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Addis Ababa University

College of Education and Behavioral Studies

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Physical and Sexual Abuse among Mental Health Service Users at
Amanuael Mental Specialized and Eka-Kotebe General Hospitals

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June, 2023
Addis Ababa University
Addis Ababa, Ethiopia

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Amanuael Mental Specialized and Eka-Kotebe General Hospitals

A Thesis Submitted to School of Psychology, College of Education and Behavioral
Studies, Addis Ababa University in Partial Fulfillment of the Requirements for the
Master of Arts Degree in Developmental Psychology

By

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Approval page

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Approved by the board of examiners

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STATEMENT OF DECLARATION

I, Sara Wondwossen, declare that this research project entitled: ‘Physical and Sexual Abuse among Mental Health Services Users at Amanuel Mental Specialized Hospital and Eka Kotebe General Hospital’ is the outcome of my own effort and study. All sources of materials used for the study have been duly acknowledged. This study has not been presented for a degree in any university.

Name: Sara Wondwossen

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STATEMENT OF CERTIFICATION

This is to certify that Sara Wondwossen has carried out this project work on the topic entitled: “Physical and Sexual Abuse among Mental Health Services Users at Amanuel Mental Specialized Hospital and Eka Kotebe General Hospital.” under my supervision. This work is original in nature and it is sufficient for submission for the partial fulfillment for the award of Degree of Master of Art in in Developmental Psychology.

Dr, Mulat Asnake, (PHD)

Signature: _____

Date: _____

Abstract

The purpose of this qualitative exploratory study was to investigate the experiences of physical and sexual abuse among mental health service users at Amanuael Mental Specialized and Eka Kotebe General Hospital. Data was collected through face-to-face interviews with seventeen participants purposively selected due to their experiences of physical and sexual abuse, as well as staff members who witnessed such abuses. Thematic analysis was used to identify key themes from the audio recordings of the interviews, which were translated into Amharic and then English. The study found that all participants reported experiencing physical and sexual abuse within the studied setting. The most common forms of physical abuse were beatings, while sexual abuse took the form of rape committed by employees. The abuse occurred within wards, toilets, and round rooms. The short- and long-term consequences of the abuse included dissatisfaction with the service, psychological distress, and fear of acceptance. The findings highlight that physical and sexual abuse is prevalent among mental health service users and has a significant impact on their well-being. To prevent future incidents, the study recommends installing cameras in all rooms and near examination rooms. However, it is important to address the root causes of abuse within mental health settings to ensure the safety and well-being of service users. Mental health providers must prioritize the prevention of abuse and maltreatment, and take steps to create a safe and supportive environment for their service users.

Key word: Sexual abuse, physical abuse, service users.

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Table of Contents

| | |
|---|----|
| CHAPTER ONE | 11 |
| INTRODUCTION | 11 |
| 1.1 Background | 11 |
| 1.2 Problem statement..... | 14 |
| 1.3 Research Questions | 15 |
| 1.4 Objectives of the study..... | 15 |
| 1.4.1 General Objective | 15 |
| 1.4.2 Specific Objective | 15 |
| 1.5 Significance of the study..... | 16 |
| 1.6 Scope of the Study | 16 |
| CHAPTER TWO | 18 |
| LITERATURE REVIEW | 18 |
| 2.1 Overview on Physical and sexual abuse | 18 |
| 2.2 Physical and Sexual Abuses..... | 21 |
| 2.2.1 Physical Abuse..... | 25 |
| 2.2.2. Types of physical abuse committed in health facilities | 26 |
| 2.2.3. Factors associated with physical Abuse..... | 28 |
| 2.2.4. Perpetrators of physical abuse in health facilities..... | 28 |
| 2.2.5. Victims of physical abuse in health facilities..... | 29 |
| 2.2.6. Impacts of physical abuse | 29 |
| 2.3 Sexual Abuse..... | 30 |
| 2.3.1 Sexual abuse in health facilities | 30 |
| 2.3.2 Types of sexual abuse committed in health facilities | 31 |
| 2.3.3 Factors associated with Sexual abuse | 31 |
| 2.3.4 Settings when Sexual Abuse occurs..... | 36 |
| 2.3.5. Victims of Sexual Abuse in Health Facilities | 37 |
| 2.3.6. Impact of Sexual Abuse | 38 |
| 2.4 Summary of the review | 39 |
| CHAPTER THREE..... | 41 |

| | |
|---|----|
| METHODS | 41 |
| 3.1 Study area and period..... | 41 |
| 3.2 Study Design | 42 |
| 3.3. Sampling and Participants..... | 42 |
| Inclusion criteria | 43 |
| Exclusion criteria | 43 |
| 3.4 Data collection methods..... | 44 |
| 3.5 Data Analysis | 45 |
| 3.6 Ethical considerations | 46 |
| CHAPTER FOUR..... | 47 |
| RESULT..... | 47 |
| 4.1. Socio-demographic Information | 47 |
| 4.2. Types of Sexual Abuse | 51 |
| 4.3. Forms of physical abuse..... | 53 |
| 4.4 Psychological consequences of abuse..... | 56 |
| 4.5 The perpetrators characteristics | 58 |
| 4.6 Setting where physical or sexual abuse occurs | 59 |
| CHAPTER FIVE..... | 61 |
| DISCUSSION | 61 |
| 5.1 Discussion | 61 |
| CHAPTER SIX..... | 69 |
| LIMITATIONS, CONCLUSION AND RECOMMENDATION | 69 |
| 6.1 Limitation..... | 69 |
| 6.2 Conclusion | 69 |
| 6.3 Recommendations | 70 |
| References..... | 72 |
| APPENDIX: 1..... | 84 |
| APPENDIX 2..... | 86 |
| APPENDIX 3..... | 89 |

Acronyms

| | |
|------------|--|
| ASMH | Amanuel Specialized Mental Hospital |
| BPD | Bipolar Disorder |
| IPD | Inpatient Department |
| MDD | Major Depressive Disorder |
| OPD | Outpatient Department |
| PAP | Physically Abused Patients |
| SAP | Sexually Abused Patients |
| PSAP | Physically and sexually Abused Patients |
| PSW | Psychosocial wellbeing |
| PTSD | Post-traumatic stress disorder |

CHAPTER ONE

INTRODUCTION

1.1 Background

Violence is a pervasive issue in contemporary society that impacts individuals of all ages, genders, religions, and nationalities, causing both physical and emotional harm. Regardless of their background or education, people often feel isolated and unsupported as a result of the abuse they experience. This problem transcends age groups, affecting children, adults, and the elderly alike. Unfortunately, physical and sexual abuses have become increasingly common in our world today. Physical abuse involves intentionally causing pain or injury to another person, while bullying includes actions such as hitting, slapping, grabbing, restraining, or subjecting individuals to harsh treatment that causes discomfort, pain, or injury (Goodman, 2020).

Sexual assault is an act of non-consensual sexual behavior that can have a profound impact on individuals, regardless of their age, race, gender, or sexual orientation. Vulnerable groups, such as those with cognitive impairments, mental health issues, (Luby, 2020) or from minority ethnic backgrounds, often face additional obstacles when seeking help. The prevalence of workplace violence is a global issue with significant consequences for individuals and society, but the true extent of the problem remains largely unknown. Marginalized groups, including sex workers and prisoners, are particularly vulnerable to workplace violence. Despite the limited available data, the severe repercussions of workplace violence are becoming increasingly apparent.

Abate et al. (2019) note that various forms of abuse, including physical, sexual, and verbal, can occur in both actual and threatened forms. Shorr (2018) highlights the alarming prevalence of physical and sexual abuse among patients, particularly those with mental illnesses, worldwide Sexual assault against patients receiving care in hospitals is a significant concern. The American Medical Association (AMA) has established the Principles of Medical Ethics, which

Running head: physical and sexual abuse

require its members to provide competent medical care while demonstrating genuine compassion and respect for human dignity and rights. The AMA condemns physicians who lack good character and disregard their responsibilities towards patients (AMA, 2014-2015).

While most physicians practice medicine with integrity (Federation of State Medical Boards, 2014), incidents of sexual misconduct continue to be a leading cause of disciplinary action taken by medical boards (Arora et al., 2014).

The NHS (2020) defines sexual behavior towards a patient by a healthcare professional as a breach of sexual boundaries. This violation encompasses a range of behaviors, including the use of sexual humor or innuendos, inappropriate comments about one's body, and actions aimed at fulfilling or arousing sexual desires. Gender boundaries can also be breached, and patients who are unable to defend themselves are particularly vulnerable to such abuse.

Regardless of a patient's condition, it is crucial that they receive healthcare with respect, care, and dignity in a secure environment, as emphasized by Luby (2020). Patients with disorders like mania, psychosis, and dementia are at increased risk of engaging in high-risk sexual behaviors due to impaired judgment and hyper sexuality. Disturbingly, up to 1 in 10 patients exhibit disturbing sexual behaviors during the initial two weeks of hospitalization.

Sexual abuse in a hospital setting can occur due to the vulnerability of patients, potential for abuse, uninhibited behavior of others, and power imbalances between staff members and patients. Although estimates on the frequency of such incidents exist, they should be approached with caution. Sexual misconduct in the medical field extends beyond commonly discussed topics like sexual boundaries and consensual relationships with patients. It can involve serious crimes like pedophilia, sodomy, and rape. Shockingly, doctors who engage in sexual abuse often repeat these actions for years before being apprehended or sentenced.

Exploring the prevalence and impact of physical and sexual abuse among mental health service users is crucial despite the challenges involved. Such abuse can have severe short- and long-term consequences on patients' well-being, including psychological

distress, fear, and dissatisfaction with the service. This qualitative exploratory study conducted at Amanuael Mental Specialized and Eka-Kotebe General Hospital aimed to shed light on the prevalence and nature of physical and sexual abuse within mental health settings.

The study's findings highlight the urgent need for mental health providers to prioritize the prevention of abuse and mistreatment. One practical recommendation is to install cameras in all rooms and near examination rooms to deter potential abusers and provide evidence in case of incidents. However, addressing the root causes of abuse is equally important to ensure the safety and well-being of service users. Mental health providers must create a safe and supportive environment for their patients and take steps to prevent abuse from occurring in the first place.

Theoretical justification for this study lies in the fact that physical and sexual abuse among mental health service users is a significant public health issue that has received limited attention in research literature. This study adds to the existing body of knowledge by providing insights into the prevalence, nature, and consequences of abuse within mental health settings. By identifying key themes from the experiences of participants, this study contributes to a better understanding of the complex dynamics involved in such abuse.

In general, this study provides both theoretical and practical justification for investigating physical and sexual abuse among mental health service users. By shedding light on the prevalence and nature of such abuse, we hope to raise awareness among mental health providers and policymakers and encourage them to take concrete steps to prevent abuse from occurring in the future. Moreover, it is important to address confusion regarding whether the abuse actually occurred (Carr, 2003;

Ernsthausen, 2016), and ensure that reports of abuse are taken seriously by hospitals or employers, who should refer them to medical boards or law enforcement agencies (Ernsthausen, 2016; Norder, Robbins et al., 2016) rather than terminating accused physicians.

1.2 Problem statement

The issue of physical and sexual abuse in psychiatric wards is a highly sensitive and prevalent problem that often goes unreported (Owen et al., 1998). Despite its severity, it remains an underresearched public health issue, particularly in developing countries like Ethiopia. Previous studies have highlighted the prevalence of abuse and violence in healthcare settings (Barnett, 2020), including mental health facilities, but there is a lack of research specifically on mental health service users in Ethiopia.

The consequences of abuse can be severe, leading to low self-esteem, anxiety, and poor social interaction among victims (Saifu, 2021). These issues are often neglected by mental health providers, who may focus on the immediate physical needs of patients rather than addressing the psychological impact of abuse (Khalifeh et al., 2015). In addition to the limited evidence and neglect the researcher observed the issue having a significant impact in clinical care of patients with severe mental illness in terms of poor outcome, adherence to treatment and psychological wellbeing. To address this gap in knowledge, this study aims to explore the prevalence and nature of physical and sexual abuse among mental health service users in Amanuael Mental Specialized and EkaKotebe General Hospital. By examining the psychological effects and implications for mental health services, this study seeks to raise awareness and encourage concrete steps to prevent and address violence in healthcare settings. It is important to recognize that just because abuse may not be well-documented or reported does not mean it does not exist. Therefore, this study represents a crucial step towards understanding the extent of this problem in the Ethiopian context and developing effective interventions to prevent and address abuse in mental health settings.

