



**ADDIS ABABA UNIVERSITY  
COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES  
SCHOOL OF PSYCHOLOGY**

**Psychological well-being among adolescent female victims of sexual violence:  
The case of Koye Secondary and Preparatory school**

**By**

**Hailemical Argaw Gebre**

**SUBMITTED TO THE SCHOOL OF PSYCHOLOGY IN PARTIAL  
FULFILLMENT OF THE REQUIRMENTS FOR THE DEGREE OF  
MASTERS OF ARTS IN COUNSELING PSYCHOLOGY**

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## **Abstract**

*Sexual violence on adolescents is a common practice that results in multiple problems. Psychological impact of sexual violence is paramount. However, studies on victims' psychological well-being are scarce. Therefore, this study aimed to explore sexual violence victims' psychological well-being. This study was conducted at Koye secondary and preparatory school, Akaki Kality subcity, Addis Ababa. The study was a cross-sectional survey research. Ryff's Psychological Well-being self-rating scale was used to collect data from 153 samples who reported sexual violence history. Besides, respondents' background information was collected. Descriptive statistics (mean and standard deviation), one way ANOVA and multiple regression analyses were computed using SPSS-23. The result showed that 128 (83.659%) of sexual violence victims showed high psychological well-being. Moreover, one way ANOVA result indicated that psychological well-being is similar across the forms of sexual violence. However, one way ANOVA result showed that psychological well-being is significantly different across the type of perpetrators, where family and friend perpetrators contribute to low psychological wellness. Furthermore, multiple regression analysis result showed that perpetrator solely predicted less psychological well-being. Adolescent females are highly affected by sexual violence, which negatively impacts their psychological functioning. Therefore, effort needs to be done to create a conducive environment for adolescent females. In addition, counseling services need to incorporate mechanisms to boost adolescents psychological functioning.*

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## **Chapter One: Introduction**

### **1.1 Background of the study**

Sexual violence is one of the major problems that adolescent females encounter in their life time. The definition of sexual violence touches various aspects of the act. Sexual violence is explicated as the acts of sexual nature which can be conducted in any environment by any person where it is usually manifested by extending unwelcomed comments about a person's sexuality, performing illegal human trafficking and trying to have sexual contact through the use of force (Arango, Morton, Gennari, Kiplesund & Ellsberg, 2014; World Health Organization [WHO], 2002), intimidation, drugging and/or using existing physical or mental incapacity of victims (WHO, 2002). According to WHO (2002) sexual violence as an act is not only limited to the act of forcing someone to engage in sexual contact but also as an act of (1) unwanted marriage, (2) controlling women health choice, (3) unwanted abortion, and/or (4) harmful traditional practices.

Sexual violence incidences are everywhere in the world (Chivers-Wilson, 2006; WHO, 2002) having varied prevalence rate. Though different reports suggest that one in four women encounter sexual violence by their spouse but still these data do not provide the exact incidences of the problem because data are largely gathered from cases reported to police (WHO, 2002). In the United States, 1 in 5 women and 1 in 71 men have encountered sexual violence where the perpetrators found to be an intimate partner, someone known and also strangers (Black et al., 2011). Similarly, a study result showed that sexual violence is conducted by unknown and individuals of higher age than the victims (Tarekegn, Berhanu & Ali, 2017). A study from Bahir Dar, Ethiopia revealed a high (37.3%) prevalence of sexual violence among females (Shimekaw, Megabiaw & Alamrew, 2013). Moreover, a study conducted on both sexes revealed that the prevalence of sexual violence among women is higher (19.3%) than men (1.7%) in the US (Breiding et al., 2014). Sexual violence is also an existing problem among both sexes and different age groups of African migrants (Araujo et al., 2019).

Sexual violence expressed in multiple forms (acts) is regarded as a social and public health problem (Basile, Smith, Breiding, Black & Mahendra, 2014) which arises from the interplay among social, cultural and economic arenas (WHO, 2002). It is a form of human rights violation that deteriorates a person's well-being (Arango et al., 2014) and causes different

physical and mental health problems (Black et al., 2011) as well as affecting emotional and social well-beings (WHO, 2002). More specifically, sexual violence causes unintended pregnancy, HIV/AIDS, infections, depression, post-traumatic stress disorder, suicidal thoughts and behavior (WHO, 2002). However, studies on the psychological well-being level of sexual violence victims' are scarce.

The concept of psychological well-being is perceived from different perspectives. Some view psychological well-being as the absence of illness (Sartorius, 2006). Two dominantly used approaches help to comprehend psychological wellbeing, i.e. hedonic and eudaemonic (Ryan & Deci, 2001). While the hedonic approach emphasizes on attaining pleasure and avoiding pain as the index of well-being, the eudaemonic approach sees ability of a person to fully function as the index of well-being (Ryan & Deci, 2001). Ryff (1995), in opposition to most researches that focus on illness to understand a person's psychological wellness, argue that psychological wellbeing is not only about the absence of mental health problems instead that psychological well-being shall be understood from six different but interrelated domains of 'positive self-regard, mastery, autonomy, positive relationship with other people, a sense of purposefulness and meaning in life, and feelings of continued growth and development'. For the purpose of this study, Ryff's conceptualization of psychological well-being was used.

Different studies were conducted on the issue of psychological well-being. In this regard, a study conducted to determine the level of psychological well-being and happiness among old middle-aged women found out that their level of psychological well-being is low (Allahverdipour, Karimzadeh, Alizadeh, Jafarabadi & Javadijala, 2019). Moreover, studies also revealed that there is strong association between (1) psychological well-being and quality of life in patients treated for thyroid cancer after surgery (Gomez, Gutierrez, Castellanos, Vergara & Pradilla, 2010), (2) psychological well-being and personality trait and self-compassion (Saricaoglu & Arslan, 2013), (3) psychological well-being and demographic factors (such as age and field of study) among postgraduate students (Roslan, Ahmad, Nabilla & Ghiami, 2017), (4) psychological well-being and physical health (Hernandez et al., 2018), (5) Body Mass Index (BMI) and psychological well-being (Bookwala & Boyar, 2008) and (6) religiousness and psychological well-being (Blaine & Crocker, 1994). Nonetheless, the studies are short of incorporating the psychological well-being of sexual violence victims.

In Ethiopia, investigations related to sexual violence are evident. In this regard, different studies were conducted on the prevalence of sexual violence among females (Adinew & Hagos, 2017; Shimekaw et al., 2013; Tantu et al., 2020) and boys (Haile, Kebeta & Kassie, 2013). Moreover, these studies also investigated that sexual violence is associated with different factors (Adinew & Hagos, 2017; Dibaba, 2007; Galu et al., 2020; Haile et al., 2013; Molla, Ismail, Kumie & Kebede, 2002; Shimekaw et al., 2013; Tantu et al., 2020). Studies also explored the physical (Bogale, Tessema & Haile, 2004; Dibaba, 2007; Molla et al., 2002) and the psychological consequences of sexual violence (Dibaba, 2007; Molla et al., 2002). Besides, the studies focused on university workers (Galu et al., 2020), university female students (Adinew & Hagos, 2017), among married women (Chernet & Cherie, 2020), among women with disabilities (Dessie, Bekele & Bilgeri, 2019), among street female adolescents (Molla et al., 2002) and at the community level (Bogale et al., 2004; Dibaba, 2007). However, findings related to adolescent female sexual violence victims' psychological well-being are scarce.

## **1.2 Statement of the problem**

Psychological wellbeing plays a significant role in different aspects of female adolescent's life. Psychological well-being is about a person's level of wellness in his/her "emotional health and overall functioning" where it is associated with (1) leading a healthy and longer life, (2) decreased social problems, (3) reduced unlawful practices, (4) reduced drug or alcohol abuse (Morin, 2020). Likewise, psychological well-being denotes to the ability of a person to appropriately function in various domains of life (Ryan & Deci, 2001). Specifically, being psychologically well means having: self-respect, the ability to use one's environment appropriately, the ability to lead one's life, having positive interpersonal relations, life purpose, feelings of continued growth and development (Ryff, 1995). It is argued that maintaining fairly good outcome in this domains guarantee happiness (Deci & Ryan, 2008; Ryan & Deci, 2001). In addition, healthy psychological conditions are positively associated with having emotional intelligence, empathy, social skills and self-concept (Morales-Rodriguez, Espigares-Lopez, Brown & Perez-Marmol, 2020). Besides, positive romantic relationship has positive relationship with the level of psychological wellness (Gomez-Lopez, Viejo & Ortega-Ruiz, 2019).

However, sexual violence significantly affects victims' well-being. According to studies, sexual violence having higher prevalence (Summner et al., 2015; Vagi et al., 2016) results in frequent violence, abandoning school, unwanted pregnancy followed by abortion, infection, psychological trauma, HIV/AIDS, discrimination, absence of legal protection and police's reluctance to investigate, as well as an absence of trauma counseling (Dessie et al., 2019), and develop anxiety and depression (Jemal, 2012). Moreover, being a victim of sexual violence also affects the psychological well-being of victims where victims demonstrated having low autonomy, less personal growth, poor interpersonal relationship, lack of purpose in life, low ability to use their environment and low self-acceptance (Mohammed, 2014).

Even though studies revealed that psychological well-being is associated with work-related stress and bad working atmosphere (Monday & Sunday, 2020), with gender (Metud, Bethencourth, Ibanez & Fortes, 2020), with unintended pregnancy (Hardee, Eggleston, Wong, Irwanto & Hull, 2004), period of unemployment (Shams & Jackson, 1994), with general health condition (Asghar, 2008), multiple violence history (Oosthuizen & Wissing, 2005) and drug use (Visser & Routledge, 2007), as to the researcher's knowledge, however, very little is known about sexual violence victims psychological well-being in domains of autonomy, personal growth, positive relationship with others, purpose in life, environmental mastery and self-acceptance in Ethiopia. Thus, the researcher wants to fill the gap in these areas. Specifically, this study aimed to seek answer for the following basic research questions:

1. What is the psychological well-being level of sexual violence victims?
2. Is there significant mean difference on the level of psychological well-being of sexual violence victims in relation to the type of perpetrators?
3. Is there significant mean difference on the level of psychological well-being of sexual violence victims in relation to the form of sexual violence faced?
4. Do forms of sexual violence, perpetrator of sexual violence, frequency of sexual violence, number of sexual violence and place of sexual violence predict psychological well-being?

## **1.3 Objectives**

### **1.3.1 General objectives**

This study aimed to assess and describe the psychological well-being of sexual violence victims. In addition, it aimed to assess what predictors significantly affect the level of psychological well-being among adolescent female sexual violence victims.

### **1.3.2 Specific objectives**

This study has the following specific objectives:

1. To find out the levels of psychological well-being among victims of sexual violence.
2. To examine the psychological well-being of sexual violence victims in relation to perpetrators of sexual violence.
3. To examine the level of sexual violence victims' psychological well-being based on the forms of sexual violence.
4. To examine the relative impact of forms of sexual violence, frequency of sexual violence, number of sexual violence, place of sexual violence and types of perpetrators on psychological well-being of victims.

## **1.4 Significance of the study**

Psychological wellness helps individuals to lead healthy way of life. Previously, the psychological well-being level of sexual violence victims has not been well-established. Generally, the results of this study will help to increase knowledge in the psychological well-being level of sexual violence victims.

Moreover, the results of this study will be of great benefit to the following:

***The school.*** This study would provide the school with information related to how students' psychological well-being was affected by the acts of sexual violence. The result would enable the school to build a conducive school environment for its students. Data obtained would also help the school to initiate collaboration with parents, the school community and outside community to create violence free environment. Moreover, the results of this study would help to raise the awareness of the school community and outside community on the relationship between sexual violence and psychological well-being and forms of sexual violence.

**School counselors.** Data obtained would serve to have understanding on the level of psychological well-being of sexual violence victims. Likewise, it would help to identify the gaps in psychological well-being of the victims. In addition, the results would help to understand the role of different factors on the level of psychological well-being. As a result, it would help to devise interventions that specifically aim to solve gaps.

**Students.** Data obtained would help students to identify their psychological well-being level. Results would also help to inform which aspects of their psychological well-being were affected. Moreover, it would help the students to work on improving their level of psychological well-being.

Moreover, this study would help other researchers who intend on working on similar topic.

### **1.5 Scope of the study**

This study focused on adolescent female victims of sexual violence who are attending their education in Koye Secondary and Preparatory school during the year 2021. This school was selected using convenient sampling technique. This method was selected because the school is located around the researcher's residence which facilitated easy management of data collection. In addition, this method helped to gather data in short period of time. In general, the researcher found this method suitable for management and economic reasons. This study was conducted on students who are enrolled in the regular program. Even though psychological well-being can be studied by different techniques, this study, however, will use Ryff's six domains (autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance) psychological well-being scale.

### **1.6 Operational definition of terms**

**Psychological well-being:-** refers to a holistic wellness in the Ryff's six domain scales which include autonomy, environmental mastery, personal growth, personal relationship with others, purpose in life and self-acceptance.

**Sexual violence:-** refers for the varieties of sexual nature acts perpetrated on adolescent females without their consent. The activities may include: exposure to pornography, indecent exposure,

stalking, catcalling, touching of sexual organs, unwelcomed kissing, taking nude photos of sexual nature, attempted rape and completed rape.

**Contact forms of sexual violence:-** is the act of sexual nature where physical contact between the perpetrator and the victim is evidenced. It could involve penetration or no penetration.

Contact forms of sexual violence include: touching of adolescent's sexual organs, unwelcomed kissing, attempted rape and completed rape.

**Non-contact forms of sexual violence:-** is an act of sexual nature which does not involve physical contact between the victim and the perpetrator. Non-contact forms of sexual violence include: being exposed for pornography, indecent exposures, and stalking, catcalling and taking nude photos of sexual nature.

**Victims:-** refer to those adolescent females who faced at least one of the above acts of sexual violence.

**Adolescent:-** refers to those female students whose age ranges between 15 and 18 in Koye Secondary and Preparatory school.

