. The characteristics discussed here include age, residential area education level, marital status, duration of stay, number of children and source and level of income.

Socio-demographic characteristics of the study subjects show that majority of the residents were found to be young, singles with children and are less educated. As it is seen in table 4.1, 53 respondents are in between 14-19 years of age and 26 of the participants fall between 20-30 years of age.

Only one of the respondents was above 30 years of age. Forty Six percent of the shelter residents are from rural areas and most of them are from Oromiya region including Adama, Arsi Robe and Dukem area. Fifty-Four percent of the shelter residents are from Addis Ababa. With regards to their education level, of the respondents 31% of the respondents are in the primarily level (1-6 grade), 27% of them are in between 7^{th} and 8^{th} grade and 20% of them were in Secondary level

(9-12grade). As it is indicated in table 4.1, 78% of the respondents are single and 17% of them are separated from their marital relationship as well among them only 1% is married.

Table 4.1: Socio-demographic Profile of Shelter Residents

Respondents Background		**Number of Respondents**	**Percentage**
Residence	Rural	43	53.8
	Urban	37	46.2
Age Group	14-19	53	66.3
	20-30	26	32.5
	above 30	1	1.3
Education Level	Read/write	6	7.5
	Primary	25	31.3
	Junior	22	27.5
	Secondary	16	20.0
	Illiterate	11	13.8
Marital Status	Single	63	78.8
	Married	1	1.3
	Widowed	1	1.3
	Divorced	1	1.3
	Separated	14	17.5
Total		80	100.0

The survivors that enter the shelter are also women that have low income and don't have identifiable support from family or friends. The women in the study have few resources, table 4.2 has indicated that 47% of them have no income and most are dependent on family or relatives for income. Following this, the survey also showed that 38% of them get their income from domestic work and daily labor. Only 5% of them receive their income from formal employment. The women who are engaged in formal employment work as a sales person and/or they work in the service industry.

Table 4.2: Income of Survey Respondents

Income of Respondents		Number of Respondents	Percentage
Source of Income	petty trading	11	13.8
	formal employment	4	5.0
	partner income	1	1.3
	family/relative income	26	32.5
	Housework, migrants, and daily laborer	38	47.5
Monthly Income	<200	1	1.3
	200-400	4	5.0
	400-500	6	7.5
	>500	31	38.8
	No-Income	38	47.5
Total		80	100.0

Concerning the health condition of the shelter residents, table 4.3 indicates that 60% of the respondents are physically capable and have no infirmity and 6% of them have a psychiatric problem. Other includes minor injuries that occurred on the face, hand, and body due to the violence.

Table 4.3: Physical Impairment

	Type of impairment	No.of Respondents	%
Impairment/infirmity	Vision impairment	1	1.3
	Deaf or difficulty in hearing	1	1.3
	Mental health condition	5	6.3
	Physical disability	1	1.3
	Other…	12	15.0
	No health problem	60	75.0

According to table 4.4. Most of the mothers accompany their children in the shelter. Out of 80 respondents, 48 of them bring their children to the shelter. 51% of the residents have one child and 8% of them have two children, while 40% of the respondents do not have children.

As shown in table 4.4., eight percent of the survivors stayed from 3 to 6 months. Also, the table indicates that 65% of the respondents have stayed in the shelter for more than 1 year. The major reason for extending the duration of stay is related to victims' pregnancy. As a result, it becomes difficult to engage residents in skill-based training and other rehabilitative activities during the period of their pregnancy and birth. Therefore, the qualitative interview has pointed out that victims who have children stay longer compared to residents without a child.

Table 4.4: Number of children

No of Children	No child	32	40.0
	One child	41	51.2
	two children	7	8.8
Length of stay in the shelter	< 3 months	7	8.8
	3-6 months	6	7.5
	6-12 months	15	18.8
	Above 1 year	52	64. 8

4.2 Types of Violence

The participants highlighted that they have faced several forms of violence from different types of relationships including from partners, families, close relatives, neighbors, and within the domestic work environment. Among the violence, the major percentage of the incidents includes rape, child denial by the father and early marriage.

As table 4.5 indicates, 25% of the respondents face violence from the relatives and 23% of violence occurs by employer. In discussion with the respondents, some of the survivors commented that the violence was inflicted when they were carrying out household activities. In

this data, the perpetrating employers refer to, managers/supervisors at formal workplace and in a domestic setting, it involves owner of the house and families that live under the same roof. Similarly, perpetrators from the family or relatives side mainly include siblings, parent/guardian, and uncles related by marriage or blood.

In the questionnaires, the other section includes violence that was inflicted by friends, and respondents that were not willing to mention the relationship status with the perpetrator.

Table 4.5: Relationship with Perpetrator

		Frequency	Percent
Relationship with the perpetrator	Married	7	8.8
	Irregular union	12	15.0
	Stranger	10	12.5
	Employer	19	23.8
	Relatives	20	25.0
	Neighbor	6	7.5
	Other…	6	7.5
	Total	80	100.0

According to table 4.6, Fifty percent of the respondents have experienced rape and 21% of them have faced attempted rape. Other forms of violence that were experienced by clients at the shelter include child denial by the father and 36% of the respondents have experienced this violence. The second most frequently occurring type of violence is harmful traditional practices such as early marriage which is 38% of the respondents are victims of early marriage. 18% of the participants have stated that they have been abducted. Similarly, the rate of physical violence such as battery, physical injury, exclusion from home and physical abuse incidences have been lower compared to other forms of violence. The survey also indicated on violence that is frequently inflicted on young girls. These, includes early marriage, abduction, child prostitution, child trafficking, and exclusion from home. In reference to table 4.6.1, sixty six number of respondents have experienced only one type of violence and ten of the respondents encountered two types of violence. In addition, three people have encountered more than two types of violence. Even though majority of the respondents have experienced one type of

violence, as it is shown on table 4.6.1, thirteen of the respondents have faced more than one type of violence.

According to the study informant's statements and AWSAD definition child trafficking mean transportation of child for forced labor and exploitation without remuneration.

Table 4.6: Type of Violence

Type of violence		Frequency	Percent
Types of Violence experienced	Early Marriage	31	38.8
	Battery	14	17.5
	Rape/ sexual assault	40	50.0
	Labor exploitation	13	16.3
	Domestic violence	9	11.3
	Abduction	15	18.8
	Child prostitution	8	10.0
	Attempted murder	15	18.8
	Child trafficking	10	12.5
	Child denial by the father	29	36.3
	Abandonment	14	17.5
	Exclusion from home and physical abuse	15	18.8
	Physical injury	14	17.5
	Attempted rape	17	21.3
	Other…	23	28.8

Table 4.6.1. Frequency of Violence

No. of people that experienced violence	One type of violence	Two types of violence	Three types of violence
No. of respondents	66	10	3
Percentage	82.5%	12.5%	3.8%

In connection with the type of violence, mostly occurring violence or with highest percentage such as rape, early marriage, and child denial and abandonment cases have been extracted from the shelter resident interviews. The participant stories have been explicitly described and analyzed with supportive literatures.

Rape cases

The survey finding revealed that majority of the violence that occurs was sexual violence and 50% of the respondents indicated that they have experienced rape and 17% have escaped an attempted rape. It has also been noted that the sexual violence has caused unwanted pregnancies. Similarly, surveys and crime statistics indicate that most rape violence is committed by perpetrators that are known to the victims instead of a strange person (David and Schneider, 2005). In regard to this study, the survey showed that the victims know most of the assaulters, and the perpetrators were found to be either from family or work environment.

Nevertheless, the question as to the reason why rape occurs is still less clear and a given incident of sexual violence can be interpreted differently depending on "the relationship of the victim to the perpetrator, the ages of those involved, prevalent social notions of gender roles in decision making around sexual matters, the circumstances in which it occurred including whether the woman is deemed to make compliant (Jewkes &Abrahams, 2002)." In this study when analyzing the factors, which contribute to the incidence of rape, the victim's age is found to be the critical factor for the occurrence of the incidence. The majority of rape cases occurred on victims that are young (i.e. 14-16 years of age). The fact that the victims are young has also created easy access to the perpetrator. Since due to fear of threat and isolation from family or community they are less likely to disclose the information and report to the police.

Furthermore, the areas the victims live in contribute to the prevalence of sexual violence. Especially in rural areas where abduction is common practice, it is not even expected for a man to earn the consent of a girl in sexual matters.

Concerning to sexual violence which the residents experienced the participant have reported that they are three type of perpetrators. These include rape perpetrated by a family member or relative within the private sphere. In addition, rape, which is inflicted in a work environment by employer or employer families/relatives. Thirdly, rape inflicted by a stranger or gangs in a public sphere. The study has revealed that most sexual violence occurs in a domestic work place and family environment. In relation to this, one participant narrated her experience as follows:

> *"I was working as a housemaid in Adama. My employer's father was sick and my employer used to frequently travel from Adama to Addis to buy medication for her father. At that time my employer's brother came from rural side to visit his father and support his sister. His brother is around forty years of age. I used to sleep in the living room and her brother used to sleep in the bedroom. One night while I was sleeping and there was no one in the house her brother came and covered my mouth, after that he raped me. I tried to hit him, but I did not have the energy to defend my self. He was a strong man. Afterwards, he warned me not to tell anyone about his actions. Fearing for my life I kept silent and didn't disclose my story to anyone. Finally, after my employer's father passed away my employer told me that I could go to my family home. Then, I went to my aunt's house. One day when I felt sick. My aunt took me to the hospital for a checkup. The test result showed that I was 8 months pregnant. When my aunt heard the report she insulted me. A few days later she told me that I have to leave her house." (Resident, 20 yrs. old)*

According to AWSAD (2018) data, thirty three percent of the shelter residents were housemaids before coming to AWSAD. In comparison to formal employment domestic work is less favorable which not that much valued by the community. Due to this, domestic workers are less respected. Sometimes because of the power imbalance between the worker and

perpetrator they become vulnerable to violence. In this case, the area where the employee slept also contributed to the occurrence of the violence. For instance, the perpetrator was sleeping in the bedroom and she was spending the night in the living room. In addition to the room's closeness, the fact that she was alone in the house encouraged the perpetrator to carry out the rape. This indicates that in order to protect domestic worker or reduce the risk of violence one precaution that can be taken by the employer is to offer the victim a decent and safe room, which can at least be locked. Secondly, in this case, due to the threat by the perpetrator, the victim was silenced and was reluctant to share information. Hence, by in large most assailants in order to protect their reputation and avoid repercussions threaten the victims to keep silent. Similarly, according to Jewkes and Abrahams (2002) study, which is conducted on sexual coercion, it was argued that perpetrators coercion over women is manifestation of dominance and an instrument of maintaining their status amongst the society.

Likewise, in this case, the victim's non-disclosure of the information restricted her from discussing the issue with her employer. Hence, it can be inferred that sexually abused victim's silence prohibits them from getting access to timely information about their health and reproductive treatments. For instance, according to Mulugeta (1998), it was reported that in Ethiopia 17% women who report the incidence of rape become pregnant after the occurrence of the crime. In addition, for some the pregnancy prevents them from carrying out their work and to lose trust and respect from their family. Moreover, violence that is inflicted on domestic workers has caused the victims to lose their job and income, which sustains their livelihood. Therefore, to protect domestic workers from the consequences of violence, the government should collaborate with the concerned organs so that victims could have a favorable working environment and be protected from harassment, abuse, and violence.

In the same manner, by virtue of their dependency on others and lack of development young girls are particularly vulnerable to sexual violence. An interview with a seventeen-year-old participant who came from a rural area affirmed this point:

> *"When I was 16 years old I came from Hadiya to Addis to get an employment opportunity. I was hired as a domestic worker. Monthly I had a one-day off. In my day off I usually go to my relative's house. On one of my rest days, when I go*

to their house, they had a wedding program and no one was in the house except my brother. I thought I would talk and take time with my brother…But I don't know what happened to my brother, this time things were different… the feelings that he had for me changed he forcefully raped me."(Resident, 16 yrs. old)

From this excerpt, it is possible to deduce that there are two main factors that contribute to rape in the household. Firstly, the reason why the perpetrator commits the act of rape is due to the easy accessibility of women in the household. Secondly, the fact that the household environment is private has enabled him to commit the act and preserve his reputation. Therefore, the researcher has understood that sexual violence mainly occurs in the household because of the availability, private environment, and the mere fact that it can be kept secret which will protect the reputation of the assailant as well as shield him from the consequences of his actions.