Running head: physical and sexual abuse

1.3 Research Questions

1. What are the common forms of physical abuse among service users at AMSH and Eka- Kotebe General Hospital?
2. What are the common forms of sexual abuse among service users at AMSH and Eka- Kotebe General Hospital?
3. What are the consequence of abusing among mental health service users at AMSH and Eka-Kotebe General Hospital?
4. Who are the perpetrators of the physical and sexual abuse among service users at AMSH and Eka-Kotebe General Hospital?
5. What are the precipitating factors associated with physical and sexual abuse among service users at AMSH and Eka-Kotebe General Hospital?

1.4 Objectives of the study

1.4.1 General Objective

To explore physical and sexual abuse among service users at AMSH and Eka-Kotebe General Hospital, Addis Ababa, Ethiopia, 2023.

1.4.2 Specific Objective

1. To explore the common forms of physical abuse among service users at AMSH and EkaKotebe General Hospital, Addis Ababa, Ethiopia, 2023.
2. To explore the common forms of sexual abuse among service users at AMSH and Eka-Kotebe General Hospital, Addis Ababa, Ethiopia, 2023.
3. To explore the consequences of abusment among mental health users at AMSH and Eka-Kotebe General Hospital, Addis Ababa, Ethiopia, 2023.
4. To identify the perpetrators of the physical and sexual abuse among service users at AMSH and Eka-Kotebe General Hospital? Addis Ababa, Ethiopia, 2023.
5. To explore factors associated with physical and sexual abuse among service users at AMSH and Eka-Kotebe General Hospital, Addis Ababa, Ethiopia, 2023.

1.5 Significance of the study

The case of PSAP is increasing over time in Ethiopia with different challenges and this research will be helpful to provide the context, the current status of users of physical and sexual abuse services and their impact on the overall clinical service at the AMSH and Eka-Kotebe General Hospital. The research will contribute to psychiatric practice in the mental health field and provide insights into unheard voices. Overall, participating in the lives of these service users will be a learning experience for the organization itself, across all sectors, for policy makers and government. It will also help other scientists who want to do research in the same field.

1.6 Scope of the Study

This study was conducted at AMSH and Eka-Kotebe General Hospital. AMSH established in 1930 EC and revolves around "Mesalemiya". Near the city of Addis Ketema. AMSH is a government organization headed by the Federal Ministry of Health that focuses on alleviating harm and death related to mental illness by providing high quality, standardized health services for the prevention, treatment and rehabilitation of mental illness and building capacity thereby increased support for research and training.

AMSH has been the only state psychiatric facility in Ethiopia for decades. It has a total of 300 beds and the inpatients services including forensic psychiatry, addiction (substance), clozapine, private wings and emergency psychiatry. It has a total of 29 outpatient's services including geriatrics, child psychiatry, psychology department, neuro psychiatry, non-psychotic, mother and child health (MCH) and antiretroviral therapy (ART).

The AMSH employees are around 820 in total. 8 psychiatrists, 27 community mental health specialists, 180 nurses, 29 general practitioners, 12 psychologist, 4 social workers, 13 laboratory technician, 45 pharmacists, 4 health officers, 6 public health, 1 internists, 3 environmental health specialists and the rest are supportive staffs. This study focuses on

the physical and sexual abuse of patients during their stay at the hospital. Eka-Kotebe General Hospital is located in the city of Yeka, Addis Ababa. It was built as part of the expansion of the Amanuel Mental Specialized Hospital, which began its services five years ago, in 2009. Half of the hospital's services are dedicated to treating and caring for patients with mental illness. In addition, the hospital's capacity for inpatient care was maximized to 600 and 28 outpatients.

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview on Physical and sexual abuse

A study done on physical violence against patients with mental disorders in Brazil indicated patients with mental disorders are more prone to violence than the general population and that the prevalence of physical violence in this population was high for both sexes (Oliveira et al, 2013). However, most published study focus only on females and a few studies focused on males. Understanding the magnitude and the factors associated with specific violence against patients with mental illness is crucial for planning prevention and early intervention by primary care and public mental health services. In the UK, sexual contact between mental health professionals and their patients is a serious criminal offence, which breaks professional codes of conduct and is very damaging to patients, their loved ones and the reputation of services. To present day, study has been limited but often predicated on a need to understand the psychopathology of victims, the demonology of perpetrators or the relationship between the two as possible causal factors. This can lead to unintentional victimization blaming and failure to recognise the wider systemic corruption of care (Melville-Wiseman 2013).

A study done on female service users across the nine psychiatry hospital wards surveyed in Victoria indicated that, 85% of female inpatients felt unsafe during their stay, while 67% of them informed experiencing sexual or other forms of harassment and 45% of respondents had experienced sexual assault during an in-patient admission. Moreover, the report also stated that when the women patients reported what happened, 82% found the nurses to be judgmental and unhelping (Kulkarni, 2013). A Chicago hospital with a record of patient-care violations did not report to the police that one of its patient in the psychiatric unit have been sexually assaulted by

Running head: physical and sexual abuse

another patient, even if the event was caught on surveillance camera. Furthermore, nor did the facility, Roseland Community Hospital that has identified alleged attacker with a history of

sexual violence and aggression. Though there was evidence of the sexual assault of one patient by another within its psychiatric unit the facility decided to keep quiet (Eldeib & Briscoe,2021).

Sexual harassment and assault on psychiatric wards is an ongoing concern. A number of incidents have been reported in the media (Lawn & McDonald, 2009) is not enough because any physical hurts and ongoing risks to the victim, other patients or members of staff need instant care and attention. It is always important to remind, staff and patients that sexual assault and rape are crimes and it need to be reported to the police. In most situations, it is inappropriate for a psychiatric doctor to do a sexual assault examination thus this should be done by a forensic medical examiner or a gynecologist with knowledge of forensic issues (Lawn & McDonald, 2009).

The concept of preventing sexual violence in psychiatric facilities has been a long-lasting problem that has received a very limited attention only from researchers and regulators. Several factors at the patient, staff, facility and health care system level contribute to sexual assaults within these facilities and challenges in obtaining justice for victims. With the establishment of the Me-too movement, important steps have been made in addressing sexual violence within the society. Encompassing these efforts to the isolated worlds of psychiatric facilities is a logical mandatory step and the time is now for psychiatry to better address this chronically disregarded patient and workplace safety issue (Barnett, 2020). When assaults happen, several barriers hinder appropriate management. Most of psychiatric facilities still lack formal sexual assault management policies, as a result it leads to wide variation in prevention and response practices. Furthermost facility directors also believe that their staff are not well prepared to deal with these events (Wright, McCabe, & Koorman, 2012). The fact that it is underreported to police, is possibly due to staff factors such as concerns about blame, potential litigation, and ability to establish the facts behind an allegation (Cole, Baldwin, & Thomas, 2003). Two former patients stated they were raped at the Federico Mora Hospital and that the

Running head: physical and sexual abuse

offenders were medical staff as well as guards (Rogers, 2014). A hospital in Guatemala has been described by activists as the world's most abusive and dangerous mental health institution. Former patients say they were raped while sedated, and the director himself admits - while being interviewed and filmed undercover that patients are still being sexually abused. In response to this investigation, the Guatemalan government defended by saying the hospital uses the minimum dose of sedatives as commended by the WHO and addressed the whole conditions within the hospital that they have trained nurses to attend to the needs of patients including keeping them clean and dressed; and a maintenance team to keep the wards clean. But also the hospital admits the guards sexually abuse the patients and claims that the hospital is a big place where anything can happen (Rogers, 2014).

The other factor is staff from time to time struggle with determining whether allegations made by patients with psychosis are based in reality. However, it is not their responsibility to establish accuracy. Any reports of sexual assault against either patients or staff should be taken or handed to authorities for investigation. Unfortunately, when alleged assaults of patients are reported to authorities, examinations and trials may not take place because victims with mental illness are regularly judged to be untrustworthy witnesses, even when there is convincing evidence that supports their claims. Similar to prosecution of sexual assaults in the community, the legal system has much improvement to make in this real (Barnett, 2020). Institutionalization of psychiatric patients was a prevalent treatment approach in the apartheid era of South Africa. Allegations of violence and abuse towards patients frequently arose during this time. The main perpetrators were other patients, although violence by staff was reported. Sadly, the present research indicates that physical, sexual and verbal abuse of hospitalized patients continues (Lucas & Stevenson, 2006).

In Ghana cases like a psychiatry doctor getting his patient pregnant is reported. But The Crown Prosecution Service is considering whether the career should be charged under the Sexual Offences Act. It is against the law for a career to have a sexual relationship with a

Running head: physical and sexual abuse

patient with a mental disorder, an offence punishable by up to 14 years in jail. (Gallagher, 2021). According to Mekonnen, Fikadu and Esmeal (2019) abuse and violence in health care facilities are very high but are not getting the attention it requires. The abuse ranges in form

and severity. A study done in Bale zone regarding disrespectful and abusive maternity care indicated the poor quality care affecting women's choice to pursue institutional delivery. In spite of severe burdens, such malpractices remain hidden and are infrequently stated in developing countries. The overall status of disrespect and aggression in public hospitals of Bale Zone was high. The Bale Zone health office in collaboration with stakeholders has to provide training for care providers, mitigate violence by empowering women.

Another study done on the prevalence and psychological impact of sexual harassment against female medical students and residents at Addis Ababa University, College of Health Sciences indicated the presence of high prevalence of sexual harassment within the institution. Despite the high figure, there is low perception of sexual harassment, under reporting and inadequate response. One great impact of the abuse is on women's mental health. Victims of sexual harassment have faced negative psychological consequences (Saifu, 2021).

2.2 Physical and Sexual Abuses

A study in Brazil on physical violence alongside patients with mental health shows that patients with mental disorders are additionally prone to violence than the general population and that the incidence of physical violence in this people was high for both sexes. (Oliveira et al, 2013). The study, focus only on females and males. Understanding the scale and the factors associated with specific violence against patients with mental sickness is decisive for design prevention and early involvement by primary care and community mental health facilities. In the United Kingdom, sexual interaction between mental health specialists and their patients is a thoughtful criminal wrongdoing, which breaks professional codes of conduct and is very harmful to patients, their loved ones and the status of amenities.

Running head: physical and sexual abuse

Currently, study has been partial but often centered on a need to understand the psychopathology of victims, the demonology of offenders or the relationship between the two as possible underlying factors. This can lead to accidental persecution blaming and failure to recognize the wider systemic exploitation of care (Melville-Wiseman 2013). A study done on female service users across the wards of psychiatry hospital plotted in Victoria shown that, 85%

of female inpatients felt unsafe throughout their stay, while 67% of them informed facing sexual or other forms of harassment and 45% of respondents had practiced sexual assault during an in-patient admission. Furthermore, per the report when the women patients stated what happened, 82% found the nurses are judgmental and not helpful (Kulkarni, 2013). A hospital in Chicago with referred patient-care violations did not report to the police that one of its patient in the psychiatric unit have been sexually assaulted by another patient, even if the event seen through surveillance camera. Furthermore the Community Hospital in Roseland has recognized suspected assailant with a history attacker and hostility. Since the evidence was there when sexual assault on a patient by another within the psychiatric unit but the care unit certain to keep quite (Eldeib & Briscoe, 2021).

The occurrence of sexual harassment and assault at the psychiatric care center is an ongoing concern. Media also reported all incidents for the record. Sexual harassment and assault in mental health services is an ongoing problem. The number of incidents reported in the media (Lawn & McDonald, 2009) is insufficient because any physical injury and any ongoing risk to the victim, other patients or staff requires immediate care and attention. Always remind staff and patients that sexual assault and rape are criminal offenses and should be reported to the police. In most situations, it is inappropriate for a psychiatrist to conduct a sexual assault investigation and should therefore be conducted by a coroner or gynecologist (Lawn & McDonald, 2009).

The concept of sexual assault prevention in psychiatry is a long-standing issue that has received very restricted devotion from researchers and regulators. Several factors at the staff, patient, facility, and healthcare structure levels contribute to sexual assault in these settings and problems in achieving justice for the victims. With the rise of the #Me-too movement,

Running head: physical and sexual abuse

important steps have been taken in the fight against sexual violence in society. Incorporating these efforts into the isolated worlds of mental health facilities is a compelling logical step, and it is time for psychiatry to better address this chronically neglected issue of patient and workplace safety (Barnett, 2020). When abuse occurs, several obstacles prevent appropriate treatment. Formal sexual assault policies are still lacking in most mental health facilities. Therefore, there are significant differences in prevention and intervention practices.