## **Chapter Two: Literature Review**

### **2.1 Adolescence**

Adolescence is a very critical period. It is a period where adolescents start “the process of forming a relatively stable sense of self including commitment to social and sexual roles and beliefs about the purpose and meaning of life “(Matsumoto, 2009, p. 18) and the way they understand themselves, others and the wider world around them (Feldman, 2011). Besides, it is a transitional period (Moshman, 2005; UNCF, 2002) where activities that support this process eventually contribute to their well-being in their later adulthood period (Feldman, 2011). In addition, the Cambridge Dictionary of Psychology provided a comprehensive definition about the period as

The period of transition from childhood to adulthood and all the physical, mental, social, and cultural changes that mark it, including the maturation of the sexual organs and secondary sexual characteristics, the development of behavioral sexual interaction patterns appropriate for adults within a given culture, the incorporation of sexuality into self-concepts and alterations in role expectations, and the enacting of them, which typically differ among children, adolescents, and adults. (Matsumoto, 2009, p. 18)

This being the case, however, adolescents lack life experience (Brain, 1997). As a result, they became vulnerability to different psychiatric problems (Haller et al., 2015). Sexual violence is among the problems they encounter.

### **2.2 Sexual violence in adolescents**

#### **2.2.1 Meaning of sexual violence and related issues**

Different alternative terms such as rape, sexual assault and sexual abuse (Krantz & Garcia-Moreno, 2005), violence against women and girls, violence against women, gender based violence, or sexual and gender-based violence are interchangeably used with sexual violence (Arango et al., 2014). Sexual violence is an act of sexual nature which is conducted by the use of: (1) force or using other’s incapability (due to age, illness, disability, unconsciousness, drug use), (2) others vulnerability, (3) one’s power, (4) sex as an exchange for favor, (5) ‘false promises’ and (6) weapons to forcefully advance the perpetrators’ sexual gratification (Basile et al., 2014). It disregards victim’s will, involves completed or attempted rape, touching of sexual

nature, verbal assaults and observing others naked (Basile et al., 2014; Basile, Hertz & Back, 2007; Tylor, Pugh, Goodwach, & Coles, 2012). A more comprehensive definition of sexual violence is that it refers to the acts of sexual nature which can be conducted in any environment by any person where it is usually manifested by extending unwelcomed comments about a person's sexuality, performing illegal human trafficking and trying to have sexual contact by the use of force (WHO, 2002). Moreover, the act of sexual violence also involves controlling women's choice for different family planning mechanisms and their rights to protect themselves from diseases like HIV/AIDS (Krantz & Garcia-Moreno, 2005).

The act of sexual violence occurs everywhere ranging from the home to the larger community (Chan, 2009) by anyone (WHO, 2002). For example, work places (Basile, D'Invemo & Wang, 2020; Galu et al., 2020), schools, health facilities and armed conflict areas (Krug, Dahlberg, Mercy, Zwi & Lozano, 2002) and refugee settings (Krug et al., 2002; Stark et al., 2017) were found to be areas of sexual violence.

On the other hand, despite varying degree of participation, sexual violence act is perpetrated by another non-stranger, and unknown persons (Basile et al., 2014) and intimate partners and authorities (Basile et al., 2014; Galu et al., 2020). Likewise, relatives (family members) and spouse (Basile et al., 2014; Brown, Thurman, Bloem & Kendall, 2006), friends (Basile et al., 2014), boyfriends (Brown et al., 2006; Galu et al., 2020; Gross, Winslett, Roberts & Gohm, 2006) and someone known were found to be the perpetrators (Basile et al., 2014; Brown et al., 2006; Gross et al., 2006; Worku & Addisie, 2002). A work place study revealed that work colleagues and students are among the perpetrators of sexual violence (Galu et al., 2020). Moreover, the perpetrators of sexual violence may also include police officers, soldiers and guards (Araujo et al., 2019). Obviously, higher proportion of perpetrators of child violence found to be males (Assabu, Tefera, Abebe & Busse, 2019; Chinawa et al., 2013). On the contrary, male victims are subjected to violence by both men and women (Basile et al., 2020).

### **2.2.2 Forms of sexual violence**

Sexual violence may have many forms. The categorization of sexual violence is not uniform. For example, the forms of sexual violence include:

Rape within marriage or dating relationships; rape by strangers; systematic rape during armed conflict; unwanted sexual advances or sexual harassment, including demanding

sex in return for favors; sexual abuse of mentally or physically disabled people; sexual abuse of children; forced marriage or cohabitation, including the marriage of children; denial of the right to use contraception or to adopt other measures to protect against sexually transmitted diseases; forced abortion; violent acts against the sexual integrity of women, including female genital mutilation and obligatory inspections for virginity; forced prostitution and trafficking of people for the purpose of sexual exploitation. (Krug et al., 2002, p. 149-150)

Others put the forms of sexual violence as follows: sexual assault, rape, dating and domestic violence and stalking (University of California, 2021). Others categorize sexual violence into five groups including a completed sex act, a non-completed (attempted) sex, abusive sexual contact, non-contact sexual abuse and unspecified type of sexual violence (Basile & Saltzman, 2002). These forms are explicated as follows:

*A completed sex act.* A completed sex act (rape) is defined as:

Contact between the penis and the vulva or the penis and the anus involving penetration, however slight; contact between the mouth and the penis, vulva, or anus; or penetration of the anal or genital opening of another person by a hand, finger, or other object. (Basile & Saltzman, 2002, p. 9)

The definition of rape is not uniform. The lack of uniform definition of rape stems from its etymological origin, legal perspectives, and its varying use in different countries (Karina, 2012). For example, in Sudan a woman who report that she has been raped may be sentenced to death if she is married or accused of having sexual intercourse without marriage if she is not married (Karina, 2012). Similarly, the FDRE criminal code sees rape as an act of sexual nature that targets women who are unmarried to engage in sexual intercourse by posing threats and using violence. While the Criminal code endorses sexual violence perpetrated by women, it does not recognize rape perpetrated by male on males and marital rape (Federal Democratic Republic of Ethiopia [FDRE], 2005).

Even though there is variation on defining rape, but most definitions agree that (1) it is a crime that yields legal consequences, (2) involves non-consented sexual intercourse and (3) perpetrators use victims situation to perpetrate (Karina, 2012; FDRE, 2005). Currently, however, the definition of rape is incorporating male targets as well (Karina, 2012). More specifically,

rape is an act of sexual nature where the perpetrator forces the victim against his/her will to penetrate a sexual organ or other objects into the victim's vagina, anus or mouth (Jansen, 2016). Like any other forms of violence, rape perpetrators use force, their power, other's physical or psychological or mental incapability, threat of arrest and psychological domination (Jansen, 2016). Rape deteriorates the dignity of victims, putting them in 'a cycle of aggression-fear-silence' trap (Diehl et al., 2020).

***Attempted (non-completed) rape.*** Attempted rape is much similar with actual or completed rape. However, attempted rape does not involve penetration. Similarly, attempted rape is a sexual act that is conducted without having the consent of others or inability of the person to consent (Basile & Saltzman, 2002).

***Abusive sexual contact.*** Abusive sexual contact is understood as a planned or deliberate act of touching any person's genitalia, anus, groin, breast, inner thigh, or buttocks without the other person having his or her consent and using the other's person inability to give consent or to reject the act of the perpetrator (Basile & Saltzman, 2002).

***Non-contact sexual abuse.*** Non-contact sexual abuse is any sexual nature activity which do not involve physical contact between the victim and the perpetrator (Basile & Saltzman, 2002). Some of the acts of non-contact sexual abuse may include secretly watching others naked, deliberately showing ones private parts to others, exposing to pornography, taking naked pictures of victims, extending sexual nature comments, threats of sexual violence to achieve other goal, and behavioral sexual harassment (Basile & Saltzman, 2002). These acts are performed without the consent, or the awareness of the victim, or inability of the victim to agree or reject the act (Basile & Saltzman, 2002).

### **2.2.3 The prevalence of sexual violence in adolescents**

The prevalence of sexual violence on adolescents had drawn various studies concern. Sexual violence is high among adolescents than any other age groups (Blake et al., 2014; Committee on Adolescence, 2001; Kaufman & the Committee on Adolescence, 2008). According to a longitudinal study conducted to determine the prevalence of sexual violence among adolescents revealed that about half of female adolescents and one in three males reported

that they had encountered sexual violence (Ngo, Veliz, Kusunoki, Stein & Boyd, 2018). In addition, adolescents bear the highest penetrative and non-penetrative sexual crime (Blake et al., 2014). In general, studies showed that the magnitude of sexual violence on adolescents is high in different parts of the world (Baiocchi et al., 2019; Bekele, Zewde, & Neme, 2017; Hailu, Mekuanint, Niguse, & Efrata, 2020; Muluneh, 2006; Orindi et al., 2020; Rickert, Wiemann, Vaughan, & White, 2004).

Sexual violence incidences are underreported. Many studies explicated different reasons. According to study findings, sexual violence studies do not exactly disclose its prevalence as reports are usually drawn from police reports (WHO, 2002). In addition, fear of stigma and retaliation (Vu et al., 2014), shame (Ezekiel et al., 2017; Vu et al., 2014) and embarrassment (Ezekiel et al., 2017) play significant role in hiding sexual violence incidents. Moreover, the underreporting of sexual violence may also be associated with inaccessibility and inadequate services delivered by law enforcement units compel victims to remain silent (Adudans, Montandon, Kwena, Bukusi & Cohen, 2011). Furthermore, a study conducted in Yemen argues that the use of traditional laws and immature conflict resolution methods as well as the domination of the law enforcement institution by male officers hinders women to disclose their case (Ba-Obaid & Bijleveld, 2002). As a result, sexual violence is not properly reported (Ezekiel et al., 2017; Vu et al., 2014).

Even though sexual violence is highly prevalent among female population groups it targets males as well. Sexual violence is high among girls and women (Ahnlund, Andersson, Snellman, Sundstrom & Heimer, 2020; Chinawa et al., 2013; Ezekiel et al., 2017; WHO, 2002). In this regard, a meta-analysis study conducted on refugee females indicated that the prevalence of sexual violence is about 21.4% (Vu et al., 2014). In the US, a study conducted on 689 female samples aged between 14 and 23 found out that about 30% reported that they had sexual experience without their consent (Rickert, Wiemann, Vaughan & White, 2004). A study conducted on workplaces to assess the prevalence of sexual violence found out that 1 in 18 or 5.6% women are victims of sexual violence (Basile et al., 2020). In the United States, a study conducted on 154 women to determine the prevalence of intimate partner violence revealed that sexual violence is about 9.1% among other forms of intimate partner violence (Mengo, Small & Black, 2017). A study reported that sexual violence is prevalent among 35% of college students

(Bhochhibhoya, Manes, Cheney & Larson, 2019). Another study in the US revealed that the magnitude of sexual violence is about 19% (Gross et al., 2006).

On the other hand, it is also evident that boys and men are also targets of sexual violence (Araujo et al., 2019; WHO, 2002). In this regard, the prevalence of sexual violence among male high school students is about 4.3% (Haile et al., 2013). A study conducted at work place found out 1 in 40 (2.5%) men is victims of sexual violence (Basile et al., 2020). Studies in Nigeria found out that male victim of sexual violence are about 4.5% (Adudans et al., 2011) and 7.4% (Oladepo, Yusuf & Arulogun, 2011). A study conducted on male and boy refugees revealed that sexual violence is significant in the study areas (Chynoweth, Buscher, Martin & Zwi, 2020). Surprisingly, one study found out equal (42%) prevalence of sexual violence on both sexes (Fry et al., 2016).

The magnitude of sexual violence also varies across regions. In this regard, a meta-analysis study showed that the prevalence of sexual violence in sub-Saharan countries is about 18.75% (Muluneh, Stulz, Francis & Agho, 2020). In Ethiopia, a meta-analysis study indicated that life-time prevalence of sexual violence is about 39.33% (Kassa & Abajobir, 2020). Another study conducted on 280 high school female students aged between 14 and 21 indicated that the prevalence rate of sexual violence is about 13.2% (Tarekegn et al., 2017). Moreover, a study conducted on large samples (4717) revealed that the prevalence of sexual violence is about 30% (Chernet & Cherie, 2020). Fitaw et al. (2005) found close prevalence rate of sexual violence (33.3%). Similarly, a study conducted on 411 female university student samples found a higher (41.1%) prevalence rate of sexual violence (Takele & Setegn, 2014). Even higher (50.2%) prevalence of sexual violence was reported among Mekele university female administrative staff (Galu et al., 2020). Another study conducted on 588 females aged 15-24 found out that 15.3% encountered rape and 17.7% faced attempted rape (Dibaba, 2007). Close report of rape (14%) was found among out of school adolescents (Kunnuji & Esiet, 2015).

Other African studies documented the prevalence of sexual violence as well. In Nigeria, a study conducted on 300 university female students found out that sexual violence is prevalent in 22.2% of the participants (Iliyasu, Abubakar, Aliyu, Galadanci & Salihu, 2011). Another Nigerian study found out that sexual violence prevalence is about 4.8% (Oladepo et al., 2011). Also, a study on women aged 15-49 found out that sexual violence (forced sex) prevalence is

about 13% (Adudans et al., 2011). Another study in Nigeria found out that the prevalence of sexual violence to be about 33.8% (Onigbogi, Odeyemi & Onigbogi, 2015). A study conducted on females aged 20-24 found out that sexual assault is high (Geidam, Njoku & Bako, 2010). A study conducted on 305 female sex workers found out that the prevalence of sexual violence is about 41.9% (Fawole & Dagunduro, 2014). A study on university female students showed that 13.8% of the study participants encountered sexual assault (Kullima, Kawuwa, Audu, Mairiga & Bukar, 2010). A study conducted on 3750 children to determine the prevalence of sexual violence among children who attend hospitals is found to be 0.82% (Chinawa et al., 2013). A study conducted in Zimbabwe determined that sexual violence by strangers and spouse among females was found to be 31% and 92%, respectively (Mukanangana, Moyo, Zvoushe & Rusinga, 2014). A study conducted on women aged 15-24 in Zambia found out that the prevalence of sexual violence among these age groups is about 22% (Thankian, Mwebwa & Menon, 2015).

In the Middle East and Asia, studies were conducted to determine the magnitude of sexual violence. Accordingly, a study conducted on married Saudi women participants showed that the prevalence of sexual violence to be about 10% (Barnawi, 2017). Another study in Yemen women samples found out that sexual violence is prevalent among 17% of the samples (Ba-Obaid & Bijleveld, 2002). Indian study to determine the magnitude of sexual violence found out to be about 34.7% of the 2000 study participants (Chhabra, Namgyal & Tyagi, 2014).