Besides this, unknown strangers also inflict rape. According to AWSAD (2016) report, rape by strangers has become common. One interviewee explained this scenario as follows;

"I am 20 years old and I have been living in the shelter for two years. I was working in a shop. One day, I left from work late and while I was closing the shop two men came from the back and hit me with a big stick on my head and back. Then, they took me to a dark area and raped me. Since they didn't take my handbag, I called my friend to help me. Later she took me to the hospital." (Resident, 20 yrs. old)

The difference between the two stories above is that when a stranger commits the crime, physical violence will be exerted. In this scenario, the assailants were using a stick so that she could not defend herself and fight back. In contrast with the household rape, the level of relationship that the victim has with the perpetrator affects the emotional state of the victim. In the household rape, the perpetrator is much closer to the victim making it more difficult to recover from the trauma. In addition, since the crime occurred within the family, the victim is obligated to maintain the relationship with the perpetrator.

Child abandonment

A woman that has been neglected and denied of her child explained that her husband used to control her decision to give birth and has disconnected her from her families. She pointed out that,

> *"My husband and I used to live in Saudi Arabia. When I was pregnant with my first child I came to Ethiopia and gave birth at my parent's house, Dessie area. My plan was to give my son to my mother and return back to Saudi. However, when my son turned two years old my husband came from Saudi and demanded a second child. But I refused because I know the hassle of raising a child alone. However, he convinced my mother and my mother started to nag me. She said that it is good to have a child at a young age. Hence, for the sake of my marriage and family interest, I became pregnant with my second child.*
>
> *Knowing that I am four-month pregnant my husband suggested that it would be safer if I gave birth to the child in Addis Ababa. Then submitting to my husband's wish, I started my journey from Dessie to Addis Ababa when I was 9 months pregnant. In the middle of the trip the baby came and I was in labor. When I reached Addis, I went to Tena Tabiya Clinic and gave birth safely. After a while I gave birth I regained my energy to call my husband. I called and told him what happened. Then my husband told me that he only knows that I am 7 months pregnant and that he wouldn't accept this baby as his own. But I tried to discuss with him that I gave birth to the child on the 9thmonth. Still, he was not willing to accept his fatherhood. He started to harass me, saying that he cannot accept a child that is born in the 7th month. Then, taking my first child and the newborn baby with me I went to a hotel, alone. After a few days later I contacted the police station deciding to give the newborn baby to the orphanage "(Resident, 22 yrs.)*

From the story, the researcher has understood that a woman's control over her reproductive right affects her future life. From this excerpt, two factors contributed for the woman's loss of support. First, the woman dependency on her husband and family has made her to fully reliant

on the support others, which caused her to lose basic resources necessary for her livelihood. From this scenario, I have observed that women should also take into account about their decision on the number of children along with their economic status. Secondly, women should be able to decide freely without any coercion on when and the number of children they will have. If not, the mother love and interest towards the child will be affected. Secondly women should be aware to make informed choices and enabled to decide freely concerning the number and spacing of their children.

Early marriage

Early marriage is the second type most recurring form of violence. Girls that have parents in rural areas tend to be forced to marry at a younger age through an arranged marriage. According to NCTPE (1997:110-111), parents arrange an early marriage for their daughters for different reasons. The reason for practicing early marriage can be either economic or socio-cultural factors. It has importance in improving the economic status of the family through marriage, strengthen family-ties, avoid the stigma of not being married and protect girls from pre-marital sex or loss of virginity (Ibid). Early marriage can be arranged between individuals in different age groups. In some cases, when families make the marriage arrangement for a child, they postpone the wedding ceremony awaiting the child's puberty. One participant had the following experience:

> *"I used to live with my parents in the countryside. Then, I came to Addis and started to live with my relatives. While I was a little girl my parents made a promise to a 30 years old man that I will be his wife when I reach the age 14. The man was waiting for me to be his wife till I get older. Then my parents moved to live in Addis Ababa. When they told me the story, I told them that I am not willing to marry him. My dad rejected my consent and forced me to marry. Then when I turn 14, the man came from the countryside and started following me when I go to school. He used to tell me that I am his wife and that he would kill me if I don't marry him.*

Since he has already got my father's acceptance he got the confidence to threaten me. My mother discussed with an orphanage institution so that I could be kept in a safe place and that I may peacefully continue my education there. After 2 years of my stay in the orphanage, I came to AWSAD shelter." (Resident, 17 yrs. old)

By virtue of their age and dependency children are led by their parents' views and belief. Parents thinking that they have benefited their children and to ensure the continuity of the culture, create pressure on their children so that they obey to their wishes. In the above story, early marriage caused the girl to leave her home and run away. To be forced by her parents and marry an older man whom she doesn't know has also put the girl to be under psychological pressure. Similarly her father support of the arranged marriage has made the "the would be husband" to exercise power and view her as property and entitled him to leave her with very little choice, to issue of threats. Thus, when the decision maker becomes the father it gives access to the perpetrator. The perpetrator can even go to extreme through exerting physical force in order that the girl become option less and submit to his will. Because of tension that come from the father and "the would be husband" her option would be either to marry the proposed man or to run away from home. In this case, the researcher believes that due to her father decision and perpetrator-threatening act that girl has lost option except leaving home. Girls that run away from home not only loose their basic need but also interrupt education. Thus, if the orphanage and shelter, which they enter into, does not provide or facilitate for the continuity of their education, their future will fall apart. Therefore the researcher argues that early marriage limits girl from enjoying her childhood freedom, ability to choose her partner as well as to limits her consent in sexual relation. In addition changes her social status and limits her from pursuing her education.

Similarly, another resident from the Adama safe house has commented that the reason that she left her house is to protect her child from abduction. She stated that:

> *"The reason I got out of my home is to protect my child from abduction. My husband agreed to give our child to his mother who lives in a remote area. In that area abduction is common. There was no way to convince my husband and rescue my child from abduction except to run away." (Resident, 19 yrs. old)*

This indicates that in a community where traditional practices are highly valued, it is difficult for women to oppose the culture and raise their children against the tradition. In addition, this story also signifies the husband higher decision-making power within the family matters.

In all of the above scenarios, the survivors who turned to the shelter have limited or no safe, supportive alternatives. Most of them have lost support from family and partners. It has led them lose resource such as shelter, food, income and education, and left them in need of help. Therefore without the AWSAD shelter their situations would be dire; as time passes it might even cause some of them to end up on the streets.

4.3 Shelter users' perception towards comprehensive services

The Ethiopian government does not outline the type services to be provided by shelters. There is no protocol and guideline which outline shelter service components and methods of service delivery. However, in 2009 it has adopted strategic framework for an integrated and multi-sectoral response to VAW and Child justice. The strategic plan identified health, education, legal and security and social sector as essential sectors for multi-sectoral and integrated interventions.

The Government through the National Coordinating Body (NCB) has delegated the multi-sectoral response services to be implemented under each intervention sectors. Sectors are expected to implement specific activities designated to them by mobilizing all the necessary resource and stakeholders in their own sector and by collaborating with institutions of the other sectors. Nevertheless, the implementation of the multi-sectoral approach which is illustrated in the policy framework is not that much strong. There is a problem of coordination among the various sectors or stakeholders that are required to respond to VAW.

To bridge this gap and provide holistic service to women and girls experiencing violence AWSAD has selected a comprehensive holistic rehabilitation and reintegration shelter service approach. It has identified integrated services such as psychological, counseling, legal-follow up, vocational trainings, medical, accommodation (safe home and food) and reintegration services' as the main activity which help clients to recuperate from their trauma and be reintegrated into society. Accordingly, the identified shelter services are assessed based on the perspectives of the shelter residents so that the shelter residents become active participants in defining their need, recommend ways on how to address their needs and encourage the delivery for quality of service.

This section outlines the shelter resident's experiences at the time of entry and satisfaction towards the medical, psychosocial, living arrangement, legal and child facility services. The residents' need, level of satisfaction, timely provision of service and challenges and gap are also identified. Various questions were asked to capture resident's opinions to assess the overall shelter services.

A. Psychosocial service

The second category relates to counseling and vocational training towards the residents. The category includes participants' descriptions of the type of counseling service and how the counseling service supports the residents. The vocational training category includes the type of the vocational training and the level of satisfaction and suggestion of the participants for additional training.

1. Counseling Service

The primary rehabilitative care that is offered to survivors is counseling service. It offers space, time and support so that a person can talk about her experience. It is also acknowledged by Sullivan, Warshaw & Rivera, (2013) that counseling helps survivors to recover their personal sense of power and control. The finding has revealed that there is individual and group counseling session offered to the residents. Both counseling sessions are offered 2 days per week however, individual counseling days are dependent on the client's situation.

Likewise, it is acknowledged that counseling services offered by domestic violence programs incorporate a variety of therapeutic and empowerment approaches which is designed to the individual needs and desires of survivors (Sullivan, Warshaw & Rivera, 2013). Depending on the shelter programs some provide solely individual and group counseling and some shelters offer both counseling session (Howard, Riger, Campbell, & Wasco, 2003). As it is seen in table 4.7 the finding reveals that almost all of the 98.8% of the participants have accessed both individual and group counseling session. While comparing the counseling session's benefit, 51 of the respondents have responded that individual session has helped them most. 17 respondents have indicated that they have benefited from the group counseling.

Concerning the adequacy of the service in relation to the counseling schedule 65% of the respondents have said that the service is very adequate. 17.5% have argued that it is adequate and somewhat adequate. Furthermore, 70 of the respondents have stated that the counseling service met their expectation and that they have received what they were expecting from the service. Nine participants have said that the counseling session did not fully address their needs and concerns. Table 4.7 shows, the respondent's frequency and percentage towards counseling session.

Table 4.7: Counseling service Importance and Satisfaction level

		Frequency	Percent
Counseling service received	Individual counseling	9	11.3
	Group counseling	3	3.8
	Both	68	85.0
Which session helped you more	Individual counseling	51	63.8
	Group counseling	17	21.3
Schedule of counseling	Very adequate	52	65.0
	Adequate	14	17.5
	Somewhat adequate	14	17.5
Did the counseling meet your expectation	Yes	70	87.5
	No	9	11.3
	Total	79	98.8

Participants from the semi-structured have testified on how the counseling session has helped their lives. One participant said,

> *"Before I had mental illness because of the physical and verbal abuse which was inflicted by my husband….but now after the counseling session I am well and more relaxed person. I know that I am not the only one who has faced this kind of problem. I have stopped being afraid of people and have forgotten my past situation…. instead of focusing on my life I have even started to care for the victimized girl inside the compound."(Shelter resident, 17 yr. old)*

In accordance to Sullivan, Warshaw & Rivera, (2013) the main importance of counseling interventions is to alleviate the distress that often accompanies victimization (e.g., depression, anxiety, post-traumatic stress symptoms, guilt, shame) and to increase survivors' sense of self and well-being. This story indicates that counseling service helps the victim to deal with their past experience and develop positive thoughts. As a result, this has helped them to protect their inner peace to focus on their future lives. The residents' rehabilitation is also witnessed when the residents are aware and become an instrument of help to others.

Therefore, this indicates that counseling service helps not to only to empower survivors' sense of self but also helps the survivor to become agents of change. Simultaneously most of the respondents have echoed that counseling has helped them to regain hope about their future lives. In regard to this a resident from the shelter has stated:

> *"The counseling session which I received individually has helped me not to give up in life and to have hope and stay focused on my future lives. It has also helped me to deal with my inner fear."(Shelter resident, 22 yr. old)*

Based on Herman's (1992) model of recovery, counseling involves three stages: the first stage includes re-establishing safety and a sense of self-care, at this stage, the counselor's focus is towards the women's safety needs and focus on women's empowerment. The second stage involves remembering and mourning. At the second stage, the therapist focuses on the victim's experience, individual needs, and choices, to help them develop any skills needed to reach their personal goals. The last stage is about their reconnection, which is about building cognitive and behavioral skills to manage posttraumatic stress disorder (PTSD) symptoms. As it is indicated on table 4.8, the survey has also revealed that the counseling session has helped most of the residents to increase their sense of self-care and develop cognitive behavioral skills through boosting their self-esteem, enabling them to express their needs and thoughts and helping them to associate with their surroundings. However, the counseling has not that much addressed the women safety needs and adequately provided them with skills to help them to reach their personal goals. The table below presents participants responses on the benefits of counseling.