Additionally, facility managers believe their staffs are not well prepared to deal with such incidents (Wright et al., 2012). Failure to report this to the police is likely due to personal factors such as fear of guilt, possible litigation and the ability to establish the facts underlying the allegation (Cole et al., 2003). Two former patients reported being raped at the Federico Mora Hospital by both medical and security staff (Rogers, 2014)

Running head: physical and sexual abuse

A hospital in Guatemala has been labeled by activists as the most abusive and dangerous mental health facility in the world. Former patients have reported experiencing sedation and sexual assault, which was confirmed by the hospital's director through interviews and hidden recordings. Despite these serious allegations, the Guatemalan government defended the hospital by stating that it followed the World Health Organization's recommended minimal sedative dosage and emphasized its efforts to train nurses in patient care, maintain cleanliness, and provide proper attire. Shockingly, even the hospital itself acknowledged incidents of sexual abuse by attendants, citing the vast size of the facility as a contributing factor where anything could occur (Rogers, 2014).

The second factor is the periodic struggle of staff to ascertain whether the claims of psychotic patients correspond to reality. However, it is not their responsibility to determine the accuracy. All reports of sexual assaults on patients or staff should be referred to the authorities for investigation. Unfortunately, when suspected patient abuse is reported to authorities, investigations and prosecutions may not take place, as victims of mental illness are routinely judged to be unreliable witnesses, even when there is compelling evidence to support their claims. As with community prosecutions for sexual assault, the justice system has a long way to go in this area (Barnett, 2020).

During the apartheid era in South Africa, psychiatric patients were primarily treated through institutionalization, which led to frequent reports of violence and abuse against patients. While most of the abuse was committed by fellow patients, staff members were also implicated. Unfortunately, recent research suggests that physical, sexual, and verbal abuse of hospital patients continues to occur (Lucas & Stevenson, 2006). In Ghana, a psychiatrist attending to a pregnant patient is being investigated for potential prosecution under the sex offenses Act, as it is illegal to engage in sexual activity with a mentally ill individual and can result in up to 14 years of imprisonment (Gallagher, 2021).

Despite the prevalence of abuse and violence in healthcare settings, these issues often go unaddressed. According to Mekonnen et al. (2019), mistreatment can take many forms and is not given the attention it deserves. For instance, a study conducted in the Basel region on disrespectful and abusive maternity care found that inadequate care can influence

women's decision to give birth in a hospital. Despite the widespread nature of these abuses, they are often concealed and rarely reported in developing countries. In the public hospitals of the Basel area, there is a pervasive level of disrespect and aggression. To address this issue, the Bale Zonal Health Unit collaborates with stakeholders to provide training for healthcare professionals and empower women to mitigate violence. A study conducted at the AAU College of Health Sciences found a high prevalence of sexual harassment among medical students and residents, with low perception, underreporting, and under responsiveness. The impact of violence on women's mental health is significant, with victims of sexual harassment experiencing negative psychological consequences (Saifu, 2021).

2.2.1 Physical Abuse

Physical violence is the deliberate infliction of bodily harm, which can take various forms such as hitting, pinching, choking, kicking, pushing, and using substances or physical coercion to cause harm. Physical abuse can be identified through symptoms such as bruising, black eyes, swelling, cuts, broken bones, open wounds, stab wounds, unhealed wounds at different stages of healing, or physical signs of punishment or restraint. Other signs of physical abuse may include overdosing or under dosing in laboratory drug tests, reports of someone being hit, slapped, kicked, or otherwise abused, sudden changes in behavior by vulnerable adults, and caregivers refusing to allow visitors to see vulnerable adults alone (ALTSA, 2022).

Healthcare professionals working in hospitals and clinics frequently face verbal and physical mistreatment, leading to feelings of frustration and hopelessness. A study conducted on 145 doctors, including 63 hospital doctors and 82 resident doctors, highlighted the issue. The study revealed that 59% of physicians reported experiencing verbal abuse within the past year, while 9% reported physical abuse. These figures were consistent with the previous survey, which reported rates of 56% for verbal abuse and 9% for physical abuse. The primary

Running head: physical and sexual abuse

contributing factors were identified as long wait times and dissatisfaction with treatment, consistent with previous research. The study also found that 71% of doctors considered

violence to be a major concern. (Nevo et al., 2010). Many of the scandals involved patients who were regularly subjected to physical abuse, such as being malnourished, dehydrated, ill and unwashed (Reader & Gillespie, 2013). According to Arab Times Kuwait (2020), it is reported that various forms of oppression of patients are used in the Kuwait Mental Health Center, including beatings and humiliation, as well as stealing their belongings and selling drugs. Attacks on patients are also common in the center. In 2019, a report released at the hospital showed that a 68-year-old patient was attacked by nurses, resulting in a laceration and bruise under the eye, and was treated without an examination.

2.2.2. Types of physical abuse committed in health facilities

Patients who suffers physical pain, injury or impairment caused by maltreatment or neglect, are facing physical abuse. Some types of physical abuse are (The Meyer Law Firm, 2013):

- **Active Abuse:** This type of abuse is easy to spot and recognize. Active physical abuse includes pushing, hitting, pinching, and kicking. This is intentional abuse with intent to cause pain or injury.
- **Improper Use of restraint:** Handcuffs should only be used for specific medical reasons and only for short periods of time. However, when restrictions are applied for disciplinary or practical reasons, they become dangerous for the patient. In addition, patients trying to free themselves from the restraints can cause injuries to various parts of the body, and long-term use of restraints can cause patients to lose muscle tone, decrease bone mass, and develop muscle disorders.
- **Physical neglect:** This form of abuse is often unintentional and is caused by a lack of staff and resources in the facilities. For example,

Running head: physical and sexual abuse

failure to provide essential food, clothing and sanitation essential and necessary for the patient's survival and upholding their dignity.

2.2.3. Factors associated with physical Abuse

Abuse can result from a variety of risk factors, with victim risk factors including dependence on another person's care due to young or old age, chronic illnesses, mental illnesses, or physical disabilities. Offender risk factors may include alcohol or drug use, mental illness, lack of knowledge, poverty, low education, or illiteracy. Social stressors such as divorce, domestic violence, spousal abuse, and social isolation, stressful parent-child relationships, being a single parent, and having a non-biological partner at home can also contribute to child abuse. Patient neglect may be related to organizational factors such as heavy workloads and burnout among medical staff, as well as the professional-patient relationship (Reader & Gillespie, 2013).

2.2.4. Perpetrators of physical abuse in health facilities

According to research, healthcare workers are at risk of physical violence, with 23.5% experiencing it in the 12 months prior to the study. Caregivers are the main victims, and patients' families are the main perpetrators. Patients are responsible for the majority of incidents, including physical attacks (95.6%), physical threats (77.2%), and verbal abuse (69.4%). Mental health issues are identified as the leading cause in 63.7% of cases, followed by drug withdrawal and substance abuse. Dissatisfaction with treatment and conflicts with doctors or family members also contribute to patient-related incidents. It is important to note that many incidents can be attributed to mental health or behavioral problems. Non-patients at risk of committing abuses in healthcare include family members, visitors, staff, and criminals, (Fallahi-Khoshknab et al., 2016; Pompéi, 2015; ECRI Institute, 2017). Settings when physical abuse occurs.

Abuse is a widespread problem in long-term care facilities, particularly in mental health settings where monitoring and control are limited. These environments pose significant challenges in ensuring the safety and well-being of residents. In healthcare settings, violence can arise due to various factors such as high levels of stress caused by long wait times, overcrowding, or receiving distressing news. The problem is exacerbated

Running head: physical and sexual abuse

by insufficient security measures, inadequate staffing policies, and a lack of training to address inappropriate behavior by patients or visitors. Domestic disputes between patients or visitors, the presence of weapons, a shortage of mental health personnel and security staff on site, and situations where personnel work in isolation or lack escape routes further increase the risk of violence. Poor lighting that limits visibility, a lack of access to emergency communication systems, and unrestricted public access to hospital and clinic rooms are also associated with these issues (Hohman, 2019).

2.2.5. Victims of physical abuse in health facilities

The most commonly abused group of patients is children and elderly patients. These populations may not be able to respond, tell right from wrong, or report abuse. Other populations that are also highly vulnerable to abuse include people who are medically unable, such as those who are People in a coma or people with intellectual disabilities or incompetence (Fisher, 2019).

2.2.6. Impacts of physical abuse

Violence in healthcare settings can also take many forms, from verbal abuse to physical assaults to the use of deadly weapons against doctors, staff and patients. Consequently, this harbors a whole range of dangers for the person concerned and the employee. Beyond organizational responsibility. In addition to physical injuries, people who experience or witness violence in the healthcare workplace are at risk of suffering emotional repercussions that can lead to layoffs, burnout, job dissatisfaction and reduced productivity and fluctuating results endanger the safety of every worker and data subject (ECRI Institute, 2017).

Running head: physical and sexual abuse

Intellectual consequences that can result from physical abuse include, but are not limited to: excessive anxiety and fear of others, eating disorders, withdrawal from social interactions and depression, refusal to take medication, behavior or personality changes,

and agitation. The psychological effects of abuse can cause the patient's health to deteriorate, worsen depression and increase the risk of serious illness or death (The Meyer Law Firm, 2014).

2.3 Sexual Abuse

Sexual abuse is defined as any form of sexual interaction that occurs without the explicit and informed consent of all parties' involved or Sexual abuse is defined as forcible touching of breasts or genitals or forcible intercourse, including anal, oral, or vaginal sex. This can include physical contact such as touching or assault, as well as more severe acts like rape, bestiality, coercing someone into nudity, and sharing explicit sexual images without consent. Signs of sexual abuse may include visible bruises on the breasts or genitals, the presence of sexually transmitted infections, unexplained bleeding in the vaginal or anal areas, finding torn or bloodied undergarments, and reporting incidents of sexual assault or rape to authorities (ALTSA, 2022).

2.3.1 Sexual abuse in health facilities

When a person is hospitalized they need care and expect very professional and competent care from their caregivers. The situation of the person who goes to the hospital is mostly not able to prevent or even report sexual abuse. Sexual abuse of people requiring hospital care is a very common problem in the United States (Bernstein, 2019). Every patient requires proper care, respect and professionalism from doctors, nurses and other hospital staff. However, being cared for and treated by other people puts many patients in a very vulnerable position, especially when faced with physical limitations or the side effects of medications. It is a sad reality that some healthcare professionals take advantage of their patients' vulnerability and engage in sexual assault, sexual misconduct, and physical abuse (Herman Law, 2021). In addition, the likelihood

Running head: physical and sexual abuse

of experiencing sexual violence, particularly among those using mental health services, is higher than among other population groups. Therefore, it is very important that mental health services consider developing systems to address these issues (Foley & Cummins, 2018).

2.3.2 Types of sexual abuse committed in health facilities

Oregon law recognizes 17 categories of sex offenders, primarily associated with non-consensual physical contact of a sexual nature. However, there are also offenses that do not require physical contact, such as sexual abuse in healthcare. This occurs when a healthcare provider engages in sexual activity with a patient without their consent. Attempted rape is another category that encompasses situations where a healthcare professional attempts to engage in sexual activity with a patient, regardless of the motive. Sexual assault is another form of misconduct that involves nonconsensual touching without penetration, which may include cases where a doctor conducts an unnecessary or prolonged pelvic floor examination without the patient's consent (D'Amore Law Group, 2021).

2.3.3 Factors associated with Sexual abuse

The issue of physician sexual abuse towards patients is an ongoing problem with multiple contributing factors. One major obstacle to reporting such abuse is that many victims fear not being believed or facing guilt and shame, causing them to remain silent. Additionally, the significant power imbalance between doctors and patients can make it difficult for victims to come forward publicly. Victims may also lack knowledge of how to navigate the regulatory system and seek compensation for the harm caused, such as filing complaints with state medical boards. Even when complaints are filed, the investigative and legal processes can be traumatizing for victims, leading to the withdrawal of their complaints. Furthermore, some physicians may be hesitant to report their colleagues due to the absence of enforceable legal measures to support such

Running head: physical and sexual abuse

reporting. Hospitals and healthcare facilities may also disregard the reporting requirements mandated by medical boards for abusive physicians.

Medical commissions may struggle to take appropriate action against physicians accused of sexual abuse without sufficient evidence or witnesses. Only a small

percentage of complaints filed with medical associations progress to the formal hearing stage. Even when medical boards do sanction physicians for sexual abuse, these practitioners often find a way to resume their medical practice Abu Dagga et al. (2019). The Centers for Disease Control and Prevention (CDC) reported in 2022 that certain risk factors are associated with an increased likelihood of sexual assault, including individual, relationship, environmental, and social factors. It's important to note that these factors are not direct causes but rather contributing elements.