The prevalence of sexual violence may even vary based on the types of violence committed. On one hand, a study conducted on 216 high school female students aged 12-21 years to determine the prevalence of rape found out that its prevalence among the participants is about 8.8% (Worku & Addisie, 2002). A meta-analysis study determined higher (13%) lifetime prevalence of rape in Ethiopia (Kassa & Abajobir, 2020). Similarly, a community based study on 2232 women sample aged 18-49 to determine the prevalence of rape found out that its prevalence is about 16.5% (Jawkes, Penn-Kekana, Levin, Ratsaka & Schrieber, 2001). Another study on university female students aged 18-26 years found out that lifetime prevalence of rape is about 10.4% (Adinew & Hagos, 2017). It is found out that the prevalence of rape is about 2.3% among women (Diehl et al., 2020). A finding showed that nearly 19% of participants encountered forced sexual intercourse (Gross et al., 2006). A study indicated that 25% of the participants reported that they faced rape (Brown et al., 2006). Likewise, a study finding revealed

that rape is about 5% prevalent (Bogale et al., 2004). The lifetime magnitude of rape is about 15.3% (Dibaba, 2007). A study conducted on Brazilian samples found out that the prevalence of rape to be about 2.3% (Diehl et al., 2020). On the other hand, findings also reveal varying magnitude of attempted rape. For example, a study in Lesotho indicated that 13% of the participants reported that they faced attempted rape (Brown et al., 2006). Similarly, attempted rape was found among 11.6% of the study participants (Worku & Addisie, 2002).

Sexual violence is usually prevalent in children and adolescents (WHO, 2002). In this regard, a study conducted in seven different countries on samples of children and youth aged 13-24 found out that more than 25% and 10% of females and males, respectively, encountered childhood sexual violence (Sumner et al., 2015). A community based survey conducted on both females and males aged 13-24 years result indicated that childhood sexual violence (before the age of 18) is prevalent among 3 in 10 females and 1 in 8 males (Vagi et al., 2016). According to this study, attempted rape and rape are among the common forms of childhood sexual violence (Vagi et al., 2016). According to another finding, rape is found to be higher among those who had childhood sexual abuse history (Diehl et al., 2020). Child sexual violence is prevalent among both girls and boys (Rumble et al., 2020).

In conclusion, the magnitude of sexual violence varies across different studies. This could be related to the following reasons. First, it might be associated with reporting problems. Sexual violence acts are usually underreported. For example, while some less severe acts of sexual violence are ignored, others are kept secret. This, generally, may impact the magnitude of reported cases of sexual violence. This can be still associated with cultures, where some cultures discourage disclosing of such sensitive issue. Second, it might be related to the study areas and the nature of the research participants, where studies that target victims of sexual violence who seek institutional support inevitably reveal higher magnitude of sexual violence. Besides, studies conducted in areas where designated services are delivered for victims may reveal higher magnitude of sexual violence. Third, it might be related to the acts of sexual violence that the different studies targeted. In this regard, some define sexual violence narrowly to include the more severe acts like attempted and completed rape. Others, on the other hand, incorporated the less severe acts. Still others incorporated both acts of sexual violence. Finally, the prevalence of

exposure to pornography, taking nude photos, stalking and catcalling was missing in the literatures. Therefore, this study included these aspects.

#### **2.2.4 The consequences of sexual violence on adolescents**

Sexual violence has far-reaching impact on adolescent females. Sexual violence endangers the protection of basic human rights (Arango et al., 2014; Central Statistical Agency [CSA], 2016) and affects the general well-being of victims (Arango et al., 2014). It has tremendous impact on the victims' interactions, education, economic well-being and health (CSA, 2016). Sexual violence is accompanied by various physical, psychological and social consequences (Bogale et al., 2004; Dessie et al., 2019; Dibaba, 2007; Gessesew & Mesfin, 2004; Molla et al., 2002; Nimani & Hamdela, 2015). In fact, sexual violence affects not only the victims but also the wider community (Chan, 2009).

Studies described the impacts of sexual violence on physical health. In this regard, findings revealed that sexual violence results in unwanted pregnancy which may be accompanied by abortion (Bogale et al., 2004; Dessie et al., 2019; Dibaba, 2007; Gessesew & Mesfin, 2004; Molla et al., 2002; Nimani & Hamdela, 2015; Worku & Addisie, 2002), sexually transmitted diseases (Bogale et al., 2004; Dessie et al., 2019; Dibaba, 2007; Dillon, Hussain, Loxton & Rahman, 2013; Gessesew & Mesfin, 2004; Molla et al., 2002; Vagi et al., 2016) and bleeding (Dessie et al., 2019), and unusual discharge from the genitalia (Dibaba, 2007). Another study also indicated that sexual violence will put victims' general health condition at stake, and showed deteriorated physical and mental health, adopted the using of cigarettes, and showed high blood pressure, increased level of cholesterol and obesity (Cloutier, Martin & Poole, 2002). Moreover, findings attribute poor functional health, somatic disorders, chronic disorders and chronic pain, and gynecological problems (Dillon et al., 2013), injuries to sexual organ and other parts of the body and sexual problems to sexual violence (Gessesew & Mesfin, 2004; Molla et al., 2002). However, most of the studies focused on physical and biological impacts of sexual violence.

Studies have also determined the psychological impacts of sexual violence (Ba-Obaid & Bijleveld, 2002). Women who had experienced sexual violence are more psychologically impaired compared with women who encountered other forms of violence (Naz & Malik, 2018). Accordingly, women tend to have deteriorated self understanding and feelings of self-respect,

pleasure, hope, control and support (Naz & Malik, 2018) and sleeping problems (Dillon et al., 2013; Gessesew & Mesfin, 2004; Melville et al., 2014; Naz & Malik, 2018). Other findings showed that sexual violence results in developing depression symptoms (Amone-P'Olak, Ovuga & Jones, 2015; Dillon et al., 2013; Ferrari et al., 2014; Jemal, 2012; Margaret-Mary, Mezie-Okoye & Folusho, 2014; Naz & Malik, 2018; Nimani & Hamdela, 2015; Vagi et al., 2016) and anxiety (Dibaba, 2007; Dillon et al., 2013; Ferrari et al., 2014; Jemal, 2012; Vagi et al., 2016), post-traumatic stress disorder (Dillon et al., 2013; Ferrari et al., 2014; Melville, Kellogg, Perez & Lukefahr, 2014; Naz & Malik, 2018), psychiatric problems (Gessesew & Mesfin, 2004; Molla et al., 2002), decreased sense of self-respect (Dibaba, 2007; Naz & Malik, 2018) and rejection (Amone-P'Olak et al., 2015; Nimani & Hamdela, 2015). Moreover, seeing terrifying dreams and peeing while sleeping, lack of hope, impaired relationship are also experiences of victims of sexual violence (Dessie et al., 2019). In addition, victims of sexual violence showed guilt feelings (Dibaba, 2007; Margaret-Mary et al., 2014). A study finding also revealed that victims of sexual violence claim that they face sexual feelings and arousal problems (Pulverman, Kilimnik & Meston, 2018) and experience unpleasant sexual activities (Gessesew & Mesfin, 2004). Moreover, victims showed decreased level of trust towards men (Dessie et al., 2019). It is also evident that victims possess the thought of harming themselves (Dibaba, 2007; Dillon et al., 2013; Gessesew & Mesfin, 2004; Melville et al., 2014; Nimani & Hamdela, 2015; Worku & Addisie, 2002). Generally, women with frequent violence history found to demonstrate increased distress, psychological problems and poor quality of life (Oosthuizen & Wissing, 2005). Dessie et al. (2019) argue that the effects of sexual violence endure for a long period of time when adequate support is not available. However, most of the studies are short of viewing psychological well-being in relation to wellness but they discussed about the illness aspect.

The impact of sexual violence is also evident in victim's academic endeavor. A study revealed that girls who encountered sexual violence are less likely to come to school (Fry et al., 2016). As a result, it impacts their academic achievement (Fry et al., 2016; Nimani & Hamdela, 2015; Twagirumukiza, 2016).

### **2.2.5 Risk factors for sexual violence in adolescents**

There are different factors that expose individuals for sexual violence. However, provision of clear categories may be hard as the situations in which the violence is conducted and the type of violence is not uniform (WHO, 2002). For example, it is widely believed that sexual violence is the result of power imbalance (Chan, 2009) and gender related inequalities (Heidari & Moreno, 2016; Tenkorang, 2018). As a result, the victims of sexual violence could include women, children, and employees while the perpetrators are men, parents or caretakers and employers (Chan, 2009). Having this in mind, however, attempt has been made to categorize the risk factors for sexual violence into age, sex, education level, history of violence, residence areas, alcohol/drug use, and marital status.

*Age related risk factors.* Various studies were conducted to determine the magnitude of sexual violence in different age groups and produced controversial results. On the one hand, studies determined that being at a young age increases the risk of sexual violence (Galu et al., 2020; Gessesew & Mesfin, 2004). Contrarily, Dibaba (2007) stated that girls aged 15-19 are less vulnerable than women aged 20-24. Another study found out higher number of sexual violence incidences on women aged 25-39 (Chernet & Cherie, 2020). Another study argues that women aged 18-29 are at higher risk for sexual violence (Cloutier et al., 2002). Cloutier et al. (2002) also found out that women whose age is above 60 are less likely to be exposed to sexual violence. Contrarily, Ba-Obaid & Bijleveld (2002) argued that women in old age are at higher risk of victimization.

*Alcohol/drug use related risk factors.* Most studies showed the association between drug/alcohol use and the risk of sexual violence. In this regard, studies revealed that the use of alcohol/drug (Adnew & Hagos, 2017; Bekele et al., 2017; Chhabra et al., 2014; Dibaba, 2007; Gessesew & Mesfin, 2004; Jones, 2003; Shimekaw et al., 2013; Onigbogi et al., 2015; Tantu et al., 2020) and chat increase the risk of encountering sexual violence (Bekele et al., 2017; Hailu, Mekuanint, Niguse, & Efrata, 2020; Tarekegn et al., 2017).

*Education related risk factors.* Educational level as a risk factor for sexual violence has been studied. According to findings, women who have low educational level are more vulnerable for sexual violence (Ba-Obaid & Bijleveld, 2002; Brown et al., 2006; Chernet & Cherie, 2020; Galu et al., 2020; Hamdan-Mansour, Arabiat, Sato, Obaid & Imoto, 2011).

***Family and culture related risk factors.*** Studies supported that family and culture increase the risk of sexual violence. To this end, a study conducted in Tanzania found out that child sexual abuse is associated with traditional beliefs, globalization, increased immorality and lack of family care (Ezekiel et al., 2017). Similarly, a study showed that high level of sexual violence was found among children who grew with either a father or a mother and caregivers (Jemal, 2012). Moreover, another study showed that lack of parents increase the risk of violence (Dibaba, 2007). Similarly, children with non-violent parents are protected than others who reside with relatives, caretakers and on streets (Jemal, 2012). Another study found out that the lack of parental discussion on reproductive health issues is associated with the increase in sexual violence (Shimekaw et al., 2013).

***History of violence and sexual intercourse related risk factors.*** History of violence is an important factor that is associated with sexual violence. In this regard, those who saw their parent's violence to one another are at the risk of experiencing sexual violence (Adinew & Hagos, 2017; Nimani & Hamdela, 2015; Tantu et al., 2020). In addition, those women who knew another woman with violence history are at higher risk of encountering sexual violence (Galu et al., 2020). Moreover, women who had prior history of violence are more vulnerable to sexual violence (Jones, 2003; Kullima et al., 2010).

In addition, the age at which females begin sexual intercourse is also associated with sexual violence. Accordingly, females who start sexual intercourse at an early age are at higher risk (Dibaba, 2007; Kullima et al., 2010). Not only this, but sexually active females are also vulnerable to sexual violence (Tantu et al., 2020). Moreover, females having frequent sexual encounter with whom they do not wish to have further commitment are also at higher risk (Bhochhibhoya et al., 2019).

***Relationship and Marital status related risk factors.*** Studies conducted to assess the risk factors for sexual violence found out that marital status and relationship status increases the risk of sexual violence. In this regard, studies revealed that women who have boyfriend (Adnew & Hagos, 2017; Shimekaw et al., 2013; Tantu et al., 2020), currently divorced (Chernet & Cherie, 2020), having affair with many individuals (Chhabra et al., 2014; Dibaba, 2007; Galu et al., 2020; Hailu et al., 2020), being in a relationship or married (Nimani & Hamdela, 2015; Tantu et al., 2020), married or divorced (Ba-Obaid & Bijleveld, 2002) and length of relationship

(Bhochhibhoya et al., 2019) increase the risk of sexual violence among girls and women. Contrarily, a study found out that married women report fewer cases of sexual violence (Brown et al., 2006). A study also determined that single females are at higher risk for sexual violence (Gessesew & Mesfin, 2004; Iliyasu et al., 2011).

***Residence area related risk factors.*** Contending findings are found regarding residence as a risk factor for sexual violence. On the one hand, studies revealed that women who live in rural areas are more vulnerable to sexual violence (Adnew & Hagos, 2017; Chernet & Cherie, 2020; Shimekaw et al., 2013; Tantu et al., 2020). Contrarily, another study argued that those who resided in cities are at higher risk of experiencing sexual violence (Gessesew & Mesfin, 2004). Similarly, living alone in streets also increase the risk of sexual violence (Molla et al., 2002). Moreover, women who reside in university are also at risk of sexual violence (Iliyasu et al., 2011). Furthermore, living arrangement where women who live alone are at greater risk for sexual violence (Dibaba, 2007).

***Sex related risk factors.*** Sex plays a significant role as a risk factor for sexual violence. Studies revealed that both males (Haile, Kebeta & Kassie, 2013) and females (Adinew & Hagos, 2017; Shimekaw et al., 2013; Tantu et al., 2020) are vulnerable to sexual violence. However, it is well argued that females and women are more vulnerable to sexual violence (Bhochhibhoya et al., 2019; Diehl et al., 2020).

***Poverty and socioeconomic status related risk factors.*** Studies revealed the association between sexual violence and poverty and socioeconomic status. On the one hand, studies found out that the economic status of women is associated with the risk of encountering sexual violence where women with low economic status have higher risk (Chernet & Cherie, 2020; Chhabra et al., 2014; Dessie et al., 2019; Ezekiel et al., 2017). In addition, those women who are economically dependent on their husband are more vulnerable to violence (Naz & Malik, 2018). And unemployment also increases risk of violence (Onigbogi et al., 2015). Contrarily, a study finding in Ghana determined that women's autonomy over sexuality, economy and family planning reduced the risk of violence by their intimate partners (Tenkorang, 2018).