Table 4.8: Benefits of Counseling

Benefits of the counseling	Frequency	Percent
(No Responses)	10	12.5
It has helped me to value my self	49	61.25
It has helped me to develop my confidence	55	68.75
It has helped me to express my self	50	62.50
It has helped me to socialize with other residents	57	71.25
It has helped me to testify/ defend my case at court and police station	13	16.25
It has helped me to avoid fear and depression	49	61.25
It has helped me to become more optimistic	50	62.50
It has helped me to manage my life	29	36.25

As it is shown in table 4.8, 63% of the participants have stated that the counseling service has helped them to be more optimistic. In addition, 69% of the participants have highlighted that the counseling service has helped them to develop their confidence. In regard to this, the excerpts that are taken from the participants have also showed the attitudinal change that occurred in the participant lives.

> *"I have hope about my future." (Resident, 16 yr. old)*

> *"The therapy which I have received has helped me not to dwell on negative thoughts." (Resident, 20 yr. old)*

The participant statements deduce that the counseling service has enabled them to understand negative perceptions about their lives and focus on their future. As a result, the residents have been enabled to regain hope and learned to replace their destructive thoughts with positive ones.

Key informant discussion has also indicated that abuse is not only inflicted on the victimized women but also inflicted by mothers towards children. In support of this, social learning theory (Bandura, 1977) suggests that violent behavior can be learned through watching the behavior of others or violent persons.

A parent who passes through violence reflects anger towards their children through punishment, beating or rejection. In line with this, it was indicated by the KII that, if the mother was raised in an abusive home, and the pregnancy is unwanted; there is a high chance of the mother to reflect anger and negative emotions towards her child. In support of this, the interviewee has further stated that:

> *"There are some mothers that beat their child and do not want to change the children's diapers and maintain their cleanness. But through time with constant follow up and thorough counseling we have witnessed mothers changing their character and start to actively care for their children."(KII with Adama Safe house Counselor)*

This echo's that counseling that is conducted on the mother have an impact on the way children are raised. In relation to this, through the survey open-ended questions, there were also mothers that reflected that the counseling has helped them to raise their children, increased the love they have for their child. The women's excerpts from the transcriptions were as follows:

> *"After I gave birth to my child…I did not feel like he is my own child, it was even difficult for me to breastfeed him…now my child is 3years of old. I realize that he is my only closest family." (Ex resident, 17 yr. old)*

> *"…. in the past, I didn't have thoughts to raise my kid and I was planning to give my child to the orphanage but now I regret thinking that." (Resident, 20 yr. old)*

> *"I did not plan to raise my baby. My plan was to give my son to my mother in Dessie and to go to one of the Arab countries for work. After the counseling I have realized that my child also needs me and I needed to care for him" (Resident, 20 yr. old)*

Deducing from the above excerpt, counseling is necessary for survivors in order to sustain the family bond between mother and child. Observing these cases from the perspective of the victims, it can be seen that, through time, the mother will reconnect and develop the intimacy

she has with the children while she cares for the child. It can also observed that the perpetrators obscure their involvement in the incident to protect their reputation and avoid ramifications. Thus, even when the crime is committed by an acquaintance, the perpetrator still does not accept and support the child in order to protect himself and maintain the respect he gets from the community. Since the burden of raising the child would fall on the mother's shoulders, mothers need support emotionally and physically. Thus, the counseling service is helping the victims to overcome the consequence of violence and develop parenting skill.

In line with the above review, the survey has revealed that 49% of the residents have received counseling on parenting and how to raise and communicate with their children. In addition, through the open-ended questions some of the participants have stated that they need more advice on parenting skills. One participant that has given birth recently has also stated that she needs advice on how to breastfeed and wash her infant baby.

Table 4.9. Parental Counseling

Parental counseling	Yes	39	48.8
	No	9	11.3
	Total	48	60.0

2. Vocational skill Based Training

AWSAD provides skills training in hairdressing, cooking, sewing, hand weaving and embroidery to the shelter residents. The purpose of the training is to equip residents with vocational skills that would, later on, support them to generate their own income.

According to Gierman & Reimer (2013) shelters are expected to provide support in order to empower women economically. These supports may include job skills training, career guidance, financial skills training and reintegration programs that provide opportunities for income generation (Ibid). In relation to this AWSAD, provides skill-based training for survivors in order to facilitate economic self-sufficiency.

Total number of respondents that have participated in the vocational training are 66 residents. As it is shown in table 4.11, 24% of the participants are enrolled in hair dressing and 39% of the respondents are involved in embroidery, sewing and weaving trainings. According to the open ended questions responses, those participants that did not enrolled in the skill training have mentioned that, they are attending basic literacy, dance therapy, and poetry class. As it is indicated in, table 4.10, 98% have pointed out that the training is very important and that they have participated in the training based on their preference. Only one percent didn't give their comment on the benefit of the training. In addition, the finding has also indicated that leather and woodwork training was substituted by the weaving training. Six participants have stated that they have received two types of training. For instance, one participant has mentioned that she has taken hairdressing and sewing training with "Senjer" machine. Table 4.10 presents the number of participants that are involved in skill training.

Table 4.10: Importance of vocational Training

	Frequency	**Percent**
Importance of vocational training	58	98.3%
Total	59	100%

Table 4.11: Vocational Trainings

		Frequency	**Percent**
Vocational Training	Hairdressing	19	23.8
	Food preparation	16	20.0
	Embroidery and sewing Weaving	31	38.8

Most participants spoke about their wish to work based on the skill training, which they have received. Shelter residents that have taken hairdressing, sewing and cooking training have highlighted their interest and level of income, which they expect from their labor.

"I am planning to work with the hairdressing training in the day-time. I think I will earn within 700-800 birr as a hairdresser. In the evening I am planning to continue my education." (Resident, 20 yr. old)

As it showed in the above narration, besides getting an income some of the respondents that have reached secondary level education have also shown interest to continue in their academics. Another trainee has also reported her interest to engage in family business. Thus she said,

"My sister is a tailor and she has a shop in merkato. After I existed from here, my plan is to work with my sister with the sewing training, which I have received. Three years ago, I used work with her and earn 1200 birr per month. Now, I expect to earn a better income since I have got a better skill." (Resident, 22 yr. old)

Furthermore, some have also shown an interest in their future lives to start their own business. One of the respondents has explained this as:

"With the food preparation training, which I received, I want to work as a chef in the café. Then after I save some money, my vision is to open up my own restaurant." (Resident, 18 yr. old)

Moreover, another survivor has stated about the benefits of skill training on her life. She has explained:

"If this shelter didn't exist I would make a complaint in the police station and then continue my work as a housemaid. Though my life is in a different path, I am happy that I joined the organization because I got the opportunity to take skill training." (Resident, 17Yr. old)

Although the violence has negative consequences on the victims' life, yet the shelter vocational training has helped the residents to envision bright future and create new beginnings in their

lives. Thus, the skill-based training assists the residents to overcome the consequence of violence through creating economic opportunities.

The extracted stories illustrate that the vocational training has relevance to the victims so that they can exercise financial freedom and become self-sufficient. Martins. M, Viegas. P and Mimoso et al. (2008) suggested that it is important to deal with the survivors social issues in order to build up their capacity and self-reliance. In fact, empowenment theory also explains self- improvement skill trainings as one component of vulnerable group empowerment startegy. In this theory, it was highlighted that skill trainings helps the learner to effecively engage and interage with the community (Gutierrez,1989).Thus, to rebuild the survivors' lives and help them to restore their original place self-reliance programs together with entrepreneurial training must be provided by the shelter.

From the above stories, residents have a potential to work and generate their own income through skill training. In addition, the resident's generation of income will, in the long run, equip the survivor to achieve their personal goal. It can be either through continuing their education or getting employment opportunities and running their own business. Therefore, the researcher argues that the vocational training has given residents hope and built their self-esteem through providing them with skills, which helps them generate income and sustain their life. Thus, in short, vocational training is important to empower survivors economically so that they could be self- sufficient and be capable to administer themselves.

The key informant interview has revealed that it is easier to get employment for the trainees that took a course in sewing and hand weaving, because AWSAD has already established networks with organizations for such trainees. For instances, they have mentioned that factories from Kombolcha has employed several trainees. Besides the employment opportunity, trainees have also recommended for the inclusion for jewelry preparation training. The trainees have stated that:

"We have been told by the staffs that we will receive jewelry preparation training. But, due to unknown reason, we were not able to receive the training. I guess currently this training is more marketable and it will be good if we take this training." (Resident, 20yr. old)

This echoes that there is a need and interest for additional training. Perhaps, if there is enlightenment for other skill and handcraft training together with the market access, from the resident side there is a willingness to participate in the training.

B. Medical service

In accordance with UN women, VAWG programming Module on Health Sector (2011) health sexual and reproductive health services are recognized as an essential service especially at the entry point of survivors of violence. In addition, it has also reported that there is a higher demand among of victims of violence for sexual and reproductive health services (Luciano, 2007). Finding from an interview conducted with the clinical key informant have shown that the shelter provides 24-hour health care services and when it is necessary, refers clients to other external health providers. Medical services provided to clients at the center include first aid care for minor injuries, which result from physical abuse, emergency contraceptives, medication, pre-natal and postnatal checkups, child health care and post-exposure prophylaxis treatment to prevent HIV infection.

As it is indicated in table 4.12, 99% of the respondents have obtained medical care. Among them, 85% of the respondents have said that they have received timely medical service at the appropriate time. Table 4.12 shows the number of residents that have received medical care and their response to the timely service provision.

Table 4.12: Number of respondents that received medical service

		Frequency	Percent
Received medical care	Yes	79	98.8
	No	1	1.3
The care was timely	Yes	68	85.0
	No	11	13.8

The common types of violence that occur within shelter residents are physical, psychological and sexual violence. Also, a large number of survivors are provided with child health care services. As it is seen on table 4.13, 89% of the respondents have been very satisfied with first line support (i.e treatment received at first shelter entry). 93% of the respondents are also very satisfied with the care, which they received on injuries treatment that is caused through physical abuse. Furthermore 79% of the residents have been very satisfied with the pre and postnatal care service. Similarly, 72% of the respondents have stated that they are very satisfied with the shelter medication. 5% of the respondents who are not satisfied with the medication, in the open-end question have stated that the prescribed medication did not maintained quality also proper medication were not prescribed by the referred hospital. Table 4.13 below shows the respondents' level of satisfaction towards each medical service.

Table 4.13: Residents satisfaction level on the Medical Service

Medical Services Provision		Satisfaction level				Total
		Very satisfied	Satisfied	Neutral	Dissatisfied	
First line support	No.	33	4			37
	%	89.2	10.8			46.3
Mental health Care	No.	3				3
	%	100.0				3.8
Treatment of injuries	No.	14		1		15
	%	93.3		6.7		18.8
Medication	No.	29	3	6	2	40
	%	72.5	7.5	15.0	5.0	50.0
Pre-/post-natal checkup	No.	15	1	2	1	19
	%	78.9	5.3	10.5	5.3	23.8
Emergency contraceptives	No.	1				1
	%	100.0				1.3
Safe abortion	No.	1		1		2
	%	50.0		50.0		2.5
Child health care	No.	33	6	1	1	41
	%	80.5	14.6	2.4	2.4	51.3

Violence against women and girls cause serious health problems, not only at the occurs of the violence but throughout the life of the victim (UN women, 2011). Exposure to physical and sexual violence can result in a wide range of immediate and chronic health problems specifically related to the assault, and may also contribute to negative behaviors that affect long-term health and well being (Brener, McMahon, Warren, & Douglas, 1999).

In discussion with the participants, it was mentioned that physical injuries that are caused by the perpetrators include, scratch on the face, bruise, broken bones, dislocation, head and spinal injuries. In addition, sexual violence relates with an unwanted pregnancy, gynecological and

reproductive health problems. In a similar manner, participants have also mentioned repeatedly that they get headaches, emotional distress, sleep disturbance, and other disorders. Few have also mentioned that they have mental problems that are caused due to the severe trauma. Participants have reported that they felt depressed, want to sit alone, and did not feel like eating. Mainly the residents that have a psychiatric problem have acknowledged this opinion. Among them, one patient while explaining her condition have highlighted the benefit of the service in this manner,

> *"I had a mental problem when I entered the shelter. The nurse was cautious for my medication time and my checks up in the hospital. Now through the medication and counseling support, I feel better…. before I was not able to even to express my thoughts and socialize with other residents. Now, I even want to enroll in the skill-based training same as the other residents." (Resident, 22yr.old)*

From this story, the researcher has understood that the health sector plays a critical role in addressing long-term health problems. It also changes victims' former state of mind and behavior. The medication and constant follow up also enables the client to be relieved from mental stress and focus on their future lives.