Individual Risk Factors: Various elements contribute to the risk of sexual abuse, including alcohol and drug consumption, involvement in delinquent activities, disinterest in forming meaningful connections with others, displaying aggressive behavior and a tendency towards

violence, engaging in early sexual activity, having compulsive sexual fantasies, preferring impersonal relationships with potential sexual hazards, exposure to explicit sexual content in media, harboring hostility towards women, adhering to traditional gender role expectations, exhibiting excessive masculinity, displaying suicidal tendencies, and having a history of previous sexual victimization or abuse.

- **Relationship Factors:** Factors related to relationships include family conflicts and previous instances of violence, as well as experiences of physical, sexual, or emotional abuse during childhood. Other relationship-based factors include a lack of emotional support within the family, strained parent-child relationships, particularly with fathers, issues related to sexual abuse, engaging in abusive, excessively masculine, or delinquent relationships with peers, and involvement in acts of violence or intimate partner abuse.

- **Community Factors:** Examples include economic deprivation, limited job prospects, insufficient backing from law enforcement and the legal system, societal acceptance of sexual violence, and inadequate consequences for those who commit such acts.

- **Societal Factors:** Social expectations that perpetuate sexual violence, societal beliefs reinforcing male dominance and entitlement in sexual matters, societal beliefs endorsing female subservience and inferiority in sexual contexts, inadequate laws and policies concerning sexual violence and gender equality, and elevated levels of crime and various forms of violent acts.

Furthermore, many instances of sexual abuse remain undisclosed or concealed. Victims often fear not being believed or believe they are the sole victims due to the influential status of doctors and healthcare professionals. Perpetrators exploit their strong professional identities and relationships to avoid detection and cover up their wrongdoings (McKenna & Merz, 2021). Weltens (2021) identifies several contributing factors to abuse. For example, patients diagnosed with psychotic spectrum disorders, personality disorders, or bipolar disorders are susceptible. Substance abuse also plays a role, as cravings for alcohol or cigarettes and withdrawal symptoms are considered influential in fostering aggression.

Personnel factors also play a role, such as having a predominantly male staff, heavy workloads, job dissatisfaction, excessive workload, management dissatisfaction, fatigue, lack of nurse representation, poor collaboration among nurses, higher numbers of temporary workers, and increased anxiety among nurses. Additionally, when conducting clinical assessments, it is essential to consider the intricate connections between victimization, mental health, and broader genderrelated systems involving economic power, tradition, and social status (Bhavsar & Bhugra, 2018). Rossa-Roccor, Schmid, and Steinert (2020) argue that victimization of individuals with severe mental illnesses significantly affects patient outcomes within the mental healthcare system. This is concerning since patients rightfully expect a safe treatment environment. Evidence suggests that certain groups, such as women, individuals with psychotic disorders, and patients with a long history of mental illness, may be especially vulnerable to victimization in mental healthcare settings. The evidence also indicates that victimization contributes to the worsening, persistence, and exacerbation of the disease.

In addition, Goodman (1997) reported that further research supports the diagnosis of a psychopathological disorder such as schizophrenia as a risk factor for abuse in adults. It is likely that the cognitive and behavioral symptoms typical of schizophrenia, such as impaired reality testing, poor judgment, difficulty planning, and difficulties in social relationships, increase a person's susceptibility to physical violence or forced sex.

The normalization of the sexual behavior of some patients in the staff could also play a role. In addition, patient factors can complicate the management of the consequences of the assault and the subsequent administration of justice. In one study, only 39 percent of hospital patients who engaged in sexual misconduct reported it to staff. Reasons for non-reporting have been identified as shame, fear that their charges will be dismissed and belief that offenders cannot be held liable because of mental illness (Barlow, 1997).

Another possible factor is that victims may not identify physical or sexual assault as abuse and therefore do not report it when asked about abuse in general (Goodman, 1997). Patients may have concerns or confusion about the circumstances of their treatment, which can be compounded by the abuser's modus operandi. For example, an emergency room physician at a New York hospital was convicted of sexually assaulting four adult patients with sedatives. Employees may also be reluctant to pay attention to behaviors they have observed in more experienced and qualified professionals (Herald & Nash, 2019). Some affected patients may be pushed in the wrong direction by sexual impulses or misinterpret the behavior of others. Behaviors such as inappropriately undressing, wearing inappropriate clothing, overly intimate behavior, being overly kind or inappropriately touching others, hyper sexuality, e.g. for interpersonal space (Guidelines for Chief Psychiatrists, 2009). Watts (2018) included psychiatric services that perpetuate patriarchal language and a set of practices that allow those in power to suppress confessions, which naturally leads to people who have been assaulted and abused in psychiatric settings and in remain locked away by emergency services. where silence seems far safer than speaking out. Perpetrators of Sexual Abuse in Health Facilities

The data available indicates that the majority of sexual abuse incidents in healthcare settings is carried out by employees, particularly those in caregiving roles such as nurses, doctors, therapists, and support staff like technicians and transporters. These positions often involve close interactions with patients, providing abusers with more opportunities to engage in such acts (Herman Law, 2021). A study conducted between 1985 and 1991, involving 255

Running head: physical and sexual abuse

administrators of psychiatric institutions; found that 36 percent of the units received patient complaints of sexual abuse by healthcare personnel (SCA, 2018). Other studies also indicate that hospital staff, including doctors, nurses, therapists, specialists, and support personnel, are frequently responsible for sexual offenses within hospitals.

The nature of these professions allows for greater proximity and contact between staff and patients, creating an environment where these crimes can occur. Additionally, instances of abuse can arise when caregivers assist patients with tasks like bathing, toileting, or wound care that involve exposure of genital areas. Visitors and intruders can also be responsible for abuse in hospitals if proper visitor control policies are not established and implemented. Inadequate screening measures, such as failing to require visitors to provide the name of the patient they are visiting, allow unauthorized individuals to easily access patient rooms, increasing the risk of assaults by external predators (Shorr, 2018). Healthcare facilities should also be vigilant about the potential for sexual abuse between patients. Patients receiving care in secluded and confined settings are particularly vulnerable, presenting opportunities for abusive behavior. However, effectively monitoring patients in such environments poses challenges (Herald and Nash, 2019).

2.3.4 Settings when Sexual Abuse occurs

Sexual abuse is a deeply troubling issue that can occur across various healthcare settings, particularly when patients are alone with healthcare professionals. Women are often the primary victims in these cases, with obstetricians and gynecologists being among the most frequently accused medical professionals. However, it's crucial to acknowledge that sexual abuse can take place in any healthcare environment, including hospitals, emergency rooms, doctors' offices, nursing homes, as well as psychiatrists' and psychologists' offices.

Running head: physical and sexual abuse

Hospitals, in particular, create a vulnerable situation for patients who may be unclothed, physically limited, or under the influence of sedatives, providing an opportunity

for sexual predators to exploit them. Patient care is often provided in secluded and private settings to uphold their dignity and privacy. Even in busy hospital settings, there are isolated areas where patients and their caregivers interact, creating an environment where abuse can occur without easy detection. The healthcare system in the United States, like in other countries, has shifted towards providing care outside of acute hospital settings. This includes delivering treatment and care in patients' own homes, particularly for chronic conditions, and accommodating the elderly in smaller and less supervised environments. This dispersed workforce, offering care on a one-to-one basis in isolated settings, raises concerns about an increased risk of abuse. In such situations, there are fewer opportunities for co-workers to identify problematic behavior and raise concerns.

In psychiatric wards, areas with intense interaction between patients and staff, such as corridors and living spaces, are more prone to aggression and potential sexual abuse. The provision of mental health care occurs within both institutional and community contexts, necessitating a comprehensive assessment of violent victimization. Understanding the social, geographic, and chronological contexts of an event involving violence is crucial in evaluating the risk of further victimization. It's also important to consider the complex interplay between victimization, mental health, and broader gender relations, including economic power, cultural traditions, and social status when conducting clinical assessments (Bhavsar & Bhugra, 2018)

2.3.5. Victims of Sexual Abuse in Health Facilities

Children and young people with disabilities are particularly at risk of being abused. This is partly because they are more likely to live away from home in nursing homes or hospitals at some point in their lives (Kendrick & Taylor, 2000). Many victims spent long

Running head: physical and sexual abuse

periods in hospitals, mental health facilities, or special schools and reported that abuse occurred in these facilities (Westcott 1993).

2.3.6. Impact of Sexual Abuse

Sexual abuse has both physical and psychological effects on health and well-being, which can be short-term or long-term. Health outcomes and responses to sexual assault vary from person to person and depend on the type of abuse, e.g. B. Frequency, severity and offenders. The psychological consequences of sexual violence can be very serious and long-lasting (WHO, 2003). Exposure to violence has been shown time and time again to increase the risk factor for depression and other mental health problems. It is recognized that there is a need to understand that many sexual victimization survivors have multiple health problems (Radell L. et al., 2021). Research shows that a history of sexual abuse is associated with an increased risk of being diagnosed with several psychiatric disorders

later in life, such as: B. Anxiety disorders, depression, eating disorders, post-traumatic stress disorder, sleep disorders and suicide attempts.

It is known that survivors of sexual abuse face severe physical and mental health problems, with an associated increase in health care utilization and medical bills (Chen, 2010). Shorr (2018) noted that hospitals rarely report allegations to law enforcement because patients are rarely believed. Nurses typically report patient complaints to the attending nurse, who assumes the patient has been dreaming or hallucinating due to the effects of medication. For many decades, it was believed that women with severe mental disorders could not be trusted to tell their stories of abuse, assault, and rape. The underestimated patients, often with a history of domestic violence, were vulnerable to violence in the psychiatric system where they sought treatment. Because of the prevailing culture of passivity towards violence against women in psychiatric services, victims are forced to deal with the psychological trauma on their own.

Running head: physical and sexual abuse

Sexual assault is a traumatic experience that can leave long-term physical and psychological scars, including serious mental health problems and addiction. And those who already have a mental health problem would face a greater challenge because of a pre-existing problem. According to the National Crime Squad of England and Wales, nearly two-thirds of victims reported mental or emotional problems, with one in ten victims attempting suicide. The

most common mental health problem resulting from abuse is post-traumatic stress disorder (PTSD), and 50% of people who have been abused are likely to suffer from it at some point in their lives. Other psychological problems include depression, suicidal thoughts and substance abuse. Additionally, other mental health problems resulting from sexual assault include relationship problems, low self-esteem, sexual problems, self-harm, anxiety, guilt and shame (Lucock & Brooker, 2019). Seifu, (2021) indicated victims of sexual harassment have reported negative psychological consequences following the incident.

These include feeling of being stuck in unchangeable situation, helplessness, worthlessness, fatigue, isolation, shame, guilt, irritability and vulnerability. In addition to this, feelings of hopelessness, avoidance of stimuli associated with the traumatic event, numbing of responsiveness, tremor and an increase in stimuli were reported among women who experienced severe forms of sexual harassment. Threat to victims' job in case of reports, uncertainty of reoffense and working in the same environment where the harassment occurs were linked as factors which can lead victims to symptoms of anxiety. More than half of those who had experienced rape or attempted rape reported having attempted suicide as a result of their experiences (Oram, 2019).

2.4 Summary of the review

Violence is much more common in healthcare than in other industries, and studies supporting indicate that abuse takes place in different health facilities. Physical and sexual abuses are to be prevailing excessively even if it is highly under reported. Specifically patients or service users within psychiatric ward are more prone to physical and sexual abuse due to their state. Various factors contribute for the ongoing unreported violence and victimization is one the most prominent factor. There are also many contributing

Running head: physical and sexual abuse

factors such as patient factor, ward factor, organizational factor, and societal factors. Perpetrators of physical and sexual abuse can be patients themselves, doctors, nurses, guards, visitors, and intern. Victims of such abuses are various in different health facilities but children, adolescents, elders, mentally ill and those who have developmental impairment are very vulnerable.

CHAPTER THREE

METHODS

This section provides a comprehensive account of the technique crucial for attaining the objectives. It represents an elaborative explanation of the research methods and protocols employed to gather the data, the extent of the study, the techniques employed for sampling, and the analysis of the data. The investigation employed a qualitative exploratory strategy relying on semi-structured in-depth interviews. This choice was made to comprehend and depict personal perspectives and enhance comprehension of the service users' experiences.