***Psychological well-being related risk factors.*** Findings showed that psychological problems expose women for sexual violence. In this regard, studies demonstrated that those women who feel lonely (Naz & Malik, 2018), blame themselves after being sexually assaulted (Miller, Markman & Handley, 2007) and demonstrate depressive symptoms (Schnittker, 2019) are at greater risk of being sexually assaulted or violated. Moreover, women who perceive they are discriminated are also at higher risk (Bhochhibhoya et al., 2019). Furthermore women with low sexual assertiveness skill are also vulnerable to sexual violence (Bhochhibhoya et al., 2019).

## **2.3 Psychological well-being**

### **2.3.1 Conceptualizing psychological well-being**

The issue of well-being is debated. The World Health Organization [WHO] (2006) explicated health as a state of wellbeing demonstrated in an individual's physical, mental and social arena. Ryff (1995) argued that definitions of well-being were largely tied to the absence of illness. As a result, psychology paid greater attention in the process of bringing individuals back to their normal state of mind where it ignored to focus on preconditions that help individuals to advancing their constructive traits (Ryan & Deci, 2001; Seligman & Csikszentmihalyi, 2000). In the meantime, the concept of health is gradually shifting from the absence of diseases to a more holistic approach which aims at enhancing affirmative individual traits (Vazquez, Hervas, Rahona & Gomez, 2009). However, according to Ryff and Singer (1998) the efforts made to change the paradigm from ill-being to well-being understanding of health has not been without flaws as the attempts' primary focus lies on individual's physical, mental and social deficits. In other words, affirmative personal traits were given less attention (Ryff & Singer, 1998).

Different perspectives were pursued to establish meaning for well-being. For example, Sartorius (2006) presents three kinds of definition working in the current world about health, i.e. the first understands health as the absence of diseases, the second comprehends health as the ability of an individual to properly manage his/her routine activities in life and the third views health as the capability of a person to establish/maintain balance within himself/herself and with his/her environment. Similarly, Balog (as cited in Boruchovitch and Mednick, 2002) puts health in three different perspectives, i.e. the traditional medical concept (defines health as basically the absence of diseases), the World Health Organization concept (understands health as the presence of wellbeing in social, psychological, physical, economic and political aspects of an individual)

and the ecological concept of health (emphasizes on the ability of a person to adapt to his/her changing environment). Specifically, to Balog (2005) wellness is related to the body's ability to properly function for the purposes it is designed for and its (body's) ability to allow essential human functions. Though Dodge, Daly, Huyton and Sanders (2012) sees defining well-being as challenging, but they defined well-being as an individual's ability to tackle emotional, communal and/or bodily obstacles through utilizing his/her emotional, communal and/or bodily resources. In other words, well-being is understood as the ability of a person to maintain balance between challenges and resources (Dodge et al., 2012).

Moreover, the development of positive psychology broadened the understanding of well-being. In this regard, positive psychology helped to observe other aspects of well-being under subjective level, individual level and group level (Seligman & Csikszentmihalyi, 2000).

Accordingly, well-being

At the subjective level it is about valued subjective experiences: well-being, contentment, and satisfaction (in the past); hope and optimism (for the future), and flow and happiness (in the present). At the individual level, it is about the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent and wisdom. At the group level, it is about the civic virtues and the institutions that move individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethics. (Seligman & Csikszentmihalyi, 2000, p.5)

Furthermore, two theoretical approaches strive to provide answer for the question related to the maximization of happiness in individuals (The Australian Institute of Professional Counsellors [AIPC], 2010). These two generic approaches of well-being are hedonic and eudaemonic (Deci & Ryan, 2008; Ryan & Deci, 2001).

On the one hand, hedonic well-being affirms that the reduction of pain would ultimately enhance happiness (Deci & Ryan, 2008; Ryan & Deci, 2001). The hedonic perspective draws its assumption from the subjective well-being theoretical underpinning (AIPC, 2010). Subjective

well-being is used to illustrate the personal assessment of one's positive and negative life experiences in areas including "judgments and feelings about life satisfaction, interest and engagement, affective reactions such as joy and sadness to life events, and satisfaction with work, relationships, health, recreation, meaning and purpose, and other important domains" (Diener & Ryan, 2009, p. 391).

On the other hand, eudaemonic well-being draws its assumption from 'Maslow's ideas of self actualization and Roger's fully functioning person and their subjective well-being' (AIPC, 2010). The eudaemonic approach perceives happiness as related to a person's capability to operate in a well manner (Deci & Ryan, 2008; Ryan & Deci, 2001). Likewise, according to this approach an individual's happiness is associated with their experiences of goals, challenge, development, independence and capability (AIPC, 2010). Specifically, the philosophical underpinning of eudaemonic approach emphasizes on two basic ideas of knowing oneself and becoming that self where the former requires individuals to dig for the things that made them distinct and the latter strives to put them into practice (Ryff, 2014). Pursuant to this philosophy, Ryff (1989) developed a multi-dimensional psychological well-being measure. Ryff's multi-dimensional psychological well-being measure presents six domains which strive to answer the following questions: (1) Is the person self-dependent, monitors his/her behavior, assess himself/herself by own standards (Autonomy)?; (2) Is the person able to manage his environment, adapt contexts to his/her needs, use opportunities (Environmental mastery)?; (3) Is the person able to know his development, knows new experiences, knows his/her latent abilities (Personal growth)?; (4) Does the person demonstrate good relationship with others, care about others, comprehend mutual relationship among individuals, empathy (Positive relationship with others)?; (5) Is the person knowledgeable about his goals, aims, purposes (Purpose in life)?; and (6) Is the person able to accept everything about him/herself (Self-acceptance)? (Ryff, 2014).

### **2.3.2 Components of psychological well-being**

As discussed above, Ryff (2014) explicated the six domains of psychological well-being. Ryff's psychological well-being is based on the eudaemonic approach of well-being (Deci & Ryan, 2008; Ryan & Deci, 2001). The six domains are explicated as follows:

***Self-acceptance.*** Self-acceptance is pivotal in the positive development of individuals (Ryff, 1989) where it asserts to have the capability to understand oneself positively (Kitamura et

al., 2004; Ryff 1995; 2014), to avoid quarrel with past life and also recognize one's good or bad qualities (Ryff 1995; 2014). In other words, it is about being aware of one's qualities and limitations (Vazquez et al., 2009).

***Positive relation with others.*** Positive relation with others is another aspect of psychological wellbeing where a person is capable of extending loving and trusting relationship with others as well as understanding others' concern being on their shoes (Kitamura et al., 2004; Ryff, 1989; Vazquez et al., 2009). Moreover, positive relation with others entails a person's capability to understand the importance of mutual relations as well as demonstrating positive attachment and maintaining close friendship (Ryff 1995; 2014).

***Autonomy.*** Autonomy shows ranges of traits related to a person's ability to manage his/her life, behavior and also emotion independent of others' unnecessary intrusions (Kitamura et al., 2004; Ryff, 1989). Autonomous individuals, moreover, demonstrate independence, confront social pressures and set their own standards (Ryff 1995; 2014). In other words, it is related to the ability of a person to maintain his/her freedom (Vazquez et al., 2009).

***Purpose in life.*** The purpose in life domain of psychological well-being entails that a person is capable of knowing the reasons why he/she is living as well as leading goal oriented activities (Kitamura et al., 2004; Ryff, 1989). Moreover, individuals who have purpose in life have objectives to meet, and they also attach meaning to their life (Ryff 1995; 2014; Vazquez et al., 2009).

***Personality growth.*** Personal growth entails a person's determination not to solve routine problems instead to reach one's potential through which continued growth is demonstrated (Kitamura et al., 2004; Ryff, 1989). Moreover, individuals who maintain their personal growth are usually improving, growing and developing in different aspects of their lives (Ryff 1995; 2014; Vazquez et al., 2009).

***Environmental mastery.*** Environmental mastery is about the traits of individuals that can help them interact with their physical as well as social environment to modify it to their needs or values (Ryff, 1989; Vazquez et al., 2009). In addition, person's with healthy environmental mastery ability feels that he/she fit to their environment, able to use opportunities and able to adjust the environment to meet their objectives (Kitamura et al., 2004; Ryff, 1995; 2014).

### **2.3.3 Predictors of psychological well-being**

There are different factors that help maintain the psychological well-being of individuals. In this regard, various studies found out different predictors for psychological well-being.

A study conducted on 3,251 samples aged between 25 and 74 found out that a person's weight determines the level of their psychological well-being (Bookwala & Boyar, 2008). According to this author, the level of psychological well-being became low on women having higher weight than their men counterparts (Bookwala & Boyar, 2008). The study also compared overweight and obese women with their normal weight women and found out that low level of psychological well-being was observed among the overweight and obese women (Bookwala & Boyar, 2008). Moreover, this study found out that psychological well-being level diminishes as weight increases among women themselves (Bookwala & Boyar, 2008). However, this study determined that there is no difference on the psychological well-being level of men participants regardless of their weight (Bookwala & Boyar, 2008). However, this study measured the psychological well-being of both male and female adults whose age ranged 25 to 74 years who had not reported sexual violence history. This study did not incorporate samples of sexual violence victims.

A study measured the association between sleep and psychological well-being (Hamilton, Nelson, Stevens & Kitzman, 2007). According to the study result, those people who sleep an average of 6 or less than 8.5 hours per night reported higher levels of psychological well-being (Hamilton et al., 2007). Specifically, this study finding revealed that average sleep predicted greater environmental mastery, personal growth, positive relations with others, self-acceptance and purpose in life, but not in the domain of autonomy (Hamilton et al., 2007). In this study, the study participants were assessed for their level of psychological well-being in relation to their sleeping pattern or time.

Another study focused to determine the association between happiness and psychological well-being among 100 students (Ghasempour, Jodat, Soleimani & Shabanlo, 2013). This study revealed that happiness is positively associated with the domains of psychological well-being such as self-acceptance, environmental mastery, positive relationship with others, purpose in life and personal growth (Ghasempour et al., 2013). This study assessed psychological well-being of male athletes in relation to their level of happiness.

A study was also conducted to assess the relation between perceived discrimination and the level of psychological well-being among 149 samples in Ethiopia (Dengechi, Worku & Mikre, 2018). According to this study, psychological well-being and perceived discrimination are significantly associated where those groups of people who perceive that they are discriminated in different settings have scored lower in their psychological well-being level (Dengechi et al., 2018). Moreover, strong negative association was found between perceived discrimination and the six sub-domains of psychological well-being (autonomy, environmental mastery, personal growth, positive relation with others, and self-acceptance) (Dengechi et al., 2018). Gender differences were also witnessed where psychological problems are more evident in females who feel discriminated than males (Dengechi et al., 2018). This study was conducted to determine psychological well-being among both male and female participants above the age of 18 in relation to their perception as to whether they think they were discriminated or not.

A study was conducted to determine the association between marital abuse and psychological well-being among 915 married women where marital abuse and psychological well-being are negatively correlated (Hamdan-Mansour et al., 2011). This study measured aspects of physical, psychological, social and economic abuses (Hamdan-Mansour et al., 2011). The result revealed that domains of self-acceptance and environmental mastery had significant negative association with all kinds of marital abuse where women who faced any forms of abuse by their spouse predicted lower level of self-acceptance and environmental mastery (Hamdan-Mansour et al., 2011). Contrarily, the study found out that other domains of psychological well-being had non-significant negative association with the forms of marital abuse (Hamdan-Mansour et al., 2011). This study assessed marital abuse in relation to psychological well-being. The target of this study was ever-married women older than 18 years. In addition, this study emphasized on acts of marital abuse which include physical, psychological and social and economic abuse. In other words, this study is short of including sexual violence acts on adolescent females.

Another study conducted to determine the association that exists between sexual abuse, the forms of sexual abuse and perpetrators and psychological wellbeing found out that sexually abused victims demonstrated low in their psychological well-being domains of autonomy, personal growth, positive relationship with others, purpose in life, environmental mastery and

self-acceptance (Mohammed, 2014). This study viewed different forms of violence including psychological, physical and sexual abuse. Specifically, indecent exposure, touching of sexual organs, experience of rape and exposure to pornography were assessed as elements of sexual abuse. Moreover, this study emphasized on the relationship that gender, forms of sexual violence, perpetrators has with psychological well-being. It is, however, short of addressing other factors like frequency of violence, the number of violence experienced and the time of violence in relation to psychological well-being.

It is also evidenced that victims of sexual violence are at greater risk of psychopathology (Dworkin, Menon, Bystrynski & Allen, 2017). In this regard, a study revealed that sexual violence victims encounter anxiety, sleeping disorder, obsession, and acute stress disorder (Rai & Rai, 2020). This study is a hospital based qualitative study conducted on sexual violence victims whose age range 21-30 years. It focused on mental health of the participants. Similarly, mental health problems like PTSD and depression are higher among those who were perpetrated by intimate partner than perpetrated by unknown perpetrators and other known persons (Tarzia et al., 2018). In this study severe mental health issues but not positive psychological traits were assessed. Besides, Dworkin et al. (2017) find out that posttraumatic stress and suicide are strongly related to violence. Specifically, those female who had a history of multiple rape demonstrated poor health (Zinzow et al., 2011). This study, however, addressed aspect of illness.

Generally, the literatures reviewed regarding sexual violence victim's psychological well-being demonstrated three basic gaps. First, it is related to the conceptualization of sexual violence. Some defined sexual violence narrowly (as equivalent only to rape), others focused on either contact or non-contact forms of sexual violence. This study, however, conceptualized sexual violence as an act of sexual nature (including exposure to pornography, indecent exposure, catcalling, stalking, unwelcomed kissing, taking nude photos, touching of sex organs, attempted rape and completed rape) conducted by disregarding victim's will.

Second, it is related to the conceptualization of psychological well-being. Most of the studies define psychological well-being as the absence of illness. As a result, they measure aspects of psychopathology such as PTSD, depression and sleeping disorders. However, this study conceptualized psychological well-being in relation to whether a person possessed positive personal traits which help to function properly. As a result, in this study Ryff's multidimensional

psychological well-being aspects (such as autonomy, environmental mastery, personal growth, personal relations, self-acceptance and purpose in life) were measured.