As it is stated in UNIFEM (2003) majority of survivors of violence less likely inform or report their victimization. In relation to this, the interview has revealed that due to non-disclosure of the violence and lack of knowledge in emergency contraceptive pills the sexual violence has resulted in pregnancy. Furthermore, it was reported by many of the victims that they do not go to hospitals for a pregnancy test and for further prenatal checkups. In relation to this, a respondent that experienced unwanted pregnancy from her sibling reported that:

> *"It was my brother who raped me. After I joined the shelter when the nurse did the first screening she told me that I am six months pregnant. I said that either I will kill myself or the baby if you don't take out the fetus immediately. Then they took me to Gandhi hospital carried out abortion service…. now I feel a bit relieved for not having my sibling's baby. (Resident, 16yr.old)*

From this story it is understand that victims find it difficult to accept a child as their own when sexual the family member inflicts sexual violence. Thus, in this kind of circumstance where the victims are not able to accept the pregnancy abortion service becomes essential to the sexual victims of violence. In addition to abortion service, other respondents have stated that there is a need for HIV/ AIDS and emergency contraceptive pills medication for rape victims.

> *"I was raped by my employer… When I entered here the first medical service that I received was a preventive injection for HIV/ AIDS and emergency contraceptive pills. This has protected my health and saved me from a lot of worries." (Resident, 18yr. old)*

Nevertheless, due to lack of knowledge and fear, most of the residents keep silent and hinder the violence that occurred. According to the discussion of the informants it was mentioned that their silence has resulted in unwanted pregnancy and has increased victim's vulnerability to HIV/ AIDS and other transmissible diseases.

As table 4.12 indicates that 80% of the respondents are very satisfied with the child medical care which they have received. In relation to this, one of the participants has stated that both her and her child has received adequate medical care. One survivor reported about the care, which she received:

> *"My child was sick with an infection on his head. He was admitted in yekatit 12 hospital for 22 days. The safe house has covered full medical expenses for my son. Since I was in the hospital with him the shelter has also given me some cash so that I can eat food outside."(Resident, 22yr old)*

This echoes that mothers that take care of their children in the hospital are in need of support for their daily consumption in addition to their children's medical cost. Therefore, this has the implication that shelters should take into account to cover the cost of the patient medical treatment and of the primary caregiver expenses, which are spent for food and transport. In

addition to her child's treatment, the women also elucidated on how the medical service has benefited her:

> *"Next after my son was discharged from the hospital I had a tumor on my breast and needed to undergo surgery. Then just like a mother's home they took care of my son in the shelter. They helped me to receive medical care at Menelik hospital. ... Thank God for the help which I received, now both my son and I are doing well." (Resident, 22 yr old)*

This leads to the necessity of child-care assistance within the shelter. In accordance with survivor-centered approach, it is necessary for multi-sectorial actors to prioritize the rights, needs, and wishes of the survivor (UN women, 2011). In light of this, child day care services have satisfied the mothers need through sharing the burden of their motherhood responsibilities.

C. Legal Follow-up Service

In the shelter, legal support is one of the multi-dimensional service provided for the survivors. The legal officer provides information, follow-up their appointment date, encourage the clients (residents) to pursue and finalize their case. In addition, the legal officer refers and link the residents to legal aid centers so that the applicant can get legal aid support such as court pleadings preparation and representation service. This means the shelter role is to provide legal follow- up service and the actual legal service is delivered by the concerned justice sector and legal aid center. Thus, the shelter legal follow-up service is measured according to the shelter legal follow-up service description and mandate.

According to Gierman & Liska (2013), shelter service helps victims of violence to overcome barriers to the justice system and find accessible legal services. For women escaping violence, their most pressing need is to put in place legal protections for themselves and their children.

As table 4.14 indicates, 25% respondents have stated that they have received legal follow-up service from the shelter and out of this 22% participant have said that they have received timely service. Meaning it has enabled them to institute charge, open files and follow up their case in the police station and the court of law. Similarly, some of them have testified that their case has

adequately followed up in the police station and the assailant being sentenced and imprisoned. As it is shown in table 4.14, 20% of the respondents have highlighted that they need a legal support in a criminal case and the remaining 2% of the participants have stated that their preference is in civil cases including divorce and child custody. The following table describes the respondent's responses on the shelter legal follow up service.

Table 4.14: Legal Service Benefit and satisfaction level

		Frequency	Percent
Has received legal service	Yes	20	25.0
Need for legal support	Divorce	2	2.5
	Custody and child support	2	2.5
	Criminal case	16	20.0
	Total	20	25.0
Have timely legal service	Yes	18	22.5
	No	2	2.5
	Total	20	25.0
Help testify/defend your case	Yes	12	15.0
	No	8	10.0
	Total	20	25.0
Has the legal office accompany you	Yes	15	18.8
	No	5	6.3
	Total	20	25.0
Legal service meet your needs	Yes	11	13.8
	No	9	11.3
	Total	20	25.0

According to table 4.14, 25% of the participants have only received legal service from the total number of survey participants. One of the reasons for the gap in the services is due to the absence of a skilled legal officer. At present, the service is conducted by the documentation officer who has little experience in legal matters. Furthermore, the key informant interview, it was mentioned that the existence of legal restriction, police collaboration in searching the defendant and evidence collection has limited the service from reaching a large number of

residents. UN women national assessment report (2016) also recognized that Charities and Societies Agency proclamation, which limits CSOs from working on the rights and advocacy work, have brought significant limitation on the implementation of legal service.

On the other side, it was reported by the participants that due to negligence and ethical failure of the police officers they have lost hope in the justice system. Also, they have mentioned that they don't want to face the hassle of the police stations again. Because of this, they have chosen to settle in peace and continue their life with their children. In relation to this, it was also recognized by literature that sometimes when the perpetrators are in a good status that the police officers retreat from serving their duties (Schmitt, 1997).

In the same token, the CEDAW Committee has also stated that domestic and other forms of violence against women are under-reported due to victims' lack trust in the legal system, lack of coordination among the relevant actors and lack of capacity to apply the law in a gender-sensitive manner (UNODC, 2010). Concerning this, the legal clients have stated that:

> *"The shelter has helped me to follow up my case in the police station. But the police was not able to capture the man… the police are just giving a mere excuse saying that they could not get the man at the given address. But the rapist address is clearly known. I have even given them his shop address." (Resident, 20Yr. old)*

> *"The main legal challenge that we face is from the police station. There is no adequate follow-up by the police officers. The police does not detain and bring the offender at the court on the appointment date." (Resident, 20Yr. old)*

These stories show that the police are not carrying out their duty properly and lacked the necessary support in investigating the allegations of violence. It is also witnessed from the case that the police undermined women complaints by taking the side of the perpetrator. To tackle this problem, first, the researcher believes that the shelter should make strict follow-up measures and training so that the police would be duty bounded to their obligation. Secondly, the researcher argues that there is a need to make a report for the concerned higher-level police

commissioners and public prosecutors through encouraging the clients to pursue with their case so that they don't lose hope with the system.

In contrast to this, there are also respondents, which have highlighted the benefits of being accompanied in the police station and court. As it is shown in table 4.14, 15% of the respondents have commented that the legal service helped them to testify and defend their case in the court of law. They have explained that either the legal officer or the safe house staffs have accompanied them when they went to court and police station to testify their case against the perpetrators. Here is some of their reflection about the service:

> *"The legal officer from the shelter used to accompany me when I go to court and police station. She has advised me on how I can testify my case in the police station. The advice that I received from the officer has helped me not to fear in the police station and become assertive. Because of their support now the man that raped me has been in prison."(Resident, 19 yrs. old)*

Participants that have filed a lawsuit against the abuser and benefited from legal follow up service have stated that proper judgment was passed on the abuser and they have regained back their freedom of movement.

> *"Due to the legal support that I have received from the shelter my case has properly followed by the public prosecutor…. the rapist has been imprisoned for 10 years." (Resident, 16 yrs. old)*

> *"The defendant used to threaten not only me but also my parents. But now both my parents and I can move freely without fear because of the perpetrators imprisonment." (Resident, 17 yrs. old)*

Taking into consideration the successful stories the researcher, therefore, argues that to ensure survivors safety, reduce the re-occurrence of further violence the criminal justice system should pass proper judgment and sentences on convicted offenders.

Living Arrangement

According to Gierman & Lisak (2013) shelter providers are expected to be accountable to the accommodation services, which they provide in order that residents quickly overcome the impacts of violence. In addition, it was also recommended for shelters to identify a suitable safe house location so that the shelter facility provides a maximum protection for women and their children (Ibid).

In regard to shelter facility, the key informant interview have identified that the shelter provides three meals a day and a special meal schedule for pregnant and new mothers and persons facing medical conditions. The participants from Addis Ababa have also mentioned that in weekends that they wash their cloth and body. Residents from Nazareth safe house has stated that due to the weather condition they have been allowed to take daily showers. The participants have also addressed that for personal sanitization they receive 3 soaps every 15 days. Furthermore, they have explained that depending on their need that they receive cloth, shoes and hair oil from the center.

In relation to the shelter accommodation, the table 4.15 presents the level of the participants' satisfaction towards the meal, room cleanness, beds and personal care items. As it is shown in table 4.15, large number of the participants' i.e. (74%) of the respondents are satisfied with the room cleanness, bed, and personal care resources provision. 4% of the respondents are also not satisfied with this services due to lack of sanitation and personal care of few residents. Whereas concerning the availability and variety of the meal 67% of the respondents are satisfied and the remaining 10% of the respondents have rated somewhat satisfied. In the open-ended questions, these participants have suggested that it would be good if fruits and vegetables were included in their food. In addition, they have commented that if snacks and night-time meals are provided for breastfeeding mothers.

Table 4.15: Shelter Facility

Level of Satisfaction	Meal and availability		Room cleanness		Beds and personal care items	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Very satisfied	54	67.5	59	73.8	59	73.8
Satisfied	15	18.8	7	8.8	3	3.8
Somewhat satisfied	8	10.0	8	10.0	11	13.8
Not satisfied			3	3.8	3	3.8
Total	77	96.3	77	96.3	76	95.0

Lack of sufficient space

Lack of sufficient space including, child-friendly places and dining areas were witnessed especially in the Addis Ababa center. There is a lack of space for children play activities, quiet spaces where residents can get their own personal time and places where they wash and hang their cloth. In addition, there is also a limitation in the number of beds available. There are only 50 beds and more than 30 residents sleep by placing matters on the floor. Only those women that are pregnant and have children sleep on the beds. According to the national assessment that was conducted by UN women Ethiopia (2016), it was reported that most shelters rent houses and the operational cost is higher due to the rental cost. In order to tackle the rental problem and construct a shelter on the report it was also recommended for the government support in the allocation of lands. AWSAD Director has explained about problems, which the organization faces in relation to land:

> *"The house rent cost is very expensive and it is the rental cost that increases the program admin. Cost. If we had our own plot of land at least the money will have gone to the beneficiaries and we have been able to increase the number of beneficiaries.*
>
> *In addition, to move from places to place with all the residents and children is also difficult. We have asked the ministry of Women Affairs and other*

concerned government officials to allocate a leased land. However, some of them have advised us to participate in auction…however, investors participate in the bid and raise the bid price. As a result it has been difficult for us to participate in the auction. In consideration of our service, it would have been good if the government offer us a plot of land with reduced lease price." (AWSAD shelter Director)

This echoes that the financial challenge in the safe house is the cost of rent. Because of this, to search for a house with a lesser price and to move the location of the safe house with all the residents have caused a significant problem in the safe house. In addition, from the survivor's perspective the limitation of space caused psychological stress since there is no quiet place where they can sit alone or have their own moment. Thirdly the lack of space has also brought an effect on the number of beds and recreational activities. Therefore, to accommodate more survivors, create access to recreational activities and offer a standardized service the researcher argues that it is very essential for the organization to get a spacious plot of land. Thus, the support of government offices such as women and children office and land administration office is required for a better facilitation of the lease process with a reduced price.