3.1 Study area and period

This study was conducted in Addis Ababa Ethiopia. Addis Ababa is administratively divided into eleven sub-cities and 116 districts. Data was collected from two hospitals, namely Amanuel Mental Specialized hospital (AMSH) and Eka-Kotebe General Hospital from August 2022-April 2023. AMSH is located around "Mesalemiyall, near the city of Addis Ketema. AMSH is a government hospital headed by the Federal Ministry of Health that focuses on alleviating harm and death related to mental illness by providing high quality, standardized health services for the prevention, treatment and rehabilitation of mental illness and building capacity thereby increased support for research and training. AMSH has been the only state psychiatric facility in Ethiopia for decades. It has a total of 300 beds and clinics that help people with mental illnesses. The AMSH study focuses on the physical and sexual abuse of patients during their stay at the hospital. Eka-Kotebe General Hospital is located in the city of Yeka, Addis Ababa. It was built as part of the expansion of the Amanuel Mental Specialized Hospital, which began its services five years ago, in 2009. Half of the hospital's services are dedicated to treating and caring for patients with mental illness. In addition, the hospital's capacity for inpatient care was maximized to 600 and 28 outpatients.

3.2 Study Design

The study used a qualitative exploratory approach based on semi-structured in-depth interviews. The purpose of this study is to examine physical and sexual abuse among service users of the AMSH and Eka-Kotebe General Hospital in their current condition. A qualitative study design was therefore used to achieve the study goals. Qualitative research is applied to a problem that needs to be investigated. It provides insight into the context in which the study participants will address the problem and allows individuals to share their experiences. One type of qualitative research is phenomenology, which focuses on studying an individual's experiences in the world (Neubauer et al., 2019).

3.3. Sampling and Participants

This study was conducted using a method of qualitative approach; therefore the sampling technique was purposive. Purposive sampling is a type of non-probability sampling technique, where the subjects that were investigated are based on the judgment of the researcher. The researcher has chosen the sample by the participant's experience (case). All cases have been already documented in the archive (EBMT, 2018) with in the range of 5 to 7 years in two hospitals. The study population consisted of service users who were physically and sexually abused in their admission and during their follow-up, experts and supportive staffs who witnessed those abused at AMSH and Eka-Kotebe General Hospital. The sample size consisted of 7 victims and 8 clinicians and supportive staff/non-clinicians from AMSH. And 2 clinicians from Eka-Kotebe General Hospital. The inclusion and exclusion criteria were selected based on the participant's experience and their mental state.

Inclusion criteria

1. Those Females and Males
 - Were either admitted at Amanuel hospital or received follow up as an outpatient.
 - Experienced Physical and sexual abuse.
 - Their experience was well known in the mental health facility.
 - Were able to give informed consent
 - Were able to participate in interview conducted using an Amharic language.

2. The staff members of different professions of those who fulfilled the above inclusion criteria or been immediate witnesses during the incidence
 - Who gave informed consent and had proper mental state examination
 - Who witnessed the incident
 - Who are the hospitals members
 - Who were able to participate in an interview in Amharic.

Exclusion criteria

- Participants who were mentally unfit for the interview
- Participant who were not capable to give consent
- Who were not immediate witnessed in the incidents
- Who are not the hospitals members

The researcher initially identified participants based on the criteria mentioned above and conducted a mental state examination using the designated format at the hospital before the data collection including mood, affect, perception, thought form, thought content, cognitive function,

Running head: physical and sexual abuse

orientation for time, place and person, attention and concentration, memory, abstract thinking, judgment and insight.

Once identified, both the individuals fulfilling all the criteria's and their caregivers were approached separately. They were provided with a brief explanation of the study and invited to take part. Those who agreed were given a detailed information sheet about the study. Prior to participation, they were required to provide both written and verbal consent, which was obtained separately from the service users and their caregivers. If individuals were unable to read or sign, the information sheet was read to them, and if they agreed to participate, they were asked to provide commencing data collection and the mental state examination mainly focused on behavior, speech, a thumbprint as a form of consent.

Sampling was continued until theoretical saturation was achieved; the participants were 17 total in- depth interviews had required. 7 were service users and 10 of them were staffs of AMSH and Eka- Kotebe General Hospital.

3.4 Data collection methods

The data was gathered through in-depth interviews. Initially, a structured form was used to collect socio-demographic data, which included code numbers, age, gender, marital status, date of hospital stay, education level, and diagnosis of the patients. Following the collection of this information, semi-structured interviews were conducted using a topic guide for each participant. As the research goes on the topic guide was adapted. The questions were formulated to ensure easy comprehension, and repeated explanations were provided since the participants were unfamiliar with the subject matter. The interviews aimed to gather detailed information about the topic, avoiding any leading questions. To accommodate the Amharic-speaking participants, the topic guide questions were translated into Amharic. The interviews lasted an average of 40-60 minutes and were all recorded for audio documentation.

3.5 Data Analysis

Thematic analysis was employed to analyze the data gathered from interviews. This approach involves identifying, examining, and reporting patterns within the data, enabling a comprehensive organization and detailed description of the dataset (Creswell, 2012). The interviews were transcribed into English, and nonverbal expressions were accurately captured using the field notes taken during the interviews (Glaser & Strauss, 1967).

The collected data was then categorized according to the research's thematic areas, ensuring alignment with the research questions. Each line and paragraph of the data was assigned a code, which was refined and adjusted throughout the analysis process (Creswell, 1998). A concise and elaborate description of the data was developed under each theme. Based on the study's findings, reports were generated and recommendations were proposed. This study developed thematic analysis, which includes a broad description of the context, the observed process, and an in-depth explanation (Lincoln & Guba, 1985).

Through a rigorous process of re-reading and summarizing the interviews, findings were analysed to recognize main themes that best represent the study participants while testing the constructions and interpreting tentative claims against already collected evidence (Merriam, 2012). Five major themes/overreaching, themes were identified in the final analysis, which includes:

1. Types of Sexual abuse
2. Types of Physical abuse
3. The psychological impacts of abuses
4. The place where the abuse occurs
5. The perpetrators of the physical and sexual abuse characteristics.

3.6 Ethical considerations

This study was conducted after ethical clearance is found from the School of Psychology, College of Educational and Behavioral Studies, Addis Ababa University research ethics committee, Amanuel Mental Specialized Hospital and Eka-Kotebe General Hospital research ethics committee. Both written and verbal informed consent was obtained from all informants who participated in the study after explaining the purpose of the study in the Amharic. Physical harm from participating in the study is unlikely. The topic of discussion we had has a possibly sensitive content; therefore, psychological status of participants was observed throughout the interview. Every cautiousness been taken to ensure that all participants felt safe, comfortable, and had the freedom to take a break from the interview, reschedule the interview or withdraw from the study without any negative consequence on their relationship with the hospital. Confidentiality was maintained at all times; no personal or identifiable data was not recorded or printed in the study.

CHAPTER FOUR

RESULT

4.1. Socio-demographic Information

The study's findings revealed that both AMSH and EKGH establishments had incidents of physical and sexual abuse, as reported by all participants. Physical abuse was described as physical assault, while sexual abuse involved rape by hospital staff, physicians, nurses, security personnel, and visitors. The majority of participants reported that male patients were primarily affected by physical abuse, while female patients experienced more of physical and sexual abuse. The examining rooms, nursing station and ward restrooms were identified as the locations where the abuse occurred. The challenges mentioned included short and long-term psychological effects, customer dissatisfaction, psychological well-being, and fear of admission.

The study had seventeen purposely chosen participants who engaged in face-to-face in-depth interviews. Seven of them were service users; mostly females diagnosed with mood disorders and had hospital stays ranging from 18 to 90 days. Five of the service users had a history of multiple admissions.

Table 1: Socio-demographic characteristics of respondents (service users) who had at Amanuael Mental Specialized (AMSH) and Eka-Kotebe General Hospital, Addis Ababa, Ethiopia, 2023.

| Code | Age | Sex | Marital status | Educational status | Number of admissions | hospital stay | Diagnosis | Residency |
|------|-----|-----|----------------|--------------------|----------------------|---------------|-----------|----------------|
| 010 | 28 | F | Single | Complete grade 12 | 5 | 28 days | BPD | Oromia regions |



Running head: physical and sexual abuse

| | | | | | | | | |
|-----|----|---|---------|---------------------------|---|----|----------|-----------------|
| 005 | 29 | M | Single | Accountant | 1 | 18 | Epilepsy | AA |
| 007 | 34 | M | Single | Architecture | 2 | 35 | BPD | Amahara regions |
| 011 | 54 | F | Married | Uneducated | 3 | 45 | BPD | Amahara regions |
| 012 | 35 | F | Divorce | Housewife | 6 | 45 | MDD | AA |
| 013 | 25 | F | Single | Dropout school at grade 9 | 1 | 90 | MDD | Afar regions |
| 015 | 32 | F | Divorce | Nurse | 5 | 34 | BPD | AA |

BPD= Bipolar Disorder

MDD= Major Depressive Disorder

Titles of Clinician and Non Clinician participants

The remaining participants were staff employees from various departments such as psychiatrists, general practitioners, community mental health specialists, nurses, and runners, selected based on their professional backgrounds.

Table 2: Code of participants (staff members) and employment position, of those who work at Amanual Mental Specialized (AMSH) and Eka-Kotebe General Hospital, Addis Ababa, Ethiopia, 2023.

| Psychiatrist | General practitioner | Community mental health specialist | Psychiatry Nurse | Runner | Professional Nurse |
|--------------|----------------------|------------------------------------|------------------|--------|--------------------|
| 016 | 004 | 001 | 002 | 006 | 003 |
| 014 | 017 | 008 | 009 | | |



Running head: physical and sexual abuse

4.2. Types of Sexual Abuse

According to the psychiatric patients and health professionals interviewed at AMSH and EkaKotebe General Hospital, sexual violence was committed by a wide range of individuals including guards, psychiatrists, patient visitors, nurses, and interns with clinical attachments in the hospitals. WC001, WC002, and WC003 reported witnessing individuals engaging in sexual activity with inpatients, ranging from molestation to actual intercourse. Especially one bipolar patient told to a witness (WC 002) in her own words that:

'I had no interest in having sex, and it was not the first time; the intern assaulted and kissed me two days ago inside the ward toilet...'

This female patient did not have the insight about what was going on, and the perpetrator used this to took advantage to attain his unethical interest. In addition, another witness (WC 003) briefly explained what happened to the same bipolar patient as;

'I think the patient was willing to have sex with the intern... she had bipolar disorder, as a result her sexual drive was abnormal...if she was normal this woman might not have engaged in such activities, so we thought that it was sexual abuse even cause of her illness. The intern was supposed to control his urge and acted unethicalall

A male participant, (PC 005) revealed that he was deceived by the physician to engage in sexual activity with him. The patient responded by explaining the process of how things go wrong and end up having sex with the physician:-

"he told me the medication that I'm taking had a chance to affect my erectal function, if you have a girlfriend, it can make you sexually inactive.. This medicine has destroyed many marriages, saying that he will check your sexual functionality if you are willing to do what I tell and show you. At that time, I could not control him...he took off my

pants, and took off his pants and clothes of aggressively ...he took out his tongue and put his tongue in my mouth, and then he inserted the tip of his penis into my anus and ejaculated on my body...."

Running head: physical and sexual abuse

When exploring the words, the perpetrator might have sedated the patient before he started sex.

Running head: physical and sexual abuse

The participant (PC 005) reported that

'when this happened for the first time...I was feeling numb and blurry at that moment; I didn't know what was happening ... '

Furthermore, the abuse took different forms, thus making the case even more complicated. The physician might have used medicine to sedate this participant before the sexual abuse, as it can be noted that the service user was unaware of what was happening. On the other hand, other participant said that because some service users needed cigarette or alcohol, the perpetrator used this opportunity to bargain with them, and took advantage of the patient for sex to fulfill her smoking cravings. Also, the witness (WC009) agrees with this idea. This rape case did not happen over a random in counter. The perpetrators selected the patients they want to have sex with, chose a convenient time for their unethical misdemeanour during lunchtime and used condoms in some cases, which implies that the acts were premeditated. One witness, (WC 014) exposed that:

...the nurse woke the patient up in the middle of the night (between six and seven o'clock) to give her medicine, took her in the nurse station and raped the virgin patient...in the next morning she was seen crawling on her chest, she was scared and also told to her room met what had happened with nurse ...

4.3. Forms of physical abuse

Health professionals at the hospital resorted to various forms of active abuse, such as physically beating patients with rubber sticks, misusing restraints to control them, using abusive language to frighten them, and neglecting their needs. One patient, identified as PC011, reported being attacked with a rubber stick by a security guard.

'...the security guard who lives in the yard, around the room where I used to sleep. This guard was continuously stalking me; he also has hit me many times; he hit me so many time. When I asked him to go out to drink coffee, he says it is not possible; rather, he eats

Running head: physical and sexual abuse

me. He always beats us with a stick like donkey.'