Third, it is related to the age of the research participants and study settings. Most of the existing literatures assessed the mental health of sexual violence victims in different age groups. Similarly, studies were conducted in cases reported to hospitals. Even school based studies emphasized on illness associated with sexual violence. Little is, however, discovered in school going adolescent female sexual violence victims aged 15-18 years.

## **Chapter Three: Research Methods and Procedures**

### **3.1 Research Design**

This study used cross-sectional survey research design. This research design is used since it helps to assess research participant's thinking, feeling and behavior (Feldman, 2011; Myers, 2010; Shaughnessy, Zechmeister & Zechmeister, 2012) to describe the status of their situation (Singh, 2006). Besides, this design allows the collection of data from different groups of individuals at one time (Shaughnessy et al., 2012). Moreover, cross-sectional research design allows prediction through determining relationship between various variables (Shaughnessy et al., 2012).

### **3.2 Study setting and population**

The study was conducted in Akaki Kality sub-city, located 20km east of the center of Addis Ababa. It is one of the newly established condominium sites commonly known as Koye Fetch. The inhabitants are largely relocated from the inner city. There are also people living adjacent to the condominium site who are largely Oromo language speaking people.

This study was conducted in the secondary and preparatory school which is called Koye secondary and preparatory school. The school was established in 2011 E.C. to meet the educational needs of the condominium site people. The school hosts students whose grade level is between 9 and 11. Moreover, the school hosts students from the condominium site and neighboring villages. The total number of female students in the school is about 907 their age ranging between 14 and 30 (Esayas, personal communication, March, 20, 2021). Specifically, for the purpose of this study, the target population comprised of 740 adolescent females whose age ranged between 15 and 18 years. The target population was reduced into 740 because those who are below the age of 15 and above the age of 18 were excluded from this study. Similarly, adolescent females with incomplete age information were excluded. Moreover, all male population was excluded from this study.

### **3.3 Sample size determination and sampling procedure**

In determining the research participants, a complete list of female adolescent students at Koye secondary and preparatory school were obtained from the school. Based on the list of the students obtained from the school, about 740 aged between 15 and 18 years were identified. This is depicted in Table 1:

**Table 1***Demographic Characteristics of Study Participants*

Age	Grade							
	Nine		Ten		Eleven		Total	
	N	%	N	%	N	%	N	%
15—16	194	64.02	144	47.21	2	1.51	340	45.94
17—18	109	35.97	161	52.78	130	98.48	400	54.05
Total	303	40.94	305	41.21	132	17.83	740	100

As Table 1 indicates, the students are enrolled from grade nine to eleven. For this study, the total population in the school was 740. Of which 340 (45.94%) are between 15 - 16 years. Also, 400 (54.05%) are between 17 - 18 years. In relation to students distribution based on grade level, about 303 (40.94%) are in grade nine. While 305 (41.21%) are in grade ten, the rest 132 (17.83%) are in grade eleven.

Sample size was determined using the following formula (Shaughnessy et al., 2012):

$$n = \frac{N}{1 + Ne^2}, \text{ where } n = \text{sample, } N = \text{population and } e = \text{margin of error (5\% or 0.05)}$$

$$n = \frac{740}{1 + 740 (0.05)^2}$$

$$n = 260$$

Therefore, this study used 260 samples to participate in the study. The distribution of the samples according to their grade level and age is described below.

**Table 2***Sample Size Determination*

Age	Grade						Total	
	Nine		Ten		Eleven		N	n
	N	N	N	N	N	N		
15 - 16	194	68	144	51	2	1	340	120
17 - 18	109	38	161	57	130	45	400	140
<b>Total</b>	303	106	305	108	132	46	740	260

As Table 2 shows, the research participants were classified by their age as 15 - 16 and 17 - 18 years. Similarly, participants were stratified into their grade level from grade nine to eleven. In selecting participants, a proportional stratified random sampling method was used.

Proportional stratified random sampling helps to draw representative samples from different categories of a population (Shaughnessy et al., 2012). Accordingly, from 120 total samples aged between 15 - 16 years, 68, 51 and 1 were selected from grade nine, ten and eleven, respectively. Similarly, from 140 total samples aged between 17 – 18 years, 38, 57 and 45 were selected from grade nine, ten and eleven, respectively. Samples were randomly chosen from female students, who were present during the data collection week on April 2021. Moreover, samples that were not volunteered to participate and those who do not understand Amharic were not included.

### **3.4 Data collection instrument**

This study used the Ryff's Psychological well-being Scale (RPWS) self-rating questionnaire.

#### **3.4.1 Ryff's Psychological Well-being Scale (RPWS)**

The researcher used Ryff's multi-dimensional psychological well-being scale to collect data from the research participants. The scale is a 42-item Likert with response categories ranging from strongly disagree (1) to strongly agree (6) which targets to assess six dimensions of well-being including autonomy, environmental mastery, personal growth, positive relations, purpose in life and self-acceptance (Ryff, 2014).

In the development of this scale, 321 young, middle-aged and older adults participated where the 20 items in each domain (120 items total) found to generate good initial psychometric properties (Ryff, 1989). The scale hosted its different version, particularly in relation to the length of the items (Ryff, 2014). Subsequent short versions of 84 total items (Kitamura et al., 2004), 39 total items (van Dierendonck, 2004 as cited in van Dierendonck, Diaz, Rodriguez-Carvajal, Blanco & Moreno-Jimenez, 2008) and 18 total items (Lee, Sun & Chignag, 2019) were developed. The rationale for the reduction of the items was related to reduce participants' burden to respond, which undermines the internal consistency of the items (Ryff, 2014). However, the 42 total items seem to maintain the balance between participants' burden and internal consistency where its internal consistency found to range from .69 to .85 (Morozink, Friedman, Coe & Ryff, 2010).

Cross-cultural validation of the scale was examined in different parts of the world. However, the studies reported contrasting outcomes. On the one hand, most studies confirmed that confirmatory factor analysis result maintain the initially proposed six dimension scale (Clarke, Marshall, Ryff & Wheaton, 2001; Gallagher, Lopez & Preacher, 2009; Karas & Ciecuch, 2017; Lindfors, Berntsson & Lundberg, 2006; Ryff & Keyes, 1995; Ryff & Singer, 2006; van Dierendonck et al., 2008). On the contrary, others revealed that the scale is invalid suggesting that interpretation require caution (Kafka & Kozma, 2002; Springer & Hauser, 2006; Springer, Hauser & Freese, 2006).

Besides, the reliability of the scale was also determined. For example, the translation of scale to over 30 languages shows its wide usage across the globe (Ryff, 2014). Moreover, studies in Japan population (Sasaki et al., 2020) and in Finland population (Saajanaho et al., 2020) recommended the use of the 42-item scales. In addition, a study also found out that the scale is reliable across age groups (Shryock & Meeks, 2018).

In Ethiopia, the different version of the scale was assessed for psychometric properties. For example, psychometric evaluation was undertaken on the 42 total items scale on students and the internal consistency of the overall scale found to be about .82 (Shamil, 2017). Moreover, the Cronbach's alpha for each domain of the scale found to be 0.63 for autonomy, 0.53 from environmental mastery, 0.78 for positive relations with others, 0.73 for self-acceptance, 0.66 for personal growth and 0.74 for purpose in life (Shamil, 2017). Similarly, psychometric evaluation

was conducted on the 46 total items scale on house owners and renters (Tafesse, 2018). However, the scale's psychometric properties on sexual violence victims were not conducted.

### **3.4.2 Adaptation of the data collection instrument**

In this study, the Ryff's Psychological Wellbeing Scale (RPWS) was adapted to the study samples. To this end, the researcher used steps suggested by Borsa, Damasio and Bandeira (2012) in determining the reliability of the instrument. In the translation stage, two independent bilingual translators (one psychologist and one linguist) translated the original English version scale to Amharic. Then the Amharic version was synthesized to create a single version of the scale. In order to assess the clarity of items, appropriateness of the language use, response categories and instructions, the Amharic version was evaluated by a group of ten female adolescents. Accordingly, participants' comment served to make corrections on instructions and some questions. For example, the Amharic translation of item number 8, i.e. "The demands of everyday life often get me down" was unclear. As a result, the statement was rewritten.

### **3.4.3 Pilot test**

In the pilot test stage, after modifying the questionnaire, 60 randomly selected participants from Koye secondary and preparatory school filled out the questionnaire. The participant's age and grade level was similar with the study target population. Of which about 32 reported that they were a victim of at least one of the kinds of sexual violence (rape, attempted rape, kissing, touching of sexual organs, exposed to pornography, catcalling and stalking). The samples used in the pilot test were not included in the final data collection period.

Of the 32 victims, the data from 30 victims served to determine the reliability of the scale using SPSS-23. Accordingly, the Cronbach's alpha of the total scale found to be .863. Besides, the reliability of the sub-scales had varied outcome. In this regard, the reliability of autonomy, environmental mastery, personal growth, personal relation, purpose in life and self-acceptance found to be .679, .487, .708, .768, .676 and .768, respectively. As it can be inferred, the environmental mastery subscale demonstrated low reliability. However, deleting certain items (8, 25, 33, 36 and 41) increases the total scale reliability as well as the subscales. In this regard, deleting the above items improves the total scale from .863 to .866. Moreover, deleting item 25 improves the reliability of the autonomy sub-scale into .694. Deleting item 8 improves the reliability of environmental mastery subscale to .737. Besides, deleting item 33 improves

personal growth subscale's reliability into .723. Deleting item 41 increases the purpose in life subscale's reliability into .708. Deleting item 36 improves the self-acceptance sub-scale's reliability to .812.

**Table 3**

*Reliability (Cronbach's alpha) for Psychological Well-being Scale*

<b>Scale and subscales</b>	<b>Number of items</b>	<b>Cronbach's alpha</b>
Autonomy	6	.694
Environmental mastery	6	.737
Personal growth	6	.727
Personal relations	7	.768
Purpose in life	6	.708
Self-acceptance	6	.812
Total PWB scale	37	.866

Finally, about 37 items found to have acceptable reliability. Therefore, the researcher used the 37 items Ryff's Psychological well-being scale to collect data from the researcher participants.

### **3.5 Data collection procedures**

#### **3.5.1 Administration**

This study used a step-by-step procedure to collect data. First, the researcher acquired support letter from the School of Psychology, Addis Ababa University. Second, the researcher went to Koye Secondary and Preparatory school and discussed with the school director on the purpose of the study and the information needed. After a discussion, the researcher acquired a permission to collect data. Next, the researcher acquired an updated complete list of students.

The researcher also followed various steps to collect data from the participants. First, the researcher with his assistance and the school counselor selected only female students and took them to a relatively large room. Second, the researcher discussed on the purpose of the study, the time to fill out the questionnaire, the significance of the study and participants' rights. Then, the

questionnaire was distributed to each participant by the researcher, the assistance and the counselor. The researcher informed participants that they can put their completed questionnaire on the selected desk upside down so that they could feel comfortable about their data being confidential. Accordingly, participants put their questionnaire on the designated desk and left the room. After all participants completed the questionnaire, the researcher with his assistance collected the questionnaires. Finally, the questionnaires were rearranged into samples of non-sexual violence and sexual violence victims.

### **3.5.2 Scoring**

In this study, a total of 37 items psychological well-being scale was used. Respondents rated from strongly disagree (1) to strongly agree (6) on a six point Likert type scale. The scale was composed of both negatively and positively worded items. On the one hand, item numbers 1, 2, 4, 6, 7, 8, 10, 11, 19, 20, 21, 23, 26, 27, 32, 33, 34, 36 and 37 were positively worded statements. On the other hand, item numbers 3, 5, 9, 12, 13, 14, 15, 16, 17, 18, 22, 24, 25, 28, 29, 30, 31 and 35 were negatively worded statements. Therefore, they were scored reversely.

In addition, in determining the level of psychological well-being, previous study used the mid-value of the score and one standard deviation unit (Tsige, 2015). Similar approach was adopted in this study. Accordingly, to determine the level of psychological well-being of sexual violence victims as psychologically not well, well and very well, the researcher assumed that the dependent variable (psychological well-being) is normally distributed, and therefore, the researcher considered mid-value of the total score (141.95) and then used above and below one standard deviation unit (30) to the mean value. As a result, the scores were classified as psychologically not well, well and very well. In other words, values below 112 are defined as psychologically not well. Scores between 112 and 173 were defined as psychologically well. And scores above 173 were defined as psychologically very well.

### **3.6 Data analysis**

After data collection has been completed data was checked for completeness, and coded, classified and tabulated to make it amenable to analysis. Only three respondents provided incomplete data. As a result, they were excluded from the analysis. The collected data was used to answer the questions that are stated in the research question section above. As the research objectives differ, the analysis procedures were also different.

One of the objectives of this study was to describe the level of sexual violence victims' psychological well-being. To this end, the descriptive statistics of mean and standard deviation which allows the description of existing or collected data (Sapsford & Jupp, 2006; Singh, 2006) was computed.

Similarly, to compute mean difference on psychological well-being among the forms of sexual violence, Dunnett's T3 post-hoc one way ANOVA was employed. Likewise, Tukey one way ANOVA was computed to explore mean difference on the level of psychological well-being based on types of perpetrators.

Another objective of this study was to explore the relative effect of forms of sexual violence, frequency of sexual violence, perpetrator of sexual violence, place of sexual violence, and number of sexual violence faced on the level of psychological wellbeing. To this end, an analysis procedure which enables to assess the independent variables' impact on the dependent variable, i.e. multiple regressions was used (Kirk, 2008; Sapsford & Jupp, 2006). Multiple regressions enable to determine the relative effect of each independent variable (forms of sexual violence, frequency of sexual violence, perpetrator of sexual violence, place of sexual violence, and number of sexual violence faced) on the dependent variable (psychological well-being) (Kirk, 2008; Sapsford & Jupp, 2006). Therefore, the researcher computed step-wise multiple regression analysis to determine the effect of the independent variables on the dependent variable. SPSS-23 was used for both data entry and analysis.

### **3.7 Ethical considerations**

The ethical procedures were two-fold. While the first was related to the organization, the second was related to the research participants. First, the researcher acquired support letter from the School of Psychology, at Addis Ababa University to conduct this study. Then the researcher visited the study area, i.e. Koye Secondary and Preparatory school and discussed with the school director about the study. After the discussion, the researcher acquired permission to conduct the research. In addition, the school counselor was also contacted.