D. Shelter Staff treatment and Rules

The third category includes the participant's responses on the shelter rules and level of respect and support they felt from staff both emotionally and practically. The data under this sub-section describes participants' relationship with the staff and explains the level of support, which they felt from staff. The level of respect and fair treatment they felt from staff has also been included in the finding. According to Glenn (2010), the nature of the residents' relationships with the shelter staff strongly influences their experiences of their overall shelter stay, particularly the degree to which they felt emotionally and practically supported.

Table 4.16: Shelter staff Treatment

Shelter staff Treatment		Frequency	Percent
Relation with the shelter staff	Very supportive	42	52.5
	Supportive	16	20.0
	Only some are supportive	19	23.8
	Not supportive	1	1.3
	Total	78	97.5
Staff were caring and supportive	Strongly agree	39	48.8
	Agree	30	37.5
	Disagree	9	11.3
	Total	78	97.5
Staff were respectful	Strongly agree	48	60.0
	Agree	20	25.0
	Disagree	7	8.8
	Strongly disagree	3	3.8
	Total	78	97.5
My religion is respected	Strongly agree	43	53.8
	Agree	15	18.8
	Disagree	15	18.8
	Strongly disagree	5	6.3
	Total	78	97.5

As it is indicated in the above table 52% of the respondents consider their relationship with the staff as very supportive. In addition, the findings also indicate that, 11% of the participants have stated that the shelter staff is not supportive. In the qualitative interview some have mentioned that*: "they like the daytime staff better compared to the night shift staff*." Further they have illustrated that the daytime staff pays attention, respects and take care them well compared to the night shifts.

In addition, respondents have explained that the staff lacks full support and that there are some staff members that are less caring and do not listen properly to their complaint. Moreover, some have complained that there is a bias in the staff treatment and stating that some staff favor residents that associate with them. Consequently, the researcher has also observed that the residents are fearful of the staff to make comments and openly discuss their concerns. Thus, the researcher argues that there is a need to minimize the power imbalance between the residents and staff so that survivors would not be vulnerable to second victimization. In another side concerning the respect they get from the staff 60% of the participants have spoken positively about it. As it is indicated in table 4.16, 4% of the participants have argued that they have been disrespected and do not have good interaction with the staff.

Nevertheless, the findings of the study have shown that spiritual activity is not that much accepted in the shelter. According to, Eric (2002) study on HIV/AIDS victims, the research has indicated that religious activity has importance in offering strength, social support and creating a sense of belonging on the lives of victims. As it is shown in table 4.16, 53% of the respondents have reported that their religion is respected. They have explained that they would like to pray and read their religious holy book in the dormitories as well as want to go to a religious place and discuss with other residents about their religion. Based on the shared stories of the participants, it was noted that the there is a need for the residents to undertake religious activities. From the explanation of the participants, it was revealed that besides the counseling session spiritual activity also contributes to their inner healing through comforting emotions and feelings. In a religious community such as our country religion has a significant effect for mending thoughts and facilitating the healing process. Taking into consideration the benefit of spiritual activity I suggest for the shelter to facilitate ways where residents exercise their faith in a manner that is respectful to others.

Shelter Rules

As it was discussed with the shelter staff there is a shelter rule and code of conduct. Primarily the shelter rules and disciplines includes, rules related to entry criteria, maintaining the confidentiality of the shelter's location, prohibiting contact with the perpetrator (except in special conditions), exist from the shelter, completion of chores and maintenance of the shelter

living space, parenting, curfews, developing parenting behavior, prohibitions around substance use, fighting, speaking offensive words and undertaking religious activity. In addition, regularly based on schedule residents prepare meals and clean room for all residents.

Concerning the meal preparation discipline, one of the participants explained that;

> "*Based on our schedule we prepare food and clean our rooms. Daily two people are scheduled to prepare food. Before we start cooking, it is also a must to first clean the kitchen." (Resident, 19yr.old)*

Following this, in the below narration other residents have also described that there is a rule in the shelter which helps them to respect each other. The respondents have further explained that the shelter will take disciplinary measures if one uses the offensive term and argues on basis of religion.

> *"Disciplinary measures will be taken by the shelter if residents insult and fight with each other as well as argue on religious matter. The rules and regulation within the shelter are for our own benefit. It also helps us to tolerate and have respect for each other. In addition, it will help us to socially interact with the community even after we left the shelter." (Shelter residents)*

As per table 4.17, 94% of the participants that have strongly argued on the importance of shelter rules have emphasized on the benefits of shelter rules for the residents. They have mentioned that beyond the safe house that rules will enable them to have smooth interaction with the community. The following table presents the participants' views towards the importance of the shelter rules.

Table 4.17: Shelter rules

		Frequency	Percent
Importance of the rules	Important	75	93.8
	Not important	2	2.5
	Neutral	3	3.8
	Total	80	100.0

On the other hand, from the qualitative interview informants have reflected that there should be an appeal structure within the shelter where resident's complaint reaches to the higher management level. They said that sometimes, they do not get a proper answer for their request and issues even do not reach the concerned management staff or shelter director. This has brought frustration and the need to leave the shelter. Furthermore, it was explained by one participant, that in serious faults that severe disciplinary action would result in dismissal from the shelter.

> *"If a resident breaks a rule, she is likely to face some sort of consequence, depending on the severity or frequency of the infringement. If it is severe and there is no change in the behavior of the residents the consequence might even entail leaving from the shelter."(Resident 16 yr. old)*

E. Children service

According Gierman (2013) Shelter provision of children services has importance for women to escape violence situation and influence the help-seeking process. Children service in the shelter includes medical, counseling, meal and free day care services. In the Addis Ababa shelter day care services is provided for residents. In the daytime when mothers go to skill training, they leave their children at daycare. Nevertheless, in Nazareth, the day care services are for the ex-residents. Starting from the morning up to the evenings, the women can leave the children to the daycare. In addition, the shelter covers the children medical services. Extracts from the transcription have showed that:

"Our children have been taken cared well by the shelter. They have received nutritious food including milk, serefam, indomin and other children food."(Interview informants)

Other residents also commented that:

"When we go out for training we will leave our children in daycare. The nannies feed and change diapers for our children. This has helped us to concentrate on our class." (Interview informants)

The study has shown that the daycare service has helped the residents to focus on their class and continue their study without interruption. On another side, in Nazareth, the existence of daycare service has enabled the survivor to go to work freely without any hassle and to exert their full potential on their work. Table 4.18, has indicated 45% of the participants are very satisfied with the child facility service. It is only 2% of the participants that are not satisfied with the provided child day service. Thus, this can lead us to the conclusion that the child facility services assists survivors parenting role.

Table 4.18: Children Facility

Level of Satisfaction	**Children facility**	
	Frequency	Percent
Very satisfied	36	45.0
Satisfied	6	7.5
Somewhat satisfied	4	5.0
Not satisfied	2	2.5
Total	48	60.0

4.4 Reintegration Service

The third research question in this research relates to the shelter reintegration program. This part is covered through semi-structured interview and focus group discussion with the shelter residents and ex-residents. The interview included residents that have stayed in the shelter above 6month and ex-residents, from before two - six years ago. This section will discuss about the

shelter residents interest and needs as well as expectation from the safe house. Secondly, it will discuss the shelter provision of safe reintegration of the survivors. Finally, highlights the practical experience and challenges of ex-residents. These sections are divided into three categories. It includes resident's interest perception on integration, shelter reintegration service and practical experience of reintegration.

In the discussion with key informant interviewees with the reintegration officer and counselor, it was mentioned that the organization has its own exit criteria. It is the nurse, counselor, legal officer and project coordinator that will decide on the resident exist. It is after ensuring the client completion of skill-based training, legal case and, psychological recovery and examining the client risk for further violence that the client is entitled to leave the shelter.

4.4.1 Resident's need and perception on integration

Re-integration is linked to the experience, status, and interest of the individual. According to Awwad (2015), a research conducted by Palestinian institute of women studies argues that women are capable of creating strategies that can help them to rebuild their lives. In addition, it is discussed that, to dictate and put women ideas in the same category limits their creative strategies for recovery.

Thus, it is important to note that, the best way to help survivors' is first through understanding their needs. To understand the meaning and needs of the shelter residents' questions were asked on what they think about integration.

One survivor said:

> *"My parent does not want to accept me since I had a baby out of wedlock. After I exited the shelter I want to leave with my shelter friends. I am looking forward to a new and good life. I do not want to go back to my parent's house because it is impossible to return to insults and threats. I want to be independent and raise my child." (Resident, 16 yrs. old)*

Another survivor confirmed:

> *"I want to go out and work. I would also like to get enough income, which supports my child and me." (Resident, 19 yrs. old)*

> *"I want to finish my education and reach a good position. I want my families to see this." (Resident, 16 yrs. old)*

Another survivor commented on the economic situation and gave a suggestion for affordable housing option:

> *"I want to leave economically stable life" (Resident, 20 yrs. old)*

> *"It is good if the shelter coordinates with the Kebele administration so that we can get kebele house with a lesser house rent cost."(Resident, 23 yrs. old)*

These statements reflect the survivors' meaning of integration, from the researcher point of view the resident comment shows their eagerness for a decent life, free of insults and resilient life. Especially for the women that have lost dignity and acceptance from their family and there is a need to regain back the trust, which they lost from their family and validate/ proof that they are capable of administering their life. At the same time there is a need to live an economically stable life with option for a lesser house rent price. In short, from the standpoint of residents integration means to be capable of living a self- reliant life.

Furthermore, the residents plan for exit has been for some of them to leave independently and for others to live collectively or in groups. Residents stated their group exit plan:

> *"In the future, my plan is to live together with two or three of my friends (residents). Because it is difficult for me to cover house rent and living expenses with my children."(Resident, 17yr.old)*

"Since it is my first experience to live alone, deep inside of me, I am fearful to leave by myself. I still don't know what to expect. I need someone by my side."(Resident, 16yr.old)

From the above story the researcher have noticed that violence carries cost. It brings financial and psychological burden on residents specially on exist stage. Since victims lose the option to stay with their home, family and personal environment, they lack economic support and resources which are basics of life. Thus, after the trauma recovery they become financially and emotionally stressed to start life by their own. They are forced to face life on their own with new dimension. This puts the survivor in a psychological stress, which makes them be in need of people who would understand their reality with the same lens and share the cost of living expenses. This shows that, survivors are in need of a stable and secure environment until they settle down and become comfortable with their new life pattern.

In a similar manner, residents have explained on the kind of support which they expect after they left the shelter. In regard to this below three participants have given emphasis towards their need:

"I want a counseling service concerning my future work. I would like the counselor's advice to continue even after I exited from the shelter." (Resident, 18yr.old)

"I think I would be happy if the shelter enables me to find a job and arrange a place where I live with my child." (Resident, 20yr.old)

"It is good if they cover house rent expense and provide me with house equipment." (Resident, 20yr.old)

From the participant reflection, it is understood that there is a need for counseling, secured job, a residential place and house equipment. According to (2012) assessment of shelter service conducted by USAID in Cambodia, it was reported that survivors that lived in the shelters are

disconnected from community supports. Indeed, when they leave the shelter, ex-residents have to start their lives from scratch and look for a house, a job, and an income because they build their lives from nothing. Even though the shelter provides some assistance, once resources are lost, the money given by the shelter is not enough to quickly integrate the society and build a solid life. Thus, given their starting point, ex-residents have to put in extra effort and energy to integrate the society. Moreover, since they come from a very protective environment in which they are provided with emotion, physical and mental support, once they have to face the real world, they often find themselves secluded and alienated. They realize that there is no one to look after them and that the reality is much harsher than anticipated. Therefore for survivors that have lost basic resources find it difficult to totally recover and to meet their basic needs.

4.4.2 Shelter Reintegration Service

As it is commented in the key informant interview, one aspect of integration service is reunifying a survivor with the family. As the reintegration officer mentioned it, the decision to return to family or to live independently primarily rests on the survivor.

> *"If the child is under eighteen years of age checking the willingness of the parent and safety of the child our first option would be to reunify the child with her family…Once we confirm the survivor interest. We will go to the child family place together with police officer or women and children office. Then we check to the willingness of the parents to accept the child. As well assess the safety and living condition." (Adama, reintegration officer)*

This shows us that when a survivor is unified with her family the safe house must guarantee primarily the right, interest and safety of the child otherwise there is a chance for the reoccurrence of violence. The second aspect of reintegration is to support the resident through providing seed money and covering living cost expenses including 3-month house rent, providing house equipments and food that can sustain them for 3 months. As it was explained by the reintegration officer the financial amount that is given to the residents reach between 2500-3000 birr. In addition, it was also stated that AWSAD uses its contacts to find jobs for the survivors.