Another witness, (WC 001) also testified that

'...one patient was beaten with a stick and had a big scar on her leg. Her clothes were torn; she said no human deserves this...The stick left a bruise on her whole thigh where she was struck...'

These inpatient abuse stories are a widespread phenomenon in everyday hospital life; noncompliant patients receive one or more physical confrontations from those who are supposed to provide care for them. Surprisingly, a nurse working in the hospital does not stop the perpetrator from doing the physical abuse. Instead, the attacker insults the witness to stop her involvement which ends up with verbal assault from the perpetrator. The witness, (WC 008) described how terrifying the situation was and said:

"I saw the patient's forehead was bleeding; his face was covered in blood, his body was with many bruises, his hospital gown was torn...When they choked and punched his neck, I asked why are you doing this? And then I asked the perpetrator to stop...he said, who are you to ask me this kind of question? The nurse at the time turned his face to me and insulted me. He had a green PBC in his hand and a pipe tire and bragged, saying I will beat you too...."

One patient (PC 007) also put it boldly that:

"Guards do not understand what mental illness is, the nature of this patient's mental state, and they need an awareness raising program..."

Another patient, (PC 015) also explained how the nurses attacked her. In her own word

“The attack happened to me at night while my mother was not around... when I panicked... I told the nurse to give me medicine... he said I am not allowed to ask such questions. I started knocking on the Physician's room again, and he came out and asked why you disturb other patients. Then we started to argue. He twisted my arm, and he called another nurse and held my hands... they gave me the medicine; I think the dose was higher than usual; they gave me more than one millilitre of haloperidol, and then immediately my hand started swelling... I could not move my arm and realized something was wrong or broken...They injected me with medicine; they said that 'you cannot do anything,' they just went to their room and slept, they didn't even check me to see how I was doing...'

Due to the nature of the case, patients show different behavioural changes. Bipolar disorder in manic episode patients show inflated self-esteem or grandiosity, increase in goal-directed activity, decreased need for sleep, more talkative than usual, distractibility, excessive involvement in risk taking activities, spending sprees, sexual indiscretion. The mood disturbance is sufficiently severe. Consequently if the caregivers do not receive adequate training and the hospital does not have a clear patient policy could result in physical abuse. As it is put from the very outset, physical abuse is deliberate bodily damage that may take many forms, including slapping, hitting, pinching, choking, kicking, shoving, or inappropriately using drugs or physical restraints. The signs include but are not limited to bruises, swellings, cuts, broken bones, open wounds, punctures, or any physical signs of being punished or restrained.

4.4 Psychological consequences of abuse

Sexual violence has short or long-term consequences on patients' physical and psychological wellbeing. The current research from the witness indicated that the patient showed little or no understanding what was going on around them but they felt extreme self-blame, criticism, regret, guilt, and resentment.

The witness, (WC 001) explained what happened to one patient in the ward:

"...we heard her screams, crying, but even she was injured and had nothing to say about what was happened to her...She was crying and deeply sad...How can they beat me? What have I done? You were supposed to care for me like a mother; I do not expect you to treat me like this...she was crying...."

This patient chose to abstain from taking the initiative to report the physical abuse that happened to her. The previous patient is also experiencing a feeling of worthlessness and believes that she is cursed by God rather than taking responsibility for her actions. The witness, (WC 001) quoted her patient:

".... her God was the one who put her in this trouble, that her God does not love her, and she repeatedly expressed in words that she was condemned because of her illness and that she was frequently saying that she is useless...."

We encountered one patient who isolated herself to avoid criticism and take responsibility for what happened while she was a victim, and finally, she disappeared from the hospital. Because the perpetrator was caught in the middle of raping her and the staffs were on his side, all resentment was directed to the patient for the attackers' arrest.

The witness, (WC 002) who saw the patient actually after the attack said that:

"She wouldn't get up from the bed because she was extremely saddened, saying send me out of the hospital...hospital staff was gossiping about me, that I was the one who made the guy end up like this, ruined his life...After the attack, she had depression,

Running head: physical and sexual abuse

her depression significantly worsened after the incident. She was ashamed of what had happened to her, and she became isolated and quiet'

The witness also observed that she was depressed, scared, and ashamed of what had happened. Before the active physical abuse, the patient was enthusiastic and extremely sociable, and her mood changed following the sexual assault.

One male rape victim, (PC 005) also showed helplessness because of the attack, resentment, blame, fear, and inability to accept what happened. To put this into context: *'I'm just shaking inside, could not calm down because I couldn't accept, and how could this happen to me...'* Moreover, another witness also reported fear of going to the hospital because of the threats from the nurses and therefore chose being isolated and was helpless. The witness, (WC 008) also confessed that *"There are also other professionals whose actions were unethical... lack of clear understanding of mental illness...failure to identify the patient's signs and symptoms and their behaviour..."* after this patient wanted to avoid the hospital.

The witness continued, *"...this patient's mother is the one who frequently came and collected his medicine because the victim does not want to come to the hospital as he said he is mostly fearful and worries...he is usually confined alone..."*

It is also not surprising to see that the perpetrator is left unpunished for what he has done, and both the patient and other health providers are frustrated when these negative influence on the success of the treatment and the psychological well-being of the inpatients. The same witness also revealed that the head nurse was abusive, and the hospital did not do anything about it. The witness, (WC 008) continues to argue that: -

"...the head nurse is the one who assaulted the patient. The guy threatened all the professionals, consequently, no one standing on the patient's side, and hence the relationship between the medical professionals and the patient /the therapeutic/ relationship were spoiled..." A psychiatrist also argued that he witnessed an abused patient who did not want to report for fear

Running head: physical and sexual abuse

of being attacked; there is discrimination, mismanagement, and stigma instead of trying to understand as a patient. These problems were frequently occurring and reoccurring in the hospital.

The witness (WC 004) said: *...patients were mismanaged and discriminated ,patients are destructive, they don't know anything, whatever we did on them, no one asks us...they are stigmatized, you can read fear on his face....'* He also continued:

"...when you look at it like this, it just gets worse...what you see, i.e., abuses on a routine basis, so we (psychiatrist were all indifferent, but I never thought of going further to change the situation... I never tried...because I know I have the limited capability (powerless)...."

As a result, some hospital employees get frustrated, sometimes afraid to report as it may result in An attack from the perpetrators.

4.5 The perpetrators characteristics

All participants reported most of the perpetrators are health professionals. The perpetrators were physicians, nurses, psychiatrists, visitors, interns, and hospital guards were performing this physical and sexual abuse to patients. The perpetrators were male and most are nurses. Based on the analysis, physical and sexual abuse was a commonly reported but neglected issue in both settings. A Psychiatrist was well informed, as they discuss in their morning sessions, although little or no attempts was made to stop such

attacks or attackers /harassment/ in the hospitals. Rape and sexual molestation (provocation) frequently happened to the participants. These problems were frequently occurring and reoccurring in the hospital.

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4.6 Setting where physical or sexual abuse occurs

Instances of abuse were commonly reported to have taken place within the ward toilets, nursing station and examination rooms at Eka-Kotebe General Hospital, particularly involving physical and sexual abuse towards mental health service users (AMSH). The participants in the study identified various factors that triggered such incidents, including conducting examinations in isolation, inadequate infrastructure of the hospital, the mental state of the patients, and a lack of supervision during lunch breaks when most employees were absent. These factors were frequently mentioned by the respondents.

An intern, raped a patient in the ward toilet, (PC 010) and before that, patient said, *'...the intern told me he will give me medicine, asked to follow him...'*. Another witness, (WC003) added, *"the infrastructure of the female's ward is complex and dark inside corridor...'* which exposes the inpatients to transgressions by the perpetrators.

The witness, (WC 009) said *_At lunchtime, patients are vulnerable for being attacked... because the specialist and the guards took a lunch break and that leaves these patients unsupervised ...'* the witness, continued, *_because as strategy, I always go around the same ward from six to eight o'clock at lunchtime to see what is going on ... I caught a patient having sex...It was ward 1, on the right side of the toilet, right after you entered the*

Running head: physical and sexual abuse

toilet. A caught patient said that '... she said she willingly did it, we did this thing repeatedly. I had sex with him because the guy always brought me cigarettes and matches though I was not interested in doing it....'

Despite the perpetrator being caught, the witness reveals that he was fired from the institution but was not charged with a crime. Similarly, another witness (WC 004) confirmed that:

"...they said there is a hospital rule and that they will follow the case accordingly ...I am not satisfied with the decision made by the hospital..."

PC 005 revealed that he was raped in examination room = *'... the physician closed the examination room just in two of us.....he continued.....the time was lunch time around 6 o'clock local time.....'*

CHAPTER FIVE

DISCUSSION

5.1 Discussion

The results reported in the study found that respondents agreed that physical and sexual abuses had occurred in mental health service users at Amanuel mental specialized hospital and Eka Kotebe hospital. A hospitalized person needs professional care and services. However, it is not uncommon for patients to be abused by healthcare professionals.

According to the findings of the study Sexual related violence was committed by guards, psychiatrist, patient visitors, nurses and interns who have clinical attachments in the hospitals. Studies in United States also reported similar findings noting In-hospital sexual abuse of vulnerable individuals is a common problem in the United States (Bernstein, 2019). Having sex or engaging in any form of sexual activity, such as sexual assault and sexual misconduct, towards a hospital patient without being aware that healthcare professionals are exploiting their patients' vulnerabilities in the hospital setting, this is a recurring occurrence and a very sensitive subject (Herman's). Law, 2021).

Based on responses from 714 nurses employed at two psychiatric hospitals, 94% of the 279 respondents considered sexual contact (defined as —physical contact between the patient and the nurse during which the nurse was sexually arousedll) to be inappropriate, out of 17 % nurses interviewed, 11% of nurses reported such patient contact. However, this research has observed that majority study participants have reported sexual abuse. In addition, a very recent study reported by year 1 adult hospital residents, that prevalence estimates subtypes of sexual abuse accounted for (1.9%) of the reported cases, with psychological abuse (33.4%) being the most common, followed by physical abuse (14.1%), financial abuse (13.8%) and neglect (11.6%) (Yon et al 2019). In most cases, patients often do not avoid or report such sexual abuse. The participants reported that the hospitals employees particularly guards and nurses, did not follow ethical principles when treating patients.

Running head: physical and sexual abuse

Beating with rubber stick (active abuse), use of force to control (misuse of restraints), abusive words (frightening the inpatients), and neglect were the active strategies used by professionals working in the hospital to handle their patients. Patients were attacked by rubber stick by a security guard and nurses in both settings.

Literature in this area support the current findings as Monane (1984), reported a high prevalence (42%) of physical violence among children and adolescents in United States psychiatric hospitals the study also indicated those children as well as their parents showed an impulse behavior. According to Arab Times Kuwait (2020), it is reported that various forms of oppression of patients are used in the Kuwait Mental Health Center, including beatings and humiliation, as well as stealing their belongings and selling drugs.

Attacks on patients are also common in the center. In 2019, a report released at the hospital showed that a 68-year-old patient was attacked by nurses, resulting in a laceration and bruise under the eye, and was treated without an examination. The attackers were mostly men with whom the woman had an intimate relationship, unlike what happened in our context. Patients and witnesses have reported that psychiatrists, nurses, and security guards were the perpetrators all forms of abuse committed. Inpatients complained that the above professionals, particularly guards and nurses, did not follow ethical principles when treating patients.

A prior, American and European data show that 10-30% of patients (adolescents, adults and elderly) admitted to acute psychiatric units receive these techniques (Janssen WA et al. 2011; Cornaggia CM, et al, 2011).; Bowers L, et al., 2011).However, Cascardi (1996) found that many psychiatric inpatients reported physical abuse by family members or partners, and physical abuse was rarely documented in medical records. This findings is in contrast to what is happening at AMSH or Eka-Kotebe General Hospital. Since the late 1990s, solitary confinement and restraint have only applied to behaviour that —endangers the immediate physical safety of the patient, staff or others (including other patients) and only when less restrictive measures have failed. Various researchers have also identified quality of care practices and guidelines that support a reduction in isolation and isolation dependency (Donat DC et al., 2003). According to DSM-5, 2013, patients with bipolar disorder in a manic episode show excessive self-esteem or height, increased goal-directed activity, decreased need for sleep, more talkative than habit, distraction,

Running head: physical and sexual abuse

over-involvement in risky activities, and sexual indiscretion. Mood disorders are quite serious. Therefore, physical abuse can occur when medical professionals are not properly trained and the hospital does not have clear policies for patients. Furthermore, facility managers believe that their employees are not well prepared for such events (Wright et al. 2012).