Second, the researcher followed essential ethical issues which are related to the research participants. To this end, the researcher informed research participants that their participation was fully voluntary and that they could refuse to participate without having lost any services provided to them. In addition, the researcher notified that they could withdraw from the study

anytime they feel uncomfortable, and they could also request their data be withdrawn from the study. Besides, the researcher explicitly described the purpose, the process of the study and the time length needed. Moreover, the researcher also explicated the benefit of the study to the victims and the general science. The researcher did not participate in any behavioral or physical acts that embarrass, frighten, offend or harm participants' psychological integrity. However, in case participants face any psychological distress or discomfort, the researcher promised to arrange psychological support at their will. However, no participant requested any services.

In addition, the researcher informed participants that their data would be kept confidential through making no access to third party, using coded referencing and safely removing data after being solely utilized for this study purpose. Additionally, the researcher also informed participants that their data would not be disclosed to any other third party unless consented by them. Moreover, the researcher informed participants that their name was not required on the questionnaire. Furthermore, the researcher put contact address for questions or emergency or injury due to participation in the data collection process.

Besides, the researcher integrated the necessary information on the front page of the questionnaire to help participants make informed decision to participate. Furthermore, confidentiality of the research participants was maintained by not allowing data access to third party. And no name and identifying information was used. Instead, participants' responses were coded.

## Chapter Four: Results and Discussion

Under this section, results from the data collection are presented. First, general information about the research participants including age, grade level, acts, forms, places, perpetrators, frequency, number and time of sexual violence are presented. Second, results related to psychological well-being are presented. Third, results were discussed in light of other studies around the world.

### 4.1 Presentation and Analysis of the Data

A total of 260 questionnaires were distributed to the study participants. Of which 153 (58.84%) reported that they had experienced at least one act of sexual violence. On the other hand, 104 (40%) had not faced any form of sexual violence. However, only 3 (1.15%) respondents provided incomplete data and, therefore, they were excluded from the analysis. Hence, 153 (58.84%) of the respondents who faced at least one act of sexual violence were included.

#### 4.1.1 General information of the study participants

In the subsequent sections participants' general information related to age, grade level and acts, forms, places, perpetrator, frequency, number and time of sexual violence are discussed.

**Table 4**

*Distribution of Respondents by Age and Grade Level*

Variable	Sexual violence victims								
	Grade level								
	Nine		Ten		Eleven		Total		
	N	%	N	%	N	%	N	%	
Age	15-16	35	60.25	28	38.88	1	4.34	<b>64</b>	<b>41.82</b>
	17-18	23	39.64	44	61.11	22	95.6	<b>89</b>	<b>58.16</b>
<b>Total</b>	<b>58</b>	<b>37.9</b>	<b>72</b>	<b>47.05</b>	<b>23</b>	<b>15.03</b>	<b>153</b>	<b>100</b>	

*Note.* N=153

As Table 4 shows, the highest numbers (47.05%) of sexual violence incidences were observed among grade ten students. In addition, students whose ages ranging between 17 and 18 years have reported the highest number (58.16%) of sexual violence incidences.

**Table 5**

*Forms of Sexual Violence*

Variables	Forms of sexual violence							
	Contact form sexual violence (N=68)		Non-contact form sexual violence (N=37)		Both forms of sexual violence (N=48)		Total	
	N	%	N	%	N	%	N	%
Age 15-16	30	44.11	16	43.23	18	37.5	<b>64</b>	<b>41.82</b>
Age 17-18	38	55.87	21	56.75	30	62.5	<b>89</b>	<b>58.16</b>
<b>Total</b>	<b>68</b>	<b>44.44</b>	<b>37</b>	<b>24.18</b>	<b>48</b>	<b>31.37</b>	<b>153</b>	<b>100</b>

As Table 5 indicates, adolescent females experienced various forms of sexual violence. Contact forms of sexual violence are higher than non-contact forms of sexual violence. Still, females between the age of 17 and 18 faced higher sexual violence cases in all forms.

**Table 6***Acts of Sexual Violence*

<b>Variable</b>	<b>Sexual violence acts (N=265)</b>	<b>N</b>	<b>%</b>
	Exposure to pornography	22	8.3
	Indecent exposure	--	--
	Stalking	29	10.94
<b>The acts of sexual violence</b>	Catcalling	48	18.11
	Taking nude photos	--	--
	Touching of sex organs	75	28.30
	Kissing	65	24.52
	Attempted rape	20	7.54
	Completed rape	6	2.26

As Table 6 indicates, various acts of sexual violence were evidenced. Of which, touching of sex organs was the highest and completed rape was the lowest. In addition, no incidents of taking nude photos and indecent exposure were evidenced. It is easy to infer that less severe acts of sexual violence are high.

**Table 7***Number of Sexual Violence*

Variables	The number of sexual violence faced (N=153)					Total	
	One	Two	Three	Four	Five	N	%
15 - 16	42	9	11	2	0	64	41.83
<b>Age</b> 17 - 18	47	10	17	12	3	89	58.16
Total	89	19	28	14	3	153	100

As Table 7 shows, adolescent females encountered at least one and at maximum five acts of sexual violence. It was evidenced that higher number encountered one act of sexual violence. But very low number reported that they had faced five acts of sexual violence. In addition, about 64 (41.9%) faced more than one act of sexual violence.

**Table 8***Frequency of Sexual Violence*

Variable	Frequency of sexual violence (N=153)			Total
	Once	Twice	Three and more	
15-16	28	10	26	64
<b>Age</b> 17-18	31	24	34	89
Total	59	34	60	153

As Table 8 indicates, varied frequency of sexual violence was evidenced. In this regard, about 61.4% were re-victimized. In addition, re-victimization is high among adolescents whose age ranging between 17 and 18 years.

**Table 9***Perpetrators of Sexual Violence*

Variables	Perpetrators of sexual violence (N=153)			Total	
	Family member	Friends	Unknown		
Age	15-16	4	18	42	64
	17-18	8	18	63	89
	Total	12	36	105	153

As Table 9 shows, sexual violence perpetrators are different. The highest perpetrators are found to be unknown persons while the lowest was family members. In addition, 63 participants whose age range between 17 and 18 years were perpetrated by unknown persons.

**Table 10***Place of Sexual Violence Committed*

Place of sexual violence	N	%
At home	24	15.7
At school	16	10.5
On the street	72	47.1
On public transport	10	6.5
In multiple places	23	15.0
Other places	8	5.2

As Table 10 indicates, sexual violence was perpetrated everywhere. On the street violence was the highest (47.1%). This shows that the streets are not safe. And the lowest number (5.2%) of violence evidenced was in unidentified places.

**Table 11***First Occurrence of Sexual Violence*

Variables	First occurrence of the violence					Total	
	Within the last 3 months	Between the last 3 and 6 months	Between 6 and 9 months	Between 9 and 12 months	A year and above		
Age	15--16	11	7	5	10	31	64
	17--18	23	6	9	20	31	89
	Total	34	13	14	30	62	153

As Table 11 shows, higher incidences (62) of sexual violence were evidenced a year ago. On the other hand, relatively low number (13) incidences were evidenced between the last three and six months.

#### **4.1.2 Descriptive statistics for Psychological well-being and the subscales**

The minimum, maximum, mean, and standard deviation scores were calculated to summarize the raw data for the total and sub-scales of psychological well-being treated in the study. The results are presented in table 12.

**Table 12***Descriptive statistics of Psychological Wellbeing Scale and Subscales*

	<b>Psychological Well-being</b>	<b>Minimum</b>	<b>Maximum</b>	<b><i>M</i></b>	<b><i>SD</i></b>
	Autonomy (AU)	9	34	22.16	5.992
	Environmental Mastery (EM)	7	36	21.36	6.314
	Personal growth (PG)	7	36	23.87	6.296
<b>Variables</b>	Personal relations (PR)	7	40	26.71	7.024
	Purpose in life (PL)	6	36	25.63	6.408
	Self-acceptance (SA)	6	36	22.64	7.684
	Psychological well-being (PWB)	83	203	141.95	27.501

As Table 12 shows, the minimum and maximum score for the total psychological well-being scale is 83 and 203, respectively. The mean score of the total Psychological well-being was 141.95 (SD=27.501). As it can be inferred from the table, the lowest mean score were obtained for the environmental subscale. On the other hand, the sub-scale with the highest mean was personal relations.

#### **4.1.3 Psychological well-being of sexual violence victims**

To describe the level of psychological well-being of sexual violence victims, percentage was used. The result is shown in Table 13.

**Table 13***Psychological Well-being Level of Respondents*

Variables	Psychological well-being level					
	Not well		Well		Very well	
	N	%	N	%	N	%
AU	30	19.60	92	60.13	31	20.26
EM	21	13.72	105	68.62	27	17.64
PG	19	12.41	119	77.78	15	9.8
PR	16	10.45	112	73.20	25	16.33
PL	20	13.07	110	71.89	23	15.03
SA	34	22.22	90	58.82	29	18.95
PWB	25	16.339	107	69.934	21	13.725

*Note.* N= 153

As Table 13 shows, respondents showed varied level of wellness in the total psychological wellbeing score and the subscales. In this regard, among the 153 participants of the study, about 25 (16.339%) scored below 112. While 107 (69.934%) scored between the score of 112 and 173, about 21 (13.725%) scored above 173. This data indicated that 83.659% of the research participants have demonstrated well psychological level. On the other hand, 16.339% demonstrated low psychological well-being. Among all the subscales, large numbers (34 or 22.22%) have difficulty in the subscale of self-acceptance, while small number (16 or 10.45%) showed difficulty in personal relations subscale.

#### **4.1.4 Psychological well-being based on the type of perpetrator**

In order to explore if there is mean difference on psychological well-being among the types of perpetrator, one way ANOVA was computed. To compute one way ANOVA, participants were divided into three groups (Group 1: Perpetrated by family members; Group 2: Perpetrated by friends; Group 3: Perpetrated by unknown persons). The result is presented in table 16 below.

**Table 14***Difference on Psychological Well-being Based on Perpetrators*

Perpetrators	Test of Homogeneity of Variances			ANOVA		
	Mean	Std. Deviation	Levene Statistic	Sig.	F	Sig.
Family members	126.92	26.290	1.190	.307	5.741	.004
Friends	132.83	29.252				
Unknown persons	146.80	25.800				

  

Perpetrators	Group differences			
	Mean differences	Sig.	95% CI (LB---UB)	
Family member--- Unknown persons	-19.883*	.041	-39.13	-.64
Friends----Unknown persons	-13.967*	.020	-26.17	-1.77
Family member---Friend	-5.917	.784	-26.97	15.14

Note. CI= confidence interval, *LL*= lower bound, *UL*= upper bound, \* mean difference is significant at the 0.05 level

As Table 14 shows, the one way ANOVA result suggest that the psychological well-being scores of the groups differ significantly,  $F(2, 150) = 5.741, p = .004$ ). Since, the Lavene Statistic is not significant, the equal variance was assumed. In order to check for individual differences between groups Tukey post-hoc comparisons was computed. The test indicated that the mean score for family members ( $M = 126.92, SD = 26.290$ ) was significantly different from unknown perpetrators ( $M = 146.8, SD = 25.800$ ). Friend perpetrators ( $M = 132.83, SD = 29.252$ ) differed significantly from unknown perpetrators. The mean differences were significant at the 0.05 level. However, no significant differences were detected between family member perpetrators and friend perpetrators.

#### 4.1.5 Psychological well-being based on the forms of sexual violence

In answering whether there is significant mean difference on the level of adolescent females' psychological well-being in relation to the forms of sexual violence, one way ANOVA was used. Participants were divided into three groups (Group 1: Contact sexual violence form; Group 2: Non-contact form of sexual violence; Group 3: Both forms of sexual violence).

**Table 15**

*Difference on Psychological Well-being Based on Forms of Sexual Violence*

Forms of sexual violence	Test of Homogeneity of Variances			ANOVA		
	Mean	SD	Levene Statistic	Sig.	F	Sig.
Contact	140.87	28.390	4.314	.015	2.063	.131
Non-contact	149.51	20.083				
Both	137.67	30.373				

  

Forms of sexual violence	Group differences		
	Mean differences	Sig.	95% CI (LB---UB)
Contact—Non-contact	-8.646	.171	-20.00 2.71
Contact---Both	3.201	.834	-10.07 16.47
Non-contact---Both	5.488	.085	-1.26 24.95

Note. CI= confidence interval, *LL*= lower bound, *UL*= upper bound

As Table 15 indicates, the one way ANOVA results suggest that the main effect of forms of sexual violence on psychological well-being was not significant  $F(2, 150)=2.063, p=.131$ . Level of psychological well-being did not differ on the reported forms of sexual violence.

#### 4.1.6 Predictors of psychological well-being on sexual violence victims

In order to explore the combined and individual contribution of various predictors (forms of sexual violence, frequency of sexual violence, the number of sexual violence faced, place of sexual violence and types of perpetrators), the step-wise multiple regression was computed. The result is presented in table 17 below.

**Table 16**

*Step-Wise Multiple Regression*

Predictor	R <sup>2</sup>	β	SE	df	t	p	95% CI	
							LB	UB
Perpetrator of sexual violence	.068	.261	3.425	151	3.328	.001	4.632	18.165

Note. N= 153, CI= confidence interval, *LL*= lower bound, *UL*= upper bound

As Table 17 shows, step wise multiple regressions result shows that 6.8% of the variance in psychological well-being level can be accounted for by the five predictors, collectively,  $F(1,151)=11.077$ ,  $p=.001$ . Looking at the unique individual contributions of the predictors, it was found that the perpetrator of sexual violence significantly predicted psychological well-being ( $\beta =.261$ ,  $t=3.328$ ,  $p=.001$ ). However, result reveals that other factors do not predict the level of psychological well-being. This suggests that the type of perpetrator affects the level of psychological well-being.

## **4.2 Discussion**

Results from the analyses indicated that no apparent difference exists between age of victims of violence on levels of psychological well-being; no significant mean difference on psychological wellbeing in relation to the forms of sexual violence; there is significant difference on psychological well-being in relation to the perpetrators, where adolescent females perpetrated by family members and friends demonstrated lower level of psychological wellness than those who experience sexual violence by unknown persons; and no significant mean difference was found between family members and friend perpetrators; levels of psychological wellness is predicted by the type of perpetrators, but other variables found not to predict psychological wellbeing.