Besides this interviewee held with A.A. office monitoring and evaluation officer (MERL) and Adama Reintegration officer has revealed that there is a monthly ex-resident follow up meeting and field visitation on quarterly basis. Similar as the safe house resident's assessment, there is also an outcome star assessment for residents that have left the shelter. The assessment involves the overall survivor status; it includes legal case status, safety, childcare, health, self-confidence, social interaction, living condition, economic empowerment and social empowerment. The MERL officer and Counselor jointly undertake this assessment.

It was highlighted by the informant that the assessment is important to know the status of the client and provide the necessary psychosocial and economic support as well as search for job opportunities. This echoes that reintegration is the beginning of the journey where women still need for the shelter supervision. Therefore it should continuously be empowering process in order to ensure the return of the survivor to the community. This indicates that integration is an ongoing long-term process.

As it was explained by the M&E key informant one of the challenges, which the shelter, face is that:

> *"To take out Kebele Id. for residents that come from rural areas. However, in order to reduce inconvenience on the employment opportunity, we have prepared the organization ID for our former residents." (M&E officer)*

The other challenge which was mentioned by the staff is that problem in reunifying children with families. It was stated that families don't want to take back survivors with their children since they do not want to add additional economic burden in their life. Moreover, when the ex-residents encounter a challenge such as unemployment and business failure it was mentioned by the M&E officer that the safe house has its own strategy to mitigate the problem. It was stated that:

"We help them to establish ekub and edir social association. Monthly we also give them a small amount of cash, which covers their transport expense. We encourage them to save some money from that amount. In a time of mourning or when they lose their job we allow them to take some money from their saving" (M&E officer)

First and foremost, social associations build sisterhood bond among survivors by substituting the relationship, which they have lost from their families. This shows that, socially recognized system enables women to solve their immediate social problems Furthermore, the ekub enhances the saving capacity of the survivors by arranging a regular saving system. As per this analysis, we recommend survivors to take a loan from their savings so that they could start their own business.

4.4.3 Practical experience of ex-resident's reintegration

The majority of women interviewed emphasized that economic support, skill training, and household materials are very important, but are not enough to leave the safe house and integrate with the community. In the focus group discussion three former residents of the shelter have highlighted that:

"The safe house covered 3-month house rent, provided six months nourished adult and child food, grocery items, and household stuff. In addition, stated that they have received 2000birr cash, which supports them till they start work. However, in all this, they have stressed that due to instability in their work condition and living expenses what they get from AWSAD is still not enough." (Focus group participants)

In confirmation of this statement other ex-residents have also shared her experience:

"It has been 6 years since I left the shelter; I have opened a small café and used to sell coffee and tea. However, when the government requests me to take out a business license, I was not able to fulfill the license requirement due to insufficient capital. So the cost of rent coupled with the government request, I

was not able to continue business. Now I am working household work in the daytime. I only earn a small amount of money and I struggle to cover living expense." (Ex. resident, 22yr.old)

Another resident has also stated that she left the shelter through disciplinary action and did not receive skill training. She mentioned that her current work is to washcloth around the neighborhood. These statements show that unless the residents are adequately supported, they will become vulnerable again due to loss of income, and return back to their previous status and thus, they will not witness the improvements they anticipated. Also, this can put women in a dangerous position and promote the continuation of violence. Reintegration process is continuous, takes time and effort until survivors are able to lead an independent life. According to Awwad (2015), Pakistan shelter report's reintegration approach is mentioned as a gradual process and that there is a need for reintegration joint programs with multi-stakeholders such as social welfare institutions. Therefore, in order to allow them to live independently and strive during a business failure or termination, it would be effective if the shelter works out a sustainable economic empowerment or business strategy with other relevant stakeholders. Otherwise, the overall holistic goal of the program would not be fully effective, as it will not achieve the anticipated outcome.

In regard to the guidance of the shelter after exist, one former resident commented that:

"The shelter should follow and supervise us after we left from this shelter. Even if we take the relationship between a mother and child, a mother guidance still follows after the child left the house or whether she/he is married. Similarly, we also consider this organization as our guardian (caregiver) and we still expect their guidance after our exit." (Ex. residents, 24yr.old)

This statement raises a question on the reason why residents are in need of shelter assistance even after they leave the shelter. When looking at the social status of the women, the majority of the women being single mothers with infant children, living independently away from their families becomes very challenging to them. The shelter's perspectives on integration includes

family reunification and returning back into the society and learning to blend and manage one's own livelihood (UN women, 2016) while the survivor's perspective mainly focuses on economic empowerment and support (coverage of costs, child support services, business support) as well as continuous guidance and assistance during and after shelter stay. Thus, what makes safe house different from other non-governmental organization is that nature of the relationship that the survivor has with the safe house. The researcher believes that the shelter stood for the survivor on behalf of the survivors' families or trusted ones and the only support that these women can receive is from the shelter. Therefore, as it can be seen from the above analysis, there is a critical need for the continuation of support by the shelter. Nevertheless, this should not hinder the survivor effort to change and adapt to a new environment. This leads as to the conclusion that a survivor exit from the shelter is a beginning of a new journey and requires both parties' will and effort for a stable life.

On the other hand, there are also other survivors that have been successfully re-integrated. For instance, one ex-residents that have left the shelter one year ago have stated that:

> *"It has been one year since I left the shelter. I had taken skill training in leather making. After I left here I used to make leather products such as handbags and belts. I used to sell this product out door-to-door shop around the post office. Later on, the organization contacted me for a better opportunity and I am now hired in a leather shop. Rather than my personal business, I have found this more effective because I get a better skill and income." (Ex. resident,27yr.old)*

In addition, other ex-residents that found support from the organization has also explained that:

> *"I took skill training on food preparation. My interest is related to food preparation works. But I have problems in my leg and I walk through crutches and it is difficult for me to stand for a longer hour…. in consideration of this, the shelter has bought me a frying machine so that I could sell chips and gain some income out of it." (Ex. resident, 24yr.old)*

This shows that the safe house reintegration strategy should take into account the individual needs of each survivor in the context of their physical ability, interest, and educational background. The finding from the interview shows that reintegration intervention programs are not always successful. In this research, it is found out that factors such as living cost expense, the financial drawback to run a small business, inaccessibility of daycare service for ex-residents and lack of child support from the father have put a limitation on the integration service.

4.5 Survivors' overall level of satisfaction

Shelter overall services effectiveness standard differ among shelters. In consideration of this, it is difficult to generalize and lay out specific standard on shelter service components and methods of service delivery. In relation to this, AWSAD also do not have specific measurement standard for each service components. Nevertheless, it assesses residents perception and measures overall services satisfaction on entry stage, after three month and during exist period including counselling, vocational, accommodation, shelter staff treatment, legal, safety, health and child services. Therefore, in order to make this research compatible and become suitable with AWSAD services assessment instrument the tools were refined and contextualized as well were reviewed by AWSAD staff .

Shelter residents were asked about their perception towards the shelter's service provision. In addition, they were also asked about their satisfaction level across the vocational, counseling, medical, legal, child facility, meal, shelter staff treatment and shelter cleanness. As it is indicated in table 4.19, 71% of residents have rated their overall shelter stay as very helpful and 5% of the respondents have mentioned that their shelter stays as helpful and somewhat helpful. Even though the level of the participants satisfaction varies almost all of the residents have highlighted that they have benefited from the shelter service. Furthermore, 80% of the respondents have said that they have been able to access the service, which they were requiring.

Table 4.19 : Overall level of satisfaction

Services at the center		Frequency	Percent
Services at the center	Very helpful	57	71.3
	Helpful	17	21.3
	Somewhat helpful	4	5.0
	Total	78	97.6
Able to access services	Yes	64	80.0
	No	14	17.5
	Total	78	97.5

According to graph 4.19, the overall the services highest satisfaction have been in the vocational training. The reason for highest rate of satisfaction level is because the skill training enables the residents to envision a life after the shelter in which they can use the skills acquired to work and live independently. Secondly, residents enroll in the skill-based training based on their area of interest. Additionally, the counselor and the income generating officer assists the resident in selecting the type of training by considering their future plans. Furthermore, as it is showed in graph 4.1 counseling service level of satisfaction is 87.5%. Counseling service is much helpful to deal with and heal from emotional trauma. The effect is highly witnessed in behavioral and attitude change is much related with the development of soft skills such self-confidence, and optimism. As a result the effect is not immediately envisaged as to vocational training. Besides, some of the participants have responded that they need the individual counseling sessions to be added and others have also mentioned that they need counseling about their parenting responsibilities and guidance on how to care for their children.

> *"Since we are taking hand waving training 5 days per week, the training time have taken much of our time, thus we were not able to receive constant counseling sessions." (Hand waiving trainees)*

As it is shown in graph 4.1, the lowest service satisfaction is indicated in the legal service i.e. 13.8%. The rationale, since the former legal officer has resigned, the current legal follow up officer, who does not have legal background, is just covering that position as an interim officer.

Thus the service is not provided by a skilled professional legal officer. In addition, the interview informants have mentioned that the legal officer does not seriously purse their case. In relation to this, the extraction from participants interviewees have indicated that:

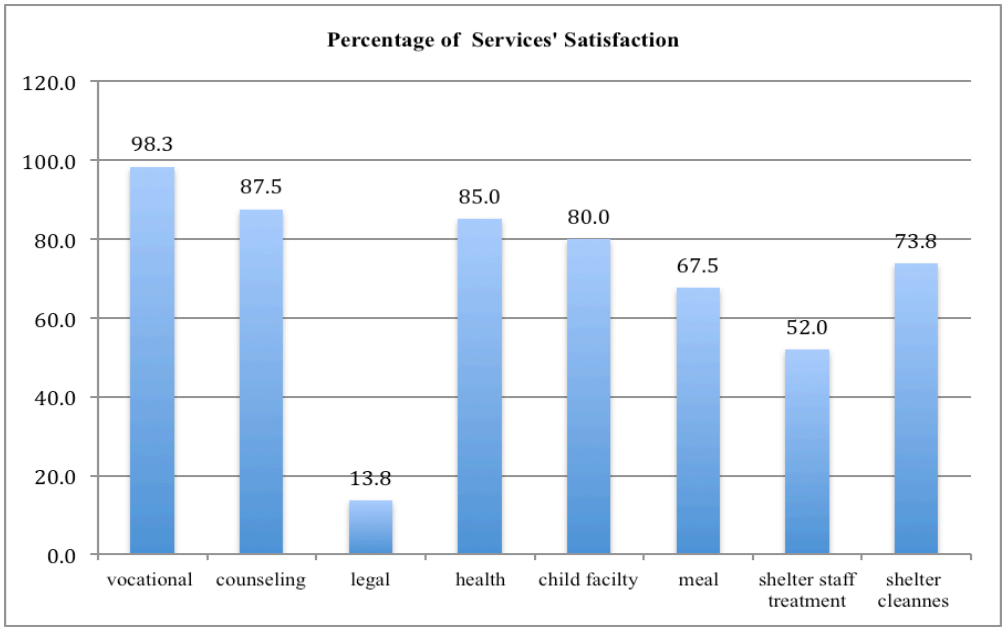
> *"After we have concluded the criminal case, the legal officer does not encourage us to institute a civil case at court. For instance, we need the offender to pay monthly child support fees. However the legal officer does not refer us to legal aid institution" (Legal aid clients)*

The residents' level of satisfaction regarding the shelter staff treatments is 52%. According to the informants' statements, it was identified that some of the staff does not provide equal treatment to all the residents. In addition according to the informants' interview it was explained that their religion is not respected. This has brought effect on the reduction of participants level of satisfaction. In regard to the shelter meal service 67% of the participants are satisfied. Based on the interview, some participants have also mentioned about the gap in the shelter meal service.

> *"My religion is orthodox and in every Easter I fast, starting from the morning till nine o' clock. But, now I have stopped fasting because, they don't serve lunch again for us that fast" (Shelter resident)*

Some participants that are less satisfied with meal have commented about their need for inclusion of vegetables and fruits. In addition, they have suggested for the arrangement of meal schedule during fasting season.