In the previous study, the researcher also observed that hospital workers are frustrated and sometimes afraid to come forward, as this could lead to abuse by the perpetrators. Some of this frustration may stem from hospitals' policies on treating patients or their laxity in handling cases. As (Mekonnen et al. 2019) show, abuse and violence in healthcare are widespread but do not receive the attention they deserve.

Physical and sexual abuses have short or long-term consequences on patients' physical and psychological well-being. The current research from the witness indicated that the patient showed little or no understanding what was going on around them but they felt extreme self-blame, criticism, regret, guilt, and resentment. It is also not surprising that the perpetrators go unpunished for what they've done. The patient and other healthcare professionals feel frustrated when it affects the outcome of the treatment and the psychological well-being of hospitalized patient. Additionally, other mental health problems resulting from sexual assault include relationship problems, low self-esteem, sexual problems, self-harm, anxiety, guilt and shame (Lucock & Brooker, 2019). In contrast, Seifu (2021) reported that victims of sexual harassment reported negative psychological consequences after the incident. These includes feeling stuck in a fixed situation, helplessness, worthlessness, tiredness, isolation, shame, guilt, irritability, and vulnerability.

According to the National Crime Squad of England and Wales, nearly two-thirds of victims reported mental or emotional problems, with one in ten victims attempting suicide. The most common mental health problem resulting from abuse is post-traumatic stress disorder (PTSD), and 50% of people who have been abused are likely to suffer from it at some point in their lives. Other psychological problems include depression, suicidal thoughts and substance abuse.

Running head: physical and sexual abuse

Furthermore, from AMSH and Eka Kotebe General Hospital service user's respondents expressed the psychological consequences of abuse due to the experience of what happened to them, as the feeling of extreme self-blame, criticism, regret, guilt, and resentment. Similarly,

Running head: physical and sexual abuse

this leads the patient to experience emotional escape from painful or difficult stimuli, such as fear, sadness, or shame. Therefore, this situation leads the patient to struggle with negative emotions. Avoiding emotions can be effective in the short term and provide temporary relief. It often causes more harm in the long run. To avoid feeling emotions, one can resort to more serious and harmful mechanisms, such as substance use (Tull, 2020)

According to Shorr (2018) found that violence against women in psychiatric units forces patients to silently deal with psychological trauma alone. Therefore, repeated and persistent abuse can occur in psychiatric hospitals. In the study physical and sexual abuse was a commonly reported but found to be neglected issues in AMSH and Eka Kotebe General Hospital. Physicians, nurses, psychiatrists, visitors, interns, and hospital guards were the ones that did the physical and sexual abuse to the patients.

The perpetrators were male and most are nurses. This does not take into account the mental health of the patient as most victims may not be fully aware of what they are doing (physical and sexual abuse). It is the healthcare professionals who decide the treatment of choice. However, after analysing the responses of the participants, most nurses are taking advantage of service users and enforce their interest on them. Those stories also emphasize the above evidence of how psychiatric hospital staff manipulates their patient's vulnerabilities.

The Federico Mora Hospital report found that the perpetrators were medical and security personnel (Rogers, 2014). Patients at this hospital have reported being raped while under sedation. This finding is consistent with what was reported by a participant of this study, where the patient reported not knowing what was going (had sex) with the physician. Although in current research female patients were the most frequently sexually abused, male patients were also victims of such abuse. Statistics display that health facility employees, which include caregiving staff, consisting of nurses, doctors, and therapists, and administrative staff, are the bulk of perpetrators. These positions generally tend to permit close interactions among employees and patients, which gives sexual abusers more opportunities to commit these acts (Herman Law, 2021). According to SCA, (2018) a 1994 report, a study carried out between the years 1985 and 1991 involving 255 administrators of psychiatric institutions showed that 36 percent of units had gotten patient

Running head: physical and sexual abuse

complaints of sexual abuse by a member of health facilities. Other studies also indicated that most of the sexual offenders in hospitals are the hospital personnel, including caregivers like doctors, nurses, and therapists, as well as support staffs like specialists and carriers. The following stories also reinforce the above evidence of how psychiatric hospital staff manipulates their patient's vulnerabilities.

The available data reveals that the majority of incidents involving sexual abuse in healthcare facilities are perpetrated by employees, particularly those in caregiving roles such as nurses, doctors, therapists, and support staff like technicians and transporters. These positions often involve closer interactions with patients, which provides abusers with more opportunities to engage in such acts (Herman Law, 2021).

According to Hohman (2019), suggests that the lack of safety staffing policies and training on how to deal with patients or other visitors from inappropriate activities and suspected disputes between patients or visitors is also a source of common abuse. According to Watts (2018) included psychiatric services that perpetuate patriarchal language and a set of practices that allow those in power to suppress confessions, which naturally leads to people who have been assaulted and abused in psychiatric settings to remain locked away by emergency services. Where silence seems far safer than speaking out.

According to accurately determining the prevalence of sexual abuse within the medical field presents significant challenges due to various factors. These factors include a lack of clarity surrounding incidents, inadequate reporting by both patients and professionals, and confidentiality rules that restrict access to disciplinary records (Teegardin et al., 2016). In some instances, hospitals or employers may disregard reports of abuse and opt to terminate the accused physicians rather than referring them to medical boards or law enforcement agencies (Ernsthausen, 2016; Norder, Robbins et al., 2016). Since the exchange theory focuses mainly on the interference between patients feeling towards what happened and the negative effect, that creates fear and being more victimized by confessing or sharing what happened during reporting (George homans, 1958). According to this research findings, most of the victim were physically

Running head: physical and sexual abuse

and sexually abused. Patients and their parents felt a sense of fear and guilt, that if they tell the truth of what happened exposing the facility staff, thus kept to themselves the abuse at Amanuel

Mental Specialized Hospital and Eka Kotebe General Hospital. Various factors contribute to the persistence of unreported violence, with the victims being one of the most important factors, because of their fear of the consequences. Another possible factor is that victims may not identify physical or sexual assault as abuse because of their mental state and therefore do not report it when asked about abuse in general (Goodman, 1997). Many cases of patient sexual abuses by physicians go unreported. It's because patients are shocked and in disbelief, guilt-ridden, or ashamed.

They may fear that they will not be understood, because there is a significant power imbalance between doctors and patients, thus they may not want to publicly disclose the abuse. In addition, many cases of sexual abuse not only go unreported but are also covered up. In fact, doctors and healthcare professionals are often viewed as powerful, and many victims fear that they will not be understood or considered as the only victims. Therefore, the perpetrators rely on their strong professional identities and rapport to hide wrongdoings (McKenna & Merz, 2021).

Regarding the places where abuses are inflicted, most happened inside the ward toilet and even in examination rooms. From the participants' responses, different triggering factors were identified, some are examination of the patient alone, the way the hospital was built, the patient's mental state and lack of supervision at lunchtime where amongst the pivotal factors mentioned by the hospital's employee.

A study done on similar issue found that most sexual abuses in the healthcare facilities happen when patients are alone with physicians and the majority of those experiencing abuse are women, but sexual abuse can occur in any healthcare setting, including: hospitals, emergency rooms, doctors' offices, nursing homes, and psychiatrists' and psychologists' offices (D'Amore Law Group, 2021). Another study implied the role of sedative drugs in patient assaults indicating the hospital setting

Running head: physical and sexual abuse

where a patient is unclothed and often sedated by drugs (benzodiazepines) can provide a perfect opportunity for a sexual predator to take advantage of patients (Steven, 2022).

Sexual abuse in psychiatric ward Weltens (2021) Ward Factor: busy places, such as corridors and living areas, with more intense patient to patient and patient to staff

interaction, seem more prone for aggression to take place, which was also found in earlier reviews. Abuse is very common in long-term care facilities. Such environments, particularly residential environments, are less controlled or monitored, presenting several challenges. Other common factors associated with violence in healthcare settings include: stress such as long wait times, overcrowding, bad news, etc.

According to Hohman (2019), they are related to a lack of safety, staff policies and training to prevent patients or other visitors from engaging in inappropriate activities, like protective measures, or psychiatric staff in inadequate seating, staff working alone, or in situations where this is not possible the case is no escape route, poor lighting and other factors that limit visibility, no access to, unrestricted public access to hospital rooms and doctor's offices. These reasons are also the most frequently cited causes or causes of all forms of patient abuse by users of mental health services and witnesses (health professionals) from AMSH and Eka-Kotebe General Hospital.

CHAPTER SIX

LIMITATIONS, CONCLUSION AND RECOMMENDATION

6.1 Limitation

- Lack of local literatures

6.2 Conclusion

Sexual and physical abuse in psychiatric settings was confirmed among patients with mental illness in AMSH and Eka Kotebe General Hospitals. Most forms of physical abuse reported were active physical abuse and physical restraints. Sexual abuse (rape, molestation, and sexual provocation) were also witnessed and/or happened among patients in the above hospital settings. In addition patients also isolated themselves in the above context. Consequently, patients were found to be suffering both from the psychological and physical consequences of sexual and physical abuse. Feelings of worthlessness, loneliness, lack of trust, depression, helplessness, and fear were seen as psychological symptoms/consequences observed after the attack among the patients. Whereas multiple bruises, fractures, bleedings, and punctures were the outcome /consequences/ of the physical abuse. The setting of all forms of the attacks was in the hospital's ward toilet, nursing station or patient examination room, and most of the abusers were employees of the hospitals, physicians, nurses, guards, or patient visitors, where they were supposed to provide care to their patients.

It was also found that the infrastructure in those hospital settings is poorly designed, which puts patients at risk, especially for sexual-related assaults. Furthermore, witnesses and patients also stated that the caregivers lack adequate training in patient handling, which might be a contributing factor for occurrence of abuses. Physical as well as sexual abuses were also under or not reported at all, when it was reported the hospital didn't take appropriate measures against the perpetrators which had an impact on the underreporting of such incidents. Sometimes, the hospitals leave the abusers unpunished or even protect

the abusers. For instance, a homosexual (sodomy) physician who raped his patient was not taken to court for his wrong deed.

The institution was supposed to take the case to the court, where the case is a crime in the Ethiopian medico legal context. Entirety, we can say that the patient handling and the general structure of the above two hospitals require a lot of attention and intervention from the inside out. Based on the findings physical abuses occurred in male patients and sexual abuses occurred in female patients most abuse recorded in AMSH. The perpetrators are male hospital employees. All participants reported most of the perpetrators are health professionals. The perpetrators were physicians, nurses, psychiatrists, visitors, interns, and hospital guards were the ones that did the physical and sexual abuse to the patients. The perpetrators were male and most are nurses. The victims were of both sexes, with women being the most vulnerable in AMSH and Eka Kotebe General Hospital.

6.3 Recommendations

Based on the available evidence, the researcher recommends the following points to the hospital administrators, patient care professionals, and family members to alleviate problems associated with the sexual and physical abuses against psychiatrist patients:

- The hospital's management team should remodel the hospital rooms so that they will have adequate light and visibility.
- The hospital's management team should do separate male and female ward toilets.
- Install cameras all over the ward and near examination rooms and assign professionals that control them.
- Educate the employee of the hospital about patient handling and care.
- Improve policies and legal frameworks with concerned bodies to handle patient abuses or enforce the hospital's policies to full effect in patient handling or care.
- Avoid treating patients alone(chaperon) which means the duty and lunch time should be alert time to be observing patients and the staffs should be working as a team.

Running head: physical and sexual abuse

- Taking the cases out of the hospitals legal department, and further on directed to outside court system.
- Prepare free call line service for outside legal bodies to prevent this types of incidence.
- Prepare standardized psychiatric emergency equipment.
- Closely observe the suspected person accordingly.
- Giving values patients report instead of ignoring their reports.
- Although both mental health facilities require visitors to register, visitors are rarely asked for the name of the patient they are visiting.
- Promote confidentiality and reward system for those who report this kind of misdemeanors.
- Creating a good rapport and a transparent healthcare provider and patient relationsh

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Running head: physical and sexual abuse

APPENDIX: 1

Participant consent form

My name is _____. I have received information and understood the letter of request to take part in the study entitled —Physical and sexual abuse among mental health services users at Amanuel Mental Specialized Hospital and Eka Kotebe General Hospital. I have understood that participating in the study will only depend on my choice to do so and that I have all the rights to withhold information, refuse or drop out of the study any time I want.

Agree _____ Disagree _____

I have received satisfactory information regarding the nature of the study and understand what will be requested of me. I have understood that all the information I give during the study will be kept confidential.

Agree _____ Disagree _____

I agree to the interview being audio-recorded

Agree _____ Disagree _____

I hereby agree to participate in this research study.