### **4.2.1 Psychological well-being in adolescent female sexual violence victims**

The first objective of this study was to find out the level of psychological wellbeing (in domains of autonomy, self-acceptance, environmental mastery, personal growth, positive relations and purpose in life) on victims of sexual violence. The result indicates that about 25 (16.339%) of sexual violence victims have demonstrated low level of psychological well-being. Moreover, the result also reveals that about 30 (19.6%), 21 (13.72%), 19 (12.41%), 16 (10.45%), 20 (13.07%) and 34 (22.22%) demonstrated low psychological well-being in domains of autonomy, environmental mastery, personal growth, personal relations, purpose in life and self-acceptance, respectively. This shows that those who scored low in the domains of psychological well-being have difficulty mastering the corresponding areas. This result is in line with the hypothesis that sexual violence victims have lower level of psychological well-being (Naz & Malik, 2018). However, the previous study emphasize measuring the psychological well-being level in relation to worries, complaints, self-doubt and disillusionment, this result demonstrates the level of psychological well-being in relation: to being able to lead one's life without others' influence, to being able to use one's environment properly, to being able to advance oneself to higher level, being able to establish and maintain healthy relationship, being able to have a plan to strive for in life and being able to accept oneself and ones' past positively.

#### **4.2.2 Psychological wellbeing of sexual violence victims based on perpetrators**

The second objective of this study was to determine if there is significant mean difference on the level of sexual violence victims' psychological well-being in relation to the perpetrators of sexual violence. This result indicates that the level of psychological well-being significantly differ between family and friends, on one hand, and unknown persons, on the other hand. The result shows that those adolescents who were perpetrated by friends and family members are more likely to show lower level of psychological well-being. However, the result shows no significant difference between family members and friends. This result is consistent with other study which found out that sexual violence perpetrated by family members or friends affect victims' level of psychological well-being (Mohammed, 2014; Tarzia et al., 2018). This is due to the fact that adolescent's trust and privacy is being endangered (De Witt, 2009 as cited in Mohammed, 2014). However, previous study Tarzia et al. (2018) emphasized on psychological well-being in relation to most commonly known problems such as PTSD and anxiety, this result demonstrates psychological well-being in relation to wellness not illness.

#### **4.2.3 Psychological well-being of sexual violence victims based on the forms of sexual violence**

The third objective of this study was to explore if there is significant mean difference on the level of sexual violence victims' psychological well-being in relation to the form of sexual violence faced. The result demonstrated that the psychological well-being of female adolescent victims of sexual violence is not significantly different across the different forms of sexual violence. This result contradicts the claims of Mohammed (2014) that those victims of sexual violence who experienced both (contact and non-contact) forms of sexual violence demonstrated low psychological well-being. The inconsistency of the result might stem from the samples that were compared. While the previous study compared those who faced both forms of sexual violence with those who had no violence history, this study compared those who faced both forms of sexual violence with those who had faced either contact form or non-contact form of sexual violence. In addition, improved level of psychological well-being is related to experiencing less severe acts of sexual violence, having social and psychological support (Kendal-Tackett et al., 1993) as well as legal support (Renner & Hartley, 2021). Moreover, coping strategies play a significant role in psychological well-being level (Gustems-Carnicer &

Calderon, 2012). Furthermore, perceived social support impacts psychological well-being indirectly by increasing adolescents' self-esteem (Poudel, Gurung & Khanal, 2020). Furthermore, females who are resilient (Harding, Lopez & Klainin-Yobas, 2019; Vinayak & Judge, 2018), mindful, supported by family or other relatives (Harding et al., 2019) and empathetic found to demonstrate better psychological well-being (Vinayak & Judge, 2018).

#### **4.2.4 Relative effect of various factors on psychological wellbeing of victims**

The fourth objective of this study was to explore the relative effect of forms of sexual violence, perpetrator of sexual violence, frequency of sexual violence, number of sexual violence and place of sexual violence on the level of psychological well-being. The result indicated that the type of perpetrator significantly predicted the level of psychological well-being than the other factors. This means that those who encountered sexual violence by either family members or friends demonstrates lower level of psychological well-being. This result is in line with the result of Mohammed (2014) which discuss that those who were perpetrated by family members experience less psychological well-being. In addition, this result is consistent with the hypothesis that sexual violence perpetrated by intimate partner predicted poor mental health (Tarzia et al., 2018).

## Chapter Five: Summary and Conclusion

### 5.1 Summary

This study aimed at exploring the psychological well-being of adolescent female victims of sexual violence, high school students. In addressing this main objective of the study, four basic research questions related to the level of psychological well-being, differences in psychological well-being based forms of sexual violence and perpetrators and the relative impact of independent variables on the dependent variable were formulated. To reach on those basic research questions, a cross-sectional survey research was used, and valid data was collected by using a 37 item self-report questionnaire from 260 secondary and preparatory school female students. Of which 153 of the respondents experienced sexual violence. Hence, they participated in the final study. Data entry and analysis were performed using SPSS version 23 and analyzed by using appropriate statistical methods. In order to answer the first research question, descriptive statistics (mean and standard deviation) was employed. According to this study, about 83.659% of the victims were found to be psychologically well. Besides, one way ANOVA was also computed to explore mean difference on psychological well-being of victims of sexual violence based on the perpetrator of sexual violence. The one way ANOVA result indicated that there is significant mean difference on the level of psychological well-being based on type of perpetrator. Moreover, a one way ANOVA was computed to explore mean difference on the level of psychological well-being based on the forms of sexual violence. The one way ANOVA result showed that there is no significant mean difference on victims' psychological well-being in relation to the forms of sexual violence perpetrated. Finally, to explore the combined and independent effect of forms, perpetrator, frequency, number and place of sexual violence on the level of victim's psychological well-being, stepwise multiple regression analysis was employed. It was found that the combined contribution of the predictor variables in predicting the level of psychological well-being was significant ( $R^2 = .068$ ,  $p = .001$ ), which means 6.8% of the variability in psychological well-being level is explained by the independent variables. Looking at the unique individual contributions of the predictors, only the perpetrator of sexual violence was identified as the significant contributor for the level of psychological well-being.

## **5.2 Conclusion**

This study aimed to answer four basic questions. One of the aims of this study was to explore the level of psychological well-being of sexual violence victims. According to this study, about 83.659% of Koye secondary and preparatory school adolescent females, who have experienced sexual violence, were found to be psychologically well. This indicates that students in secondary and preparatory school are facing difficulty in mastering the different aspects of psychological well-being. This in turn may endanger their educational as well as social endeavors.

Other aim of this study was to explore mean difference on psychological well-being based on perpetrators. Psychological well-being was significantly affected by the type of the perpetrator, where adolescent females who had been victimized by their friends or family members demonstrate a lower level of psychological wellbeing. This might be related to the level of relationship and trust they may have to their friends or family.

Another objective of this study was to explore difference on psychological well-being based the forms of sexual violence. No significant mean difference was observed on the level of sexual violence based on the forms of sexual violence they faced. Forms of sexual violence do not affect the level of psychological well-being of victims of sexual violence.

Finally, the aim of this study was to explore the relative impact of factors on the level of sexual violence victims' psychological well-being. It was found out that psychological well-being level is predicted by the combined effect of various factors, however, only the type of the perpetrator of sexual violence significantly impacts adolescent female sexual violence victims' psychological well-being. Families and friends should play their significant role in protecting females around them. They should not manipulate their daughter's and friend's trust.

## **5.3 Limitations of the study**

It is widely accepted that all research process have some sort of limitations. The same is true with this research. The first limitation is One of the limitations is related to respondents. Very low number of reported cases of rape was evident. Therefore, it would be very difficult to clearly understand the psychological well-being of victims based on relatively very low case of rape in the school. Thus, future studies may emphasize on rape victims.

The second limitation is of this study may stem from the nature of the research. This study is a quantitative study. As a result, it is virtually impossible to have the personal experiences of the victims. Therefore, future studies may incorporate qualitative research method.

The third limitation is related to the number of sample school. Only students from one school constituted the study sample. It is hard to generalize the results of this study to other victims of sexual violence. Therefore, future studies may use cross-sectional survey to collect data from different schools.

#### **5.4 Recommendations**

Based on the results of this study, the following recommendations were made.

1. School counselors should take the severity of sexual violence and the type of perpetrator in to account while dealing with the level of psychological well-being in victims of sexual violence.
2. School counselors should work on providing individual or group based training to students on how to maintain good psychological status under different stressors.
3. Family members, friends and other community members should understand the psychological impact of sexual violence and refrain from any acts of sexual violence.
4. School counselors should devise interventions that specifically targets areas that victims were unable to master.
5. Family members and friends should refrain from manipulating their trust and relationship with their daughter and friends for their sexual gain.
6. Future studies should focus on extracting the personal experiences of sexual violence victims using qualitative research methods. This will help to have an in-depth understanding of victims' psychological well-being, thereby enriching knowledge.
7. Future studies should focus on comparing the psychological well-being of sexual violence victims and non-victims.
8. Future studies should also focus on the level of psychological well-being in victims of more severe cases like attempted rape and completed rape.

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## Appendices

### Appendix A:- Support letter

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ADDIS ABABA UNIVERSITY  
SCHOOL OF PSYCHOLOGY

Date 15-02-2021

Letter of Cooperation

Dear Sir /Madam.

Hailemichael Argaw ID No. GSR/618410 is a Graduate (MA) student of the School of Psychology at the College of Education and Behavioral Studies, Addis Ababa University. He/She is required to collect data in your institution in partial fulfilment of the requirements for her/his MA degree in Psychology.

We, therefore, kindly request you to facilitate the process of his /her data collection at your institution. We assure you that the student would be obliged by all the ethical protocols that the research ethics oblige him/her to adhere to during and after the data collection process.

Thank you in advance for your cooperation!

Best Regards,



Abebaw Minaye (PhD in Social Work and Social Development)  
Head, School of Psychology  
Associate Professor of Social Psychology  
Addis Ababa University

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 251-111225949    Fax E-Mail A.A.U 1176 00251(1) 239700    [school.psych@aaau.edu.et](mailto:school.psych@aaau.edu.et)

## **Appendix B:- English version data collection questionnaire**

**Addis Ababa University**

**College of Education and Behavioral Studies**

**School of Psychology**

Dear research participant,

The purpose of this questionnaire is to assess information regarding the psychological wellbeing level sexual violence victims. This questionnaire has two parts: the first part asks your general socio-demographic characteristics; the second part assesses your Psychological Wellbeing level.

Dear participant, the information you provide is very crucial to help comprehend situations of victims of sexual violence. This, in turn, helps to make recommendation on which aspects of the victims life interventions should focus. Moreover, the questions do not have right or wrong answers. Therefore, please feel free to provide your honest reply to the statements. Besides, all the information you provide will be kept confidential through making no access to third party, using code and finally removing data safely after using the data for this study only. Beside, please do not write your name or other personal identifiers on the questionnaire. Please, be informed also that you have every right to withdraw from the study anytime you feel uncomfortable. Moreover, you can request your data be withdrawn from the study after the data has been collected. If you may have questions, injuries related to the study, you may contact the researcher at 0912135099.

I thank you in advance for your honesty and invaluable time in filling out the questionnaire.

## Part one

### Background Information

#### Direction:-

The following points aim to gather your background information. Please provide your response to all the items.

1. Age: \_\_\_\_\_
2. Grade level: \_\_\_\_\_
3. Which one of the following is perpetrated on you by the use of force, intimidation, drugging without your consent. (You may select more than one act of sexual violence).
  - A) Exposure to pornography
  - B) Indecent exposure
  - C) Stalking
  - D) Catcalling
  - E) Touching of sex organs
  - F) Kissing
  - G) Taking nude photos
  - H) Attempted rape
  - I) Rape
  - J) Others, please specify
4. If you select at least one from question number 3, please answer the questions from 5 to 8.
5. When did the rape/attempted rape happen?
  - A) Within the past three months
  - B) Three to six months
  - C) Six months to nine months
  - D) Nine months to twelve months
  - E) A year and above ago
6. How many times have you encountered the violence?
  - A) Once
  - B) Twice
  - C) More than three times
7. Who perpetrated you?
  - A) Family member
  - B) Friend
  - C) Someone unknown
  - D) Others specify
8. Where did the violence occur?
  - A) At home
  - B) At school
  - C) On street
  - D) On public transport
  - E) Others specify

## Part two

### RYFF SCALES OF PSYCHOLOGICAL WELL-BEING

This questionnaire assesses psychological wellbeing of a person by asking 37 items. Please indicate your degree of agreement (using a score ranging from 1-6) to the following sentences. Please remember that there are neither rights nor wrong answers. The numbers and their corresponding meanings are presented as follows:

1= strongly disagree (StD)      3= slightly disagree (SID)      5= agree (A)  
 2= disagree (D)      4= slightly agree (SlA)      6= strongly agree (StA)

No.	Statements	Response categories					
1	I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6
2	In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6
3	I am not interested in activities that will expand my horizons.	1	2	3	4	5	6
4	Most people see me as loving and affectionate.	1	2	3	4	5	6
5	I live life one day at a time and don't really think about the future.	1	2	3	4	5	6
6	When I look at the story of my life, I am pleased with how things have turned out.	1	2	3	4	5	6
7	My decisions are not usually influenced by what everyone else is doing.	1	2	3	4	5	6
8	I think it is important to have new experiences that challenge how you think about yourself and the world.	1	2	3	4	5	6
9	Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6

No.	Statements	Response categories					
		1	2	3	4	5	6
10	I have a sense of direction and purpose in life.	1	2	3	4	5	6
11	In general, I feel confident and positive about myself.	1	2	3	4	5	6
12	I tend to worry about what other people think of me.	1	2	3	4	5	6
13	I do not fit very well with the people and the community around me.	1	2	3	4	5	6
14	When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6
15	I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6
16	My daily activities often seem trivial and unimportant to me.	1	2	3	4	5	6
17	I feel like many of the people I know have gotten more out of life than I have.	1	2	3	4	5	6
18	I tend to be influenced by people with strong opinions.	1	2	3	4	5	6
19	I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6
20	I have the sense that I have developed a lot as a person over time.	1	2	3	4	5	6
21	I enjoy personal and mutual conversations with family members or friends.	1	2	3	4	5	6
22	I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6
23	I like most aspects of my personality.	1	2	3	4	5	6
24	I often feel overwhelmed by my responsibilities	1	2	3	4	5	6
25	I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	1	2	3	4	5	6