Graph 4.1 : percentage of Services' Satisfaction



CHAPTER FIVE

Conclusions and Recommendations

5.1 Conclusion

Shelter service is an essential support system for survivors of violence. The findings of the research have shown that AWSAD shelter services rehabilitate and build the capacity of survivors that have limited resources or no access to family/friends' support. The existence of the

shelter has also protected survivors from being homeless and maintaining custody of their children.

Major types of violence that participants have experienced are rape, early marriage and child denial by the father. The research has shown that most of the violence occurs by a relative or an employer. Furthermore the study has revealed that most shelter users are young, single, less educated, with limited income or no income at all.

In the shelter services provided, the majority of the shelter users have found that vocational trainings were very useful. The vocational trainings have contributed to igniting hope for their future lives by developing their entrepreneurial skill sets and creating job opportunities.

Secondly, the counseling service was also perceived by the residents as very helpful for victims' rehabilitation. It was also mentioned by the respondents that the counseling helped them regain self-esteem and develop confidence. Furthermore, the counseling service has helped survivors to strengthen their relationship with their children and develop healthy family bonds given that some mothers that had unwanted pregnancy have testified that they previously were not willing to raise their child.

Similarly, regarding the staff treatment, some of the respondents have highlighted that the staff members lack adequate care, support and respect towards the residents. On the other hand, others have mentioned the positive side of the staff including provision and interaction. Moreover, although few are concerned that the complaint procedure is not satisfactory and that the staff members are not transparent enough to escalate their concern, others are convinced that the shelter rules are for their own benefit as it helps them tolerate and interact with others.

In relation to the shelter living arrangement, large numbers of the participants' are satisfied with the meal, room cleanness, bed and personal care resources provided. However, few people are not fully content with the shelter facility due to insufficient space. Besides, service providers face financial constraints related to high rental costs and difficulty to purchase plot of land. In addition to this, the majority of the participants are also satisfied with children services,

specifically the day care service which enabled the survivors to go to work freely without any inconvenience allowing them to exert their full potential on their work.

Participants have reported that the medical service has helped them to recover from physical injuries, emotional distress, and severe trauma. In addition, most of them have received medical treatments mainly consisting first line support, child health care, and pre and post natal service. The finding has also showed that lack of knowledge on emergency contraceptive pills has caused unwanted pregnancy. Moreover, due to fear of perpetrator and humiliation, victims keep silent about the sexual abuse and its consequences.

Correspondingly, findings revealed that only few people received legal follow up service due to lack of skilled legal officers, existence of legal restriction, absence of commitment from police officers and inadequate evidence collection. On the other side, it was reported by the participants that due to negligence and ethical failure of the police officers, they have lost hope in the justice system. Thus, lack of legal services has limited survivors from enjoying their human rights regarding freedom of movement and safety.

A large number of shelter residents have stated that their shelter stay is very beneficial for their wellbeing. The shelter services have provided essential aspects of protection, services and resources to recover from the violence, to rebuild self-esteem, and to take steps to regain a self-determined and independent life. Among the shelter services, the counseling service has had a significant effect on their empowerment and self-efficacy. Hence, women's experiences in shelters can contribute to increased feelings of hope about the future and greater self-confidence.

This research has captured the views and experience of former shelter residents after they exited from the shelter and integrated the society. Even though, the residents felt hopeful at the end of their journey, past experience shows that the ex-residents are discontent with the lives they lead outside the shelter. Ex-resident interviews have revealed that it is difficult to reestablish and lead an independent life. Specifically, their challenges are related to living cost expense, financial drawback and inaccessibility of day care services since most of the survivors have left home, family and personal environment. Notwithstanding the importance of safe house services, the research has indicated that former residents find it difficult to integrate the community.

Therefore, the findings on reintegration service reveal that there is a need for collaborative effort from survivors and service providers in order to sustain survivors' reintegration into the community. In conclusion, the results of this study has demonstrate that shelters services have improved survivors life quality and empowered survivors psychologically, socially and economically.

5.2 Recommendations

The researcher valued the voice and subjective opinions of past and present shelter users using their own interpretation and language. As per the perspective of shelter users, recommendations that are regarded to be of necessity for improving the quality of shelter service and betterment of survivors' lives have been provided. These include:

- Increasing awareness raising works about the shelter support system.
- Expanding comprehensive shelter services and increase the availability of services especially to under aged girls that have limited or no family support.
- Based on personal interest and marketability of the jewelry business, some residents have suggested incorporating jewelry preparation trainings in skill based vocational trainings.
- To strengthen the shelter vocational skill programs through increasing marketable skill trainings, which helps survivors of violence to help them re-enter into the labour market through allocation of budgets or offer loan opportunities.
- To foster reintegration programs with special emphasis on economic empowerment and social integration.
- Holding accountable and take disciplinary action on police officers that do not carry out obligation in an appropriate manner. Strengthening the coordination of shelters and justice response system, including police stations, court and legal aid institutions.
- Improving the criminal justice systems (police, legal staff, judges, etc.) by encouraging the legal service providers to be more gender sensitive and to consider the particular needs and priorities of abused women.

- Establishing social welfare assistance and providing income-generating opportunities in collaboration with civil-based organization and relevant government institution for survivors that exit from the shelter.
- Facilitating the provision for second stage transition shelter or low rental cost houses in order to ensure the stability of the survivors and maintain their independence after exiting the shelter.
- To establish social welfare assistance and provide income-generating opportunities in collaboration with Ministry of Labour and Social Affairs, civil based organization and relevant government institution for survivors that exit from the shelter
- Extending day care facility service for Addis Ababa former shelter residents.
- Enhancing survivor centered approach, which promotes just and fair shelter staff treatment.
- Strengthening transparent compliant procedure to provide quick solutions for their concerns of the residents.
- Increasing health awareness creation programs and education towards reproductive health especially concerning emergency contraceptive pills and transmissible diseases.
- Promoting for provision of land or spacious place, which is free from rental cost through government institutions support.
- Fostering reintegration programs which give emphasis on saving and loan activities, to ensure the sustainability of business and stable life.
- Facilitating ways where residents exercise their faith in a manner that is respectful to others.
- To promote for the amendment of Charities and Societies Agency law that limits shelters from providing complete legal aid service.

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Appendix 1

CONSENT FORM

Greetings:

My name is Ruth Enkuberhan. I am currently an MA student in the AAU, College of Development Studies Center for Gender Studies Department. I am undertaking a study on **Exploring AWSAD Integrated services from the Present and Past shelter Users' Perspectives.** The objective of the study is to assess AWSAD present and past shelter users' perspective towards the shelter comprehensive and reintegration services. You have been selected to participate in this study since you are the residents of the shelter and have/used to receive service from the shelter.

Your cooperation and willingness for the interview is very helpful in addressing the research questions. There is no right or wrong answer while you address the questions because, you will be giving your comment or suggestion towards the service. I want to assure you that all of your answers will be kept strictly secret. I will not keep a record of your name or address. The interview takes 40 minutes. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. Some of the topics may be difficult to discuss, but it is useful for the improvement of the shelter service.Your participation is completely voluntary and I assure you that all information that you give will be kept strictly confidential.

If you agree to be interviewed, please sign here as evidence of your informed consent.

Participant's signature **Date**

_____ _____

Thank you for your cooperation

Appendix 2

QUESTIONNAIRE

I am a student at the Addis Ababa University in the Institute of Gender Studies /MA Programme. This questionnaire survey is intended to assess the views of residents towards the shelter comprehensive services'. In addition, it aims to identify residents' satisfaction level, needs and effects of the shelter services on the residents' lives.

Therefore, I kindly request you to fill the appropriate answers for the questions provided below. In addition, the researcher wants to assure you that your identity will not be revealed by any means.

SECTION 1

Demographic Question

1. How old are you? _____
2 What is your Educational level: _____

   1. Able to read and write
   2.Primary (1-6)
   3. Junior (7-8)
   4. Secondary (9-12)
   5. post-secondary (technical school/
   6. College/University
   7. Unable to read and write

3 What is your Marital Status:_____

1. Single 2. Married 3. Widowed 4. Divorced 5. Separated

4. What was your source of income?
   1. Income from petty trading/ small-scale business
   2. Income from formal employment
   3. Income from partner
   4. Income from family or relative's job
   5. Other _____
5. How much was your monthly income from your previous work?
   1. Less than 200 birr
   2. Between 200 and 400birr
   3. Between 400 and 500birr
   4. Over 500 birr
   5. other _____

6. What is your former Residence?
   1. Rural area 2. Urban area
7. What was your relationship with the preparatory?
   1. Married
   2. Irregular union
   3. Divorced
   4. Separated
   5. Stranger
   6. Employee and Employer relation
   7. Family and extended family relation
   7. Relative
   8. Other _____

8. Do you have children? If you have, please circle the number of children you have within the shelter?
   1. One child 2. Two children 3. Three children 4. Four children

9. Please circle the correct age of your child?
   1. under 1 year old
   2. 1 – 5 yr.
   3. 6 – 12 yr
   4. Above 12yr.
   5. Pregnant

10. How long did you stay in the shelter?
   1. Less than three month
   2. between three month and six month
   3. Above six month and less than one year
   4. above one year
   5. Other _____

11. Which type of violence did you experience?
   1. Early Marriage
   2. Battery
   3. Rape/ sexual assault
   4. Labour exploitation
   5. Domestic violence
   6. Abduction
   7. Child prostitution
   8. Attempted murder
   9. Child trafficking
   10. Child denial by the father
   11. Abandonment
   12. Vulnerable to violence
   13. Exclusion from home and physical abuse
   14. Physical injury
   15. Attempted rape
   16. If you experience other forms of violence, please specify the type:_____

12. If you have any physical impairment/infirmity, please select to the problem that you have?
   1. Vision Impairment
   2. Deaf or hard of hearing
   3. Mental health conditions
   4. Physical disability

SECTION 2

I. AWSAD Shelter services

A. Vocational Skill Training

13. In which vocational trainings are you involved?
    1. Hair dressing
    2. Food preparation
    3. Embroidery and Sewing
    4. Bamboo and Leather making
    5. Other _____
14. What is your opinion of the vocational training you are involved in?
    1. Important 2.Not Important 3. Neutral

B. Counseling Service

15. What kind of counseling service did you receive?
    1. Individual counseling session 2. Group Counseling Session
    3. Both
16. How is the counseling service
    1. Helpful 2. Not-helpful
    3. Other (please specify)_____
17. Which counseling session helped you?
    1. Individual counseling session 2. Group counseling session
18. How did the counseling help you?
    1. It has helped me to value my self
    2. It has helped me to develop my confidence
    3. It has helped me to express my self
    4. It has helped me to socialize with other residents
    5. It has helped me to testify/ defend my case at court and police station
    6. It has helped me to avoid fear and depression
    7. It has helped me to become more optimistic
    8. It has helped me to be manage my life
19. How frequent do you have individual counseling session?
    1. One day per week 4. more than one day per week
    2. Two days per month 5. more than two days per month
    3. It varies
20. How frequent do you have group counseling session?
    4. One day per week 4. more than one day per week
    5. Two days per month 5. more than two days per month
    It varies
21. How do you see the counseling session schedule and the regularity of the service, which is provided?
    1. Very Adequate
    2. Adequate
    3. Somewhat adequate
    4. In adequate

22. Did the counseling meet your expectation?
    1. Yes 2. No
23. If your answer is no to question no.7 please indicate what was missing in the service and how it can be improved.

    _____

24. Did you receive counsel or advise from the counselor concerning your children?
    1. Yes 2. No

25. Did the counseling help you to improve the relationship you have with your children? If it did please tell us how it has helped you?

    _____

C. Legal follow-up

26. What kind of legal follow-up service did you receive from the shelter?

    _____

27. In what issues do you need legal support?
    1. Divorce
    2. Custody and Child Support
    3. Property case
    4. Criminal case
    5. Other_____

28. Did you receive a timely legal service?
    1. Yes 2. No

29. Did the legal advice help you to testify/defend your case in court?
    1. Yes 2. No

30. Did the legal officer accompany you at court hearing?
    1. Yes 2. No

31. Does the legal follow-up service meet your needs?
    1. Yes 2. No

32. What would be your recommendation to improve the quality of legal service within the shelter?

    _____

D. Health Care

33. Did you receive medical care at the center?
    1. Yes 2.No
34. What kind of medical service did you receive at the shelter?