Participants Signature: _____ Date: _____

Researchers Signature: _____ Date: _____

Running head: physical and sexual abuse

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እኔ ስሜ _____ ይባላል። በዚህ—በአማኑኤል የአእምሮ ጤና ስፔሻላይዝድ ሆስፒታል እና በኤካኮተቤ ጠቅላላ ሆስፒታል ውስጥ የአእምሮ ጤና አገልግሎት ተጠቃሚዎች ላይ የሚደርስ አካላዊ እና ወሲባዊ ጥቃት በሚል ጥናት ላይ አንድ ሰዓት ተጠቅሞ መሆኔን አውቃለሁ። በጥናቱ ላይ ያለ ማንም አስገዳጅነት በእራሴ ውሳኔ የምሳተፍ ሲሆን፣ በጥናቱ ውስጥ ማካፈል የሚፈልገውን መረጃ ያለ መናገር እና ከጥናቱ በማናቸውም ሰዓት አቋርጦ መውጣት እንደ ምችል ተረድቻለሁ።

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ስለ ጥናቱም ነገት በቂ መረጃ ያገኘሁ ሲሆን፣ ከእኔ የሚጠበቀውንም ነገር ተረድቻለሁ። በጥናቱ ላይ ስሳተፍ የምሰጠው ጠቅላላ ምላሽ ውሳኔዎች መረጃዎች ሚስት ራዊን ት የተጠበቀ እንደሆነ ተረድቻለሁ። አዎ
አይደለም _____

የምሳጠው ቃል - ምልልስ በመቅረፅ - ድምፅ እንዲቀረፅ ተስማምቻለሁ። አዎ አይደለም _____

በዚህ ጥናት ውስጥ ለመሳተፍ ተስማምቻለሁ።

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የተሳታፊ ፈረማ _____ ቀን _____
የጥናት አድራጊው ፊርማ _____ ቀን _____

APPENDIX 2

Addis Ababa University

School of Psychology

Interview Guide

The following guide is collected of questions for the aim of conducting a study on Physical and sexual abuse among mental health services users at ‘_Amanuel’ Mental Specialized Hospital and ‘_Eka Kotebe’ General Hospital.

Part I. Participant’s profile

- Code of the participant _____
- Age of the participants _____
- Sex: Female / Male
- Marital status: Married / Not married
- Duration of follow up: _____
- Number of admissions: _____
- Duration of hospital stay: _____
- Diagnosis of the participant: _____
- Residence of the participant: _____

Part II. Topic guide for the participants

1. How do you understand the term abuse?
2. What are the forms of abuse?
3. Have you ever experienced any form of abuse while in hospital? IFYES, please explain a. When was it?
 - b. How many times?
 - c. Would you describe the scenario in detail, as much as possible?
 - i. Time (of the day)?

Running head: physical and sexual abuse

- ii. Place (where in the hospital)?
 - iii. Person (who was the perpetrator)?
4. How did the perpetrators approach you? And what did exactly happen?
 5. How did you feel/what did you do when it was happening?
 6. What is the impact of the incident on your physical and psychological wellbeing?
 7. Why do you think the incident happens (why the perpetrators do it)?
 8. Who do you tell about it?
 9. Did you report to the hospital? IF YES
 - a. When did you reported to the hospital?
 - b. What was the response from the hospital?
 - c. Did you get any medical/psychological support or help after trauma?
 - d. Were you satisfied by the hospital response/measure?
 9. Did you continue the follow up in the hospital and did you have an admission after the incident?
 10. Have you seen any abuse before when it happened on other patients?
 11. Have you seen the perpetrator there after? IF YES
 - a. What were you feeling when you see them?
 12. What's your recommendation for the organization?

Part III. Topic guide for the Professionals Clinician

- Psychologist_____
 - Psychiatrist_____
 - Health officer_____
 - Community mental health specialist_____
 - Psychiatry Nurse_____
 - Professional Nurse_____
1. How do you understand the term abuse?
 2. What are the forms of abuse?
 3. Have you ever witnessed/ heard about patients being abused in the hospital? 4.Do

Running head: physical and sexual abuse

victims often report to the hospital? IF YES

- a. Who, usually, report the incident initially?
- b. What did the hospital did, as far as you know?
5. What kind of support did the victims get after the abuse?
6. Why do you think the incident happens (why the perpetrators do it)?
7. Have you ever witnessed any psychological problem in the victims?
8. What does victim's therapeutic relationship with the health professional or the health facility look like after the abuse?
9. How do such incidents make you feel, as a professional?

Part IV. Topic guide for non-clinicians Non clinician/administrative staff

- Lawyer_____
- Guard_____
- Attendant_____
- Runner_____
- Care giver_____
- Chefs_____
- Other_____

Sex: Female: _____ Male: _____

Marital Status: _____

1. How do you understand the term abuse?
2. What are the forms of abuse?
3. What is your relationship with victim?
4. How did you get the victim for the first time?
5. How did you get the information and from whom?
6. Did you report the incident immediately to the health facility?
7. Have you ever found the abuser red handed or in the act?

APPENDIX 3

Participants' Information Sheet

I am conducting a research that will require me to collect data from physically and sexually abused service users. This form will explain why the study will be conducted, what your role would be the possible benefits and risks of including in this study, compensations and confidentiality of the information you give for the study. The purpose of the study is to look at the different experiences that service users of AMSH and Eka Kotebe General Hospital have encountered. It hopes to an

eye opening to bring positive change in the provision of mental health services. This will be finished by conducting an interview using a certain amount of questions to be covered with all participants. The interview will take up to 60 minutes but the semi structure and length will mainly be run by your responses. The questions you will be asked will revolve around your experience or on what you have witnessed. With your consent the interview will be audio recorded. Your confidentiality will be severely protected and no names will be recorded during the interviewing process or when stored. After data is transcribed it will be kept in password protected folders with restricted access. Your private information that could lead to your identification will never be exposed in either oral or written form. I will need to hear your true feelings about the issues that will be discussed and your real experiences as it is the only way we can advance the service we are currently providing.

Apart from the time required for the interview there will be no risk related with the study. You will be compensated for the time you spend with me. You have the right of free will to participate in the study without any obligation. Throughout the interview we might come across sensitive areas. If there is any question you don't want to answer, you can escape that question. You have full right to ask for a break, to reschedule or even to withdraw from the interview anytime during the conversation. You have the choice to withdraw from the study or not to participate as you wish. This will not have consequence on the mental health service that you will

Running head: physical and sexual abuse

obtain. I would also like to inform you this study is approved by the ethical committees of the School of

Psychology, College of Education and Behavioral Studies, Addis Ababa University, Amanuel Mental Specialized Hospital and Eka Kotebe General Hospital.

If you have any question you can contact me with this email address and number 0913028738/0967218422 [/sarwoon@yahoo.com](mailto:sarwoon@yahoo.com).

የተሳታፊዎች መረጃ ቅፅ

— በአማኑኤል የአእምሮ ጤና ስፔሻላይዝድ ሆስፒታል እና በኤካ ኮተቤ ጠቅላላ ሆስፒታል ወስጥ የአእምሮ ጤና አገልግሎት ተጠቃሚዎች ላይ የሚደረገው አካላዊ እና ወሲባዊ ጥቃት በሚፈረስበት ጊዜ እንደሆነ ገልግሎት ለመስጠት ለምን እንደሚረዱ ይገነዘቡ።

የእርስዎ ተሳትፎ ምን እንደሚመስል፣ በጥናቱ ላይ በመሳተፍዎ የሚኖር ጥቅም እና ጉዳት እንዲሁም ሚስት ጥራዊነትን በተመለከተ ያትታል። እዚህ ጥናት ላይ በመሳተፍዎ ይደርሳል።

ተብሎ የሚጠበቅ ወይም የሚደርስ ጉዳት አይኖርም። የዚህ ጥናት አላማ በአማኑኤል የአእምሮ ጤና ስፔሻላይዝድ ሆስፒታል እና በኤካ ኮተቤ ጠቅላላ ሆስፒታል ወስጥ የአእምሮ ጤና አገልግሎት ተጠቃሚዎች አካላዊ እና ወሲባዊ ጥቃትን በተመለከተ ያላቸውን ልምድ መዳሰስ ነው። ይህም በአእምሮ ጤና አገልግሎት ላይ አዎንታዊ የሆነ ብርሃን እንዲፈነጥቅ ተስፋ ያደረገ ነው።

ይህ ጥናት ለ ሁሉም ተሳታፊዎች እንደሚታወቅ ተደርጎ ውበተኛ ጋጂ የተለያዩ ጥያቄዎች ታግዞ በቃለ-ምልልስ ይካሄዳል። ይህ ቃለ-ምልልስ 60 ደቂቃ የሚፈጅ ሲሆን፣ የቃለ-ምልልሱ ቅርፅ ግን በእርስዎ ምላሽ የሚሰጥ ነው።

ይህም ልዩ ጥያቄዎች በአማኑኤል የአእምሮ ጤና ስፔሻላይዝድ ሆስፒታል እና በኤካ ኮተቤ ጠቅላላ ሆስፒታል ወስጥ የአእምሮ ጤና ወስጥ የአእምሮ ጤና አገልግሎት ሲጠቀሙ አካላዊ እና ወሲባዊ ጥቃትን በተመለከተ ያላቸውን ጥያቄዎች እና የቃለ-ምልልስ በእርስዎ ጥያቄዎች የዚህ ጥናት ቃለ-ምልልስ በእርስዎ ጥያቄዎች

Running head: physical and sexual abuse

ይዳስሳሉ: :

በመቅረፀ-ድምፅ

የ

ሚቀዳ

ይሆናል: : የግል መረጃዎ ሚስጥራዊነት በደንብ የጠበቀ መረጃው መሚከ ማቸብ ት ወቅት የ እርሶ ስም ፈጽሞ የ

እና በቃለ-ምልልሱምሆነ ማይገ ለፅ

በቃለ-ምልልሱ የተገኘው-መረጃወደፅሁፍከተቀየረ በኃላ ማንም

ይሆናል: :

ሊያገ ኘ

ውበማይቸልበት

ሚስጥራዊ ቁልፍ ባለውማህደርውስጥ

ይከማቻል: :

ማኛውምእርስዎ

ን ሊሊይ የሚቸል የግል መረጃ በፅሁፍምሆነ በቃልለማንም አይገለፅም: : የምንሰ

ጠውን

የአእምሮ ጤና አገልግሎት ለማሻሻል ብቻኛውምንገድ

ይሄ በመሆኑ:

በጉዳይ ላይ የእርሶን ትክክለኛ ስሜት እና ልምድ መስማት

እ ፈልጋለ ሁ: :

በጥናቱ ላይ ለቃለ ምልልስ ከሚያጠፉት ጊዜ ወጭከጥናቱ ጋር የተያያዘ በእረሶ ላይ የሚከበት ምንምአይነት ጉዳት አይኖርም: : በዚህምጥናት ላይ በመሳተፍ ለጠፉት ጊዜ የገንዘብ ድገማ ይደረጋል: : ጥናቱ ላይ ያለማንም አባገዳድነት በእረሶ ነፃ ምርጫ የመሰተፍ መመለስ የማይፈልጉት ማንኛውም ማለተው መብት አሎት: : ጥያቄ ካለ ይለፈኝ ይምክለመመለስ በቃለ-ምልልሱ ማንኛውም ላይ እረፍት የማድረግ: +ለዋ ስ ይችላሉ: : ሰዓት ላይ እረፍት የማድረግ: +ለዋ ጭቀጠሮ የማሲያዝ እና ሙሉ ለሙሉ ጥናቱን የማዳርጥ ሙሉ መብት አሎት: : ይህንበማደረ

ግ

የሚያመጣበት

ዎ

በሚያገኛቸው የአእምሮ ጤናአገ ለግሎቶች ላይ ተፅዕኖአ

ይኖርም:: ይህ ጥናት በአዲስ አበባ ዩኒቨርሲቲ የሳይኮሎጂ ት/ት ክፍል፣ በአማኔኤልየአእምሮ ጤና ስፔሻላይዝድ ሆስፒታል እና በኤካ ኮተቤ ጠቅላላ ሆስፒታል ኢትዮጵያ (የ ጥናት ስነ-ምግባር)ኮሚቴ ፀድቆ የተፈቀደ መሆኑን ለማስገንዘብእውዳለ ሁ: :

ማንኛውም ጥያቄ ካሎት በሚከተሉት የስልክ ቁጥሮች

ሊያገ ኙኝይች ላ ሉ : : ስ ል ክ ቁጥር :

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