<b>No.</b>	<b>Statements</b>	<b>Response categories</b>					
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
26	People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6
27	I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5	6
28	In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6
29	It's difficult for me to voice my own opinions on controversial matters.	1	2	3	4	5	6
30	I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6
31	I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6
32	Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6
33	I judge myself by what I think is important, not by the values of what others think is important.	1	2	3	4	5	6
34	I have been able to build a home and a lifestyle for myself that is much to my liking.	1	2	3	4	5	6
35	I gave up trying to make big improvements or changes in my life a long time ago.	1	2	3	4	5	6
36	I know that I can trust my friends, and they know they can trust me.	1	2	3	4	5	6
37	When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6

**Appendix C: Amharic version data collection questionnaire**

**አዲስ አበባ ዩኒቨርሲቲ**

**የትምህርት እና የባህሪ ጥናት ኮሌጅ**

**የስነልቦና ትምህርት ቤት**

**ውድ የጥናቱ ተሳታፊ** የዚህ መጠይቅ ዋና አላማ የፆታዊ ጥቃት ሰለባ የሆኑ ሴቶችን ስነልቦናዊ ደህንነት መዳሰስ ነው። መጠይቁ ሁለት ዋና ዋና ክፍሎች አሉት። የመጀመሪያው ክፍል ጠቅላላ መረጃዎችን የሚጠይቁ ናቸው። ሁለተኛው ክፍል ደግሞ የአንቺን የስነልቦናዊ ደህንነት መጠን የሚመዝን ነው።

**ውድ የጥናቱ ተሳታፊ** የምትሰጡ መረጃ የፆታዊ ጥቃት ሰለባዎችን ሁኔታ ለመረዳት በጣም አስፈላጊ ነው። ይህ ደግሞ የትኛው ክፍተት ላይ ትኩረት ተደርጎ መሰራት እንዳለበት የመፍትሄ ሀሳብ ለማቅረብ ይረዳል። በተጨማሪም ጥያቄዎቹ ትክክለኛ ወይም የተሳሳተ መልስ የላቸውም። ስለዚህ በጥያቄዎቹ ላይ የሚሰማሽን ምላሽ በነፃነት ስጧል። በተጨማሪም የምትሰጡ መረጃ በሙሉ ለሌላ ሰነድ ወገን የማይተላለፍ፣ በሚስጥራዊ ቁጥር የሚያዝ እና ለዚህ ጥናት ጥቅም ከዋለ በኋላም የሚወገድ ስለሆነ ሚስጥራዊነቱ የሚጠበቅ ነው። እንዲሁም እባክሽን ስምሽን ወይም ሌላ መለያ ነገር በመጠይቁ ላይ አትፃፍ። እባክሽን ምች ባልተሰማሽ በማንኛውም ሰዓት ላይ ከጥናቱ ተሳታፊነት ራስሽን ማግለል እንደምትችይ እወቁ። በተጨማሪም የሰጠሻቸው መረጃዎች በጥናቱ ውስጥ እንዳይካተቱ ማድረግም ትችላለሽ። ከጥናቱ ጋር የተያያዘ ጥያቄ ወይም እርዳታ ካስፈለገሽ ጥናት አድራጊውን በ0912135099 ላይ ማግኘት ትችላለሽ።

ይህን መጠይቅ ውድ ጊዜሽን ሰውተሽ በታማኝነት ምላሽ ስለምትሰጡ ከወዲሁ አመሰግናለሁ።

**ክፍል አንድ:- ጠቅላላ መረጃ**

**መመሪያ:-** ቀጣዮቹ ጥያቄዎች የአንቺን ጠቅላላ መረጃ የሚጠይቁ ናቸው። እባክሽ ለሁሉም ጥያቄዎች ምላሽ ስጧል።

1. እድሜ:- \_\_\_\_\_
2. የክፍል ደረጃ:- \_\_\_\_\_

3. ከሚከተሉት ውስጥ በማስገደድ፣ በመደለል፣ መድሃኒት/መጠጥ በማጠጣት ያለፍቃድሽ የተፈጸመብሽ ጥቃት ካለ የትኛው ነው? (ከአንድ በላይ ምላሽ ሊኖርሽ ይችላል)።

ሀ. ወሲብ ነክ ተንቀሳቃሽ ምስል (ቪዲዮ) ወይም ፎቶግራፍ እንድትመለከች መደረግ

ለ. የሌላን ሰው ያታዊ አካል እንድትመለከች መገደድ

ሐ. የየእለት እንቅስቃሴሽን በቋሚነት በመከታተል መግቢያ እና መውጫ ማጣት

መ. ያታዊ አካል ላይ ያነጣጠረ ትችት ወይም ነቀፋ ወይም ስድብ

ሠ. የያታዊ አካላቶቻሽን የመነካካት ድርጊት

ረ. መሳም

ሰ. ያለምንም ልብስ ወይም እርቃንሽን ፎቶ የማንሳት ድርጊት

ቀ. የአስገድዶ መደፈር ሙከራ ድርጊት

በ. የአስገድዶ መደፈር ድርጊት      ተ. ሌላ ካለ ይገለጹ \_\_\_\_\_

4. ለ3ተኛው ጥያቄ ምላሽሽ ከሀ-ቀ መካከል ከሆነ ከ5 እስከ 8 ለሚገኙት ጥያቄዎች ምላሽ ስጩ።

5. ጥቃቱ ለመጀመሪያ ጊዜ የተፈጸመው መቼ ነው?

ሀ) ባለፉት ሶስት ወራት ውስጥ      መ) በዘጠኝ እና በአስራሁለት ወራት ውስጥ

ለ) ባለፉት ሶስት እና ስድስት ወራት ውስጥ      ሠ) ከአመት እና ከዚያ በላይ

ሐ) በስድስት እና በዘጠኝ ወራት ውስጥ

6. ጥቃቱ ለስንት ጊዜ ተፈጸሞብሻል?

ሀ. አንድ ጊዜ      ለ. ሁለት ጊዜ      ሐ. ከሶስት ጊዜ በላይ

7. ጥቃቱን የፈጸመው ሰው ማን ነው?

ሀ. በቤተሰብ አባል      ለ. በጓደኛዬ      ሐ. በማላውቀው ሰው

መ. ሌላ ከሆነ ይገለጹ \_\_\_\_\_

8. ጥቃቱ የተፈጸመው የት ነው?

ሀ. መኖሪያ ቤቱ ውስጥ      ለ. በትምህርት ቤት      ሐ. በመንገድ ላይ

መ. በህዝብ መጓጓዣ ውስጥ

ሠ. ሌላ ቦታ ከሆነ ይገለጹ \_\_\_\_\_

**ክፍል ሁለት፡- የስነልቦናዊ ደህንነት ልኬት**

ይህ መጠይቅ 37 ጥያቄዎችን የያዘ ሲሆን የሰዎችን የስነልቦና ደህንነት የሚለካ ነው። እባክሽን ከአንድ እስከ ስድስት ከተሰጡት አማራጮች ውስጥ በይበልጥ የምትስማሙበትን ቁጥር ምረጩ። እባክሽን የተሳሳተ ወይም ትክክለኛ የሚባል መልስ እንደሌለ እውቁ። የቁጥሮቹ ትርጓሜም፤

1 = በጣም አልስማማም      3 = በትንሹ አልስማማም      5 = እስማማለሁ

2 = አልስማማም      4 = በትንሹ እስማማለሁ      6 = በጣም እስማማለሁ

ተ. ቁ	ዓረፍተነገሮች	የምላሽ አማራጮች					
		1	2	3	4	5	6
1	ሀሳቤ ከብዙ ሰዎች ጋር የሚቃረን ቢሆንም እንኳን ሀሳቤን ለመግለፅ አልፈራም	1	2	3	4	5	6
2	በአጠቃላይ በህይወቴ ውስጥ ያሉ ሁኔታዎች በቁጥጥራዊ ስር እንዳሉ ይሰማኛል	1	2	3	4	5	6
3	ልምዴን፣ እውቀቴን እና ክህሎቴን ለማስፋፋት የሚከናወኑ ተግባራዎች ላይ ፍላጎት የለኝም	1	2	3	4	5	6
4	ብዙ ሰዎች ሰው ወዳጅና አዛኝ አድርገው ያዩኛል	1	2	3	4	5	6
5	የዕለት ኑሮዬን መኖር እንጂ ስለወደፊቱ ብዙም አላስብም	1	2	3	4	5	6
6	ነገሮችን ያሳለፍኩበት መንገድ ያስደስተኛል	1	2	3	4	5	6
7	አብዛኛውን ጊዜ የሌሎች ሰዎች ድርጊት ውሳኔዬ ላይ ተጽእኖ አይፈጥርም	1	2	3	4	5	6
8	ስለራሴና ስለዓለም የማስብበትን መንገድ የሚፈትኑ አዳዲስ ልማዶች መኖር አስፈላጊ እንደሆነ አስባለሁ	1	2	3	4	5	6
9	ከሰዎች ጋር ያለኝን ቅርብ ግንኙነት ጠብቆ ማቆየት ከባድና ፈታኝ ሆኖብኛል	1	2	3	4	5	6
10	ህይወቴን የምመራበት መመሪያ እና አላማ እንዳለኝ ይሰማኛል	1	2	3	4	5	6
11	በጥቅሉ ስለራሴ ልበሙሉነት እና በጎ ነገር ይሰማኛል	1	2	3	4	5	6
12	ሰዎች ስለእኔ ያላቸው አስተሳሰብ ያስጨንቀኛል	1	2	3	4	5	6
13	በዙሪያዬ ላሉ ሰዎች እና ማህበረሰብ በሚገባ አልመጥንም	1	2	3	4	5	6
14	ሳስበው ባለፉት አመታት እንደግለሰብ በርግጥም ብዙ አልተሻሻልኩኝም	1	2	3	4	5	6
15	የልቤን የማዋየው ዳደኛ ስለሌለኝ ብዙ ጊዜ ብቸኝነት ይሰማኛል	1	2	3	4	5	6

ተ.ቁ	ዓረፍተነገሮች	የምላሽ አማራጮች					
		1	2	3	4	5	6
16	ብዙ ጊዜ የየዕለት ተግባራት ረብረብ እና የማይጠቅሙ ይመስሉኛል	1	2	3	4	5	6
17	የማውቃቸው ብዙ ሰዎች ከሀይወት ከእኔ የበለጠ ያገኙ ዓይነት ይሰማኛል	1	2	3	4	5	6
18	ጠንካራ ሀሳብ ባላቸው ሰዎች ተፅዕኖ ያድርገኛል	1	2	3	4	5	6
19	በርካታ የዕለት ኃላፊነቶቼን መምራት ላይ በጣም ጎበዝ ነኝ	1	2	3	4	5	6
20	በጊዜ ሂደት ያሻሻልኳቸው ነገሮች እንዳሉ ይሰማኛል	1	2	3	4	5	6
21	ከቤተሰቦቼ እና ከዳደሮቼ ጋር በግልና በጋራ ጉዳዮች ላይ ማውራት ያዝናናኛል	1	2	3	4	5	6
22	በሀይወቴ ምን ለማሳካት እየጣርኩኝ እንደሆነ በሚገባ አላውቅም	1	2	3	4	5	6
23	አብዛኛውን ማንነቴን እወደዋለሁ	1	2	3	4	5	6
24	ብዙ ጊዜ በሃላፊነቴ ላይ የመሰላቸት ስሜት ይሰማኛል	1	2	3	4	5	6
25	የተለመደውን አሰራሪን ሊያስቀይረኝ በሚፈልግ አካባቢ መገኘት አያዝናናኝም	1	2	3	4	5	6
26	ሰዎች ለጋላ፣ ጊዜዬን ለሌሎች ለማጋራት ፍቃደኛ እንደሆንኩኝ አድርገው ይገልፁኛል	1	2	3	4	5	6
27	ለወደፊቱ ማቀድ እና ለተግባራዊነቱ መስራት ያዝናናኛል	1	2	3	4	5	6
28	ብዙ ጊዜ በማስመዘገባቸው ውጤቶች ብስጫት ይሰማኛል	1	2	3	4	5	6
29	በአወዛጋቢ ጉዳዮች ላይ የራሴን ሀሳብ ማሰማት ይከብደኛል	1	2	3	4	5	6
30	ሀይወቴን በሚያስደስተኝ መልኩ ለማድረጃት ይከብደኛል	1	2	3	4	5	6
31	ልባዊ እና በመተማመን ላይ የተመሰረተ ወዳጅነት የመመስረት ልምድ አልነበረኝም	1	2	3	4	5	6
32	አንዳንድ ሰዎች ያለዓለማዊ ይንቀሳቀሳሉ እኔ ግን እንደነሱ አይደለሁም	1	2	3	4	5	6
33	ራሴን የምገመገመው ለእኔ ይጠቅመኛል ብዬ በማስበው መለኪያ እንጂ ሌሎች ባስቀመጡልኝ መለኪያ አይደለም	1	2	3	4	5	6
34	ለእኔ የሚመች ቤት እና የሀይወት ዘይቤ ለራሴ መገንባት ችያለሁ	1	2	3	4	5	6
35	በሀይወቴ ትልልቅ መሻሻሎች ወይም ለውጦችን ለማምጣት መጣር ካቆምኩኝ ረዥም ጊዜ ሆኖኛል	1	2	3	4	5	6
36	ዳደሮቼን ማመን እንደምችል አውቃለሁ፣ እና እነሱም እኔን ማመን እንደሚችሉ ያውቃሉ	1	2	3	4	5	6
37	ራሴን ከዳደሮቼና ከማውቃቸው ሰዎች ጋር ሳነፃፅር ስለራሴ መልካም ስሜት እንዲሰማኝ ያደርገኛል	1	2	3	4	5	6

መጠይቁን በታማኝነት ስለሞላሽ ከልብ አመሰግናለሁ።

## Declaration

This is my original work and, I declare that it is neither used for academic as well as other awards in any other institute or in this University.

Hailemichael Argaw                      Sign. \_\_\_\_\_

This thesis is approved by the University advisor, Dr. Moges Ayele.

Dr. Moges Ayele                      Sign. \_\_\_\_\_                      Date \_\_\_\_\_