    _____
35. Did you receive timely medical care?
    1. Yes 2. No
36. Healthcare: Please rate from Very Satisfied to Dissatisfied how you feel about each medical service.

Medical	Very satisfied	Satisfied	Neutral	Dissatisfied
First Line support				
Mental Healthcare				
Treatment of Injuries				
Medication				
Pre natal and Post-natal check up				
Emergency Contraceptives				
Safe abortion				
Child health care				

37. Which medical service or care do you require most from the shelter?

    _____

38. Do you see any gap in the medical service? If your answer is yes, please give us your suggestion or recommendation in order to improve the service

    _____

E. Children facility

39. Did you get any assistance concerning you children?
    1. Yes 2. No
40. How do you see the children facility?
    1. Very satisfied
    2. Satisfied
    3. Somewhat satisfied
    4. Not satisfied

F. Shelter Accommodation

41. How do you see the shelter meal and its availability?
    1. Very satisfied
    2. Satisfied
    3. Somewhat satisfied
    4. Not satisfied
42. How do you rate the shelter room cleanness?
    1. Very satisfied
    2. Satisfied

3. Somewhat satisfied
4. Not satisfied

43. How do you see the availability of the beds and personal care items?
1. Very satisfied
2. Satisfied
3. Somewhat satisfied
4. Not satisfied

G. Shelter Staff treatment and Rules

44. Are there rules in the shelter towards curfew, cooking and sanitation?
1. Yes 2. No

45. How do you see these shelter rules?
1. Important 2. Not Important 3. Neutral 4. Other _____

46. How do you see your relation with the shelter staff?
1. Very supportive
2. Supportive
3. Only some are supportive
4. Not supportive

47. Please circle the number that best reflects your agreement or disagreement with the following statements:

No.	Shelter Staff	Strongly agree	Agree	Disagree	Strongly Disagree
1	Shelter staff were caring and supportive				
2	Shelter staff were respectful				
3	My religion was respected				

II. Shelter Service outcome

48. Over all, thinking about my stay here, I would rate the help I received at the shelter as:
1. Very helpful
2. Helpful
3. Somewhat helpful
4. Not helpful

49. Were you able to access the services that you were requiring?
1. Yes 2. No

50. Do you think that the interventions made so far by the shelter have brought about impact/outcome on your life in general?
1. Yes 2. No

51. If your answer is yes, what is the main factors that contributed for your change/rehabilitation?(Multiple response is possible)
1. the counseling service
2. the financial support

3. the skill based training
4. the legal support
5. the care and treatment which I received from the staff
6. meeting people who has similar experience
7. If any other (please specify)_____

52. If there is any change, what is the change that you witnessed in your life?
    1. I know more ways to plan for my safety
    2. More confident in my decision-making
    3. More hopeful about the future
    4. More comfortable asking for help
    5. I know more about my options
    6. I know more about business or income generating activities
    7. My economic status has improved
    8. More comfortable talking about things that bother me
    9. I have belief that I will achieve the goals I set for myself
    10. I can do more things on my own
    11. If any other (please specify)_____

53. If you have not seen change in your life what could be the reason and what do you think should be done?

_____

_____

54. If you have any other comments about the service please write it down.

_____

_____

Appendix 3

Questions for the Qualitative Method

Semi- Structured Interview

Background information

Age: _____
Educational level: _____
Marital Status: _____
Place of residence: _____
Duration of Shelter stay: _____
If you exited from the shelter, how many year/months has it been after you left the shelter?
_____

I. Shelter service assessment upon Entry level

1. When you sought help where did you first seek help?
2. Did you encounter barriers when you seek help?
3. When you decide to come here, what kind of service were you expecting from the shelter?
4. Did you have any concerns or reservation to contact this shelter?
5. What was your experience when you first arrived in the shelter?
6. What do you think you have done if this shelter didn't exist?
7. What service were you able to access at AWSAD shelter?

II. AWSAD Shelter Service

A. Health Care

1. Did you receive medical care at the shelter? If you have, what kind of treatment did you get?
2. What do you think about the medical care provided at the center?
3. Did you have any medical problem when you come at the center? What was your problem?
4. Did you receive medical care outside the shelter? If you were what was your condition/ sickness?
5. How did the medical service helped you?(physical and physiological healing)?
6. Do you expect other treatments from the center? If your answer is yes, please list the treatments, which you expect?

B. Vocational Training

7. Can you please tell us the type of vocational training which you are taking?
8. How has the vocational skill training helped you to enter into the labour market?
9. What do you think of the market accessibility of the skill training?
10. What kind of efforts does the shelter makes in order to create job opportunities?

11. In what kind of ways the shelter assists you to engage in petty trading/small scale business? (Individual or cooperative)
12. Is there any additional skill training that you want the center to consider? How is it helpful from income generation aspect?

C. Reintegration Service

Questions for Shelter Residents

13. Can you please tell us about your plan on where to stay after you left the shelter? (family, friends, partner)?
14. What are the 3 most important things that you want to be communicated when you leave the shelter?
15. What kind of post-shelter service do you expect from the shelter?
16. Would you please tell us your need/resources that enables you can continue life alone?
17. Would you please tell us, what would you do different if you were didn't encounter violence?

Questions for EX Residents

18. Please share us your experience after you left the shelter?
19. If you were helped to be reunited with your family? Please share your experience on the process of mediation with family members/relatives?
20. Can you please tell us on how the support of the shelter helped you to settle or integrate you back with the community?
21. Did you find job after you exist? If your answer is yes, please state the type of your job you got, level of income and work condition?
22. Do you think that the shelter support which you have received helped you to plan for your future in terms of employment or income generation ?
23. What helped you most for restitution/ integration? What kind of resource do you think will help survivors to be resilient/self-sufficient?
24. What were the challenges that you faced after your exist?
25. Can you tell us the challenge that you encountered after you started to leave alone?
26. What kind of benefit does reintegration service have?
27. If the reintegration service is not adequate, what do you think should be improved to meet the needs of survivor?
28. Can you please tell us the change that you have before joining the shelter and started to leave by your own? (In terms of self worth, positive outlook, safety, work, economic benefit, sense of belonging and relationships)

D.Counseling

29. What do you think about the counseling service provided at the center?
30. Can you please tell us on what you felt after the trauma?
31. Please explain about the type of counseling service you received?
32. Which session (individual or group counseling) helped you most? Can you explain the reason?
33. How do you perceive the self-defense/techquando and dance therapy?

34. What are the characters that you got after the counseling session? What was your problem before and change now?
35. Did the counseling session help you to develop your confidence, self-image and to live independent life?
36. Did the counseling session help you to make decision by yourself?
37. Did meeting people who have similar experience help you to recover? If your answer is yes, please explain on how it helped you?
38. Have your thoughts about the future changed? If it is yes, how it is changed?

E. Legal follow-up

39. Did you receive legal follow-up from the shelter? Please specify the kind of service which you received from the shelter?
40. Did you receive legal aid service? What was your case? Which legal aid institution is following your case?
41. What is the status of your case?
42. If you have a pending case at court, have you been accompanied and given advise by the legal officer? Can you please explain the kind of assistance that you received?
43. What kind of legal support do you require most from the legal aid institution, police or public prosecutor?
44. Did the legal assistance helped you to enjoy a free secured life, be assertive/express yourself?
45. If you need further assistance from the legal officer, please state your need?

F. Children Facility

46. What kind of children service did you receive from the shelter?
47. Does the shelter provide nutritious food and education for your children?
48. If your answer is yes for the above question, please describe in detail on what was provided?
49. Did the child facility contributed for your development or empowerment? If your answer is yes, please explain on how it impacted your life.
50. Do you need further support for your children? Please explain the support that you want from the shelter?

G. Shelter Rules

51. How do you see the shelter rules?
52. How do you see the meal service and shelter sanitation?
53. Is there a rule which you are not comfortable with/ want it to be changed? If there is please state the rule?

III. Service outcome

54. Please tell us your opinion about the overall support, which you have received from the shelter?
55. Do you feel now that you have overcome your victimization?
56. If your answer is yes, please explain the main factors that contributed for your change/rehabilitation?
57. If your answer is no, please explain the main factors that hindered your progress?

58. Which type of service helped you the most?
59. Did the shelter assistance help you to attain your life goals?
60. Is there any change that comes in your life as a result of the service? (Knowledge, attitude and skill based/ economical change)
61. Do you think that the shelter enables you to increase your self-confidence and economic position in order that you can continue life alone?
62. Please explain on what was your condition when you come here and changes that has resulted because of the service?
63. If the shelter did not respond to your need what is your unmet needs?
64. What types of services/strategies do you recommend to improve the services?
65. Have you encountered any problem in your shelter stay?
66. What kind of problem did you encounter? How did you solve it?
67. Do you have any suggestions for ways the programme could be improved to meet the needs of other residents?
68. Is there anything you would like to add or say that is related to the shelter service?

Appendix 5

Key Informant Interviews

A. Interview guide for AWSAD MERL Officer

Background information
Sex: _____
Work experience: _____
Qualification: _____
Position/Title: _____

1. What kind of services are provided in the center?
2. What type of support do shelter residents need?
3. How do you see the clients' satisfaction about the service?
4. How do you assess client's improvements/change?
5. How do you identify obstacles which hinder clients change?
6. Do you see any limitation or gap in the service? If you see what is the gap?
7. What do you think about the small-scale business that the clients engaged in? Does it empower them economically?
8. What kind of challenge do you encounter with regard to economically empowering clients?
9. Do you have a mechanism to follow up an ex residents? If you have please specify on how you trace and follow up?

B. Interview guide for AWSAD Reintegration Officer

Background information
Sex: _____
Work experience: _____
Qualification: _____
Position/Title: _____

1. Do you have an existing strategy/criteria? If you do, please explain about the criteria?
2. Does the reintegration program help the women to identify their plans for their future?
3. What do you provide when they leave?
4. Do you have an ex residents tracing and follow-up technique/strategy?
5. In what kind of cases do you help the clients to reunite with the family?
6. What do you think of the market accessibility of the skill training?
7. Does the shelter links or connects residents with other organization in order to create job opportunities?
8. What is your comment about the skill based trainings?
9. Do you have any suggestion in terms of increasing or changing the type of vocational trainings?
10. What kind of challenge do you encounter when you reintegrate clients with their families?

C. Interview guide for AWSAD Medical service provider

Background information
Sex: _____
Work experience: _____
Qualification: _____
Position/Title: _____

1. What kind of medical services are provided in AWSAD?
2. Who provides the medical care?
3. Do you seek there consent before undertaking any examination or treatment?
4. After examination, if there is a need for counseling, do you provide counseling service?
5. Is there other medical service, which you would like to recommend in addition to the services that are currently provided?
6. Is there any challenge that you face in the service provision? How did you address it?

D. Interview guide for AWSAD Legal Officer

Background information
Sex: _____
Work experience: _____
Qualification: _____
Position/Title: _____

1. What kind of legal follow up service do you provide for clients?
2. To what extent do you assist clients for their case?
3. Can you please tell us the common legal case which appears in your office?
4. Do you have networks or coordination with other legal service providers?
5. If you have please list the legal service providers and explain their role through giving legal service?
6. What problems do you encounter when carrying out investigations?
7. Do you accompany clients at court?
8. Why do you think clients become hesitant in pursuing their legal case?
9. What do you think will help them most for clients to pursue their case?

E. Interview guide for AWSAD Counselor

Background information
Sex: _____
Work experience: _____
Qualification: _____
Position/Title: _____

1. What methods do you use in order to help residents to recover emotionally?
2. What methods do you use in order to increase survivors' knowledge about domestic violence and bring attitude change?
3. How did the counseling session help the residents?
4. Did you see or observed any kind of positive change in the lives of the residents? If so, what kind of change have you seen in terms of behavior, attitude and knowledge?
5. Is there any challenge that you face in the service provision? How did you address it?
6. Do you have any additional ideas or points that you want to recommend for the improvement of the service?

F. Interview guide for House Mother

Background information
Sex: _____
Work experience: _____
Qualification: _____
Position/Title: _____

1. Can you please tell us about your work in the shelter?
2. How many residents and children are under your care?
3. How do you see the meal service and nutrition provision especially for the children?
4. Is there any shelter rules related to cooking, sanitation and curfew?
5. How do you see the benefit of the rules from the residents point of view?
6. How do you handle disagreements between residents?
7. How do you present complaints?
8. What challenges do women survivors face while receiving care and support? How do you address such challenge?